

Menstrual Hygiene Management: Challenges and Coping Strategies for Adolescents with Disabilities in the Kumasi Metro of Ghana

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ABSTRACT

Purpose: *Effective menstrual hygiene management is vital to the health, well-being, dignity, empowerment, mobility and productivity of girls and women. This study was conducted to ascertain menstrual hygiene management challenges and coping strategies of adolescents with disabilities in the Kumasi Metro of Ghana.*

Method: *An exploratory study design with qualitative approach was employed to select 18 participants. Data was collected through in-depth interviews and focus group discussions, and then transcribed and categorised into specific themes.*

Results: *Females with visual impairment had difficulty in maintaining good menstrual hygiene because of problems in detecting menstrual blood, inability to fix sanitary pads appropriately and wash underwear properly, and anxiety and stress from not knowing whether their period has started. The problems of those with physical impairment were related to inaccessible washrooms, long hours of being seated on the part of wheelchair-users, and difficulty in fixing sanitary pads for those with upper limb impairment. For those with hearing impairment, the main challenge was the communication barrier between them and their significant others whenever they needed help.*

Conclusion: *There are common challenges faced by all girls across the globe with regard to menstrual hygiene management. Adolescent females with disability however face additional challenges with regard to MHM. Those with physical disability encounter accessibility challenges, while the main challenge for the deaf and those with speech problems is communication. The visually impaired live in anxiety due to fear of staining their clothes.*

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INTRODUCTION

The issue of menstruation, especially menarche, is a life-changing event for girls stepping into womanhood. Effective menstrual hygiene is vital to the health, well-being, dignity, empowerment, mobility and productivity of women and girls (Environmental Health Group, 2016). It is an important part of basic hygiene, sanitation and reproductive health services to which every woman and girl has a right (Water Supply and Sanitation Collaborative Council, 2015). From adolescence until menopause, reproductive health and menstrual hygiene management become important aspects in the life of a female. If attention is paid to these needs of adolescent girls, it will lay a good foundation for their physical and mental well-being and their ability to cope with the heavy demand of reproductive health later in life (Muntunda, 2013).

An adolescent female with disability will have the same menstrual hygiene needs as other adolescent girls, but will need more knowledge and information since she may face additional challenges. Physical challenges, communication challenges, sensory challenges and caregiver challenges are notable challenges with respect to practising hygienic menstruation among female adolescents with disabilities (Beckeljauw, 2004).

Across the world, many cultures have beliefs or myths relating to menstruation. There are almost always social norms or unwritten rules and practices about managing menstruation and interacting with menstruating women. Girls are viewed as having reached “maturity”; therefore many are married off (Guerry, 2013). Most cultures have secret codes and practices around managing periods, of which some are helpful but others have potentially harmful implications. In some cases, girls are forced to have sexual intercourse with a ‘Fisi’ (traditional doctor) in order to initiate them sexually; a ritual that can have a negative impact on their ‘sexual maturity’. These beliefs and practices often lead girls to feel isolated and stigmatised, as well as discourage them from participating in school and other social events and religious activities while menstruating (House et al, 2012).

Myths surround the burning of used products as it is thought to cause cancer or infertility, and dietary restrictions, are widespread (Guerry, 2013). In the western

part of Uganda, where the cultural norm is to keep menstruation a secret, cattle owners do not let menstruating women attend to their cows, for fear that the milk may turn bloody (Ten, 2007).

Even though menstruation is a natural process, in most parts of the world it links up with cultural beliefs and taboos and is rarely talked about. The taboo surrounding Menstrual Hygiene Management (MHM) is present across the world, and prevents women from speaking out about these issues (WaterAid, 2009). In societies where disability is considered inferior, these restrictions only perpetuate inequality.

The issue has also been largely neglected by the Water Sanitation Hygiene (WASH) sector and other sectors focussing on reproductive health and education. As a result, the practical challenges of menstrual hygiene are made even more difficult by socio-economic, cultural and physical factors (WaterAid, 2009). Research from other countries has found that women and girls, who cannot stand or see, often have to sit on dirty latrine seats to change their pads or clothes (House et al, 2012). Some of them lack resources to buy sanitary pads and are also unable to wash their used materials themselves. Visually impaired women find it difficult to know when their period starts. A large gap exists in the area of communication on menstruation for the visual and hearing impaired women (United Nations, 2013). Another report by Rodriguez (2013) on menstrual management for adolescent girls with disabilities reiterated that adolescents with disabilities may have more difficulties with puberty and menses, with major challenges related to menstrual irregularities, hygiene, behavioural issues as well as sexuality, pregnancy and abuse. Cyclic behavioural changes such as tantrums, crying spells, self-injurious behaviour, and catamenial Epilepsy (pattern of seizure clustering related to menstrual cycle) have also been reported as challenges faced by adolescents with disabilities (Quint, 2008).

