

Menstrual hygiene management: education and empowerment for girls?

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This paper discusses the recent attention of the water, sanitation, and hygiene (WASH) sector to resolving the menstrual hygiene crisis for young girls in developing countries. Menstrual hygiene management (MHM) interventions, including the use of sanitary pads, education and awareness, and where possible separate, sanitary toilets, are identified to have far-reaching impacts on the education and empowerment of girls. Field research conducted in Ghana's Northern Region indicates a pronounced socialized, sexualized understanding and experience of menstruation among young girls and their families, school teachers, and local NGOs. Unfortunately WASH initiatives only allow interventions to manage menstrual hygiene, leaving the young girls and others in their social settings to deal with the larger subset of sexuality issues. We argue that opening the dominant discourse of a medicalized concept of menstruation to other meanings and experiences will have significant implications for the education and empowerment of young adolescent girls.

Keywords: menstruation, Ghana, hygiene, medicalized, sexualized, education, empowerment

What does it really mean to have no toilet and or working tap when you have your period? No access to painkillers or sanitary menstrual materials? How to deal with your period each month when you are ashamed or shunned? Who do you go to to find out how to safely manage menstrual hygiene? (Snel and Da Silva Wells, 2014)

THE WATER, SANITATION, AND HYGIENE (WASH) sector had long ignored menstruation, treating it as a taboo subject, but the issue is currently the topic of concern. In 2014, 28 May was declared as the Menstrual Hygiene Day, in an attempt to 'break the silence and raise awareness about the importance of menstrual hygiene management. The slogan for 2014 is "Let's start the conversation about menstruation"' (Snel and Da Silva Wells, 2014). The fact that menstrual hygiene management (MHM) is firmly written into sanitation policies and strategies is considered to be the ultimate indicator that the sector is truly fulfilling the pledge of placing 'women in the centre' of the WASH sector. In this paper we discuss the ways in which WASH policymakers, funders, and practitioners focus on menstruation

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as a health and education ‘problem’, primarily of adolescent girls in developing countries. The shame, inconvenience, and ignorance linked to menstruation are identified as key reasons for keeping girls away from school, both intermittently as well as permanently. Menstruation, as the arguments go, forces young adolescent girls in developing countries to stay home from school for several days each month, causing them to miss as much as one full month of school days each year – thereby decreasing the quality of their education and ultimately their chances in life.

International non-governmental organizations (INGOs) and donors work with local partners to enable MHM, which includes: distributing or promoting use of sanitary pads; providing MHM education and awareness; and occasionally the provision of girl-friendly toilets in schools. For these initiatives, INGOs receive financial and other support from donors as well as pharmaceutical and sanitation corporates who often engage young female celebrities to make the claim that providing sanitary towels and hygiene awareness serves to keep young girls in Africa, Asia, and Latin America in good health, in school, and out of a cycle of poverty (One Girl, 2014). The developmental notion of menstruation therefore is that it is a hygiene problem and also a health and empowerment barrier for poor young girls in the developing South.

We question the accuracy of these claims: the fact that a universal, medicalized concept of menstruation is uniformly experienced by adolescent girls in different regions of the world, among different peoples, cultures, religions, and nations; as well as the links drawn between menstruation, education, and empowerment. Our review of contemporary literature on the topic of MHM reveals the need to closely assess the claims that link MHM to girls’ education and empowerment. For example, a Google search for the popularly claimed argument that, ‘1 in 10 school-age African girls do not attend school during menstruation’ yields as many as 382 unique matches [19 December 2014], most of which refer the source of this data to UNICEF. However, this statement is not traceable to any UNICEF document. What is stated in a UNICEF (2006) document is something quite different: that, ‘girls sometimes do not attend school during menstruation or drop out at puberty because of a lack of sanitation facilities that are separate for girls and boys in schools’. Similarly, Wilson et al. (2012: 9) quoted Sanitary Pads for Africa which asserts (with no reference to region, context, or situation) that ‘a girl absent from school during menses for 4 days in 28 days ... loses 13 learning days, equivalent to 2 weeks of learning in every school term’. This statement went on to become a BBC claim that ‘an average girl [in sub-Saharan Africa] loses more than a full month of classes in a school year’.

There are several documents that report ‘a precipitous drop’ (Scott et al., 2009: 2) in girls’ education between primary and junior high school, and many authors attribute this to the onset of menstruation (Kirk and Sommer, 2006; Sommer, 2009). The relationship between the two phenomena is established even though few studies actually provide detailed empirical evidence of the same. Scott et al. (2009) asked Ghanaian schoolgirls the question ‘Does menstruation ever cause you to miss school?’ A significant number of girls responded positively, with large variations by location: 20.2 per cent of schoolgirls in peri-urban villages, and 95.2 per cent of schoolgirls in rural villages. The authors concluded that girls are missing school up to five days per month due to menstruation.

