



Menstruation in Adult Women:

Experiences and attitudes towards menstruation in farming communities in rural Ghana and Malawi



Introduction

Many women face challenges regarding menstrual hygiene (MH) including a lack of resources to hygiene products (e.g. absorption materials, soap) as well as cultural and societal taboos (Hennegan et al. 2019; Sommer et al. 2017). The few studies about adult women's experiences with menstruation show that they lack support and proper resources, which may contribute to stress and missing work (Hennegan et al. 2019; Garg et al. 2001; Parker et al. 2014; Caruso et al. 2017; Krenz & Strulik 2018). Furthermore, in many resource-constrained contexts, women have limited money and mobility; this makes it difficult to purchase materials such as pads and pain killers, collect additional water, and/or access a safe, private place to change or bathe (MacRae et al. 2019).

The right of women and girls to manage their menstrual health is critical. Improving menstrual hygiene can lead to increased confidence, higher educational attainment (for school-age girls), and ultimately, improved quality of life for women (Sommer et al. 2017).

Background

As part of the She's SMART project, CARE Ghana and CARE Malawi conducted exploratory research to learn about societal and individual experiences and attitudes towards menstruation in rural farming communities in Ghana and Malawi. The She's SMART project uses the Field Farmer and Business School-Water Smart Agriculture (FFBS-WaSA)¹ model to promote the economic empowerment of women who are smallholder farmers. Baseline data collection informed the development of "Menstruation Modules," which were intended to open a dialogue between men and women to overcome taboos of menstruation, addressing the needs of women and girls during menstruation, and exploring ways for men

¹ FFBS-WaSA model entails groups of 20-30 smallholder farmers (mostly women) that meet 1-2 times a month to learn business skills, financial

and boys to support women and girls during their menstrual period, and more generally, with household management and responsibilities.

Methods

CARE Ghana

CARE Ghana conducted a series of discussions in January 2020 in nine communities across four districts in northern Ghana. CARE Ghana spoke with school girls, school boys, women and men (of different ages), traditional leaders, community health workers, and school teachers to explore attitudes, practices, social norms, and taboos around menstruation and its impact on women's livelihoods. All discussions were facilitated by the same CARE staff person, who also took notes.

CARE Malawi

In February 2020, CARE Malawi conducted a survey across four traditional authorities in central Malawi. Data was collected via tablets during one-on-one interviews. This baseline comprised of 144 female respondents aged 18-82 years, and 90 male respondents aged 18-75 years.

48%

of women in the Malawi cohort used their preferred menstruation absorption product; 71% said that their preferred material is too expensive.

literacy, nutrition knowledge and Water Smart Agriculture (WaSA) techniques that lead to increased yield whilst using less water.

Major Themes

Male Involvement in Menstruation

In Ghana, menstruation was described by all discussion participants as strictly a women’s topic, where men only have peripheral knowledge of menstrual health. Because men are generally not involved, women were expected to assist with their daughter’s menstruation alone. Girls confirmed that they could not approach their fathers for support with menstruation; some stating that asking their fathers to provide funds for pads was “impossible.”

In Malawi, male respondents reported willingness to assist their wife, sister, and/or daughter during menstruation. These include the provision of menstrual hygiene materials, not explicitly “supporting” menstrual taboos, and providing help with house chores. Some types of assistance that Malawian male respondents already provide to women are shown below.

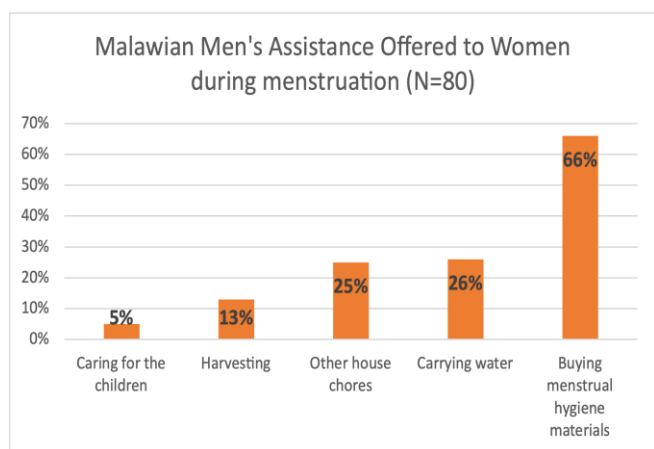


Figure 1: Malawian men’s assistance offered to women during menstruation (N=80).

