



**SEND  
GHANA**



# BREAKING MENSTRUAL SILENCE

UNVEILING THE HIDDEN STRUGGLES  
AMONG ADOLESCENT GIRLS IN GHANA

**MAY 2024**

**REPORT**



# Contents

<b>Acknowledgement</b> .....	<b>3</b>
<b>List of Abbreviation</b> .....	<b>4</b>
<b>Executive Summary</b> .....	<b>5</b>
1.1 Background .....	6
1.2 Study Objectives.....	6
2.0 Methodology.....	7
2.1 Sampling and data collection.....	7
2.2 Data analysis.....	8
3.0 Results and discussions .....	8
3.1 Demographic characteristics of respondents.....	8
3.2 Knowledge and understanding of menstruation and menstrual hygiene management Information about menstruation and menstrual hygiene management.....	11
3.2.1. Source of information about menstruation .....	11
3.2.2. Importance of menstrual hygiene information.....	12
3.2.3. Knowledge and awareness of menstruation and menstrual misconceptions and taboos .	13
<b>Myths and misconceptions surrounding menstruation</b> .....	<b>14</b>
<b>Menstruation is dirty and shameful</b> .....	<b>14</b>
<b>Menstruation should not be discussed publicly</b> .....	<b>15</b>
<b>Menstruation is a sign of maturity and readiness for childbirth</b> .....	<b>16</b>
<b>Menstruation is women issue only</b> .....	<b>17</b>
3.3 Accessibility, usage, and practice of menstrual hygiene management .....	17
<b>Affordability and Accessibility of menstrual products</b> .....	<b>18</b>
<b>Perceived challenge in accessing safe menstrual products</b> .....	<b>18</b>
<b>Acquisition of menstrual products</b> .....	<b>19</b>
<b>Coping strategies to manage menstrual flow due to a lack of access to safe menstrual products</b> ....	<b>19</b>
<b>Frequency with pad usage and change during menstruation</b> .....	<b>21</b>
<b>Practice of handwashing and menstrual hygiene management among girls</b> .....	<b>21</b>
<b>Supportive facilities and programs for safe menstrual hygiene practices in schools</b> .....	<b>22</b>
3.4 Effect of period poverty on the education and psycho-social wellbeing of adolescent girls and young women .....	24
<b>Consequence of lack of access to safe menstrual products</b> .....	<b>25</b>
<b>Menstrual poverty and psychological/mental health</b> .....	<b>26</b>
3.5 Summary of findings .....	27
4.0 Conclusions and recommendations .....	28
4.1 Conclusions .....	28
4.2 Policy recommendations.....	29

## List of Tables

TABLE 1: SAMPLED RESPONDENTS PER REGIONS AND DISTRICT .....	7
TABLE 2: DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS.....	9
TABLE 3: HOUSEHOLDS' MONTHLY INCOMES .....	10
TABLE 4: MENSTRUATION AND MENSTRUAL HYGIENE AWARENESS .....	11
TABLE 5: IMPORTANCE OF MENSTRUAL HYGIENE INFORMATION .....	13
TABLE 7: MENSTRUATION IS DIRTY AND SHAMEFUL.....	14
TABLE 8: MENSTRUATION SHOULD NOT BE DISCUSSED PUBLICLY .....	16
TABLE 9: MENSTRUATION IS A SIGN OF MATURITY .....	16
TABLE 10: MENSTRUATION IS A SIGN OF READINESS FOR CHILDBIRTH .....	16
TABLE 11: MENSTRUATION IS WOMEN ISSUE ONLY .....	17
TABLE 12: CHOICE AND USAGE OF MENSTRUAL PRODUCTS .....	17
TABLE 13: CHALLENGES IN ACCESSING MENSTRUAL PRODUCTS.....	18
TABLE 14: ACQUISITION OF MENSTRUAL PRODUCTS .....	19
TABLE 15: COPING STRATEGIES TO MANAGE MENSTRUAL FLOW .....	20
TABLE 16: HANDWASHING MENSTRUAL HYGIENE PRACTICE .....	21
TABLE 18: EFFECTS OF LACK OF ACCESS TO CLEAN AND AFFORDABLE MENSTRUAL HYGIENE PRODUCTS.....	24
TABLE 19: VULNERABILITY TO SEXUAL EXPLOITATION TO ACQUIRE MENSTRUAL PRODUCTS. ....	25
TABLE 20: MENSTRUAL POVERTY AND PSYCHOLOGICAL MENTAL HEALTH.....	27
TABLE 21: RESEARCH TEAM (YOUNG WOMEN AND YOUTH GROUPS).....	30

## List of Figures

FIGURE 1: PARENT/GUARDIAN OCCUPATION.....	10
FIGURE 2: SOURCE OF INFORMATION ABOUT MENSTRUATION (%).....	12
FIGURE 3: FREQUENCY WITH PAD USAGE AND CHANGE DURING MENSTRUATION.....	21

## Acknowledgement

We express our gratitude to our funders Global Affairs Canada, through Oxfam in Ghana with our implementers: Norsaac, Women in Law and Development in Africa (Wildaf), Planned Parenthood Association of Ghana (PPAG), and Participatory Action for Rural Development Alternatives (PARDA) for their valuable support. We are thankful to our community stakeholders, including parents, teachers, adolescent girls and boys, and young people, for providing us with invaluable relevant information that has contributed to the successful completion of this study. We also want to express our profound appreciation to our project principals, the Power to Choose young women, and youth groups who led this research: from the beginning of the development of the data collection tools to the final stage of preparing the research report.

## List of Abbreviation

<b>AG&amp;YW</b>	-	Adolescent Girls and Young Women
<b>AHC</b>	-	Adolescent Health Corner GESS-SHEP - Global Education Support Service - School Health Education Programme
<b>FGD</b>	-	Focus Group Discussion
<b>JHS</b>	-	Junior High School
<b>KII</b>	-	Key Informant Interview
<b>MHM</b>	-	Menstrual Hygiene Management
<b>ODK</b>	-	Open Data Kit
<b>SDGs</b>	-	Sustainable Development Goals
<b>SHS</b>	-	Senior High School
<b>SPSS</b>	-	Statistical Package for Social Sciences
<b>STIs</b>	-	Sexually Transmitted Infections
<b>UNICEF</b>	-	United Nations International Children's Emergency Fund
<b>UTIs</b>	-	Urinary Tract Infection
<b>UN</b>	-	United Nations
<b>UNFPA</b>	-	United Nations Population Fund
<b>VAT</b>	-	Value Added Tax
<b>WASH</b>	-	Water, Sanitation, and Hygiene

## Executive Summary

Period poverty is a major concern for menstruating girls in Ghana and elsewhere. Menstrual hygiene management is crucial in ensuring the general well-being of girls and women worldwide—encompassing their health, dignity, and empowerment. In many cultures menstruation is stigmatized, and girls face discrimination and sometimes exclusion during their periods. Access to safe and affordable menstrual products remains a burden for many girls and women, especially those living in low-income households.

This study examined the overall impact of period poverty on adolescent girls and young women in Ghana by assessing their knowledge base and understanding of menstruation and menstrual hygiene management practices. The study also determined the affordability, accessibility, and the usage of menstrual products, highlighting the overall effect of period poverty on the education and psychosocial well-being of girls and young women in Ghana.

A mixed methods approach was adopted for data collection. It primarily targeted adolescents and young people between the ages of 10-24 randomly selected from urban and rural communities across six districts in northern and southern Ghana. The districts are Ashaiman (Greater Accra), Awutu Senya East (Central region), Cape Coast (Central region), Savelugu (Northern region), Sagnarigu (Northern region) and West Mamprusi (Northeast region). A total of 1,183 adolescents and young people comprising 256 males and 927 females were reached. Additionally, 48 teachers and parents as well as 6 health facilities in the study districts were interviewed. Lastly, Focus

Group Discussions (FGDs) were held with boys and girls in Ashaiman and Sagnarigu districts of the Greater Accra and Northern regions respectively.

The findings show that overall, adolescents have limited knowledge and understanding of menstruation and related issues. Additionally, there is inadequate provision of Water, Sanitation and Hygiene (WASH) facilities to support girls in experiencing dignified menstruation in schools. Also, high cost of menstrual products is hindering girls' and women's access to quality products, exposing them to several risks such as infections, pre-marital sex and unwanted pregnancy.

The study recommends, among others, the need for the government to implement a comprehensive menstrual health education program to increase public awareness and improve WASH infrastructure in schools. There is also the need to improve girls' and women's access to safe menstrual products through the removal of taxes on them and targeted distribution of free menstrual products to girls in deprived schools.

# 1.0 Background

Period poverty, generally defined as the lack of access to menstrual products, hygiene facilities, and education, remain a global public health challenge. The World Bank estimates that at least 500 million women and girls globally lack access to facilities they need to manage their menstrual health. In Sub-Saharan Africa, 1 in 10 female students misses school during their menstrual cycle due to a lack of access to safe and hygienic menstrual products with some dropping out of school altogether.

The evidence in Ghana shows that this problem is pervasive. Most low-income communities and homes cannot afford to provide the necessary menstrual hygiene products to help girls manage their periods with dignity (Mucherah and Thomas, 2017). The situation is compounded by the rising cost of living in general and more particularly, the increasing cost of menstrual products due to their unfavorable domestic tax policies. The government of Ghana has imposed a 20 % import duty and 15% in Value Added Tax (VAT) on sanitary products. As a result, disposable menstrual pads have become expensive and most vulnerable girls and young women cannot afford safe sanitary pads, compelling them to resort to the use of unsafe materials, such as used cloth and toilet roll to collect menstrual blood. This practice exposes them to potential health risks and diminishes their long-term economic prospects.

