



BREAK THE SILENCE:

## **Menstrual Hygiene Management in Ghana**

*Understanding the Socio Cultural, Economic, Political  
Factors, Challenges and Opportunities*

LET'S TALK ABOUT

MENSTRUATION!

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# Overview

- Goal
- Methodology
- Study findings
- Recommendations>>>Key points for discussion

# Study Goal

To **explore and understand MHM behaviours and practices in schools across multiple levels/factors** and how they may impact WASH implementation in Ghana

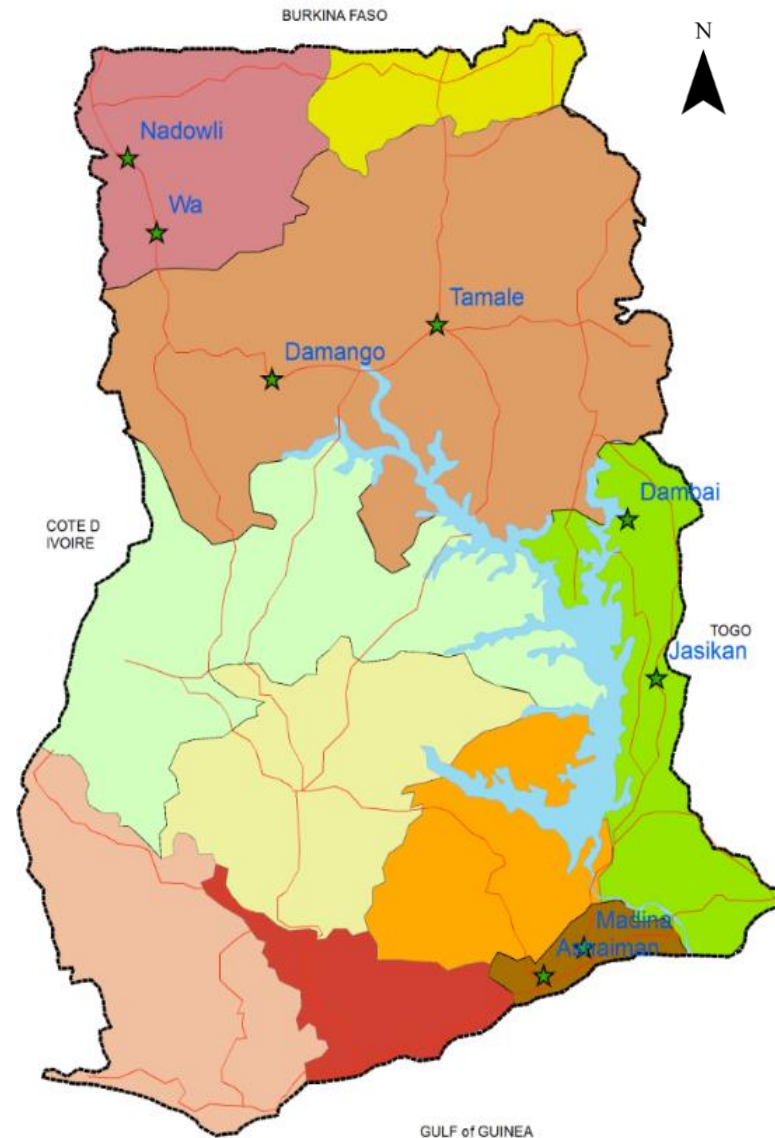
- Personal (knowledge/understanding)
- Societal (policy/programming, tradition, cultural beliefs)
- Environmental (WASH availability in schools)
- Education (Curriculum, teaching materials)
- Relational (family, teachers, students)

# Deliverables

- Recommend measures and strategies for WaterAid Ghana programmes to evolve the effective integration of MHM in WASH dialogues, programmes, advocacy and policies in the WASH sector of Ghana
- Propose models for MHM design and implementation at community and school levels
- Identify possible collaborative partners which support effective MHM

# The Ghana Study - Methodology

- 8 districts purposely selected
- Urban/ Rural/ Christianity/ Islamic
- **North:** Tamale Metropolis, Wa Municipal, West Gonja and Nadowli-Kaleo Districts
- **South:** La-Nkwantanang-Madina and Ashaiman Municipal Areas, Jasikan and Krachi East Districts