What emerges from these and other studies is also the notion that *the problem* for young girls is in hygienically managing menstruation. Several studies note that menstrual hygiene of young adolescent girls is 'inappropriate' and the 'use of unhygienic material as menstrual absorbent' lead to an 'adverse effect of menstruation on schooling and social life' (Aniebue et al., 2009: no page; for Nigerian girls). In Ghana, Scott et al.'s (2009: 2) research suggests that Ghanaian 'post-pubescent girls were missing school as many as five days each month due to inadequate menstrual care and cramping'. In Uganda, Crofts and Fisher (2012) concluded that 'low-cost sanitary pads ... are a timely, simple and innovative means of improving menstrual hygiene' (p. 2), as are pain killers, water/soap/bathing facilities, latrines, waste disposal facilities, and drying places for reusable materials. Wilson et al. (2012) evaluated how teaching schoolgirls in Nyaza province, Kenya, to sew their own reusable sanitary pads resulted in an increased number of school days. Montgomery et al. (2012) executed a pilot study that concluded that providing both pads and education gives a 9 per cent increase of attendance after five months. As we will discuss below, speaking to the girls, their parents, and observing school attendance registers in our research, did not indicate definite evidence of the link between menstruation and absence from school. Nonetheless, there appears to be little dispute in the claims that distributing sanitary pads is a simple, cost-effective means to keep girls in school and/or that 'education for girls can be supported and fostered by something as basic as a girls-only toilet' (UNICEF, 2005 quoted in Birdthistle et al., 2011: 7).

The normative nature of the use of words such as '[in]sanitary', 'poor', 'incorrect', '[in]appropriate', and 'deficient' in WASH literature, seems based on pre-conceived ideas of appropriateness with little reference to specific local contexts. For example, Scott et al.'s (2009) study, titled *Impact of Providing Sanitary Pads To Poor Girls in Africa*, presents a colonial imaging of the *problems* of poor African girls which can be resolved with simple, technical, scientific [Western] solutions. Our analyses of MHM literature suggest that this implicit concept of a menstrual hygiene crisis often makes it difficult to discuss other ideas and opinions. We noted some evidence of this as well. In 2013, a call for research on sanitation and women in India supported by the Water Supply and Sanitation Collaborative Council (WSSCC) invited MHM proposals to look into aspects of ignorance, taboos, shame, and silence around menstruation; links between menstrual hygiene and health; and other technical aspects of dealing with menstrual hygiene. An enquiry (by one of the co-authors) about whether a proposal could deviate from these predetermined constructs of menstrual hygiene was politely declined. As informed, this was not the intent of the call.

In our research with adolescent school-going girls, school dropouts among them, their families, and school teachers as well as local NGOs in Ghana's Northern Region, we note a complex reality: a socialized, sexualized connotation of menstruation, which relates to, and yet is distinctly different from the medicalized version of menstruation presented in WASH literature and interventions. Menstruation is thus also experienced as girls *coming of age*, being ready for sex and sexual relationships, including marriage. What we found similar was the shame and disgrace associated with menstruation – with menstrual hygiene as presented in WASH documents and in the ways parents, school teachers, and local NGO workers associated menstruation

with girls' sexuality and related risks of pregnancy. While the girls are not entirely contained and controlled by the negativism of the latter concerns, they nonetheless struggle with the dual negativity and seem bewildered by the links drawn between adolescence, menstruation, pregnancy, shame, and disgrace.

Most women have struggled at some time with their monthly periods of bleeding and yet most will acknowledge that the notion of menstruation is far from being entirely negative. Menarche, or the onset of menstruation, is a milestone of fertility and femininity, celebrated in many cultures and assigning a special significance to girls (Owen, 1998; Northrup, 1994). The absence of menstruation is in fact an issue of concern, since it is elemental to the very context of femininity (de Beauvoir, 1997). As our research shows, a negative connotation of women's bodies and menstruation seems to endure, in developmental literature as well as in contemporary societies. Women almost everywhere are expected to keep their periods hidden and silenced (Bobel, 2010). A common call for discretion is what is on offer as menstruation solutions to women; ways to sustain 'sanitized, deodorized and idealized images of women's bodies' so that they become socially appropriate, acceptable, and productive at all times (Roberts et al., 2002: 138).