There is a huge deficiency of knowledge about menstrual health, which is required to properly inform the public as well as young and adolescent girls about their health rights. The resulting lack of information and knowledge about menstruation and menstrual health amongst adolescents can be dire making girls more vulnerable to Sexually Transmitted Infections (STIs), unplanned pregnancies leading to increased rate of unsafe abortion, maternal morbidity, and mortality. In some cases,

menstruating girls and women are excluded from participating in social activities and basic domestic chores such as cooking for households.

The lack of information about menstruation also reinforces misconceptions and negative attitudes which motivate, among others, shaming, bullying, and even gender-based violence (World Bank Group, 2022).

While Water, Sanitation, and Hygiene (WASH) facilities are crucial for women and adolescent girls to effectively manage their menstruation without embarrassment or stigma, half of schools in low-income countries lack these facilities (UNICEF, 2015), and Ghana is by no means an exception. As early as December 2022, a study by the Ghana water and sanitation project reveals that over 40% of basic schools in Ghana don't have toilet facilities and in cases where they exist, they are found in terrible state. Yet, effort at addressing these structural problems to improve access to WASH facilities and increase hygiene awareness are not adequate.

Menstrual Health Management (MHM) is essential to the general wellbeing and empowerment of Adolescent Girls and Young Women (AG&YW) and in meeting the Sustainable Development Goals (SDGs) 3 - Health and well-being for all, 4 - Quality Education, 5 - Gender Equality and 6 - Clean water and sanitation.

## 1.2 Study Objectives

Overall, this research assessed the impact of period poverty on adolescent girls and young women in Ghana. The specific objectives were:

1. To assess the knowledge and understanding of adolescents and young women on menstruation and menstrual hygiene management practices.
2. To determine the affordability, accessibility, and usage of menstrual products by adolescent girls and young women in Ghana.
3. To assess the effect of period poverty on the education and psychosocial well-being of adolescent girls and young women in Ghana.

<sup>1</sup> [https://www.actionaid.org.uk/our-work/womens-rights/period-poverty#foot-note1\\_o9a3km1](https://www.actionaid.org.uk/our-work/womens-rights/period-poverty#foot-note1_o9a3km1): Retrieved from <https://www.unicef.org/>

<sup>2</sup> Retrieved from <https://www.unicef.org/>

## 2.0 Methodology

The study adopted mixed methods for the data collection (i.e. quantitative and qualitative approaches). The quantitative data targeted adolescents and young people between the ages of 10 to 24 and data was collected using a questionnaire. The qualitative data involved both key informant interviews with parents, basic educators, and Senior High School (SHS) teachers, health institutions, as well as a Focus Group Discussions (FGDs) with adolescents and young people.



Young SRHR Advocate Facilitating FGD With Girls In Ashaiman, Accra



Data collection with adolescent girl

### 2.1 Sampling and data collection

A simple random sampling technique was adopted to select respondents. The target sample size for the quantitative data was 1,200 respondents selected from across urban and rural communities in six districts namely, Ashaiman, Awutu Senya East (Kasoa), Cape Coast, Savelugu, Sagnarigu and West Mamprusi. These districts were purposively sampled because they are the operational areas of the Power to Choose project, under which this research is undertaken. Actual respondents were 1,183 representing 98.58 percent response rate. This was made up of 256 boys/young men (21.6%) and 927 girls/young women (78.3%). Out of the total number of girls/young women, 777 had experienced their first menses (menarche) and 150 had not started menstruating. This is shown in table 1 below.

**TABLE 1: SAMPLED RESPONDENTS PER REGIONS AND DISTRICT**

Region	District	Sex		Frequency	Percent
		Male	Female		
Greater Accra	Ashaiman				
		48	151	199	16.82
Central	Cape Coast	46	158	204	34.57
	Awutu Senya (Kasoa)	47	158	205	
	<b>Subtotal</b>	<b>93</b>	<b>316</b>	<b>409</b>	
Northern	Savelugu	41	175	216	33.64
	Sagnarigu	38	144	182	
	<b>Subtotal</b>	<b>79</b>	<b>319</b>	<b>398</b>	
North East	West Mamprusi	36	141	177	14.96
<b>Grand Total</b>		<b>256</b>	<b>927</b>	<b>1,183</b>	<b>100.00</b>

Source: Field Data, August 2023

A set of question guides were developed and used to collect qualitative data through key informant interviews (KII) and FGD. The KII targeted 24 teachers randomly selected from basic and Senior High Schools in the study geographical areas. 24 parents with wards at the basic and SHS and 6 health officials (community health nurses, public health officers, etc.) from health institutions were also purposively selected from the study districts. FGD involving an average of 10-12 participants per group were held separately for young people (boys/girls, young men/women) in Ashaiman municipal and Sagnarigu districts in the Greater Accra and Northern region respectively. These FGDs were facilitated by young women and youth groups in local languages in a safe environment to discuss the critical subject.

## 2.2 Data analysis

Open Data Kit (ODK) was used to collect the quantitative data. This was then exported into Microsoft excel and SPSS software for analysis. The quantitative analysis employed descriptive statistics to summarize the data into frequencies and percentages. The qualitative interviews were transcribed and complemented with secondary data in analysing and writing the report and brought nuanced narratives to the numbers.

# 3.0 Results and Discussion

## 3.1 Demographic characteristics of respondents

The results of the demographic characteristics of respondents are presented in frequencies and percentages, as shown in Table 2. From the table, it shows that a total of 1183 respondents were reached. This constitutes 256 representing (21.6%) males and 927 representing 78.4% females. For age categories, 334 respondents were within 10-14 age group, constituting 28.2% of the total. The age group 15-20 had the highest frequency, with 523 respondents, making up 44.2% of the total. There were 271 respondents in the 21-24 age group, accounting for 22.9%. The age group 25+ and above had the lowest frequency, with 55 respondents representing 4.6% of the total. The average age of the respondents is 17, with most respondents (44.2%) falling within the 15-20 age range. In relation to educational qualification, 36 respondents had no formal education, constituting just 3% of the total. Respondents who attained basic level of education were 217, making up 18.3% of the total. Majority of respondents (865) were at the JHS level, representing 73.1% of the total, whereas 281 out 1181 respondents, representing 23.7% were in SHS. 17 respondents had attained teacher training education, accounting for 1.4% of the total, with 48 respondents at the university making up 4.1% of the total. In terms of marital status, a total of 1116 respondents (94.3%) were never married, 56 (4.7%) were married, 1 respondent divorced, with 5 respondents separated and cohabitated.

Majority of respondents (946) were students representing (80.1%). 10 respondents representing (8%) were formal workers, 139 respondents representing (11.7%) were informal workers and 86 respondents representing (7.3%) were unemployed.

In terms of religious affiliation, the data shows that a little over half (54.86%) of respondents were Muslims. This is followed by Christianity with the various denominations (Pentecostal/Charismatic, Protestant, and Catholics) constituting 43.53%. 1.61% of respondents, however, did not associate with any of the above religions.

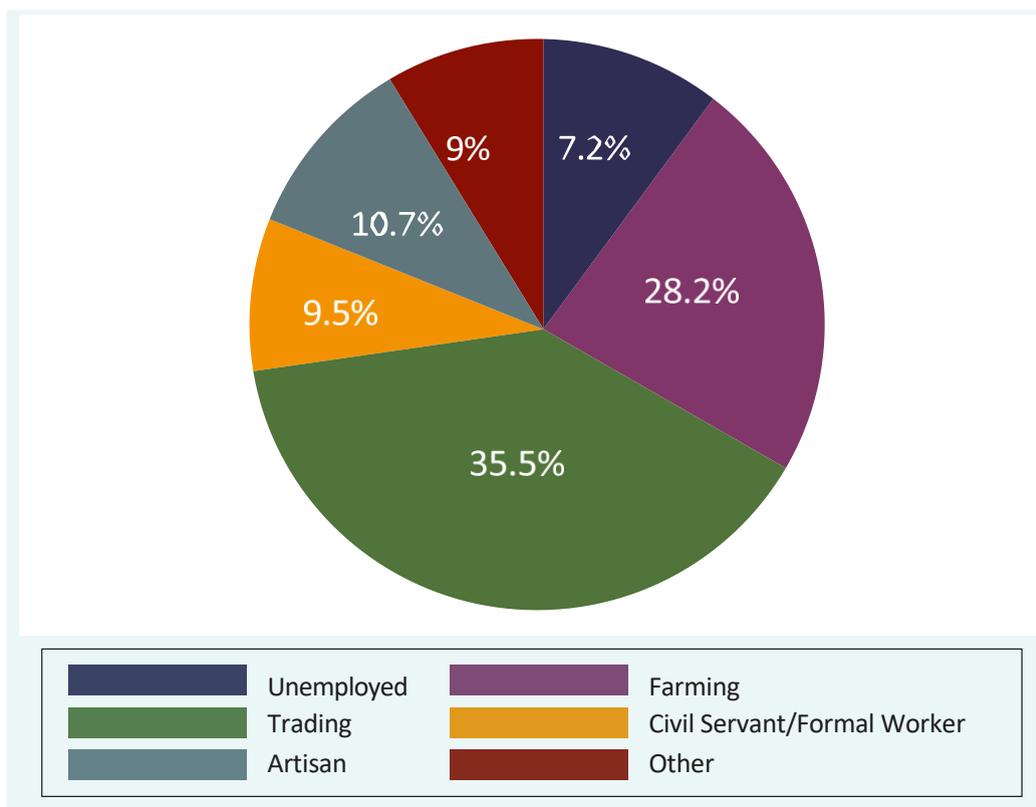
**TABLE 2: DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS**