Importantly, **94% of the male respondents in Malawi were interested in learning more** about the experiences of girls and women during menstruation. (This question was not explicitly asked in Ghana).

Overall, findings from both countries underscore the need for men and boys to have increased understanding of menstruation.

Taboos & Impact on Daily Activities

TABOOS

The taboos surrounding menstruation extend far beyond the schoolyard, affecting incomes, domestic responsibilities, and daily activities. Women in Ghana reported experiencing “very discriminating” taboos in their lives and emphasized the financial consequences of menstrual restrictions. Taboos on menstruation is prevalent in daily life in Ghana: menstruating women and girls cannot shake a man’s hand, drink from the same cup, touch their food, enter their husband or father’s rooms, and in many cases they are excluded from prayer and farm work.

In the Malawi cohort, both men and women respondents have “heard” various menstrual taboos, such as that women should neither sleep nor have sex with their husbands and that women should not cook. At least 61% of respondents’ family members believe in these taboos, some are shown in Table 1 below:

Should not go to school	0%
Should stay at home	3%
Should not carry a newborn baby	6%
Should not have sexual intercourse	12%
Should not go for prayers	15%
Should not sleep with their husbands	15%
Should not prepare food	59%
Should not apply salt when cooking	65%

Table 1: Common menstrual taboos practiced by in Malawi (Males, N=90 Females, N=122)

Importantly, many women in Malawi said they do not believe in the taboos and voiced the need for improved menstrual education within the community. One woman from the Kasungu district acknowledged,

“Menstruation should not be a burden to women or girls.”



THE IMPACT ON INCOME-GENERATION

Programs involving agriculture and women’s participation in income generation activities are hindered by menstrual restrictions and negative views about menstruation.

"Since we are not allowed to go to farm during menstruation, our personal farms are often affected, we may not plant, weed or harvest at the right time and this will affect our yield."

Almost all women in the Ghana study reported restrictions for participating in income-generating and/or household activities during menstruation. For instance, due to the belief that menstruating women can decrease crop yields, women in Ghana are likely to be blamed if the crops fail; further disempowering them in society. A similar taboo was reported, restricting menstruating women from plucking fruits / fruiting plants.

Women and girls described the risk of severe consequences (e.g., infertility, poor farm yields) if taboos were ignored. A woman in one group warned,

"Failure to respect these taboos will result in poor yields and fruiting, and they will menstruate continuously for 3-4 months leading to anemia and death."

Both men and women acknowledged that the **taboos that cause women to miss one week of farm work each month can seriously impact yields and incomes for women.** Some of the traditional leaders also

acknowledged that these practices can negatively affect women's farms, with one explaining:

"They will not be able to participate in any activity on their personal farms and it can affect their yields from cultivation through all farming stages to storage."

IMPACT ON DAILY ACTIVITIES

Women in Ghana and Malawi also identified other concerns, such as sanitary products leaking in public, which led to worrying about working or participating in public activities. In fact, 18.1% of women in the Malawi cohort said it affects their ability to complete work, and **34% acknowledged that at least one of their normal activities is affected by menstruation;** some of which are shown in the Figure 2. Twenty

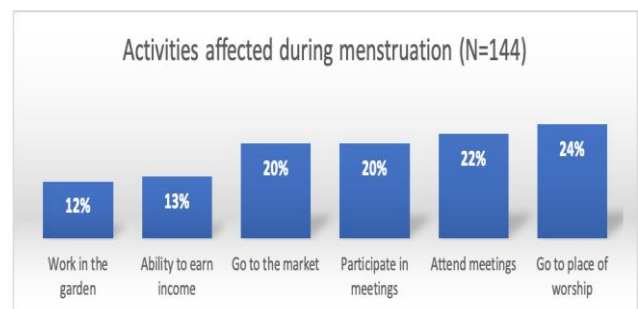


Figure 2: Activities affected during menstruation according to Malawian women respondents, multiple responses possible (N=144)

percent of respondents said that menstruation affects their decision to leave the house, and 18% said it affects their ability to complete work. Some of the reasons included pain, discomfort, and fear of staining their clothes.