# The Ghana Study - Methodology

**Targeted 8 communities in 8 districts**

**2 schools in each community – 16 schools in all**

## ***Desk study***

- 45 reviewed, 31 cited literature

## ***School engagements (FGDs, IDIs, Observations)***

- 15 basic schools (urban/ rural, public/ private)
- 319 pupils (229 girls and 90 boys)
- 15 Teachers

## ***Community engagements (surveys, IDIs, FGDs)***

- 333 households heads, 64 mothers and 15 community leaders

## ***District/ National engagements/ Sector (IDIs)***

- 13 District level staff/ programme staff
- National level engagements

**Deployed 19 (field and desk) staff for the study**

# Key findings - Summary

- Most of the key findings generally corroborated existing literature (Global)
- The pattern seem similar with other Ghana studies
  - Perceptions
  - Awareness
  - Socio-cultural influences
  - Support systems and environments
  - Impacts
  - Existing stakeholders
  - Existing opportunities and barriers

# Key findings

## Pupil awareness and impressions about menstruation

- Pupils' awareness of menstruation was high (84%);
- but the level of understanding of how it happens was low (18%)
- 16% did not know at all what menstruation was.
- Pupils' impressions about menstruations varied:
  - 17.3% of the pupils menstruation was a negative phenomenon;
  - the majority (66.8%) however thought it was a normal occurrence.
- Largely, the pupils indicated that they learnt about menstruation in school, consistent with results of similar studies in Ghana.



# Key findings

## Perceptions

- Consistent with literature, menstrual perceptions were deep-seated. This affected
  - What they believe in regarding menstruation
  - How menstruating girls/ women are related to
- Perceptions were centered on menstrual blood. It has spiritual powers to
  - Make impure
  - Multiply money etc.
- There was the general perception that menstruating girls had the potential of being promiscuous.

# Key findings

## Influence of culture, religion and social norm

Consistent with existing literature,

- This was same across the different cultures/ zones
- Deep-seated beliefs about menstruation, influenced by perceptions
- Society (community and school) engage in practices that separate menstruating girls during their menstrual periods.
- Practices are based on these beliefs
  - This affected how boys relate to girls,
  - The posture of the girls/ females themselves – secrecy
  - How the entire society related to menstruation
- Moslems and traditional believers issues with menstruation – linked it to their religious beliefs.
- The Christian areas also reported similar beliefs and practices but did not relate them to their religion – Not consistent with literature

# Key findings

## Impacts

### Consistent with literature

- Menstruation had impacts on girls and their living condition, both at school and home as also revealed by other studies
- The lack of adequate knowledge and information flow on MHM in the target area makes it difficult for younger menstruating school girls to manage themselves both in school and at home during their menstrual periods
- Pain and discomfort experienced by the average girl affect their concentration and learning at school
- Fear of being teased by boys seemed to affect girls' affects
  - openness on the subject matter
  - their confidence to manage the phenomenon, especially in school

# Key findings

## Impacts

In sharp contrast to the results of similar studies carried out in Ghana,

- 87.6% of menstruating girls engaged attended school when they were in their menstrual periods.

However

- There school environment was too friendly for MHM because of
  - The general absence of appropriate facilities
  - Lack of emergency menstrual hygiene kits or supplies for girls
  - Appropriate/ organized First Aid services
  - General anxiety by girls that they might have menstrual accidents
- Boys showed the readiness to support girls though they had issues
- At home, girls seemed to have more room to manage their menstrual periods though there were still societal restrictions

# Key findings

## MHM facilities

- Others studies in Ghana had reported of MHM-friendly facilities
- In the schools visited, there were virtually no menstrual hygiene-friendly facilities for the girls
- Sanitary towels did not seem to be scarce in the study areas – different types
- Girls reported they used the disposable ones.
- Indications were that it was a bit more expensive, girls did not really complain
- Some mothers reported their preference for cloth because they believed they were durable and hygienic.

