

MENSTRUAL HEALTH COUNTRY SNAPSHOT



GHANA

There is a weak enabling policy environment for menstrual health and hygiene (MHH), with legislative action needed to supplement civilian and non-governmental efforts to protect rights and develop resources.

MHH CONTEXT

In Ghana, there is incremental progress being made in the MHH landscape. There is cross-section between national bodies, non-governmental actors, and civil society members in MHH advocacy and progress. However, a lack of substantial legislative action and significant economic, societal, and accessibility barriers remain in place and hinder further progress in the MHH landscape. Ghana's Ministry of Education (MoE), particularly its School Health Education Programme (SHEP), and their Ministry of Health (MoH) are actively undertaking efforts to broaden MHH education and deconstruct cultural myths surrounding menstruation ([World Bank, 2022](#)). Further, depending on the region, women and girls are receiving improved access to MHH education and resources through the actions of non-governmental actors and civilian organizations. Yet, the reach of these efforts are limited and are less prevalent in rural areas ([Gupta & Alexander, 2021](#)). Additionally, due to a lack of coordinated research, particularly in rural areas, it is almost impossible to access comprehensive nationwide data and reports on MHH conditions. The persistence of development issues, insufficient water, sanitation, and hygiene (WASH) resources, high numbers of poverty and underserved rural regions, inadequate research, and a lack of legislative support for MHH - including no national standard for reusable MHH products and the continued application of a tax on MHH products - present challenges to the progress of sanitary dignity in Ghana.

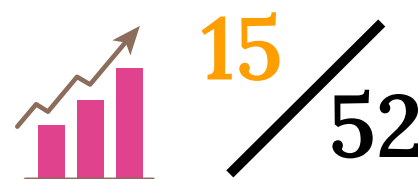
Absenteeism

Menstruation and inadequate MHH resources is one of the central barriers to girls' education and school attendance, and contributes to women's stress and absence from work ([Gupta & Alexander, 2021](#)). Data suggests that as many as 95% of Ghanaian girls sometimes miss school each year due to MHH ([UNICEF, 2015](#)), and nine out of ten girls are absent from school during their menses ([IRC Wash, 2021](#)). MHH-related absenteeism is caused by a variety of reasons, including a lack of sufficient WASH facilities and sanitary products at schools, taboos or myths about menstruation, social ostracization, as well as physical pain and discomfort ([UNICEF, 2016](#)). One in four Ghanaian public schools do not have toilets or clean water supply ([IRC Wash, 2021](#)), only 38% of public primary schools have adequate WASH facilities ([WHO/UNICEF, 2018](#)), and school washrooms often



of the population are women
and girls (16 million)

Girl Friendliness Index



Household WASH Access

- There are mixed findings on basic water access, lending it difficult to provide a definitive statistic.
- 23.7% of the population has access to safe and basic hygiene, 41.5% has access to basic hygiene, and 59.3% of households now have access to toilet facilities, though 55% of the population uses shared facilities.



MHH CONTEXT

still lack facilities for girls to change their MHH products. In the Kumbungu region, no schools surveyed in 2020 had regular access to water or soap supplied in their WASH facilities ([Mohammed & Larsen-Reindorf](#)). In a study on 12 schools in the Zabzugu and North Dayi districts, female students reported that they would leave school early, would be sent home, or would not attend school while menstruating because they could not access proper WASH facilities or sanitary products ([UNICEF, 2016](#)). Additionally, this same study found that female students were more likely to leave early or be absent from school rather than seek MHH assistance from male teachers or headmasters ([UNICEF, 2016](#)). In 2013, the World Bank's Greater Accra Metropolitan Area (GAMA) Sanitation and Water Project launched an initiative to build WASH facilities at more than 260 schools in the GAMA to improve girls' educational engagement ([World Bank](#)).