Menstrual pain (abdominal pain), a commonly reported problem experienced by adolescents globally, can be extra challenging to adolescents with disability (Muntunda, 2013; Munda, 2014; Blessing, 2016). They face the challenge of being unable to communicate discomfort or pain (Rodriguez, 2013).

In Ghana, menstruation is a verbal taboo (not allowed to be discussed within the family setting and not supposed to let any other person see one's menstrual blood) based on cultural and religious beliefs, norms and myths. Up to 48% and 90% of girls felt shame about menstruation in urban and peri-urban/rural areas

respectively (Montgomery, 2012). Preliminary findings of a study conducted in Zabzugu and North Dayi districts as part of the UNICEF led Water, Sanitation and Hygiene in Schools for Girls (WinS4Girls) programme showed that girls are increasingly finding it difficult to attend school when they are menstruating (UNICEF, 2012).

Menstrual hygiene management as a globally emerging issue and its implications for the dignity, health and safety of women is increasingly well-documented. However, in Ghana, there is very little evidence of such documentation despite the development of Conventions and linked actions, such as the platform for action developed at the United Nation Fourth World Conference on Women which reaffirmed that all human rights – civil, cultural, economic, political and social, and the right to development - are universal, indivisible, interdependent and interrelated as expressed in the Vienna Declaration. Both the Declaration of the Rights of the Child (Article 31) and the Convention on the Rights of the Child (Article 11) guarantee children's rights and uphold the principle of non-discrimination on the grounds of gender. Even though various Conventions and action plans elaborate on women's sexual and reproductive rights, they however do not explicitly name menstruation as one of the most stigmatised, silent and socially constructed challenges that plague developed and developing countries like Ghana. In Ghana however, the conception and design of sanitation and hygiene facilities completely ignore this very real need of women and girls to manage menstruation. Such conditions put girls in a disadvantaged position and perpetuate gender inequality further.

Objective

Against this background, the current study was conducted in the Kumasi Metro to ascertain the experiences of menstrual hygiene management among adolescents with disabilities. The focus of the study was mainly on the challenges encountered and the coping strategies they have developed to manage the challenges.

METHOD

Setting

The study was conducted in the Kumasi Metropolis of Ghana, located in the forest zone and covering a total land area of 254 square kilometers (25,415 hectares), with about 2.4% of the population having disability (Ghana Statistical Service, 2010).

Design

An exploratory design with qualitative approach was used to investigate the challenges faced by adolescents with disability in managing their menstruation..

Sample

A sample size of 18 female adolescents with disability was purposively selected. Participants were identified through a two-step process, beginning with consultation of 'key informants' who included Disabled Peoples' Organisations (DPOs), and leaders of the church of Christ Deaf Ministry at Bomso. The key informants identified female adolescents with disability. The second step in the process involved confirming eligibility, which was determined by disability type and age. The inclusion criteria were age (12 - 19 years) and disability type (6 each from the three main impairment groups - visual, hearing and physical). Participants were then purposively selected based on the set inclusion criteria.

Data Collection

Data was collected through in-depth face-to-face interviews, with the use of an interview guide. Two female research assistants were engaged in the data collection exercise. Both were fluent in the Ghanaian sign language. The research assistants were given two weeks training in qualitative research data gathering, with special focus on conducting interviews and focus group discussions. The interviewers had no familial relationship with participants and did not know any of them prior to data collection. Non-participants were not present during data collection to avoid the possibility of influencing responses.

The interviews were conducted at the home of each participant. Each interview session lasted for an average of 45 minutes. Interviews were tape-recorded and field notes were taken during interviews. The interview was structured to cover the following areas: individual challenges in terms of managing menstrual experiences, restrictions placed on them by their culture, and coping strategies used to manage the challenges.