It is ironic then that WASH interventions argue for the need to discuss menstruation, to bring it out of the taboo closet, and yet focus on teaching girls to discreetly and effectively contain their menstruation. Feminist researchers question these initiatives. Presenting the problem as a hygiene crisis reiterates an age-old patriarchy around how societies, families, and young girls should perceive the female body: 'built around and mercilessly affected by their ovaries' (Roberts et al., 2002: 132). And such perceptions and practices also segregate and isolate women, paying little attention to the context of social, sexual relationships in which women function and live.

One cannot deny that sanitary pads offer a practical way to manage bleeding – if and when such implements are affordable and easily accessible. What is problematic is the exaggerated claim that the *problem* of adolescent girls in the developing South is their need to manage menstruation hygienically, and that the delivery and provision of these sanitation implements will overcome education and empowerment barriers. Our research in Ghana discussed below suggests the need to open the discourse of menstruation as presented and enacted in contemporary WASH initiatives to include discussions around socialized and sexualized aspects of menstruation. We believe doing so is politically apt, and will have significant implications for the education and empowerment of young adolescent girls. It is *indeed* time to start a conversation about menstruation.

Mapping menstrual hygiene enactments in Ghana's Northern Region

Our research focused on four schools and their catchment communities in Ghana's Northern Region (see Figure 1). Purposively selected with help of local NGOs implementing MHM programmes, the schools were located in both urban and rural areas; included primary and junior high schools; and institutions recognized as Christian (2), Muslim (1), and secular (1).

Research respondents included male and female teachers, as well pre- and post-menarcheal girls of different ages and physical maturities so as to enable assessment of different experiences and enactments of menstruation. The teachers selected were those involved in puberty education and related areas of education, as well as those who taught higher classes in the primary schools. In addition, the research included parents of some schoolgirls, as well as girls who had dropped out of school – the latter in order to identify reasons for the dropout. Parents and school dropouts were selected with the help of schoolgirls and teachers. Where possible, the researcher (one of the co-authors) also spoke to community groups, including a women's group and a committee of community leaders.

Group discussions and individual meetings were also conducted with a number of local NGOs' staff members with activities relating to the study topic. These NGOs were selected through snowball sampling starting with the local partner of the Northern NGO that had commissioned this study. A local Ghanaian translator (female) helped in sensitizing and interpreting and giving respondents a sense of familiarity. She often used the local dialect (Dagbani) whenever respondents did not feel comfortable speaking English – which was in approximately half of the interviews and discussions.



Figure 1 Ghana, the Northern Region and the location of the study area

Crossing the borders of two menstrual discourses

Our discussions find local NGO personnel as well as school teachers straddling two domains. On the one hand, they are connected directly or indirectly to INGO strategies, interventions, and resources and thus articulate medicalized concepts of menstruation. This not only allows them a professional space to operate, it also allows them to represent themselves as 'advanced', 'aware', and 'modernized'. Yet, in their direct social environments what they experience and see is a sexualized concept of menstruation.

Menstruation – an education problem?

When asked if they perceived menstruation to be a problem influencing girls' education, the NGO staff we met in Ghana's Northern Region all said, yes. Some of them appeared very convinced and others were more hesitant.

There is a period when you look at the register ... attendance ... you see fewer girls attending school for that week. So mostly girls would be absenting themselves within a period ... in particular we see so many girls menstruating ... It's just because they ... feel like they need three, four, five days to manage ... and get back to school (Mr H).

The menstruation problems considered to be a hindrance for girls' education were noted as: 'girls are absent-minded or lose concentration because of a fear for soiling themselves' (Mr M; Mr D; and Mr Al); 'girls may have menstrual pains prevent them from coming to school' (Mr W; Mr J; Ms A); or 'severe menses that may even cause them to be in the hospital for some days' (Ms S).

Some believe that if a girl has 'not managed her menstruation well' and is confronted with blood stains in her cloths, her embarrassment may cause her to miss school during the next menses (Mr W). However, according to Ms S and Mr Am, the problem is more attitudinal than physical, 'A lack of education causes girls to view menstruation as a sickness or disease, which makes them think that they should stay home'.

On being asked if menstruation keeps girls away from school, the teachers were of varied opinions: 'most of them' (Mr I); 'some of them' (Ms A); '5 percent' (Ms L); 'a minority' (Ms P); or 'only one of them' (Mr A-S). Or 'girls do not miss school due to menstruation' (Ms M and Ms S); or that 'girls may only stay home during their first menstrual period' (Mr A-S, Mr B).

However, most teachers agreed about the fear and shame of staining among young girls. Some identified the problem of menstrual pains as keeping girls away from school; however an equal number say this is hardly the reason. Like NGO staff, they believe the problem to be one of ignorance:

So if the person is not well educated ... [thinking] 'when I'm menstruating I'm feeling some pains, this is why I'm supposed to stay [home]' ... So menstruation will not affect a girl child – it only affects her if the education is not there (Ms P).