# Key findings

## Support systems

At the school level,

- The structures existed for supporting girls
  - The policy framework
  - SbHCs, D-SHEPs, others teachers
  - Parent Teacher Association/ SMC
- But there challenges with providing real support for girls, especially PWDs
- Only 6 PWDs were reported in the study schools

At home,

- Parents showed so readiness in providing backup support for their children.
- Communally, no effective structures were identified as support system for girls' menstruation.

# Key findings

## MHM stakeholder

- 27 MHM stakeholders in 6 domains (school, community, private voluntary organizations, private profit organizations, international development organizations and public agencies) were identified, mapped and prioritized
- 11 were highly involved in MHM activities and were influential: Pupils, GES-SHEP, Development Partners, International NGOs, teachers, parents, LNGOs, Civil Society...  
- these were prioritized
- Those not prioritized because of their low level of involvement and influence: district level government agencies, service providers like school janitors, medicine shops, contractors and herbalists.

# Opportunities and Barriers to MHM implementation in Ghana



# MHM Opportunities and Barriers – the Ghana situation

## 4.1 NATIONAL LEVEL

### OPPORTUNITIES

- A willing donor environment  
Partners willing to support government in funding and direct implementation
- National SHEP Policy that captures MHM
- Well-developed WinS minimum standards and implementation guidelines
- National SHEP Committee that ropes in all relevant stakeholders
- GES-SHEP, a special unit set-up for WinS implementation

### BARRIERS

- Poorly resourced SHEP Unit
  - Weak coordination function of National GES-SHEP
  - Ineffective partnership between government and DPs as a result of weak
  - Unsynchronized planning and implementation of SHEP programmes
- Lack of effective collaboration among the main SHEP stakeholders

# MHM Opportunities and Barriers – the Ghana situation

## 4.2 SUB-NATIONAL LEVEL

### OPPORTUNITIES

- Decentralized SHEP Unit and Committee at the Regional and District levels
- Dedicated coordinators (R-SHEP and D-SHEP) responsible for WinS implementation

### BARRIERS

- Poorly resourced decentralized units
- Poor collaboration between local implementing NGOs and Coordinating units (regional and district SHEP Units)
- Poor collaboration among SHEP committee stakeholders

# MHM Opportunities and Barriers – the Ghana situation

## 4.3.1 SCHOOL LEVEL

### OPPORTUNITIES

- SHEP committee at the School level
- SbHC responsible for WinS implementation
- Involvement of **all teachers** in WinS implementation and coordination at class-level
- Current special attention and focus on ensuring that new schools are provided with disability and MHM-friendly facilities

### BARRIERS

- Weak capacity and high attrition rates of SbHCs
- Existing school facilities do not support effective MHM and general WinS implementation
- Most schools are unable to merge their WinS Implementation Plans and School Performance Improvement Plans (SPIPs) creating funding challenges
- Poor functioning of SHEP Committees
- Challenges with current curriculum and MHM instruction

# MHM Opportunities and Barriers – the Ghana situation

## 4.3.2 SCHOOL LEVEL

### OPPORTUNITIES

- The willingness colleague boys to provide support for girls especially during the pains and discomfort is an opportunity to commence discussions on the subject matter
- Positive practices - The average girl keeps track of her menstrual cycle and keep materials when the period is close

### BARRIERS

- Cultural concerns raised, religious issues identified, the norms of society have contributed to the **secrecy around the subject** matter
- MHM is not part of the everyday conversation of school pupils, even teachers

# MHM Opportunities and Barriers – the Ghana situation

## 4.4 COMMUNITY LEVEL

### OPPORTUNITIES

- Available structures for Community-School Alliance for WinS implementation
  - Parent-Teacher Associations
  - School Management Committees
  - Community leaders

### BARRIERS

- Community-School alliance for MHM implementation is weak
- Ineffective community participation in WinS implementation resulting in
  - the vandalization of school facilities
  - Poor mobilization of local resources

Key points for discussions

# Key points for discussion

Measure for addressing the relevant emerging issues of the Study – *implications for WaterAid Ghana MHM programming*

- Study findings are relevant to WAG programmes. **There is the need to focus on the identified barriers and opportunities from the study**
- Within WAG's WEP, framework, develop an action-oriented MHM Plan modelled around GES WinS MSIG
- Innovations and strengthening the WAG approach to MHM programme implementation

# Key points for discussion

## Measure for incorporating MHM in sector policies, programme and dialogues – *implications for WaterAid Ghana*

- Strengthening the partnership with GES-SHEP and other sector in advocating for the development/ strengthening of the following
  - Strengthening the MHM Working Group
  - MHM Strategy Implementation Plan,
  - Comprehensive communication plan for MHM (C4MhM) and relevant materials,
  - Appropriate facility designs for effective MHM, and
  - Sustainable approach to affordable personal sanitary/ hygiene products.