Specific to Ghana only, respondents discussed taboos prohibiting women from using community water sources while they are menstruating. Women and girls reported difficulties fetching water, leading to challenges completing chores (and personal hygiene).

Additionally, both Ghanaian and Malawian women reported that menstrual pain (physical and emotional) affects their daily lives. In Malawi, **42% of female respondents said that menstruation**

negatively affects their mental health and 26% said that menstrual pain affects their daily activities, including harvesting, cooking, and going to the market.

Women reported a significant loss of agricultural and domestic productivity as a result of menstruation - due to menstrual pain and cultural restrictions related to working on their farms or completing household chores while menstruating.

Access to Hygiene Products

Both women and girls in the Malawi and Ghana samples described an inability to afford and/or procure sufficient sanitary materials. The majority of women in the Ghanaian groups used reusable cloths since single-use pads, although reported as modern and hygienic, were prohibitively costly. Women in the sample were more likely to use cloth pads or cloths, and girls almost always stated that they used or preferred to use disposable pads. When household money was not available to purchase pads, women reported buying pads on credit, borrowing pads from neighbors and friends, or borrowing money to purchase pads.

Girls depend on their mothers to provide money for disposable pads. A few mothers described how they must find a way to provide for their daughters because if they do not, the girls will seek assistance from others (alluding to men and/or “questionable” means). One mother in Ghana said,

“We the mothers are the main financiers, if we do not provide, they may be compelled to request it from men.”

The above quote likely refers to girls exchanging favors for money for sanitary pads – also seen in responses in a study in Kenya (Mason et al., 2013).

The overwhelming majority of Malawian female respondents also used cloths or rags during menstruation (86%). Yet, the most preferred menstrual absorption material was disposable

sanitary pad, which were again noted to be prohibitively costly. Figure 3 shows the menstrual hygiene products used, alongside their preferred products (Malawi study).

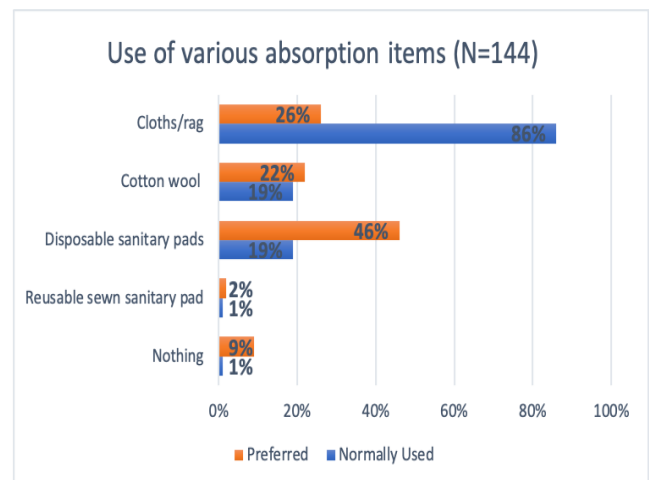


Figure 3: Menstrual hygiene product used by and preferred by Malawian female respondents (N=144)

Access to WASH Facilities

Women and girls in the Ghana cohort primarily described menstrual-related challenges in terms of cleaning their cloths. In Malawi, female respondents emphasized a greater need for basic WASH facilities like soap and increased privacy.

In Ghana, because menstrual restrictions stated that girls and women could not go to the water source, many female participants reported difficulties with washing themselves or washing their menstrual cloths and often had to find a way to wash and dry cloths in the privacy of their rooms. Even though respondents recognized that drying their clothes in sunlight would kill bacteria and prevent infections, many women feared that their dignity would be harmed, as shown by this woman in Ghana:

“We dry them in our rooms, it is improper to dry your reusable cloth outside. You will be exposing your dignity and pride as a woman. Your enemy can also pick it and spiritually harm you.”



