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LOCAL ACTION WITH INTERNATIONAL COOPERATION TO IMPROVE AND  
SUSTAIN WATER, SANITATION AND HYGIENE SERVICES

**Menstrual hygiene management in Ghana:  
understanding the socio-cultural, economic,  
political factors, challenges and opportunities**

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*WaterAid Ghana conducted a study to guide its implementation of a Menstrual Hygiene Management (MHM) Programme in its areas of operation. The study explored existing MHM practices, identifying the endogenous, socio-cultural beliefs, behaviours and practices related to Water Sanitation and Hygiene (WASH) and focussed on the school environment. 319 pupils from 15 schools and 333 households at the community level were engaged across eight Metropolitan, Municipal and District Assemblies. This paper presents some of the key findings of the study.*

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## **Background**

The last few years have seen a peaked interest in Menstrual Hygiene Management especially within the WASH sector after many years of it being neglected in hygiene interventions. This follows a recognition of the role it has to play in realising the goal to achieve access to adequate and equitable sanitation and hygiene for all. SDG 6.2 highlights the need to pay special attention to the needs of women and girls and the vulnerable.

Further research is needed to fill the gaps that exist in knowledge about menstrual hygiene and there is the need to document context specific experiences for sharing and application (House et al, 2012). WaterAid Ghana (WAG) under her new Country Programme Strategy (2016-2021) has identified MHM as one of the five key<sup>1</sup> hygiene behaviours it wants to focus on to promote equity and girl child education. Also, WAG in its efforts to better understand MHM issues and gather recommendations that will advance MHM practices to enhance the achievement of improved well-being, health, school attendance and hygiene practices of women and girls carried out a study titled *Understanding the Socio-Cultural, Economic, Political Factors, Challenges and Opportunities of Menstrual Hygiene Management*.

## **Methodology**

Ghana is a country with diverse ethnic groups, each with its own socio-cultural practices. The study areas were zoned into north and south to capture data representative of the socio-cultural differences that exist between northern and southern Ghana. The northern zone consisted of the Tamale Metropolitan, West Gonja District, Wa Municipal and Nadowli-Kaleo District Assemblies. The southern zone consisted of the La-Nkwantanang-Madina Municipal, Ashaiman Municipal, Jasikan District and Krachi East District Assemblies. The study area selection also took into account the two major religions practiced in the country (Islam and Christianity) as well as the rural-urban divide.

The methodology adopted involved a desk study, school engagements, community engagements and district/national level engagements. Girls were the predominant respondents in the school engagement, and the MHM knowledge, attitude, practices and behaviours of boys at the school-level were also surveyed. A snapshot of sampling arrangements in gender categories is shown in Table 1.

Data was gathered through focus group discussions and key informant interviews. Observations of the availability of MHM facilities and their states were also conducted in all schools and communities.

### Profile of respondents

A total of 319 school pupils comprising 229 females and 90 males were interviewed. Of this number, 35.7% fell within the 10-14 age group, 63.3% fell within the 15-19 age group and 1% were aged 20 and above. In order to have a deeper understanding of communal support arrangements, 333 household heads were interviewed at the community level with 241 of them being male and 92 being females.