# Key points for discussion

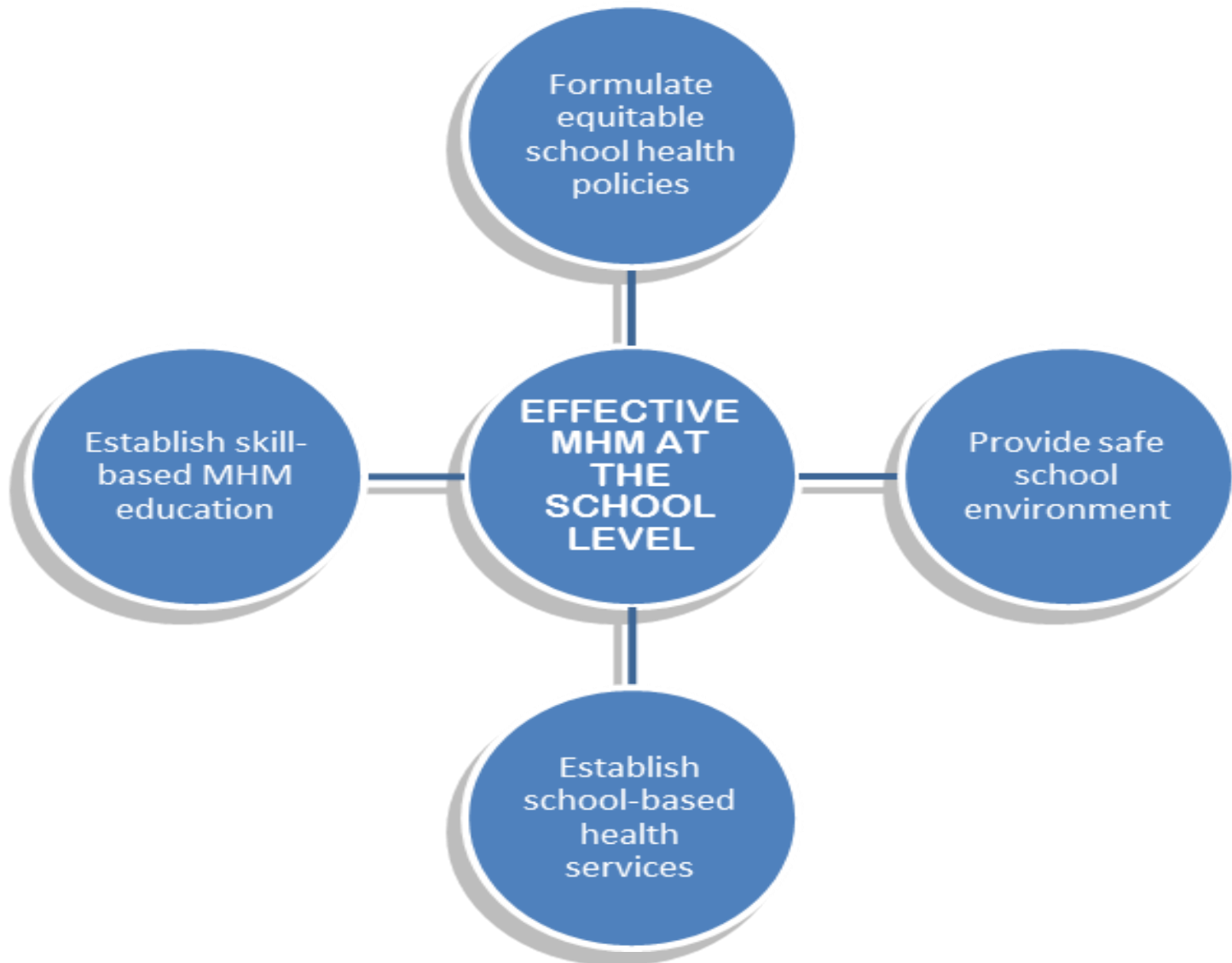
**Measure for implementation models for school and community level MHM implementation – *implication for GES-SHEP/ WASH Sector***