Variable	Category	Frequency	Percentages
<b>Sex</b>	Male	256	22%
	Female	927	78%
	Total	1183	100%
<b>Age</b>	10-14	334	28.2%
	15-20	523	44.2%
	21-24	271	22.9%
	25+	55	4.6%
<b>Education</b>	Non-Formal Education	36	3%
	Basic	217	18.3%
	JHS	584	49.3%
	SHS	281	24%
	Teacher Training	17	1.4%
	Undergraduate	48	4%
<b>Marital Status</b>	Never Married	1116	94.3%
	Married	56	4.7%
	Divorced	1	0.1%
	Separated	5	0.4%
	Consensual/ Cohabitation	5	0.4%
<b>Occupation</b>	Student	948	80%
	Informal worker	139	12%
	Formal	10	1%
	Unemployed	86	7%
<b>Religion</b>	Islam	649	54.9%
	No religion	19	1.6%
	Pentecost Christian	118	10%
	Pentecost/ Charismatics	218	18.4%
	Catholic	76	6.4%
	Other Christian	101	8.5%

Source: Field Data, August 2023

From the Figure 1 below, majority (35.5%) of the respondents' parents/guardians are engaged in trading as their primary occupation compared to farmers (28.1%), artisans (10.7%), civil servants (9.6%), with 9.0% engage in other occupations. Only 7.2% of respondents indicated their parents/guardians are unemployed.

**FIGURE 1: PARENT <sup>AND</sup> GUARDIAN OCCUPATION.**



Source: Filed Data, August 2023

**TABLE 3: HOUSEHOLDS' MONTHLY INCOMES**

Household monthly income (Gh cedis)	Frequency	Percent
Less than 50	130	11.0
51-100	65	5.5
101-500	389	32.9
501-1000	288	24.3
1001-1500	101	8.5
1501-2000	86	7.3
2001-2500	30	2.5
2501-3000	54	4.6
3001-3500	7	.6
3501-4000	5	.4
4001-5000	17	1.4
Above 6000	11	.9
Total	1183	100.0

Source: Field Data, August 2023

From the table above, 130 (11%) respondents indicated that their household monthly income is less than Ghc50; 65 (5.5%) respondents stated their household monthly income ranges from Ghc51-100; 389 (32.9%) respondents stated their average household monthly income ranges from Ghc101-500; 288 (24%) respondents stated their household monthly income ranges from Ghc501-1000;101 (8.5%) respondents from the total population have a household monthly income ranging from Ghc 1001-1500. Generally, over 80% of respondents have a monthly household income ranging from Ghc 50-1500, which is considered low to average income for a household. This has implications on households'

ability to provide menstrual products for adolescent girls considering recent worsening living standards and high inflation rates in Ghana.

### 3.2 Knowledge and understanding of menstruation and menstrual hygiene management

This section assesses respondents' knowledge and understanding of menstruation and menstrual hygiene management. Participants were asked to indicate their first source of information regarding menstruation and menstrual hygiene management and how important menstrual hygiene information is to them. Their knowledge was assessed by asking them to indicate the extent to which they agree or disagree with some factual and misleading statements about menstruation. Findings reveal that there appears to be a lack of understanding and knowledge to a certain extent about menstruation among the study population.

#### Information about menstruation and menstrual hygiene management

**TABLE 4: MENSTRUATION AND MENSTRUAL HYGIENE AWARENESS**

	Percent	Frequency
Yes	76.8	597
No	23.2	180
Total	100	777

Source: Field Data, August 2023

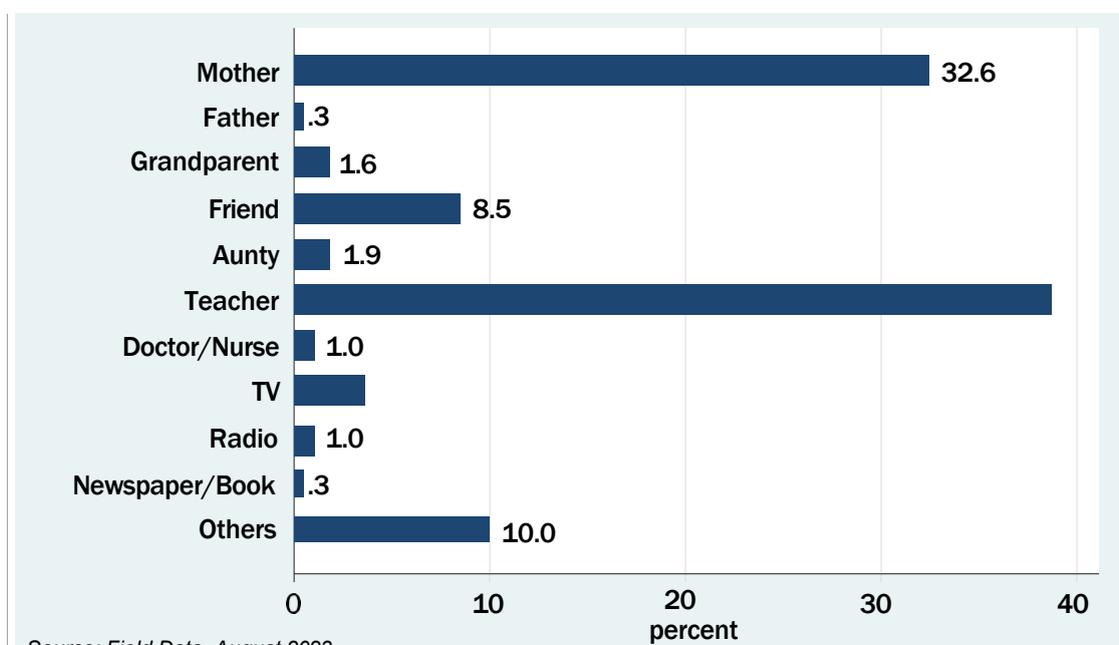
From Table 4, 597 respondents, representing 77% had information about menstruation before their first menses (menarche) as compared to 180 respondents (23%) who did not have information on menstruation before their menarche. However, the overwhelming access to information among the adolescent girls did not necessarily translate into their overall knowledge and understanding of menstruation and menstrual hygiene management.

#### 3.2.1. Source of information about menstruation

The general observation as seen in figure 2 below is that nearly half of the study participants first got information about menstruation and menstrual hygiene management from their teachers (39%). This is followed by 32.6% respondents who got their first information on menstruation from their mothers with 8.5% of respondents indicating they first received menstrual information from friends. Fathers were among the least (0.3%) sources of menstrual information for adolescent girls. These findings reinforce the widely held perception that men make very little contribution in educating their adolescent girls on menstrual hygiene. This may be linked to stereotypes and/or societal norms that view menstrual related issues as a female thing. As explained by a male parent during KII "I always tell my girls to speak to their mother concerning their menses, and I also speak to their mother to talk to them how to manage their period". While acknowledging that educating adolescents about menstruation and their reproductive health is a collective effort, parents must play a lead role in providing

comprehensive menstrual information, laying the foundation for understanding and managing this natural process with dignity among their adolescent girls. Yet, evidence from this study points to the contrary. Some participants note that their parents do not prioritize their menstrual life and are missing their responsibility to provide their girls with in-depth information on safe menstrual hygiene practices. This assertion is summarized by a female respondent during FGD in Ashaiman *“Our parents and guardians are not concerned about our periods; they do not ask and also do not find out consistently about our menstrual hygiene management to ensure our safety as adolescent girls”*. Another respondent posited that *“In this community, parents largely don’t care about their girl’s menstruation and how it affects their wellbeing. Rather, they speak to us in proverbs which we hardly understand. So, we are not encouraged to speak to them about our menstrual cycle”*.

**FIGURE 2: SOURCE OF INFORMATION ABOUT MENSTRUATION (%)**



### 3.2.2. Importance of menstrual hygiene information

The study found that more than 90% of participants acknowledged the importance of menstrual hygiene information and education. Respondents who did not find menstrual hygiene information useful attributed cultural taboos and misconceptions as the underpinning factors. *“It’s culturally unacceptable to discuss menstruation in the public because it is dirty. That is why menstruating girls cannot even cook food for the households,”* a boy remarked during FGD in Ashaiman. Studies have found that menstrual hygiene information is a significant predictor of menstrual hygiene practices among female adolescents in Ghana, and that girls who had stronger knowledge about menstrual hygiene were more likely to practice good menstrual hygiene (See Daniel et al., 2023). When girls and women have access to accurate and timely menstrual hygiene information, they are more likely to practice good menstrual hygiene, which can help reduce the risk of health problems, improve their quality of life, and enable them to participate fully in education and work. In addition, menstrual hygiene information is key for reducing stigma and widespread discrimination in schools and elsewhere.