Because of these cultural norms, women and girls perceived disposable pads as more hygienic. Barriers to effective menstrual hygiene, such as a lack of access to clean and sufficient water, not drying items in the sunlight, and a lack of access to acquiring sufficient menstrual products, have led to health complications. Community nurses in Ghana reported seeing patients with infections due to menstruators keeping the same pad for multiple days without changing. One nurse stated:

“Most people report back to the facility on the issues of infection. Someone can keep sanitary pad for two days.”

Among women in the Malawi cohort, the vast majority reported satisfactory WASH facilities, as seen below (Figure 4). However, only 72.9% said they have sufficient soap, and some women (23%) said they want more privacy in the locations they change their pads (namely, washroom, toilet, and bedroom).

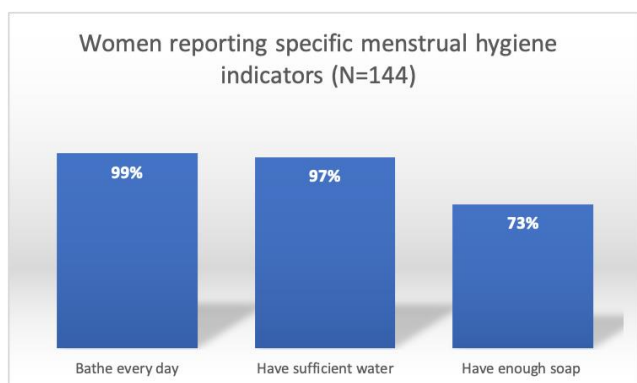


Figure 4: WASH and MHM indicators by Malawian female respondents (N=144)

Changing Norms around MHM

Women in both the Ghana and Malawi studies acknowledged the need to destigmatize menstruation. **32.6% of female respondents in**

Malawi said they do not believe in taboos surrounding menstruation and desired for their communities to stop practicing them. In Ghana, one woman stated that the practices were:

“Very discriminatory. If we do not menstruate how do we become pregnant?”

Some women in Ghana have begun changing norms. Some are slowly starting to hang their menstrual cloths out in the open to dry. Other women said that the younger generation is transitioning from cloths to disposable pads, and some girls are starting to openly dispose of their pads, without shame.

Men in the Malawi study were open minded towards improving conditions for women during menstruation. For instance, about 30% of the respondents want to improve the WASH facilities in their homes to give their wives and daughters increased privacy during menstruation.

In the Ghana study, many men report not being able to challenge taboos and norms surrounding menstruation outright. Instead, they suggest some are changing gradually due to religious motivations and social changes at the household level.

Lack of MHM Education in Schools

Students in both Ghana and Malawi reported schools do not teach about menstruation. For example, in Malawi, none of the women or girls discussed menstruation with their teachers; however, 29% of men learned about menstruation from a teacher. The gendered gap in menstruation-related information suggests it is taught inconsistently and informally and may explain why most male respondents in the Malawi study wanted to learn more about menstruation.

In Ghana, most girls and boys stated that they were not formally taught about menstruation in school. Both boys and girls recognized that menstruating girls

were teased and bullied by the boys. One boy commented:

"I feel sad for my sister anytime she is menstruating. She is treated as somebody who has leprosy, and everybody gets to know she is going through her cycle."

In addition to facing overt stigmatization at school, girls also risk humiliation from their peers because almost all girls in the Ghana discussion groups stated that their difficulty in buying pads led to them not having enough pads to bring extra to school. Thus, they chose to stay at home rather than risk staining their uniform. This was poignantly explained by one girl focus group participant:

"...there are times we are not able to afford to buy sanitary pads, so we do not go [to school] for fear of soiling our uniforms and tagged as dirty girls."

Even if girls have enough pads to change during the school day, girls do not feel comfortable bringing extra pads due to the lack of private facilities for changing.