Menstruation – a social, sexual phenomenon

When NGO representatives and school teachers were asked to identify words that they spontaneously associated with menstruation, most respondents mentioned aspects relating to sexuality and womanhood. Among NGO workers: Ms S asserts that 'When the first menses come, that means you are ready to marry' and that getting married, 'is the time for you to give birth'. Mr M explains:

One day [my sister] came home and said 'ah, look at [my daughter], she is very small, but she has started menstruating this week' ... So she was really not happy ... She was fearing for the girl getting pregnant, or something.

Menstruation was often associated with marriage and [time for] subsequent withdrawal from school and although there are national campaigns to save young girls from marriage, in some tribes in the Northern Region, women are still exchanged in marriage between families after their first menstruation.

Similarly, teachers associate menstruation and girls' education through the notion of pregnancy. 'Menstruation, brings along the danger of getting pregnant – and pregnancy, in turn, can cause the girl to terminate her education permanently' (Ms P and Mr A).

Shame, disgrace, pregnancy, and menstruation

It is interesting to note how teenage, unwed pregnancy is a factor of disgrace for the girl, and equally her family. Consequently teenage menstruation also acquires shame and disgrace. Among NGO staff: Mr B said that unmarried pregnancy is such a shame in some communities, that the girls may be killed if it turns out that they are pregnant – or they are married off around the age of 9 in order to anticipate this risk. According to Mr L menstruation is considered to 'lead to a lot of sin' and hence to be something secret, dirty, and evil according to Ghanaian culture. Mr W warns that 'girls who are not well disciplined, when they start their menses, they feel they are mature, so they can't resist boys' resulting in pregnancy and withdrawal from school. Ms P, a high school teacher, reports how a girl in the first grade of junior high school was taken out of school by her parents because 'they didn't want her to get pregnant along the way; she was growing, so they took her out to go and marry ...'.

Most of the schools reported having pregnant students on a frequent basis. Ms P reports four abortions in one school in the last three years – but she adds that most of the time 'you will not even know' because girls may abort their unborn baby silently. Yet, when asked whether parents keep their girls home from school out of fear for teenage pregnancy which may be risked more easily in a school environment, most claim to the contrary – that in general, parents appreciate the value of education, that they realize that education may even help their children to understand the risks of pregnancy. Girls, one is told, might be withdrawn from school for other reasons: for contributing to the family income (Ms S) or to assist in the household work (Mr W, Mr L, Mr Am) among others.

Nonetheless, a socialized, sexualized notion of menstruation is strikingly evident in the schools visited, expressed by teachers and reinforced in education materials. In the four schools visited, there was an omnipresence of sexuality and (fear of) pregnancy. In classrooms, the interaction between boys and girls, the lines that they wrote on each other's schoolbooks and benches were often implicitly sexual. What was said and done by teachers was explicitly sexualized.

Why then a medicalized enactment of menstruation?

When asked what solutions would be suitable for problems related to menstruation and its impact on girls' education, NGO officials mention the importance of providing pads (Ms S, Mr I, Mr B). Mr Am feels this is especially important to encourage girls who have recently started menstruating. Mr D suggests that it is also possible to teach girls how to make simple, cheap pads. Mr B indicates that distributing free pads is not a sustainable solution, but it is a good way to introduce girls to the use of such materials – which will encourage them to buy such materials in the future. Mr J explains the effectiveness of modern sanitary pads:

I monitored the use of such materials ... whether [they are] used and how useful [girls] consider it. As a result, I realized that it helped them a lot; [they] openly told me that otherwise they would have used cotton or a piece of cloth.

Apart from the provision of sanitary pads, the provision of painkillers and separate toilets for girls are also considered as solutions, although when asked if girl-friendly toilets really help girls stay in school, Mr W, an NGO staff member replied:

Eh ... well, frankly ... we haven't made a research here, we haven't made a follow-up. But ... looking at eh ... visiting the schools, you could see the number of girls who are now enrolled in school, who are able to stay, not upsetting themselves, and ... you know ... continuing to eh ... higher levels ...

And yet discussions on pads and painkillers eventually get related to sexuality and pregnancy. Mr B argues for the need to educate parents as well to recognize their daughters' needs for certain sanitary materials, or the girl may take a boyfriend who will financially take care of her – and potentially make her pregnant.