**TABLE 5: IMPORTANCE OF MENSTRUAL HYGIENE INFORMATION**

How important is menstrual hygiene information to you?	Frequency	Percent (%)
Not Important	41	3.5
Slightly important	45	3.8
Important	392	33.1
Very Important	549	46.4
Extremely Important	156	13.2
<b>Total</b>	<b>1183</b>	<b>100.0</b>

Source: Field Data, August 2023

### 3.2.3. Knowledge and awareness of menstruation and menstrual misconceptions and taboos

Overall, adolescents' knowledge of menstruation and menstrual related issues was limited, with many acceding to the misconceptions and cultural taboos around menstruation. In terms of regional disaggregation, not markedly variation was noted in the knowledge level. Yet, we observed that the source of menstrual blood (natural shedding of blood from the uterus), frequency of occurrence (once a month), and average duration of flow (3-7 days), knowledge level among respondents was high, averaging 80%.

**TABLE 6: KNOWLEDGE AND AWARENESS OF MENSTRUAL MISCONCEPTION AND TABOOS**

		Region				Total	Percent
		Greater Accra	Central	Northern	North East		
Menstruation is natural shedding of blood in women	Agree	197	378	376	160	1111	93.9
	Disagree	0	4	1	9	14	1.2
	I don't know	2	27	21	8	58	4.9
	<b>Total</b>	<b>199</b>	<b>409</b>	<b>398</b>	<b>177</b>	<b>1183</b>	<b>100.0</b>
Menstruation is caused by hormones	Agree	112	199	162	107	580	49.0
	Disagree	36	87	55	24	202	17.1
	I don't know	51	123	181	46	401	33.9
	<b>Total</b>	<b>199</b>	<b>409</b>	<b>398</b>	<b>177</b>	<b>1183</b>	<b>100</b>
Menstruation usually occurs once in a month	Agree	163	315	342	153	973	82.2
	Disagree	25	57	24	12	118	10.0
	I don't know	11	37	32	12	92	7.8
	<b>Total</b>	<b>199</b>	<b>409</b>	<b>398</b>	<b>177</b>	<b>1183</b>	<b>100</b>
Normal menstruation last between 3-7 days	Agree	176	328	318	161	983	83.1
	Disagree	6	29	13	5	53	4.5
	I don't know	17	52	67	11	147	12.4
	<b>Total</b>	<b>199</b>	<b>409</b>	<b>398</b>	<b>177</b>	<b>1183</b>	<b>100.0</b>

<b>Women lose blood when they menstruate</b>	Agree	91	294	310	125	820	69.3
	Disagree	87	77	54	35	253	21.4
	I don't know	21	38	34	17	110	9.3
	<b>Total</b>	<b>199</b>	<b>409</b>	<b>398</b>	<b>177</b>	<b>1183</b>	<b>100.0</b>
<b>Menstrual blood flows from the uterus</b>	Agree	110	222	212	119	663	56.0
	Disagree	45	58	37	23	163	13.8
	I don't know	44	129	149	35	357	30.2
	<b>Total</b>	<b>199</b>	<b>409</b>	<b>398</b>	<b>177</b>	<b>1183</b>	<b>100.0</b>
<b>Some boys menstruate</b>	Agree	2	27	18	11	58	4.9
	Disagree	197	358	358	148	1061	89.7
	I don't know	0	24	22	18	64	5.4
	<b>Total</b>	<b>199</b>	<b>409</b>	<b>398</b>	<b>177</b>	<b>1183</b>	<b>100.0</b>

Source: Field Data, August 2023

## Myths and misconceptions surrounding menstruation

This section explores participants' views on misconceptions and some common myths surrounding menstruation. It sheds light on the realities of this biological phenomenon and challenging preconceived notions that have persisted across different societies and time periods. It concludes by highlighting the need to increase awareness in breaking these myths and building a more inclusive and supportive environment for menstruating girls and women.

### Menstruation is dirty and shameful

In many cultures in Africa and around the world, misconceptions about menstruation continue to negatively impact women and girls, often leading to social exclusion. While menstruation is a biological phenomenon affecting only women, there are many who still associate it with dirt and shame. In this study, nearly 50% of respondents held this view; a perception which largely accounts for reported cases of stigma and discrimination against menstruating girls in schools and in communities. As McMahon et al (2011), have noted, perceptions of menstruation as something shameful and dirty is widespread throughout the African continent. They posited that menstruation and menstrual blood often spark feelings of shame, embarrassment, guilt, fear, and powerlessness among women of all ages. Most of this happens at school, home and workplace making them hide their pads when going to the toilet to prevent embarrassment and shaming.

**TABLE 7: MENSTRUATION IS DIRTY AND SHAMEFUL**

Menstruation is dirty and shameful	Region				Total	Percent
	Greater Accra	Central	Northern	North East		
Agree	66	191	184	103	544	46.0
Disagree	125	200	196	67	588	49.7
I don't know	8	18	18	7	51	4.3
<b>Total</b>	<b>199</b>	<b>409</b>	<b>398</b>	<b>177</b>	<b>1183</b>	<b>100</b>

Source: Field Data, August 2023

During a focus group discussion, an adolescent girl noted that “Because of the public perception of menstruation as a shameful and dirty thing, we don’t get the needed public support during this period and this makes us lose self-respect, self-esteem and self-confidence” (FGD participant, Ashaiman).

*“Girls are not allowed to cook because they may stain themselves when cooking” (Parent, during KII in Ashaiman, Accra)*

*“Growing up, society is made to believe that menstruation is a bad thing and so when experiencing it, it is believed to be dirty, smelly and all other bad things that can be associated with it” (Teacher’s response during KII in Savelugu, Northern region)*

Indeed, some communities’ beliefs about women and girls spreading misfortune or impurity during menstruation is rife. As a result, they may face restrictions on their day-to-day behaviour, including prohibitions on attending religious ceremonies, visiting religious spaces, handling food, or sleeping in the home (UNFPA, 2022).

### **Menstruation should not be discussed publicly**

The study found that perceptions and views as to whether menstruation should be a matter of public concern and be discussed openly or not is mixed. Although most of the study participants (50.7%) stated that menstruation should be discussed openly and should concern men and women, boys and girls, nearly half (43.7%) of them thought otherwise. In terms of regional spread, respondents who hold the latter view were largely found in the central and northern regions with the least found in the Northeast region. Reasons variously advanced by respondents mostly boys at FGD, were underpinned by cultural norms, religious beliefs, stigmatization, and shame.

*Below are some responses from adolescent boys during FGD in Ashaiman, Accra.*

*“I don’t agree that menstruation should be discussed publicly. It’s an issue that concerns and affects girls and women and for me discussing it in the open amount to invading their privacy. It’s a private thing”.*

*“I think menstruation should not be discussed openly because when everyone gets to know, it makes the girls lose their respect and self-esteem”.*

These responses resonate deeply with existing studies that found out that adolescent girls in Ghana are forbidden from talking about menstruation openly, even with their mothers (Mohammed et al., 2020). Even among the Ghanaian women, this belief is pervasive. Many women consider menstruation as a sign of impurity and uncleanness and are reluctant to discuss it publicly because they are afraid of being stigmatized. The silence surrounding menstruation burdens young girls by keeping them ignorant of this natural phenomenon. Even when adolescents seek information about menstruation, adults usually feel shy, uncomfortable, and reluctant to discuss it because of socio-cultural and religious misconceptions and proscriptions (Mohammed et al, 2020), In addition, the culture of silence around menstruation increases the perception of menstruation as something shameful that needs to be hidden, and may reinforce misunderstandings, perpetuates harmful stereotypes, myths, and other negative attitudes toward it (see A. Diorio & Jennifer A. Munro, 2000).

**TABLE 8: MENSTRUATION SHOULD NOT BE DISCUSSED PUBLICLY**

	Region				Total	Percent
	Greater Accra	Central	Northern	North East		
Agree	74	225	202	99	600	50.7
Disagree	114	163	172	68	517	43.7
I don't know	11	21	24	10	66	5.6
<b>Total</b>	<b>199</b>	<b>409</b>	<b>398</b>	<b>177</b>	<b>1183</b>	<b>100.0</b>

Source: Field Data, August 2023

### Menstruation is a sign of maturity and readiness for childbirth

The findings show that 81% and 74% respondents respectively said menstruation is a sign of maturity and readiness for childbirth as seen in the table above. The central and northern regions recorded the highest respondents with the greater Accra region being the least in this category. The onset of menstruation signifies biological changes at puberty. However, it does not necessarily imply that girls who attain puberty are psychologically, physically, and emotionally prepared for childbirth. In cultural setting where this belief is rife, girls are more vulnerable and prone to child marriages, sexual abuse, teenage pregnancies, and other forms of violence.

**TABLE 9: MENSTRUATION IS A SIGN OF MATURITY**

	Region				Total	Percent
	Greater Accra	Central	Northern	North East		
Agree	149	322	342	150	963	81.4
Disagree	32	59	30	10	131	11.1
I don't know	18	28	26	17	89	7.5
<b>Total</b>	<b>199</b>	<b>409</b>	<b>398</b>	<b>177</b>	<b>1183</b>	<b>100.0</b>

Source: Field Data, August 2023

**TABLE 10: MENSTRUATION IS A SIGN OF READINESS FOR CHILDBIRTH**

Menstruation is a sign of readiness for childbirth	Region				Total	Percent
	Greater Accra	Central	Northern	North East		
Agree	111	281	341	147	880	74.4
Disagree	69	98	27	22	216	18.3
I don't know	19	30	30	8	87	7.4
<b>Total</b>	<b>199</b>	<b>409</b>	<b>398</b>	<b>177</b>	<b>1183</b>	<b>100.0</b>

Source: Field Data, August 2023

## Menstruation is women issue only

While it is true that menstruation is experienced by women and girls, menstrual health issues are human rights issues and, therefore of importance to society as a whole (UNFPA, 2020). The study reveals that a staggering 80% of respondents think menstruation is a preserve for women and girls. This finding means that the involvement of men and boys in discussing and managing it is weak or lacking – a situation that entrenches menstruation related stigmatization and discrimination. As Ashley Rapp 2020, puts it, the concept of shame so closely connected to menstruation leads to a lack of open conversation about it, which in turn prevents dialogues regarding menstrual products. Lack of information, misconceptions, and ignorance about menstruation, especially among girls, can undermine their self-esteem and confidence as they develop their personality as women. Therefore, educating girls and boys on menstruation is crucial in building mutually reinforced environment and reducing menstrual related shaming in schools and in communities.