In addition, 3 focus group discussions (FGDs) were conducted with the 18 females with disability who had been interviewed. Each group consisted of 6 members. The focus group discussions were held in a rented community centre which was an enclosed room. The use of focus group discussions helped in getting additional information, as individual participants were more willing to give information in relation to their challenges in the presence of their peers who

had similar experiences. Video-recording was employed during the interaction with the hearing impaired.

Data Analysis

Data was transcribed, edited and categorised into themes. Three analysts, with each blinded to the work of the others, did the analysis. Their work was compared later, to resolve possible overlaps and inconsistencies. The themes that emerged have been presented as the findings of the study, supported by quotations. Simple frequencies and percentages have been used to present the demographic characteristics of respondents.

Ethical Issues

The study process was explained to the Committee on Human Research, Publication and Ethics at the Kwame Nkrumah University of Science and Technology-Kumasi, Ghana, and approval was obtained. Verbal consent of participation was sought from caregivers of the adolescents with disability who were below 18 years of age. Participants were informed about the purpose of the study and were assured that refusal to take part would not lead to denial of services provided by any public institution within their locality. They were told they could decline to answer questions that they considered too personal. Participation was voluntary and no form of inducement was offered. Responses of those who participated in the study have been kept anonymous.

RESULTS

The findings are grouped under challenges that are generally faced by girls and women during menstruation, irrespective of whether they have disability or not, followed by challenges faced by the three main disability groups.

Demographic Characteristics of Respondents

Table 1: Demographic Characteristics of Respondents

Variables	Frequency	Percentage (%)
<u>Age Group of Participants</u>		
12-15 years	7	39
16-19 years	11	61

<u>Religion</u>		
Christian	14	78
Muslim	4	22
<u>Educational Background</u>		
Primary School	3	17
Junior High School	9	50
Senior High School	6	33
<u>Type of Disability</u>		
Visual	6	33.33
Hearing	6	33.33
Physical	6	33.33
<u>Duration of Disability</u>		
Below 10 years	3	16.7
Above 10 years	15	83.3

Source: Field work, 2018

From Table 1, it can be observed that majority of the participants (7) were between 16 -17 years of age, 3 of them were between 12-13 years of age, and 4 were between 14 -15 years and 18-19 years respectively. A total of 14 participants were Christians while 4 were Muslims. In terms of educational background, 3 were in Primary School, 9 were in Junior High School and 6 were in Senior High School. With regard to the disability type, among the 6 with visual impairment 1 was partially sighted, 1 had low vision and 4 were totally blind. Among those with hearing impairment, there were 2 each in the categories of mild, severe and profound impairment and they were all deaf. Among those with physical impairment, 2 were wheelchair- users, 2 had problems with their upper limbs, and the remaining 2 had problems with their lower limbs.

Challenges faced by women and girls in general

Several challenges that affected all the disability groups were identified. These challenges were mainly related to the restrictions that are placed on females during menstruation, which are influenced by culture, traditions and myths surrounding the subject, and faced by all women and girls. These restrictions have been presented under sub-themes such as social and religion, food and recreation restrictions.

Social and Religious Restrictions

It was evident from the study that majority of the adolescents with disability face challenges that are related to restrictions pertaining to the general female population when they are menstruating: they do not have the right to fast, pray or enter holy places. They are also restricted from being in the company of boys or men.

The majority are not supposed to cook, especially for an elderly person, priest or native doctor, because of the perception that menstruation affects the palms too and that the hands are dirty.

".....I do not pray, go to the mosque or touch or read the Quran, and not allowed to sit on the mat for praying" (Visually impaired adolescent, focus group discussion).

".....You don't sit on the mat with those who have not menstruated, you don't hold the Quran until you are done, you don't pray too.....because they said it is "haram"... Haram means bad omen" (Mobility impaired respondent, focus group discussion).

Food Restrictions

The girls are also subjected to food restrictions. Certain foods are not consumed during menstruation. It is believed that sweet foods like sugar, toffees and oranges will increase blood flow.

Recreation Restrictions

During menstruation, most of them are restricted from playing with boys for fear that they will become pregnant. The majority do not run, jump or play with friends for fear that they will stain their clothing.

Sources of the Restrictions

From the interviews and focus group discussions several myths were revealed. The people believed that: menstrual blood can be used for rituals, which can make one become barren; it is a sickness; it can cause fibroids; you are not a woman if you do not menstruate; you are unclean, so you do not cook for people; if someone sees your blood, it will stop and you will fall sick; when you are forty and you menstruate you will die; you do not enter the chief's palace, because the chief will not like it; the Gods hate menstruation.