In sum, local NGO representatives and school teachers frequently link the topic of menstruation to teenage sexuality and pregnancy and yet the solutions they propose are limited to three domains: sanitary pads, sanitation facilities, and hygiene education. Why this happens is well explained by Michel Foucault's (1974, 1990) work on the construction of knowledge: on how and why certain kinds of discourse persist, and how these discourses in turn reiterate power relations. According to Foucault's theory, with funds and other resources, INGOs are able to steer their local partner NGOs and, in turn, school teachers into adopting certain concepts of menstruation and disregarding others. NGO staff member, Mr W characterizes this relationship of dependence:

We don't have the money. And so, the donor has his or her money, and he wants to do this and this. One, it helps us to build our capacity, as donors

because of the funding we are building our capacity. And we are also growing through that donor support. But what I do see here is it cannot be sustainable.

Local NGOs, as Mr B indicates, are however not completely powerless, they have the possibility to 'weave around' the INGO's objectives in a creative way. Mr J says in a more matter-of-fact tone that the donor pays for the impact, not for the deliverables. However, NGOs despite their unique position 'between two discourses' do not seem to realize and use this strength. This is partly because local NGO officials also need to portray themselves as 'advanced' – considering it their duty in 'modernizing traditional structures and cultures, to invite scientific, more hygienic practices' by informing rural, backward, uneducated girls, school teachers or parents 'to sensitize communities, where certain cultural and social notions of menstruation still prevail' (Mr W). This gives them the justification for exerting influence on the people that they portray as 'lagging behind'. Similarly, school teachers can only be engaged in medicalized interventions towards menstruation, which is on offer from partnering NGOs. This in turn allows them to exert a moral sense of 'righting' a sexualized enactment of menstruation which reasserts their educator roles and values.

However, involving teachers, especially male teachers, in enforcing and monitoring menstrual hygiene practices aggravates a certain sexual tension among the adolescent girls. The teachers have information on the topic of menstruation, as well as the authority to influence planned initiatives in ways that profoundly affect schoolgirls. In Ghana (as elsewhere) the power of teachers over pupils' physical behaviours in school – exercised to discipline the body in order to educate the mind – are well documented (Uitto and Estola, 2009). Our research found a lot lacking in the practice of disciplining menstrual hygiene, especially in the acquiring of knowledge about a girl's menstruation and sexual status by teachers, particularly male teachers. Foucault (1990) notes that teachers often maintain and exercise their power over pupils through surveillance of sexuality and the establishment of discourses. In all of the schools studied, a sanitary pad was kept in the teachers' office for 'emergencies' – which is a source of information for any teacher present in the office when a girl comes to ask for a pad. However, inquiries are also made actively: Mr C explained how the headmaster of his school inquired about girls' virginity:

One day [the headmaster] said, 'I am going to bring a machine... and that machine [is] going to testify all virgins. So if you are a virgin, there is going to be an award for you ... Those who are virgin should come and invite their [friends].' And to be surprised till about three-quarters of the students didn't [apply]. About three-quarters of the students were not virgins – they didn't want to come.

Collecting information in such ways reiterates power relations and creates a vulnerability in the teacher-schoolgirl relationship that will likely encourage abuse. DePalma and Francis (2013) found that South African teachers tended to portray boys as predatory and girls as victims of sexual predation, and indicated that no matter how true these characterizations may be, they are likely to further

reinforce these gender roles. In fact, such characterizations also create a discourse in which girls perceive themselves as defenceless vis-à-vis male teachers. Schoolgirl M explained:

One of the masters sitting over there [pointing to the teachers' table], one day he told me that I should come to the house, that I should come to the house and prepare something for him ... And I just know that if I go to the house, he will like ... he wants to have sex with me, they don't say I should come and prepare the things for him, so he wants to have sex with me, so I didn't go ... And then he called one girl, one of my friends, to go to the house, and then when she went to the house, he forced to have sex with the girl ...

This vulnerability is highest in rural areas, where most schools only have male teachers – reportedly because of the lack of services for females – and many teachers live in one-person accommodation on a teachers' compound. A female sexuality teacher confirmed that these things happen: 'when eh ... a teacher is interested in a girl, he says oh, come to my house and do this washing for me, do this cooking for me ... or come in to clean my room'. She noted, however, that it is not always abuse. According to her, it also happens that girls willingly engage in relationships with teachers. The fact that the dynamics of power, sexuality, and abuse are not clearly understood by adults like her, signifies enormous concern over how these relations are experienced by young adolescent girls.

Therefore the application/implementation of a medicalized and educationalized notion of menstruation (claiming medical/physical knowledge that girls do not have) is not disassociated from sexual/power dependency relationships. Although what was observed and discussed above is the case for only a small minority of schoolgirl-teacher relationships, the fact that such mechanisms *can* evolve is worth noting.