**TABLE 11: MENSTRUATION IS WOMEN ISSUE ONLY**

	Region				Percent	Total
	Greater Accra	Central	Northern	North East		
Agree	120	320	341	166	947	80.1
Disagree	71	69	46	3	189	16.0
I don't know	8	20	11	8	47	4.0
<b>Total</b>	<b>199</b>	<b>409</b>	<b>398</b>	<b>177</b>	<b>1183</b>	<b>100.0</b>

Source: Field Data, August 2023

## 3.3 Accessibility, usage, and practice of menstrual hygiene management

Overwhelming majority (95%) of the respondents use disposable sanitary pads. The choice of disposable sanitary pads is largely linked to safety and reduced risk of infections. “It is very hygienic and safer to use the disposal sanitary pads as compared to the reusable ones because you can easily get infection when you use a reusable pad”, said an adolescent girl during FGD in Ashaiman, Accra). Another FGD discussant noted that “using disposal sanitary pad is the best because it saves you from washing blood anytime you menstruate”. In Ghana, sanitary pads are classified as ‘Miscellaneous Manufactured Articles’ which subject them to many taxes, including a 20% import duty, 15% Import VAT and other import and statutory levies. This makes the products very expensive and less affordable especially among low-income and poorer households.

**TABLE 12: CHOICE AND USAGE OF MENSTRUAL PRODUCTS**

Disposable sanitary pads	Frequency	Percent
Yes	738	95.0
No	39	5.0
<b>Total</b>	<b>777</b>	<b>100.0</b>

Source: Field Data, August 2023

## Affordability and Accessibility of menstrual products

The study participants noted that menstrual products are expensive and not affordable. A whopping 60.3% of the total respondents held this view in contrast to 12.4% respondents who stated that it is affordable. This corroborates existing research findings such as those undertaken by (Ogola, et al, 2023). In their survey to assess the affordability of period products across nine countries in Africa, Ghana was ranked top among countries with the least affordable and most expensive menstrual products relative to monthly income. They noted that in Ghana, a woman earning a minimum wage of \$26 a month would have to spend \$3 – or over 10% of her monthly income – to buy two packets of sanitary towels containing eight pads - what many women will need each month (Ogola, et al, 2023).

Responses during FGD and KII further highlight the ripple effects of high cost of sanitary pads on adolescent girls. During a key informant interview, a teacher bemoaned that his inability to support menstruating girls with sanitary pads due to their high cost recently, has left him in distress.

“I used to buy sanitary pads for my School so that the students can use when they need it. But, for some time now, I have not been able to afford to buy a large quantity due to the hikes in prices. I always feel sad when students come to me to seek for pad and it is not available” (KII with a basic schoolteacher, Ashaima).

“Sanitary pads used to be very affordable but now, it is very expensive. Although they are always available on the market but very difficult to afford. The prices are just too high” – (Response from a parent during KII in Sagnarigu, Northern region)

“Even though it has become very expensive to afford the pad, I always strive to get it for my girl because I don’t want her to fall into any unimaginable problem (a response from a female parent during the KII in Sagnarigu).

## Perceived challenge in accessing safe menstrual products

Similarly, research participants were asked to select from a range of responses regarding their major constraint in accessing safe menstrual products. The results show that about 70% of respondents consider high cost (can’t afford to buy) as a significant burden hindering their access. By the UNFPA definition of period poverty –the struggle many low-income women and girls face while trying to afford menstrual products, it is safe to infer that overwhelming majority of respondents in this study are menstrual poor.

**TABLE 13: CHALLENGES IN ACCESSING MENSTRUAL PRODUCTS**

Challenges to accessing menstrual products	Region				Total	Percent
	Greater Accra	Central	Northern	North East		
Can't afford to buy	89	144	213	95	541	69.6
Limited access and availability	9	9	21	6	45	5.8
Lack of product variety	2	15	3	3	23	3.0
None of the above	35	82	38	6	161	20.7
<b>Others</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>7</b>	<b>0.9</b>
<b>Total</b>	<b>138</b>	<b>252</b>	<b>277</b>	<b>110</b>	<b>777</b>	<b>100</b>

Source: Field Data, August 2023

## Acquisition of menstrual products

Menstrual products are mostly provided by parents/guardians (60.7%) for their adolescent girls during menstruation, although appreciable number of respondents (31.7%) claim they buy sanitary pads on their own, as explained by one girl during FGD “I mostly have to lie to my friends that my period came unexpectedly so I need some money to get a pad, that’s how I am able to buy menstrual products for myself.” Regarding how respondents acquired menstrual products during their last menses, the percentage of respondents who bought pads on their own has increased to 37.7%. Given that this study targeted adolescent girls and mostly non-working young women, and with the rising cost of living, parents and girls go through a lot of hardships, having to choose between having decent meals and acquiring sanitary wears, as noted by a parent “the provision of pads affects me in so many ways. Sometimes the money is so little that you are torn between using it for pad or food.”

Other girls indicated that they must make savings from their pocket money to be able to buy pads towards managing their period “I have to withdraw from the little savings I have to get menstrual products which is quite constraining.” Parents who provide menstrual products complained bitterly in the wake of the increment in pricing of pads, leaving them in distress. As a result, some parents may never bother to find out where their adolescent girls get money to buy menstrual products for themselves, as long as that is relieving them of some financial burden “The menstrual products are not affordable. Now, I force my daughters to be using the reusable sanitary pads because we can’t afford the disposables (a parent response during the KII).

**TABLE 14: ACQUISITION OF MENSTRUAL PRODUCTS**

	Region				Total	Percent
	Greater Accra	Central	Northern	North East		
Myself	43	81	103	19	246	31.7
My parents/guardian	87	161	150	74	472	60.7
Siblings	0	3	8	6	17	2.2
Friends	0	1	1	0	2	0.3
My boyfriend (lover)	3	5	3	3	14	1.8
Others Specify	5	1	12	8	26	3.3
<b>Total</b>	<b>138</b>	<b>252</b>	<b>277</b>	<b>110</b>	<b>777</b>	<b>100.0</b>

Source: Field Data, August 2023

## Coping strategies to manage menstrual flow due to a lack of access to safe menstrual products

Most adolescent girls and young women who face financial difficulties to buy menstrual products adopt several coping strategies ranging from the use of makeshift materials, borrowing products/money from friends and relatives to acquire, or use fewer menstrual products and reduce the frequency of changing them. Research have shown that some menstruating girls use cloth, toilet paper and other improvised items to absorb menstrual blood. However, these are not sustainable and are found to have an increased risk of leakage—a major embarrassment when attending school.

**TABLE 15: COPING STRATEGIES TO MANAGE MENSTRUAL FLOW**

Management of menstrual flow	Frequency	Percent
<b>Use improvised materials only (e.g., socks, toilet paper, grass, leaves, etc)</b>	158	20.33
Borrow menstrual products from friends and relatives	193	24.84
<b>Use fewer menstrual products, reduce the frequency of changing them</b>	106	13.64
Borrowing money to purchase pad	100	12.87
<b>Use improvised material, borrow money, and pad from friends</b>	11	1.42
Use improvised material, and reduce frequency of changing pad	19	2.45
<b>Borrow money to purchase menstrual product, and or borrow pad from friends</b>	30	3.86
Borrow pads, and reduce frequency of pad changing	29	3.73
Borrow pad, money, reduce frequency of changing pads	9	1.16
Use all the above	5	0.64
99	117	15.06
<b>Total</b>	<b>777</b>	<b>100.00</b>

Source: Field Data, August 2023

The following quotations further support the discomfort associated with the use of improvised materials as substitutes for sanitary pads.

*“I sometimes encounter my menses unaware when I am in school, and mostly I am not able to buy sanitary pads because it’s too expensive. So, what I do is that I buy secondhand diaper or toilet roll. But because those materials are not fit for purpose, I sometimes soil my uniform with blood when I have a heavy flow and then run to the house”.*

In another study, a female student is reported to have said that “Sanitary pads are very expensive ... I sometimes use toilet roll, baby diapers, or a cloth during my menses,” These responses were confirmed during qualitative interviews with teachers and parents, and below are quotes that support the findings.