## **School level implementation model**

- GES-SHEP should provide leadership and direction in MHM implementation in Ghana
- Seek support and partnerships to operationalize the WinS MSIG

# Key points for discussion

## Recommended at the school level



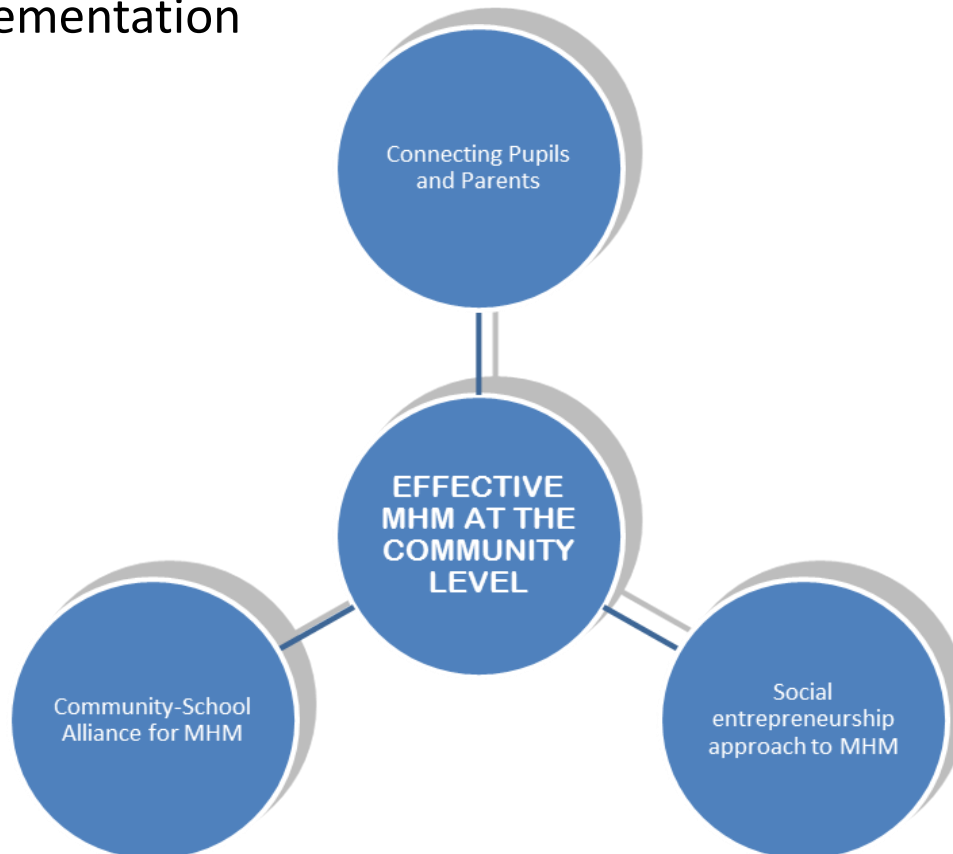
# Key points for discussion

## Essentially at the School-level

- Supporting the implementation of the FRESH framework through
  - Formulate equitable school health policies that favor MHM
  - Establish skills-based MHM education taught within the WASH education framework
  - Provide safe school environment for menstruating girls to stay in school ; and
  - Establish school-based health services as a school level support system.
- Continuous support for
  - Capacity development of the SHEP structures at the school level
  - Promoting the collaboration and effective functioning of the SHEP committees

# Key points for discussion

- Recommended at the community level – MHM strategic plans should focus on programmes to
  - connect pupils to parents
  - Strengthen community-school alliance for MHM implementation
  - Develop a social entrepreneurship approach to MHM implementation





*28 May*

**MENSTRUAL  
HYGIENE DAY**

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