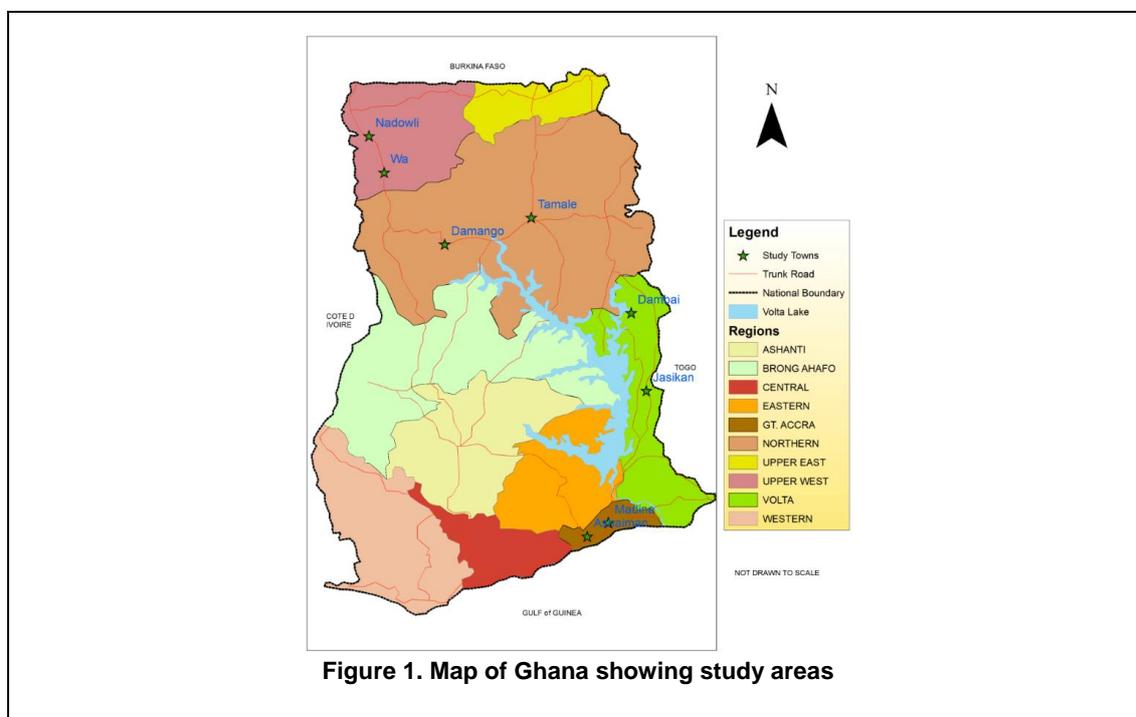


Figure 1. Map of Ghana showing study areas

Methodology	No of respondents	
	Males	Females
School engagements (KAPB survey)	90	229
School engagements (FGDs)	-	240
School engagements (IDI with School-based Health Coordinator)		15
Community engagements (Household heads)	241	92
Community engagement (Mothers FGDs)	-	64
National level engagements	1	6
District-level engagement with Programme officers		13

## Results

### Knowledge and understanding of key MHM issues

An impressive 84% of respondents from the 15 schools surveyed understood menstruation to be the monthly discharge of blood by a girl. However, of this number, only 18% understood menstruation as defined by Roose et al (2015) as *when a healthy girl discharges blood from the lining of the uterus as part of a monthly cycle* - the working definition adopted by the study. Largely, respondents learnt about menstruation from the school environment.

Responses from older women on what menstruation is revealed misconceptions, some of which are largely linked to the negative attitudes to the subject matter. Generally, they all linked the occurrence of menstruation to the fertility or otherwise of a woman. Interestingly, a mother expressed the fear that if her daughters are well-informed on their menstrual cycle, they will know when to have sex without getting pregnant. A situation she wanted to avoid.

### Box 1 - What is menstruation?

The knowledge and understanding of mothers on menstruation was evidenced in the following statements:

- Women menstruate because they need to do so in order to give birth and stay healthy
- Any female old enough to produce eggs can menstruate. The menstruation occurs monthly. The blood leaves the body because it is no longer good for the body.
- Without menstruation, fertility cannot easily be determined in females.
- Menstruation is important in every human being....when you are a woman and you don't menstruate means you cannot give birth.
- If you are a woman and you do not menstruate, it means you have both female and male organ together
- Even though you can give birth without menstruating but the child will not be normal
- Menstruation is the passing out of dirty blood from our system
- Menstruation is when broken eggs come out every month from women who are old
- Menstruation used to start around ages 16 and 17 some years ago but now it starts as early as age 9.