*“Some of the girls can’t afford the sanitary pad, so they prefer to stay home and use other methods like the tissue papers and all that. But for those products, they are not sustainable, so they can’t take it to school” (SHS teacher during KII in Cape Coast).*

*“The disposable pads are more comfortable but due to the high cost, I can’t buy. I often cut my own clean cloth into pieces for their use when they are menstruating” (Response from a parent, FGD, Sagnarigu).*

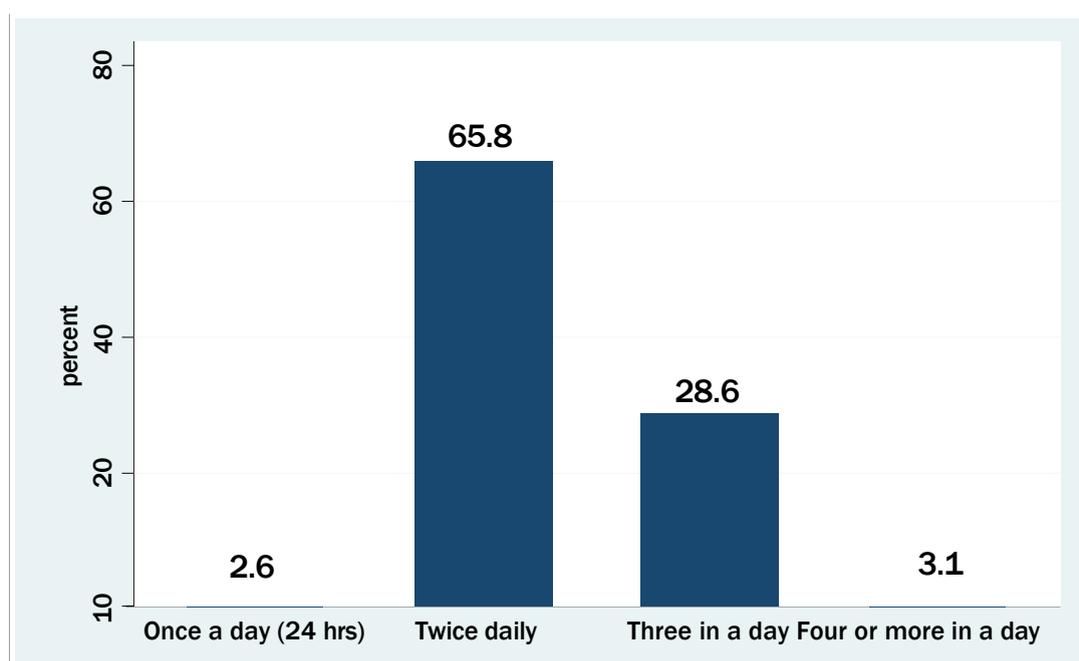
In addition to the evidence of the unsustainability of makeshift pads, poor menstrual hygiene can pose serious health risks, like urinary tract infections which can result in future infertility and birth complications (World Bank, 2022; Mensah, 2022). Furthermore, prolonged use of the same pads and rolling them up may also increase the risk of infection.

### Frequency with pad usage and change during menstruation

The frequency of pad usage during menstruation varies with respondents' ability to afford. We note for example that 65.8% of respondents change their pads twice in a day. This was followed by (28.6%) respondents who indicated that they change their pads three times daily during their monthly period. Only (2.6%) respondents say they change their pads once a day with (3.1%) respondents saying they change their pads four or more in a day. Yet, the frequency of usage is reported to be putting financial stress on family incomes, especially for girls that experience heavy flow.

“Some of us flow heavily; I use two packs of sanitary pads in a month. This has a great negative impact on my family’s income, especially when the family budget has been made and my mother has to buy sanitary pads for me unplanned,” Another girl responded that “the pad issues affect our household income. If my mother has already made her budget for the day and suddenly, I approach her that I am having my menses, she has to use part of the budget which was not meant for pad to now secure a pad for me.”

**FIGURE 3: FREQUENCY WITH PAD USAGE AND CHANGE DURING MENSTRUATION.**



Source: Field Data, August 2023

### Practice of handwashing and menstrual hygiene management among girls

**TABLE 16: HANDWASHING MENSTRUAL HYGIENE PRACTICE**

Handwashing after changing menstrual products	Frequency	Percent
Yes	758	97.55
No	19	2.45
<b>Total</b>	<b>777</b>	<b>100.00</b>

Source: Field Data, August 2023

We note that the practice of handwashing among menstruating girls was high, accounting for nearly 98% of surveyed respondents, although with some difficulties. Some female students reported inconsistency with the supply of water and other detergents to aid them in having a safe and dignified period. “Water is not connected to the wash and changing rooms, and there are no detergents, making it difficult to access sometimes.” On the contrary, a review of the literature reveals a much deeper problem that girls and women face regarding the use of water and sanitation facilities while menstruating. Girls’ and women’s voices are being ignored within households and communities and in development programs due to unequal power relations, exacerbated by cultural norms and stigmas. As a result, menstruating women are not allowed to use water and sanitation facilities and, in some cases, even excluded from home as menstruation is considered impure (Water Aid, 2009). Providing water and sanitation facilities in schools are the first steps to creating a supportive learning environment and reducing health risks for girls and young women.

### **Supportive facilities and programs for safe menstrual hygiene practices in schools**

The survey shows that most schools do not have adequate WASH facilities and friendly environments to enable girls menstruate freely. For example, only 33% of the survey participants reported the availability of separate washrooms and changing rooms for girls in their schools. But even with that, essential supplies like water, soap, and proper disposable bins are mostly not available (2.1%). Schools rarely provide menstrual products such as pads and tampons to take care of emergencies (5%). Even more concerning is that 16% of surveyed participants indicated they do not have access to either of these essential facilities—separate wash/change rooms with soap and water, waste management bins, menstrual hygiene education, and the provision of menstrual products in schools.

The United Nations (UN) maintain that overall menstrual hygiene means women and girls have access to clean water and soap, accessible and clean toilets and latrines and the power to access these facilities in privacy without stigma and shaming, coupled with menstrual education for both boys and girls. While these facilities are crucial for the well-being and education attainment for adolescent girls, they are generally not adequate in schools. Access to better WASH facilities ensures a clean and safe environment for personal hygiene, which includes safe menstrual hygiene management. The lack of these facilities can pose health risks, discomfort, and reduced school attendance among adolescent girls. In addition, menstrual hygiene education is equally essential because it empowers girls with knowledge about their menstrual cycles, and proper hygiene practices. This education helps break stigmas surrounding menstruation, promotes confidence, and encourages regular school attendance.

A teacher noted during KII that “the unavailability of water, sanitation, and hygiene facilities is a bigger challenge for us now. The school has just one washroom which is being managed by a janitor that takes care of the place and is being paid for. For financial constraints, she is no longer working. So, when it comes to girls changing themselves when they are in that period in school, it is not easy at all. But then, in their own small ways, they define a close place and change”.

A female student also responded during FGD in Ashaiman that “Water is not connected to the wash and changing rooms as well as detergents making it difficult to access whenever I visit the washroom during my menstrual period. I become confused and frustrated when I visit the washroom, especially when I am unaware of my period. I have to wait till someone comes around the washroom before they can get me water, detergents and toiletries to clean myself” (Female student in Ashaiman)

“Although there is water in the school, it’s not connected to the washrooms. Anytime you want to use the place, you must fetch water there or buy sachet water. Due to that, when you are unaware of your menses and you visit the washroom, you become confused and stranded. No disinfectants nor tissues there too,” (Female student, Ashaiman).

These responses resonated with experiences of other participants who were part of the discussion necessitating the urgent need to break the barriers.

**TABLE 17: FACILITIES AND PROGRAMS FOR SAFE MENSTRUAL HYGIENE PRACTICE**

	G. Accra	Central	Northern	North East		
Separate wash/changing room for girls	52	102	165	67	386	32.6
Separate washroom for girls, school provides menstrual products	12	13	8	6	39	3.3
Water available at washroom, Waste management facilities	12	5	6	2	25	2.1
Water available at washroom, Soap available at wash	15	24	7	0	46	3.9
Soap available at wash/change room	25	39	33	17	114	9.6
Water available at washroom	12	23	23	9	67	5.7
Menstrual hygiene education	14	65	42	13	134	11.3
Waste management facilities	7	22	10	10	49	4.1
The school provides menstrual products	10	28	15	5	58	4.9
Separate washroom for girls, Soap available at wash	8	15	13	6	42	3.6
Separate washroom for girls, Menstrual hygiene education	8	16	10	6	40	3.4
None of the above	24	57	66	36	183	15.5
<b>Total</b>	<b>199</b>	<b>409</b>	<b>398</b>	<b>177</b>	<b>1183</b>	<b>100.0</b>

Source: Field data, August 2023

### 3.4 Effect of period poverty on the education and psycho-social wellbeing of adolescent girls and young women

This section examines the effects of lack of access to clean menstrual products on the educational attainment as well as the overall health and wellbeing of adolescent girls and young women.

**TABLE 18: EFFECTS OF LACK OF ACCESS TO CLEAN AND AFFORDABLE MENSTRUAL HYGIENE PRODUCTS.**

Management of menstrual flow	Frequency	Percent
<b>Use improvised materials only (e.g., socks, toilet paper, grass, leaves, etc.)</b>	158	20.33
Borrow menstrual products from friends and relatives	193	24.84
<b>Use fewer menstrual products, reduce the frequency of changing them</b>	106	13.64
Borrowing money to purchase pad	100	12.87
<b>Use improvised material, borrow money, and pad from friends</b>	11	1.42
Use improvised material, and reduce frequency of changing pad	19	2.45
<b>Borrow money to purchase menstrual product, and or borrow pad from friends</b>	30	3.86
Borrow pads, and reduce frequency of pad changing	29	3.73
Borrow pad, money, reduce frequency of changing pads	9	1.16
Use all the above	5	0.64
Others	117	15.06
<b>Total</b>	<b>777</b>	<b>100.00</b>

Source: Field Data, August 2023

Several studies have highlighted the impact of period poverty on the educational attainment of girls -increased absenteeism, reduced class participation, academic performance, and dropouts (See Obiano, E. C. et al 2023, Asumang et al., 2019, Sekyere and Lartey (2020). Put differently, period poverty can have lasting consequences on a menstruator’s education and economic opportunities, as well as exacerbating existing vulnerabilities (UNFPA, 2022). It is estimated, for example, that one in ten girls in sub-Saharan Africa misses school during their period, which can add up to as much as 20% of a school year. Even if these girls complete their schooling, they are likely to fall behind boys of their age, exacerbating existing inequalities in educational attainment (Evans D. et al, 2020).