"....If a dog takes your used pad and leaves it at the shrine, it can be used for a charm which can affect you or you can become barren so I burn mine" (Hearing impaired participant, individual interview).

".....if someone sees your blood it will stop flowing and you will become sick so I don't just throw it away, wrap it in toilet roll before I dispose it off" (Physically impaired participant, individual interview).

Challenges faced by the Visually Impaired

The study found certain challenges that were peculiar to the visually impaired adolescents. The challenges are presented here under specific sub-themes.

Difficulty in detecting Menstrual Blood

The visually impaired cannot see or detect when their menstrual period begins. In order to prevent staining, they have to prepare ahead of time by using sanitary pads even when they are not menstruating. This creates discomfort and is a major challenge for the girls. The economic burden that comes with having to buy more pads and waste them cannot be understated.

".....I do not know whether blood is flowing or not, so I sometimes have to fix sanitary pad even when I am not menstruating to avoid embarrassment" (Focus group respondent).

".....Can you imagine the discomfort one goes through when you have fixed pad on you even when you are not in your menses? This indeed is a problem for me" (Focus group respondent).

Difficulty in fixing Sanitary Pads

The visually impaired also find it difficult to know whether the pad is properly fixed in the right place. They sometimes have to depend on other people to check on their behalf. This compromises their privacy and causes shame. The trauma of allowing someone else to see them naked, in order to help fix the sanitary pad, is a serious challenge for the visually impaired adolescents during menstruation.

".....to be sure that my pad is well fixed, my senior sister usually does the inspection for me before I step out of the house. I am usually not comfortable when she is doing the inspection as she sees my private part but I have no option than to allow her" (Individual interview).

Anxiety and Emotional Stress

They lamented that they always had to be alert to the possibility that their clothes could be stained. Since they could not see, they had to rely on their mates to prompt them. Being caught unawares is a challenge. The girls realise the problem has occurred only when their pants become wet. This makes them feel anxious and uneasy especially when their period is due.

“.....I always feel uncertain anytime I move out of the house as I will not be able to detect whether my menstruation has started or not. I am always thinking about it, which makes me feel very uneasy among my friends” (Individual interview).

“.....Am always worried that I will stain myself, especially on days that I feel my pad is not well positioned (Individual interview).

Maintaining good Menstrual Hygiene

Another challenge the visually impaired adolescents faced was their inability to determine whether their clothes or underwear were washed properly. This serves as a challenge in maintaining good hygiene levels.

“.....because of my condition I cannot tell if my underwear is neatly washed or not” (Focus group discussion).

Challenges faced by the Physically Impaired

There were certain challenges that the physically impaired faced as far as managing and maintaining menstrual hygiene. The specific challenges have been presented as sub-themes in this section.

Inaccessible Washrooms

One common challenge that the physically impaired (wheelchair- users) faced was the inaccessible nature of the washrooms. Girls with mobility challenges have to abandon their wheelchair to access washrooms. The problem is further compounded by the washrooms being unclean. Bathing usually involves getting off the wheelchair and sitting on the floor, which becomes more challenging during menstruation.

“.....Using the bathroom becomes difficult for me, the place will be dirty and you would have no choice than to use it like that as you can't go in with the wheelchair” (Physically impaired participant).

Long Hours of being Seated

The long hours of sitting add to the discomfort. Adolescents who use wheelchairs are almost always confined to their device as they are unable to stand. Remaining seated all the time causes them more discomfort during menstruation.

".....I basically have to sit in the wheelchair for long hours and it gets really uncomfortable when I am flowing" (Physically impaired participant).

Inability to fix Sanitary Pads

Those with upper limb limitations find it difficult to fix pads and ensure they stay in place, hence they may have to depend on others for help.

".....I have to get help in fixing my pad because one of my arms is not functioning. I can manage at times but in extreme cases of pain I have to fall on someone to help me" (Physically impaired participant).

Challenges faced by the Hearing Impaired

The major challenge of the hearing impaired is communication. They revealed that they prefer to discuss issues with their deaf friends because most of the people with hearing cannot use sign language. Communication becomes difficult in consequence, and caregivers do not understand their pain and their feelings. They also raised concerns that anything they share with people with hearing might be disclosed to their hearing friends.