### Socio-cultural and religious beliefs, behaviours and practices

Of the 333 household heads interviewed, 56% identified as Christians, 40% identified as Muslims and 2% identified as Traditionalists. Respondents from all study areas, irrespective of the predominantly practised religion had a negative attitude to menstrual blood, labelling it as a “bad thing”, “impure”, “unclean” or “dirty”. These labels were more spiritual than hygiene related dating back to history. An opinion leader in Dambai, a Muslim dominated community was of the opinion that even God did not listen to the prayers of women in their menses. Other notions held by respondents revolved around the traditional beliefs that:

- menstrual blood could be used for rituals
- women and girls in their menses were not supposed to come into contact with traditional stools and skins
- when a woman in her menses cooks for a traditional leader, the powers surrounding the stool/skin could be weakened.

The perception that menstrual blood could be used for rituals guided menstrual waste disposal practices.

### WASH in schools and MHM

The study revealed that at school, girls were limited in managing their menstrual periods than at home even though there were still societal restrictions on MHM at home. This limitation was due to the fact that they stayed in the same room with many other children and had anxieties about whether or not they would have menstrual accidents. This however did not greatly affect their school attendance as 88% of them indicated they went to school during menstruation. This finding is at variance with the figure of 95% of Ghanaian girls who sometimes miss school due to their menses as reported by House et al (2012). The 12% of respondents who missed school cited reasons, chief of which were emotional and physical discomfort.

UNESCO (2014) notes the provision of safe water and adequate sanitation as an important first step towards a healthy physical learning environment for both boys and girls. Leading WASH organisations and sector polices of several countries have set standards for providing a safe environment including the provision of facilities for school WASH. The minimum standards and guidelines for WASH in Schools (WinS) implementation under Ghana Education Services' School Health Education Programme (GES-SHEP) also recommends WinS facilities that have equally high standards with features similar to WaterAid's which is shown in Box 2.

### *Emergency menstrual hygiene kits*

The availability of emergency menstrual hygiene management kits in schools, the study found, was non-existent save for one school. Pupils were however able to get sanitary pads with their own money either

from within the school or its immediate environs when caught unawares by their menses while in school. Table 2 details the action taken by girls in these instances.

<b>Responses</b>	<b>Frequency</b>	<b>Percent</b>
Get a sanitary pad from outside the school and stay in school	12	6.5
Get a sanitary pad from the school and stay in school	82	44.6
Leave school	46	25
Inform a female teacher	19	10.3
No response	25	13.6
Total	184	100

### **Box 2 - Menstrual hygiene friendly infrastructure features**

According to WaterAid, a menstrual hygiene-friendly school infrastructure must have the following features:

- Separate latrines available for boys and girls, and male and female teachers.
- Water supply and handwashing with soap facilities
- Changing rooms with adequate facilities for menstrual management
- Safety and security for users
- WASH facilities that are easily maintained and guarantee high hygiene standards
- Clear mechanisms for collecting and disposing of menstrual waste
- A financing mechanism is established to sustain the operation and maintenance of the water supply, latrine and hand-washing facilities

(House et al, 2012)

#### ***Toilet facilities***

Twenty percent of schools surveyed had no toilet facilities. Of the 80% that had, 80% used KVIPs/VIPS, 19% used Water Closets and 1% used pit latrines. Despite the availability of toilet facilities in the schools, only 76.8% of pupils used them. Reasons cited for not using the facilities were:

- Toilets still under construction
- Pupils use household toilets before coming to school
- Facilities always locked up
- Facilities generated too much heat.

The 76.8% of pupils who patronised the school toilets had complaints that bordered around hygiene, privacy and availability of water for personal hygiene. All participating schools had toilet facilities which fell below the minimum standards of the Ghana Education Services' School Health Education Program.