Below are some quotes from qualitative interviews that lend credence to the above assertions.

*“The issue of access to menstrual product has always been a problem, causing educational irregularities among girls. When the menstruating girl lacks the resources to support or even manage her menstruation in school, she might have to stay home until she finishes menstruating, and all her period at home, the male students will be in school and comfortably learning in class. So, the lack of access to these products highly disadvantages the female students, exacerbating the gender and education inequities” (Female Teacher, Awutu Senya East).*

*“The lack of menstrual products really prevents the girls from coming to school during their periods, because they would want to stay home to take good care of themselves, contributing to absenteeism which has a negative impact on their education. Girls who are stigmatized during their periods feel uncomfortable and cannot participate actively in classroom activities or even engage in the school’s activities due to embarrassment or even a low self-esteem” (Female teacher during KII in Cape Coast).*

*“Some of them use toilet roll, and they are always looking back to see if they have stained themselves, so the fear of this leakage makes them feel uncomfortable when they are in class, and they might find it challenging to focus, which will definitely affect their academic performance and absenteeism” (Female teacher, Sagnarigu).*

*“Whenever I’m menstruating, I don’t go to school because I don’t want to stain myself and people will laugh at me” (Female student in FGD, Sagnarigu).*

*“Because of the lack of pads, I don’t go to school when I’m menstruating, and sometimes when go I can’t concentrate because I will always be sitting and checking to make sure I don’t stain myself in class” (Female student in FGD, Sagnarigu).*

### **Consequence of lack of access to safe menstrual products**

When girls can’t afford to buy sanitary pads, they engage in all kinds of risky behaviours, including transactional sex to acquire the funds to purchase them so they can continue to attend school comfortably during their monthly menses (Tazeen et al., 2006, Mason, L. et al., 2013). When participants were asked to indicate the most devastating consequences of the lack of access to sanitary products during menstruation, 24.3% of them responded that girls become vulnerable to sexual exploitation to acquire menstrual products. Consequently, those victims of sexual exploitation will more likely experience multiple abuses, including physical and emotional trauma, sexually transmitted infections, and unwanted pregnancy. They may also face the risk of dropping out of school altogether and becoming involved in other forms of exploitation. Other problems associated with the inaccessibility of menstrual products in terms of order of magnitude are infection (22.5%), missing school (21.5%) teenage pregnancy (19.2%), school dropout (7.1%), and child marriage being the least (4.7%).

**TABLE 19: VULNERABILITY TO SEXUAL EXPLOITATION TO ACQUIRE MENSTRUAL PRODUCTS.**

Vulnerability to sexual exploitation to acquire menstrual products	Freq	Percent (%)
Girls become vulnerable to sexual exploitation to acquire menstrual products	288	24.3
Infection	266	22.5
Teenage pregnancy	227	19.2
Missing school	254	21.5
School drop-out	84	7.1
Child marriages	56	4.7
Others	8	0.7
<b>Total</b>	<b>1183</b>	<b>100</b>

Source: Field Data, August 2023

A parent noted during key informant interview that, “Girls are faced with sexual exploitation because they can’t afford safe menstrual pads, yet they must access them. They give in to men who then sexually exploit them and give them money in return. In doing this, they can get pregnant.”

Another teacher commented that, “to a large extent, when a parent cannot buy the pad for her adolescent girl, we all know what happens at this stage; she is compelled under the circumstance, to look elsewhere for the product. She will have a boyfriend and might walk to him for money to buy it for the month. Because of her vulnerability, she trades sex for pad. So far as the guy keeps on buying her the product, he takes advantage of her, and this can lead to unwanted pregnancy.”

In highlighting the extent to which infections and teenage pregnancies constitute a major problem resulting from a lack of clean sanitary pads, a health officer commented during key informant interview in Ashaiman as follows.

*“When we go for school health services, some girls feel shy to ask certain questions in the presence of their friends, so they see us privately to speak to us. Sometimes, they come to the hospital with those symptoms, and after taking care of them, we refer them to the Adolescent Health Corner (AHC). Aside from the UTIs, we record other infections. But for Ashaiman, our struggle now is the issue of teenage pregnancy. This half year, we have attended to about 200 girls for pregnancy cases, and I can say emphatically that the pad issue is indirectly contributing to the rise of teenage pregnancies in the municipality and elsewhere. If the government takes the necessary steps and pays attention to the pad issues, the trend of teenage pregnancy, UTI cases, STI cases and adolescent with HIV cases, would reduce drastically and enhance the reproductive health and wellbeing of adolescents.”*

### **Menstrual poverty and psychological/mental health.**

This study found that for most girls (27%) who lack access to pads experience depression as they anticipate their monthly period. About 22% of respondents are anxious, 17% feel stressed, and 6% feel isolated. Altogether, this has a long-term effect on their mental health and well-being. This finding corroborates with existing research that established that the lack of access to safe menstrual hygiene products for adolescent girls and young women to enable them to have dignified menstruation without shame and stigma can affect their mental health and general well-being. As Aidoo (2017) have noted, period poverty has disempowered women, disrupting their mental health and well-being, causing them discomfort, shame, and sometimes depression and psychological stress.

**TABLE 20: MENSTRUAL POVERTY AND PSYCHOLOGICAL MENTAL HEALTH**

Expression feelings	G. Accra	Central	Northern	North East	Total	Percent
Depressed	50	49	62	50	211	27.2
Anxious	12	48	102	12	174	22.4
Isolated	7	13	22	1	43	5.5
Stressed	23	55	40	12	130	16.7
Indifferent/Normal	23	34	17	16	90	11.6
Not Applicable	17	43	25	15	100	12.9
Others	6	10	9	4	29	3.7
<b>Total</b>	<b>138</b>	<b>252</b>	<b>277</b>	<b>110</b>	<b>777</b>	<b>100.0</b>

Source: Field Data, August 2023

### 3.5 Summary of findings

- Overall, adolescents have limited knowledge and understanding of menstruation and related issues, although overwhelming majority (77%) of girls knew about menstruation before the onset of their first menses (menarche). The knowledge and awareness gap were especially pronounced concerning the myths, misconceptions, and cultural taboos related to menstruation. Whereas in some respects, participants responses on menstrual misconceptions and myths were mixed, such as for example, menstruation is dirty and shameful, with (46%) agreeing and (49.7%) disagreeing, the ignorance level in most other aspects was high, averaging 80%.
- The study found that nearly half of the respondents first got information about menstruation and Menstrual Hygiene Management (MHM) from their teachers (39%), followed by mothers (33%), and friends (8.5%). Fathers were among the least (0.1%) sources of menstrual information for adolescent girls, reinforcing the perception about the little role boys and men play in supporting girls during their menstrual cycle.
- Schools do not have adequate water and sanitation facilities to support girls to have dignified menstruation. The study found that only 32.6% of the survey participants reported that their schools have separate washrooms and changing rooms for girls. But even with that, water, soap, and proper disposable bins were lacking (2.1%). Schools rarely provide menstrual products to deal with emergencies. Even more concerning is that about 15.5% of girls indicated their schools do not have separate wash/change rooms with soap and water, waste management bins, menstrual hygiene education, and the provision of menstrual products.
- 95 % of adolescent girls use disposable sanitary pads. However, a significant percentage of them (60.3%) reported that pads are expensive in the wake of price hikes, worsened by high taxes, with 70% considering financial barriers as the major hindrance to access.
- The study found that the lack of safe and affordable menstrual products has a rippling effect on adolescent girls. These include an increased vulnerability to sexual exploitation

to acquire menstrual products (24.3%), higher rates of sexually transmitted infections (22.5%), teenage pregnancy (19.2%), missing school (21.5) school dropout (7.1%), and child marriage (4.7%).

- Girls and young women who lack access to safe menstrual products to have dignified menstruation in anticipation of their monthly period express the feeling of depression (27.3%), anxiety (22.4%), stress (16.7%) and isolated (5.5%). Altogether, this has a long-term effect on their mental health and general well-being.

## 4.0 Conclusions and Recommendations

### 4.1 Conclusions

This study assessed the knowledge and understanding of adolescents and young women on menstruation and menstrual hygiene management practices and measured the affordability, accessibility, and usage of menstrual products. It also assessed the overall effect of period poverty on the education and psychosocial well-being of adolescent girls and young women in Ghana. The findings underscore the multifaceted nature of period poverty and the need for holistic and comprehensive policy approaches and interventions to address the various factors contributing to menstrual inequities. Overall, the results showed that adolescents and young women have limited knowledge and understanding of menstruation and related issues. The knowledge gap was more pronounced concerning the myths and misconceptions related to menstruation, which can contribute to the stigma surrounding periods and hinder access to appropriate menstrual hygiene management practices.