Access to Education and Information

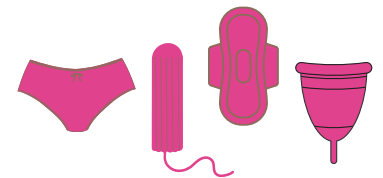
The breadth and reliability of information about MHH provided to all people in Ghana is finite and heavily reliant upon regional location and socioeconomic status. Broadly, Ghanaians possess a mixed level of MHH knowledge; information is often scattered, incomplete, and sometimes entirely incorrect (especially when menstruation is correlated with condemnation) [[UNICEF, 2016](#)]. In a comparative study from 2014, Ghanaian girls were found to primarily seek MHH information from older sisters or friends ([Sommer et al., 2014](#)). A 2022 study of 390 junior high school girls from Kpando found that 80% had 'good knowledge of menstruation', and 92% 'practiced good menstrual hygiene' ([Kpodo et al.](#)). This study also found that schools aided in the knowledge and practice of safe MHH, and that teachers were more beneficial in providing reliable MHH knowledge ([Kpodo et al., 2022](#)). In rural areas or those of lower socioeconomic status, MHH education provided in schools is limited. This is due to the fact that myths and taboos about menstruation are more socially prominent in such areas, as well as the quality and consistency of educational settings are poorer than more developed areas ([Mohammed & Larsen-Reindorf, 2020](#)). In 2020, a survey of 250 school-age girls and 30 school-age boys in the Kumbungu district of northern Ghana found that 53.6% of the girls and a majority of the boys possessed limited, if not poor, MHH knowledge ([Mohammed & Larsen-Reindorf, 2020](#)). Where educational infrastructure has experienced shortcomings, though, advocacy groups have made progress. The Ghanaian Ministry of Education (MOE) and Ministry of Health (MOH) have collaborated to deconstruct the stigma surrounding MHH and support the healthy reproductive lives of students ([WASH United](#)).

Access to Products

Disposable pads are considered the most reliable MHH product option among Ghanaian women and girls, but the cost is too high for many of them or their families to afford. As such, women and girls are often forced into asking men (boyfriends or otherwise) for help buying pads or engaging in sex work to afford products, which can put them in compromising or unsafe situations ([IRC Wash](#)).

Menstrual Product Access

There is no definitive data on the population's access to MHH products.



Import Tax on Products

20%



VAT on Products

12.5%



MHH CONTEXT

Within the past few years, the price of menstrual pads in Ghana has risen 32.5% due to the inflation rate, which reached a record-breaking 54.1% in December 2022 ([Akorlie, 2023](#)). Between 2021 and 2022, the cost of disposable menstrual pads more than doubled from GH5 (Ghanaian cedi) to GH12 (approximately US \$1.03) [[Global Citizen](#)]. By early 2023, the cost of disposable pads reached GH17 (approximately US \$1.47) ([Okunlola, 2023](#)). The rapidly rising prices, fueled by soaring inflation rates stemming from Ghana's economic crisis, simply compound the financial burden Ghanaian women and girls face in attaining MHH products ([Okunlola, 2023](#)). Yet, inflation is not the sole factor driving up the price of MHH products. Ghana imposes a 12.5% value added tax (VAT) and a 20% luxury tax on MHH products because they are classified as 'luxury' items ([Obeng-Akrofi, 2023](#)), a further hindrance to product access particularly for the working class and those below the poverty line. The Ghanaian government pledged to abolish the taxes on MHH products, but has yet to do so ([Okunlola, 2023](#)). In addition to the high costs of MHH products, the unattainability of MHH products is more pronounced in rural areas, where there are often no places to buy or access such products ([Asumah et al., 2022](#)). The inability to obtain sufficient MHH products and resources is directly correlated to its high cost, and can lead to women and girls missing school and work, facing stigma and shame, or potential health ramifications ([Obeng-Akrofi, 2023](#)).

Myths & Taboos

Throughout Ghana, belief in myths and taboos about menstruation is widespread. The particular beliefs and myths can vary depending on the region, however there is overlap of general misconceptions about MHH across Ghana ([UNICEF, 2016](#)). Specifically, there is a persistent belief that women and girls are unclean when menstruating, and are often instructed by their mothers or female authority figures to bathe three to four times per day ([UNICEF, 2016](#)) and hide any evidence of menstruation. Due to the belief that women and girls are unclean during their menses, they are disallowed from preparing food, touching household items, using household bathrooms, and accessing fresh water sources (wells, streams, and so forth) [[UNICEF, 2016](#)]. Though not necessarily common across all regions of Ghana, in North Dayi, women and girls must stay in a relative's home for the duration of their menses ([UNICEF, 2016](#)). In a comparative study on MHH education in Tanzania, Ghana, Cambodia, and Ethiopia, it was discovered that Ghanaian girls are taught that improper disposal of sanitary products (leaving them in latrines or public areas), would lead to infertility, and they are instructed to abstain from certain food and drink ([Sommer et al., 2014](#)). Further, some Ghanaian girls endure punishment for early menarche, as it is believed to be an indication of sexual activity or even pregnancy ([Sommer et al., 2014](#)). Many of these myths are informed by faith traditions, including tribal religions, Islam, and Christianity. Some Muslim and Christian traditions in Ghana bar women and girls from participating in religious practices or visiting places of worship during their menses. Further, in some faith traditions, menstrual blood is considered evil and has supernatural connotations

Product Standards

- ☒ Disposables
- ☐ Washable Pads
- ☐ Cups

Key Government Actors

- Ministry of Education
- Ministry of Gender, Children and Social Protection
- Ministry of Health

MHH CONTEXT

UNICEF, 2016), and is even believed to cause a decrease or failure of crop yields (Gupta & Alexander, 2021). Due to pervasive societal belief in taboos about menstruation, a large portion of Ghanaian women and girls feel fearful and unprepared for menarche (UNICEF, 2016).