Nurses, health advocates, and educators who were interviewed in Ghana stated that they did not offer education on menstrual health or hygiene. Most schools did not have staff willing or able to teach on menstruation, and health educators stated that their training was outdated. Each of the schools CARE Ghana contacted stated that the sanitary products they had received as donations from NGOs had run out, so they no longer provided them.

Conclusion

Findings from these studies illuminate many cultural, religious, and financial challenges that women and girls in rural Ghana and Malawi face regarding menstruation. From a young age, girls risk teasing and humiliation when menstruating because menstrual health and hygiene is not taught in schools. At the same time, both women and girls are often unable to

access the desired amount of disposable pads, soap, water and clean, dry cloths, increasing risk of infection while perpetuating the stigma that menstruating females are unclean and unfit to work. Moreover, cultural restrictions that prevent women from farming, cooking, and completing household chores decrease women's productivity and increase their financial burdens, which further limits their independence and ability to contribute to their own, and their family's economic stability. Progress towards women's financial and personal empowerment is further complicated by many community members' reluctance to overhaul societal taboos about menstruation.

These studies demonstrate a critical need for various interventions to improve understanding, access and support for women and girls in Ghana and Malawi during their menstruation.

Policy Recommendations

Increasing Social Support

These findings show that men are supportive towards menstruating women, but in very limited ways. Since men control many of the household and community resources in Ghana and Malawi, they must be included in discussions and interventions. Though most men currently believe that menstruation is only a women's topic, there is a need to educate men about how they can support their menstruating family members, friends, students, and other community members in creating a more equitable society. CARE agricultural programs encourage men to support their wives by sharing land and decision-making; however, this data demonstrates that during menstruation women may require more support, or at the very least reduction of taboos.

It is encouraging that almost all male respondents in the Malawi study are interested in learning more about menstruation. In Ghana the traditional

authorities are not opposed to destigmatizing menstruation at the family level and are open to individuals making their own decisions on how to address the topic of menstruation.

Increasing open discussion on the negative impacts of excluding menstruating women and girls from farming, cooking, water collection and other activities will begin to shift familial and community norms. People will question existing taboos and see the benefits of women and girls' full participation in income-generating, community and schooling activities.

Menstruation-Specific Program Recommendations

The unaffordability or inaccessibility of preferred sanitary products poses a major barrier for women. In order to adequately manage their menses, women need menstrual hygiene materials that are affordable, accessible, and sanitary. Women need accurate knowledge on how best to clean, care for, and dispose of absorption materials, and the freedom to do so without stigma or fear of consequences.

CARE should partner with organizations or agencies to increase the availability and accessibility of menstrual materials. Additionally, it is important for menstruators to understand that reusable cloths are a great option when used hygienically, including washing, drying outside and clean storage. This improves user experience and reduces risk of infection. Girls and women in both studies mentioned that they do not always feel comfortable managing their menstruation in public spaces or institutions: a call for WASH programs to address challenges of menstruation in settings outside the home.

Combatting Stigma Through Education

In Malawi, fewer than 30% of individuals had heard about menstruation from a teacher. Students in the Ghana study echoed the lack of menstrual education

and sanitary products available in their schools; leading to girls skipping school during their menses.

Including menstrual health and hygiene (MHH) in school curriculums would ensure that the information on menstruation is accurate and available to both boys and girls. MHH education at the school and at the community levels would also help reduce the generational stigma that perpetuates the disempowerment of women and girls.

Agricultural Programming Recommendations

Women's ability to engage in income activities, such as farming, is severely restricted during menstruation due to social constraints and lack of financial resources to purchase pain medication or their preferred menstrual items. These restrictions lead to decreased yields and incomes for women each month. Women in Ghana and Malawi already face significant barriers in agriculture including limited access to land and water and agricultural inputs, such as fertilizer and tools.

Agriculture programs promoting women's participation are likely hindered by menstrual taboos – in at least 30% of women farmers. All development programs working with women or adolescent girls need to consider the needs, beliefs and restrictions, including resources, dignity, privacy, mobility and income – affected by menstruation.



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