The disgrace of pregnancy and of menstruation

We noted that what parents say does not entirely match the claim that menstruation is poorly managed and/or requires girls to stay at home. 'As soon as I taught her how to manage menstruation, she goes to school without any disturbance' (Mother E); 'It will not prevent her from going to school' (F's mother). However, there is a fear of soiling uniforms during menstruation – which they fear may cause them to lose concentration in school. According to many parents, if anything causes missing school, it is 'menstrual pains'.

However, what is foremost on parents' minds is the link between menarche and female sexuality. Menstruation indicates 'the onset of womanhood' (F's mother, Zugu community leaders, mother S); 'that the girl is ready for marriage' (mother B, father A).

In the Dagbon tradition [dominant tribe in Ghana's Northern Region], they even hide it [menstruation] from their fathers, the brothers and so on. Because they feel the father normally feels that when a girl starts to menstruate, she's matured enough to go to the husband's house (women's group in Zugu).

Now that the practice to give girls out for marriage at a very young age has diminished, menstruation is more strongly associated with sexual readiness, the desire for sexual intercourse and pregnancy. 'Pregnancy' is virtually the first association that appeared in parents' minds when the researcher asked them about the meaning of menstruation: 'It's [menstruation] a sign of maturity. And [if] she should tamper with boys – she's likely to get pregnant ...' (F's father).

Along with the awakening of sexuality comes the perceived need to constrain the girl's interactions with boys, in order to preserve her virginity. F's mother explains: 'Definitely her interaction with [boys] will have to change [after menarche]. Because if the boys too realize that she is now grown, they will begin to have some interest in her'.

While there are extreme views: 'If a girl has [menstruation] and she doesn't want to go to school, it will mean she is a prostitute' (T's mother). There are also calls for support in this regard. F's father suggested the following solution for menstruation-related education problems: 'They should educate them on the use of contraceptives – either the use of condom or this injection, or all those things'.

In our discussions, we noted a distinct blur between menstruation, sexual activities, and pregnancy. Parents often ask girls to keep menstruation hidden from other people, so that boys and men are unaware that the girl has 'grown up'. This even though menstruation as such is not problematic; it is the social implications of pregnancy that is the problem. And yet, we noted that pregnancy too, does not seem to affect everyone equally: 'some pregnant girls permanently withdraw from school in order to care for their child, others come back after some years when the child is somewhat older' (T's mother). In other cases, the girl's parents may be willing to take care of the baby in order to allow their daughter to continue her education – says a young mother from Tamale.

Nonetheless, the onset of menstruation is an anxious time for many parents. Virginity is said to be very important in northern Ghana, more so for girls than for boys (mother F). F's father asserts that it is 'The most important thing for a girl'. This importance is partly personal, but mostly it has implications for the family as the relevance of virginity or childbirth outside of marriage has negative connotations in local cultures. F's father was deeply agonized that he had educated his daughter elaborately – but could not prevent her from getting pregnant.

How do the girls experience their menstruation?

The researcher asked the girls during focus group discussions to write down *potential* menstruation issues that might influence girls' education, asking them to mention things they experienced as well as other issues that came to their mind. None of the groups identified a lack of pads, toilets, or education as a problem. What was interesting then, was that when asked to write a plan for the improvement of menstruation in school in order to improve girls' education, each group in all four schools suggested the distribution of sanitary pads. In addition, education was mentioned in three groups, while one suggested the establishment of girls' clubs to discuss menstruation. Two groups recommended the provision of painkillers.

One could argue that fear of bleeding and the need to hide this is met to some extent by sanitary pads. However, all the girls interviewed indicated that they normally use some type of protection during menstruation, though it is not easy for everyone to buy 'modern' pads. K and S reported that they save some of their lunch money in order to buy pads. However, B indicates that, 'even if you use a [modern] sanitary pad, the bleeding may still overflow'.

Why, then do girls mention the distribution of sanitary pads as a solution – if these implements may not be able to solve the problems they experience? Could this be related to the fact that in all the four schools, many girls had received free pads via some channel in the past? Was this linked to the messages given to them by their teachers? That most girls see menstruation as normal was evident when they mentioned that although there is sometimes pain during menstruation, they generally hesitate to take medication, because 'when you take it, it will stop your menstruation' (G); or because 'it is natural, so ... because it's not sickness, I don't want to take any painkiller', says F.

During visits to the four schools, the researcher asked the girl students to show her the school toilets and to share their opinions and feelings concerning these. Although all four schools had separate toilets for boys and girls, these were in use only in the private school. In the three public schools, students and teachers indicated that the toilets were 'hijacked' by community members who continuously dirtied them, which discouraged students from using them; or in one case, the toilets were flooded during a rainy season and since then have been out of use. Indeed, the condition of the toilets was rather bad. Most students explained that they prefer the bush over the school toilets. For changing pads, girls indicated that they also go to the bush; usually they put the used pad in a rubber bag and bury it somewhere.