MHH POLICY LANDSCAPE

Governmental Action

Presently, there has been limited government action taken to address sanitary dignity, or expand MHH rights and resources. However, there have been significant efforts undertaken by advocates and civilian actors, specifically to remove the VAT and import tax on MHH products, as well as to provide more affordable MHH products (Akrofi, 2023). Additionally, MHH advocacy groups - including Days for Girls and the Alliance for Reproductive Health Rights Ghana - are working with the MOE and Ministry of Gender, Children and Social Protection (MOGCSP) to improve the quality and availability of MHH education (Wash United, 2022). To date, the most substantial legislative action to be taken is by the Ghana Education Service (GES) through its five-year strategic plan to promote better MHH practices in schools. The plan's implementation began in 2021, with schools in the capital city of Accra being the first to receive improved WASH infrastructure (Annoh, 2021). The MOGCSP, as well as international partners such as UNICEF and Sanitation and Water Resourced, are assisting GES in its plan (Annoh, 2021). Coalition of NGOs in water and sanitation (CONIWAS) is an umbrella Civil Society Organization established to contribute to water resource management and sustainable provision of water and sanitation and hygiene service promotion in Ghana and has led work along with UNICEF and other non-governmental organizations to work with the Ghana Standards Authority on creating a Washable Standard. The GES-SHEP and MOE annually recognize World Menstrual Health Day, and has partnered with numerous advocacy organizations to acknowledge MHH as a legislative priority (RCN Ghana, 2021). Additionally, beginning in 2014, a portion of the Secondary Education Improvement Project (SEIP) was allocated to reducing MHH-related absenteeism and providing for the MHH needs amongst 10,000 high school age girls.

MHH Policies

Considerable MHH policy implementation has yet to take place in Ghana, although the establishment of GS 1248:2019 did set quality and manufacturing standards for disposable sanitary products. One of, if not the, primary legislative objective of MHH advocates in Ghana is the abolishment of the 12.5% value added tax (VAT) and the 20% import tax on MHH products (Okunlola, 2023). Moreover, potentially beneficial policy changes outlined by MHH advocates include enacting infrastructural standards for WASH facilities and quality standards for all MHH products; banning discriminatory or punishing social practices for menstruating women and girls; providing subsidized or free MHH products in rural and/or low-income regions; and providing free MHH products in schools (World Bank, 2022).

Health Impacts

In Ghana, the potential physical health implications for unsafe MHH products are manifold. Due to inaccessibility to safe MHH products and/or misinformation about menstruation, many women and girls adopt potentially hazardous methods of stymying menstrual blood flow or concealing their menstruation. Approximately 45% of female students in northern Ghana were found to use unsanitary materials - such as rags or cloths - in the place of sanitary products (Okunlola, 2023), and other women and girls will use the same sanitary pad for several days. These unsafe MHH practices, in conjunction

with an overall lack of proper WASH facility access, increase the risk of developing reproductive tract infections ([IRC Wash, 2021](#)). An estimated 50% of Ghanaian girls between the ages of 15 to 19 are anemic; they can face a greater risk of blood loss, poor growth, reduced mental faculties, and decreased information retention when menstruating, especially when eating a restricted diet ([IRC Wash, 2021](#) & [Ghana Statistical Service, 2014](#)). Forced absence due to physical discomfort or social ostracization) from school and work settings, as well as community activities, can also negatively affect girls' and women's mental health (Gupta & Alexander, 2021). Further, when women and girls are forced to seek financial assistance from men to obtain MHH products, they are at risk of sexual exploitation; this can lead to violence, unwanted pregnancy, and the transmission of sexually transmitted infections (IRC Wash, 2021).

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AUTHORS & KEY CONTRIBUTORS

Diana Nelson, Days for Girls

sabel Silagy, Days for Girls

Naana Abena Afadi, Days for Girls Ghana

Abla Dfiza Gomashie, Member of Parliament

Eli Katsepor Ghana Girl Guides Association

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