".....My mother cannot sign and I find it difficult to explain myself" (Hearing impaired adolescent).

Coping Strategies

Due to the unique challenges faced by adolescent females during menstruation, they have developed their own strategies to cope with minimal inconvenience during those days.

Almost all those who complained of pain take painkillers for relief. Paracetamol and Efpac are the commonly used painkillers. The few who do not take painkillers endure the pain and cry. Another strategy is to have enough rest or sleep to relieve the pain. Most of the visually impaired adolescents seemed to keep track of their menstrual cycle calendar so as to be prepared, although they did not find this strategy absolutely reliable.

“.....I take a painkiller to ease the pain. I get it from my mother or the housemistress when I am in school” (Hearing impaired participant).

“.....I mostly do not know what to do. I mostly cry a lot sometimes till I fall asleep” (Physically impaired participant).

“.....I keep track of my calendar so that I don't get caught unaware” (Visually impaired participant).

DISCUSSION

The challenges that all three impairment groups face in common are menstrual pain, mood swings, weakness and tiredness, and lack of sanitary material. These are challenges commonly faced by other girls across the globe, as studies have reported (Muntunda, 2013; Munda, 2014; Blessing, 2016). The findings also confirm results from six studies (Carlson, 2002; Ditchfield and Burns, 2004; Rodgers et al, 2006; Cho et al, 2008; Mason and Cunningham, 2008) which reported that 22.2% to 90.9% of the study participants complained of abnormal pain during menstruation, mood swings and lack of sanitary materials. Lack of sanitary materials is the result of delay in supplying them on the part of caregivers. As a result the girls have to borrow from friends, especially when in school, or use the toilet roll as a substitute, which may not be hygienic. This is in line with the report by Ibaishwa and Achakpa (2016) in Nigeria that women with disability face problems when it comes to maintaining proper menstrual hygiene. Adolescents with disability face additional challenges apart from those that they have in common with their counterparts without disability. The study revealed that girls with mobility impairments face accessibility challenges. Washrooms are generally constructed to be used by every member of the house but individual needs are not taken into account, making it more challenging for young girls with disability. The narrow entrances usually are not able to accommodate the passage and free movement of wheelchairs. This problem is compounded if the washrooms are dirty and the wheelchair-users are forced to sit on the floor. This can predispose them to other health problems that may be associated with unhygienic menstrual practices. Sometimes those with upper and lower limb disabilities as well as balance challenges have to forgo privacy and ask for help, especially when menstrual pains are severe.

Difficulty faced by families in communicating with children who are deaf and those with speech limitations was the major challenge for the hearing impaired.

This means that sending messages and getting feedback from caregivers hindered discussion on issues of menstruation. This could partly explain why Ghanaian parenting is described as cool and non-conversational (Scott, 2013). The deaf face a major limitation with regard to obtaining information as most of the caregivers are sign language illiterates. The girls may feel they are not understood and will be more reluctant to talk to their caregivers.

The visually impaired face the challenge of being anxious all the time. The findings of Rodgers and his colleagues (2006) that 50% of girls with disabilities could not detect blood stains in their clothes during menstruation is similar to the findings of this study wherein all the visually impaired adolescents could not detect whether they had stained themselves or not. Their common problem was the inability to see when the menstrual flow begins and ends, as well as whether they have stained themselves. There is great embarrassment when individuals have to be prompted that there is staining because they cannot see for themselves. The act of secrecy surrounding the phenomenon can also prevent adolescent girls from asking for help openly. Paracetamol and Efpac were the painkillers generally used by adolescents to manage their menstrual pains. However, they could not indicate how effective these painkillers were.

CONCLUSION

There are common challenges faced by all girls across the globe with regard to menstrual hygiene management. Adolescent females with disability however face additional challenges with regard to MHM. Those with physical disability encounter accessibility challenges, while the main challenge for the deaf and those with speech problems is communication. The visually impaired live in anxiety due to fear of staining their clothes.

Recommendation

The Ministry of Health should extend reproductive health programmes to include persons with disability so that they and their parents, who are key informants to children, receive accurate information about menstruation and other issues relating to reproductive health. The Ministry of Gender and Social Protection should collaborate with relevant stakeholders to ensure that the conception and design of sanitary facilities and hygiene materials embrace the menstrual needs of women and girls, especially those with disabilities.

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