Menstruation affecting school attendance?

While menstruation does have some influence on girls' education, according to the respondents and also as noted in the attendance registers (see Table 1), there seems little evidence of girls staying home from school during menstruation. This does not mean that absence due to menstruation is not worth preventing; but it does suggest that such links might be exaggerated.

Table 1 Average attendance of girls and boys in four schools

<i>School/class</i>	<i>Average attendance, girls</i>	<i>Average attendance, boys</i>
School 1 - Form 3A	82%	75%
School 1 - Form 3B	72%	74%
School 2 - Class 6	85%	94%
School 3 - Form 2	87%	84%
School 4 - Class 6B	93%	96%
Weighted total average	84%	84.6%

A sexualized menstruation

Then, there are other meanings of being a 'menstruating girl'. B indicated that it is not always negative: 'If you start menstruating, you feel that because you are now big, you need to learn more and go ahead'. Sexuality and pregnancy were prominent themes in the discussion around menstruation. Z explains: 'Because, maybe ... if she's menstruating, she will go and have sex with a man ...'

B indicates the peer pressure in such issues: 'Some also say, because you have started menstruation, you have to have sex, because others are also doing it ...'. Others stated that the pressure to have sex originates from boys. The environment seems stimulating to sexual activity and in various interactions, respondents shared that it is not very rare for even young children to have sex. Importantly, from the discussions with girls, it appears that with menstruation, a sense of secrecy, shame, and disgrace is associated with relationships with boys and this is closely linked to pregnancy. In focus group discussions, girls from one rural primary school noted: '[When your] first time [of menstruation has come] ... don't expose yourself so much that everybody will know what you are going through; [you] also shouldn't mingle so much with boys: you can become pregnant'.

There are thus dual understandings of 'disgrace'. Girls are told that pregnancy – related to menstruation – will disgrace them, and that exposing their bleeding, especially to men is a disgrace. Reducing their interactions with boys is a measure to prevent both types of disgrace.

F: Well, I've not been playing with boys like I used to do when I was not having menstruation.

Res: So why is that?

F: My mother said it can come at any time, so when I'm with boys I can be disgraced by it.

As the girls describe it, immediately after the first menstruation, they need, according to their mothers, to: 'stay away from men, or else I will become pregnant' (M).

I'm the type that interacts so much with boys, but since I had my first menstruation – the way I used to interact with boys, it's not so. Because I listen to the advice that my mother normally gives me. That when I like playing with boys so much, they can jokingly or mistakenly impregnate me (S).

Such mystical advice often makes girls confused. Many girls indicated that they did not know exactly what kind of interaction with boys they were supposed to avoid. Pregnancy is often erroneously associated with menstrual periods – implying that it is safe to have sex as soon as the bleeding has finished. Several confusions abound around menstruation and pregnancy. M shared the experience of her first menstrual period:

I was sleeping ... when I woke up and realized that blood had stained my pants, so I thought somebody had sex with me, that's why the blood came ... Because they said if you are a virgin and they have sex with you, the blood will come

out ... So I thought maybe one of the men in our house had sex with me when I was sleeping. So I became afraid that I will be pregnant, I became frightened ... By then I didn't let anybody know ...

At a focus group discussion in one of the schools, the girls attributed school dropout to pregnancy: 'I know some three girls who are school dropouts because of pregnancy ... Mostly [the reason] is pregnancy'.

However, speaking to some school dropouts, only two out of six had terminated their education because of pregnancy (F and G). Three others said that they dropped out because they did not understand what the teacher taught them (H, F, R) while one indicated that there were financial reasons for her withdrawal (R). All of them maintained that the choice to stop going to school was their own decision. Teenage mothers often do feel reluctant to return to the same school, thus may choose to go to another school.

In sum, there are multiple experiences of menstruation among the girls. Some are grateful for having menstruated in time, fearing when it does not happen (at all); others speak of the shock and fear when it happened for the first time. Many want relief from pain and yet hesitate over the use of medicine for menstruation-related pain. Sanitary pads may not always be easily accessible and they do not always resolve the problem of bleeding and staining. Most of the girls we met did not have access to functional toilets in schools and yet this has not adversely affected their attendance compared with boys. Many are aware of and enjoy the sexuality and femininity that the onset of menstruation bestows upon them; and in the few cases of pregnancy, coping with unplanned motherhood varies for different individuals. What was clearly evident was that along with the need to manage and contain menstruation, the somewhat mystical explanation of menstruation, pregnancy, and disgrace is foremost in the minds of many young girls.