We also found out that 95 percent of adolescent girls and young women use disposable sanitary pads. However, most of them find these products to be expensive and inaccessible. Women and girls who struggle with this issue often resort to using unhygienic materials or trading sex for pads, which puts them at risk of infections and unwanted pregnancies. The study further showed that schools do not have adequate infrastructure, such as water and sanitation facilities, separate washrooms, and changing rooms for girls, to enable them to have dignified menstruation while in school. Not only does the absence of these facilities bring discomfort, embarrassment, and shame to menstruating students in school, but it also leads to absenteeism, poor academic performance, and potential dropouts jeopardizing their future economic prospects. Furthermore, assessing the effect of period poverty on the psychosocial well-being of adolescent girls and young women revealed that girls and women were at risk of experiencing depression and mental health issues due to economic hardships related to accessing quality and affordable menstrual products. Overall, it underscores the necessity for more affordable or subsidized menstrual products for girls, especially those living in marginalized communities and low-income households.

## 4.2 Policy recommendations

Based on the findings of the research, the following policy recommendations are proposed for consideration by policymakers.

First and foremost, the Ministry of Education needs to implement comprehensive menstrual health education programs and increase public awareness and sensitization drive. This education will help in breaking the myths and reducing discrimination and stigma surrounding menstruation in schools and the wider community. Additionally, such education will be crucial in fostering open conversation about menstruation, promote empathy and create mutually supportive environment, to allow girls to navigate their menstrual cycles with dignity. Targeted initiatives could include specific community programs involving the participation of parents, opinion leaders, boys and girls, and other relevant stakeholders to deepen understanding and engender equitable development.

Second, the Ministry of Education together with the Ministry of Sanitation and Water Resources need to improve WASH facilities, especially at the basic and secondary level. The School Health Education Programme (GESS-SHEP) of the Ghana Education Service recognizes the provision of a friendly, physical, psychosocial, and conducive learning environment to enhance school retention and academic competence while preventing ill-related absenteeism. Evidence, however, suggests that most schools, especially at the basic level, have inadequate sanitation facilities to promote good hygiene and sanitation practices, including menstrual hygiene management (MHM). At the very least, schools should provide separate washrooms and toilet facilities for boys and girls, as well as male and female teachers. Additionally, there must be changing rooms with adequate water for hand washing with soap and proper bins for collecting and disposing of menstrual waste. These mechanisms will allow girls to have safe and dignified period free from stigma, thus increasing their school attendance, promoting effective learning, and reducing the risk of infectious diseases and early drop-outs.

Third, the government through the Ministry of Finance must scrap off taxes on sanitary pads and reclassify them as 'Essential medical necessities', which has a Zero (0) tax rating. This action would be the first important step in ensuring that prices on menstrual products are lowered making them affordable to girls and women from low-income households. Other support systems could include targeting deprived schools and distributing pads to deserving students monthly. Such initiatives could be included in existing education related interventions packages, such as the capitation grant, the school feeding and the free SHS programs. Altogether, these initiatives will reduce the vulnerabilities associated with challenges of access to sanitary pads and will enhance the prospects of girls to attain higher education and guarantee their socio-economic wellbeing in the future.

**TABLE 21: RESEARCH TEAM (YOUNG WOMEN AND YOUTH GROUPS)**

Name	Region	District	Email address
Augustus Ogbame Tetteh	Central	Cape Coast	augustustettehhero@gmail.com
Millicent Animah Yeboah	Central	Cape Coast	millicentanimahyeboah1@gmail.com
Theophilus Ntaah	Central	Cape Coast	walcotttheo1st@gmail.com
Harriet Fenyi-Mensah	Central	Cape Coast	hfenyimensah05@gmail.com
Prince Kelvin Mawuli Adjei-Djan	Central	Cape Coast	princekelvinadjeidjan@gmail.com
Alberta Sefaa	Central	Cape Coast	albertasefaa20@gmail.com
Bright Yaw Otoo	Central	Awutu Senya East	brightotoo1999@gmail.com
Sheila Sakabka Kombat	Central	Awutu Senya East	Sheilakombat21@gmail.com
Nihad Suntah	Central	Awutu Senya East	
Mercy Jessie Badzima Asare	Central	Awutu Senya East	mercyasare.j@gmail.com
Osei Owusu Eric	Central	Awutu Senya East	ericoseiowusu225@gmail.com
Azara Abdul-Wahab	Northern	Sagnarigu	awazara98@gmail.com
Abdul Hadi Latifa	Northern	Sagnarigu	hadilatifa64@gmail.com
Issah Ihlass	Northern	Sagnarigu	issahihlass112@gmail.com
Shirazu Rufaida	Northern	Sagnarigu	rufaidashirazu@gmail.com
Mohammed Safia	Northern	Savelugu	safiamohammed246@gmail.com
Basiru Abdul-Rahaman	Northern	Savelugu	basiruabdurahaman2@gmail.com
Yakubu Barikisu	Northern	Savelugu	barikisuyakubu744@gmail.com
Alhassan Hardi Bawa	Northern	Savelugu	hardialhassan39@gmail.com
Umefa Basiru	Northeast	Walewale	Umefabasir1234@gmail.com
Baba Naima	Northeast	Walewale	naimababa600@gmail.com
Ibrahim Suraya	Northeast	Walewale	surayaibrahim448@gmail.com
Salifu Judith	Northeast	Walewale	
Patricia Acquah	Greater Accra	Ashaiman	patriciaacquah9@gmail.com
Abigail Tettey	Greater Accra	Ashaiman	abigailtettey333@gmail.com
Pastor Isaac Jethro	Greater Accra	Ashaiman	jethropastorisaac385@gmail.com

## 5.0 Photo Gallery



Photo 1: hands on practice during training on data collection instrument by young SRHR advocates



Photo 2: SRHR youth advocate interviewing a secondary school girl



Photo 3: young SRHR advocates facilitating FGD with boys in Sagnarigu, Northern region



Photo 4: young SRHR adolescent group analyzing period poverty data during the data analysis workshop



Photo 5: SRHR advocate making a presentation during a workshop on data collection protocols



PHOTO 6: young SRHR adolescent group analyzing data



PHOTO 8: Data collection with adolescent girl



PHOTO 7: Data collection with adolescent girl



PHOTO 9: Data collection with adolescent girl



PHOTO 10: Data collection with adolescent girl

## 6.0 References

Citaristi, I. (2022). United Nations Population Fund—UNFPA. In *The Europa Directory of International Organizations 2022* (pp. 293-296). Routledge.

Diorio, J. A., & Munro, J. A. (2000). Doing harm in the name of protection: Menstruation as a topic for sex education. *Gender and Education*, 12(3), 347-365.

Evans, D. K., Akmal, M., & Jakiela, P. (2020). Gender gaps in education: The long view. *IZA Journal of Development and Migration*, 12(1).

Milander, J. J., Mason, S. C., Kruger, G., Galusha, T. D., & Kmail, Z. (2015). Waxy maize yield and components as influenced by environment, water regime, and hybrid.

Mohammed, S., & Larsen-Reindorf, R. E. (2020). Menstrual knowledge, sociocultural restrictions, and barriers to menstrual hygiene management in Ghana: Evidence from a multi-method survey among adolescent schoolgirls and schoolboys. *Plos one*, 15(10), e0241106.

Mucherah, W., & Thomas, K. (2017). Reducing barriers to primary school education for girls in rural Kenya: reusable pads' intervention. *International journal of adolescent medicine and health*, 31(3), 20170005.

Obiano, E. C., Umahi, E. N., Isikekpei, B., Sodeinde, K., Atinge, S., Okondu, E. O., ... & Okorie, Sanitation and Drinking Water: 2015 update and MDG assessment. World Health Organization.

Ogola, E. N., Barasa, F., Barasa, A. L., Gitura, B. M., Njunguna, B., Beaney, T., ... & Poulter, N. R. (2019). May Measurement Month 2017: the results of blood pressure screening of 14 845 individuals in Kenya—sub-Saharan Africa. *European Heart Journal Supplements*, 21(Supplement\_D), D71-D73.

P. C. (2023). Assessment of Menstruation-Associated Absenteeism Among School Girls in Jalingo: Cost-Effective Interventions for Resource-Constrained Settings. *Journal of Health and Environmental Research*, 9(3), 76-82.

SEND Foundation of West Africa has two affiliates:  
SEND-GHANA and SEND Sierra Leone.

---

**VISION**

A Ghana where people's right and well-being are guaranteed.

---

**MISSION**

We work to promote good governance and equality of women and men in Ghana.

---

# SEND-WEST AFRICA

**SEND-WEST AFRICA**

Siapha Kamara,  
Chief Executive Officer  
+233 208 112 322 (Ghana)  
+232 785 923 18 (Sierra Leone)  
siapha.kamara@sendwestafrica.org

**SEND GHANA**

A28 Regimanuel Estate  
Nungua Barrier, Sakumono, Accra, Ghana  
+233 302 716 860/ 716 830  
+233 204 509 481

**SEND-SIERRA LEONE**

Joseph Ayamga  
Country Director  
8 Morigbeh Street  
Reservation Road, Kenema  
+232 782 068 53  
ayamga@sendsierraleon.com



info@sendwestafrica.org



@sendghana



@send\_ghana



SEND GHANA

[www.sendwestafrica.org](http://www.sendwestafrica.org)