#### ***Water supply***

The water supply situation in the schools is shown in Table 3. 19 of the 319 pupils indicated that despite the availability of water, it was not sufficient for their needs including management of menstrual hygiene. Majority of pupils relied on sachet water which came in volumes of 500ml per sachet for drinking purposes.

#### ***Menstrual waste disposal practices***

The practices adopted by menstruating girls in disposing of their wastes varied across the study areas as shown in Figure 2.

The way in which menstrual wastes are disposed of can have a negative impact on the sustainability of WASH programmes. The absence of disposal facilities suitable for used sanitary materials can result in the

blockage of latrines or pits filling at a faster rate than they were designed for (House et al, 2012). The study showed that 34% of girls disposed of their menstrual wastes in the school toilet or dustbin. With 93.5% of girls using disposable sanitary pads during their menses, the impact of directly disposing these pads into latrines cannot be ignored.

Sources of water at school	Frequency	%
Bring from home in a water bottle	20	6.27
Buy sachet from vendors	157	49.22
From the tap (standpipe) at school	60	18.81
Nearby tap outside school	19	5.96
Community borehole	6	1.88
School borehole	35	10.97
Water storage container in school (eg gallons, water tanks)	19	5.96
Fetch from river	3	0.94
Total	319	100



**Figure 2. Menstrual waste disposal practices**

### **Opportunities and challenges to MHM programming**

A number of opportunities and barriers to effective MHM programme implementation in the country were identified during the study. The key ones are shown in Table 3.

### **Conclusions and recommendations**

The MHM practices, beliefs and behaviours that exist in the study areas were identified. These together with other findings from the study not shared in this paper provide the basis for the development of a country specific MHM programme with a focus on schools for WaterAid Ghana.

In general any MHM programme will have to address the negative attitudes to issues of MHM as observed in both males and females.

The implementation of WASH in Schools as prescribed by the SHEP policy was generally observed to be poorly implemented as a result of funding challenges. For the activities of various stakeholders to have national level impact, there is need for improved coordination of activities by Ghana Education Service's SHEP Unit.

<b>Level</b>	<b>Opportunities</b>	<b>Barriers</b>
National	<ul style="list-style-type: none"> <li>• A willing donor environment</li> <li>• National SHEP Policy that makes room for MHM</li> </ul>	<ul style="list-style-type: none"> <li>• Challenged coordination function of GES-SHEP</li> </ul>
Sub-national	<ul style="list-style-type: none"> <li>• Establishment of regional &amp; district SHEP committees to tackle MHM the multi-sectorally</li> <li>• Establishment of regional &amp; district SHEP desk to coordinate WinS implementation</li> </ul>	<ul style="list-style-type: none"> <li>• Resource-challenged regional &amp; district WinS coordination</li> <li>• Challenged collaboration between NGOs &amp; WinS coordinating units</li> </ul>
School	<ul style="list-style-type: none"> <li>• SbHCs responsible for WinS implementation</li> <li>• Preference of girls to discuss MHM issues &amp; share experiences</li> <li>• Presence of SHCs to discuss MHM issues</li> </ul>	<ul style="list-style-type: none"> <li>• Weak capacity &amp; high attrition rates of SbHCs</li> <li>• Lack of gender/MHM-friendly schools</li> <li>• Absence of WinS implementation plans</li> <li>• WinS funding challenges</li> </ul>
Community	<ul style="list-style-type: none"> <li>• Readiness of parents to provide support to menstruating girls</li> <li>• Available structures for community-school alliance for WinS implementation</li> </ul>	<ul style="list-style-type: none"> <li>• Community-school alliance for MHM implementation is weak</li> </ul>

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### **Notes**

Though pupils were not limited in their responses, pupil responses fell in the categories shown in Table 2. The five key hygiene behaviours that WAG is focusing on are: a) handwashing with soap/ash at critical times, b) faecal waste management and disposal, c) safe water management, d) food hygiene and e) menstrual hygiene management

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