Conclusion

We note two prevalent enactments of menstruation, both with an overwhelming negativity in their implications for young girls. Firstly, a medicalized connotation of menstruation as a hygiene problem is enacted by scholars, INGOs, and to some extent local NGOs and school teachers. This enactment symbolically identifies certain MHM practices as 'appropriate' and suggest that the knowledge around how to manage menstruation hygienically is available with certain groups of people, who are advanced, knowledgeable and Western (like). This notion of hygienically managing menstruation thus segregates backward, uneducated, third-world people, including young adolescent girls. The process then of monitoring and regulating appropriate hygiene behaviour often reiterates power relations between knowledgeable adults, such as teachers, and young girls. In this paper, we question the reproduction of partial truths around a medicalized problem of menstruation by a select group of actors, and note how such an approach disables research on and attention to other understandings and experiences of menstruation.

On the other hand, menstruating girls are seen by parents, school teachers, and local NGOs to be sexually active and fertile and this (second) sexualized notion of menstruation stimulates fears of unwed pregnancies, of shame and disgrace. Here too, appropriate behaviours for post-menarcheal girls include containing their bleeding as well as their sexuality in order to of course prevent the disgrace of pregnancy. In this context, the suggestion that menstruation is a 'hygiene crisis' and appropriate solutions help women hygienically contain their menstruation reiterates prevalent imageries of the need to hide the female body, its biology, and sexuality. Such notions are deeply patriarchal, i.e. subjugating for women.

In sum, the two enactments of menstruation are interconnected and difficult to isolate. Nonetheless, what happens in practice is the enactment of a medicalized 'menstruation', which includes the distribution of sanitary pads. This is far easier to 'do' than, say, navigate political and social structures in which other sexualized experiences of menstruation are embedded. Here, we draw attention to the fact that generalizing and simplifying complex realities is characteristic of development policy and practice. A technocratic, instrumentalist approach to menstruation addresses multiple goals, enabling MHM to become an 'investment with many valuable returns, including the health and economic prosperity (and therefore empowerment) of women, their families and nations' (Birdthistle et al., 2011: no page). However, doing so seems to change little in a woman's world: menstrual blood remains 'uncanny, dangerous, forbidden, unclean' (Freud, 1965: 18).

In order to understand how practitioners, researchers, and academics in the WASH sector perceived the relationship between empowerment and MHM interventions, we interviewed several staff members from international and local NGOs (including UNICEF, Simavi, WaterAid, WASH United, Oxfam GB, Huru International, and GENET Malawi). We noted that (I)NGO staff members and WASH experts and scholars mostly tend to agree that MHM is empowering: education and awareness on MHM builds confidence and assurance among girls; or that MHM resolves the issues of shame and disgrace among others. A few respondents said that it is more accurate to claim that MHM enables girls to stay in school rather than saying it empowers them. We found in general that the use of the term 'empowerment' in the WASH sector is extremely 'fuzzy'. Eyben and Napier-Moore (2009) say this is often a strategic ambiguity – the lack of consensus on what the term means affects monitoring when and how empowerment is achieved. Wallace and Coles (2005: 8) note that in developmental literature empowerment is often a neutral concept that has more to do with practical aspects of projects and interventions, than with challenging the structural and political issues impeding empowerment.

This paper signals the urgent need to couple sanitation and hygiene initiatives with sexual health interventions. Amongst a few such initiatives is the US based Packard Foundation supported Regional Initiative for Safe Sexual Health by Today's Adolescents (RISHTA) project implemented in Jharkhand state of Eastern India. The project educates adolescent girls on menstrual hygiene awareness by 'demolishing the myths of so-called "un-clean" periods for girls', and it also targets both young girls and boys on shared responsibilities for safe sex practices (Roy, 2014). Despite a difficult start given the aim to bring together young boys and girls to talk about

sex, the RISHTA (meaning relation in India) project has got off to a good start and is reported to have supported adolescent girls in making sexual choices and in shifting some of this responsibility to young boys as well.

To conclude, although menstruation is a 'natural' thing, it is in fact a highly socialized and politicized phenomenon with multiple other meanings and dimensions (Mauss quoted in Douglas, 2005; Diorio and Munro, 2000). This explains the multiple meanings and perceptions associated with menstruation. Roberts et al. (2002: 136) note that in patriarchal cultures, 'women's inferiority is defined by what separates them, or makes them different from men'. That is why concealing menstruation by sanitizing and deodorizing the female body becomes an acceptable, modern social norm (ibid). How then should we deal with menstruation if we are to link it to women's empowerment? Should we portray women's bodily processes such as menstruation, as a problem; best dealt with discreetly, efficiently, and hygienically? How does doing so translate to empowering young girls?

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