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Service Learning in Bolgatanga, Ghana: Women's Health Teaching

—Empowering School-aged Girls in an Underdeveloped Nation—

April 1st, 2020

Background

For my honors project, I chose to participate in a service learning experience. A service learning experience is a teaching/learning project that is based on a college course, and in this case, is nursing specific. The purpose of the service learning project in this specific community was to teach new information in order to increase the quality of life and knowledge base of our patients. For my service learning experience, I traveled to Bolgatanga, Ghana with 14 other students. We completed a week of in-person classes on campus before departing on June 7th, 2019. The in-person classes were spent preparing for disease processes we would encounter, medications we would see implemented in patient care, and discussing the community and culture of the area we would reside in.

As part of our requirements for the Ghana trip, each student had to research and teach about a specific topic to a group in the community. I chose to research the menstrual cycle and how its management affects school attendance. After the trip, I noted barriers to adequate menstrual hygiene and education based on my experience in several villages we visited.

Introduction

The goal of my teaching project was to give the school-aged girls more information about the menstrual cycle, as well as educate about what types of products to use to reduce the risk of infection. However, when I got to Bolgatanga and spent time

in the community, I became aware of barriers to the young Ghanaian women's menstrual hygiene that ultimately affected their health and education.

This thesis will discuss three barriers to improving menstrual education and hygiene in underdeveloped nations, how these barriers negatively affect health and access to schooling, and my recommendations to help alleviate the problems I discuss.

Cultural Barrier

A negative perception of the menstrual cycle in many underdeveloped countries contributes to the ability of young women to manage menses. In Bolgatanga, it was evident during my teaching that the menstrual cycle was a taboo subject. When I started my teaching, there was a profound lack of involvement on the part of the young women I spoke to, and their embarrassment and discomfort was obvious. What surprised me most was that after the teaching, many girls approached us and asked about the tampons that had been dispersed in small gift bags, curious as to what they were. The young girls asked what age they should begin their periods, about how much bleeding was too much, how often to change the sanitary product, and other questions relating to hygiene and care. This experience led me to believe the young girls in this area of Bolgatanga had not had any education about the start of menses, nor were they introduced to products that were available to them, or received any support when they had questions.

In the American Journal of Public Health, the author of *Comfortably, Safely, and Without Shame: Defining Menstrual Hygiene Management as a Public Health Issue*, discusses the different views of the menstrual cycle in underdeveloped countries. The au-

thor notes that the menstrual cycle is historically seen as unclean and embarrassing. The author states that in low- and middle-income countries, girls receive barely any puberty guidance and that “menstrual shame and the complexities of menstrual management were perceived as an inevitable part of the social order” (Sommer, Hirsch, et. al., 2015). UNICEF also discusses growing evidence that in sub-Saharan Africa, many girls reach their first period without receiving enough guidance for each development stage, which impairs their ability to confidently know what to use, how to clean products if they are reusable in order to prevent infection, and where to dispose of them (Sommer, Vasquez et. al., 2013). Without education on puberty and the menstrual cycle as young girls, women are less likely to perform adequate hygiene. The stigma of the menstrual cycle also may keep young girls from attending school, which ultimately affects the type and quality of their education.

Economic Barrier

The United Nations defines adequate menstrual management as “women and adolescent girls using a clean menstrual management material to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials” (Sommer, Vasquez et. al., 2013). Many women in undeveloped countries cannot afford or access single-use sanitary products. Instead, many are left to use other items in place of the common sanitary pad. At Zaire Senior High School for Girls, when asked about what kinds of things they used during their periods, many raised their hands and reported that

they used rags, parts of newspapers and books, and even reused sanitary pads. Lack of access to sanitary products can contribute to health problems in young women in this area. According to a study by BMC Infectious Diseases, when looking at the menstrual hygiene practices of women in India in a cross-sectional study, those who used reusable absorbent pads and other reusable items were more likely to have reproductive tract infections such as bacterial vaginosis (Torondel, Sinha et. al., 2018) compared to women who used single-use products. Furthermore, if the clinics that the women seek services from do not have drugs or treatment for their infections, women may stay home from school due to their pain and discomfort. Most importantly, if reproductive tract infections are untreated, they can lead to other health problems including fertility issues, cervical cancer and acute and chronic infections of the uterus (CDC, 2003).

Environmental Barrier

Environmental factors may also limit adequate menstrual hygiene in Bolgatanga. When in Ghana, I noted many environmental differences in comparison to the United States, specifically clean water and access to clean and working toilets. In the town of Bolgatnaga, the water sources are pipelines (which are expensive), mechanized boreholes (which are often broken) and family property wells. Many women walk long distances to the wells and fill large containers to satisfy their needs. Without adequate access to clean water, women are not able to maintain cleanliness while using sanitary products during menstruation. There are not many family homes with toilets. Some businesses and hotels had toilet systems, but open defecation is more the norm, which contributes to the quality of the water. According to UNICEF, one person out of every ten

spends more than 30 minutes to access a clean source of water and another eleven percent drink from unsafe water surfaces (UNICEF, 2010).

Lack of clean water, and a lack of clean facilities for privacy and the disposal of sanitary products, is a barrier to menstrual hygiene management and adversely affects the health of young women and keeps them from attending school during their menses.

Educational Impact

As mentioned in the previous paragraphs, the barriers to improving menstrual hygiene also contribute to missed school days. Whether the young women do not have sanitary products to bring to school, are not comfortable because of the lack of clean facilities, are sick due to infection, or are afraid of the stigma of their menses, they are likely to miss up to a week of education every month. The University of Wisconsin - Madison's Change HERStory initiative gave sanitary pads to girls in primary school and reported that in Ghana, girls that are transitioning from primary school to puberty are at most risk to drop out of school (University of Wisconsin-Madison, 2017). In a study conducted in Uganda in 2018 by UK Aid, school attendance was analyzed before and after giving 1008 girls across eight schools reusable sanitary pads from AFRIpads, holding educational sessions about changes during puberty and menstruation, and providing education on the prevention of HIV (UK Aid, 2018). The result was better sanitary care and an increase in school attendance of 17% (UK Aid, 2018). Therefore, better education about what is to be expected, instruction about sanitation practices to reduce risk, and access to sanitary products can improve attendance in school-aged girls in under-developed countries.

Conclusion and Recommendation

Each of the topics discussed above describes factors that contribute to the challenges young women in the Bolgatanga area of Ghana face with regards to their menstrual hygiene. These factors are cultural, environmental and economic. They pose risks to the health and well being of the young women and may keep them from attending school. Reproductive health education before puberty, access to sanitary products, and clean water and facilities for privacy and sanitary product disposal are essential.

There is overwhelming evidence that if these barriers are overcome, young women are more likely to manage their menstrual cycles so that they can attend school confidently and in good health. I found many authors and research that discuss these issues. However, there were only a few that address Ghana specifically. It would be beneficial to determine the needs of the Bolgatanga girls specifically to better support them. This may be done by surveying the town's schools and the younger girls of its villages about what they feel is needed.

Other recommendations include teaming up with companies that might donate sanitary products to Bolgatanga women. Before our trip, I contacted AFRIpads, a reusable sanitary pad manufacturer, The Flex Company, a reusable menstrual cup company, and Thinkx, a menstrual underwear company. All had either allocated all of their donations for the year prior to my call, or had not yet expanded their services to Ghana. An ongoing partnership with any of these companies would help reduce the economic barrier of high-priced sanitary products.

Donated reusable products would benefit the women greatly, but education is also needed. Some organizations have already started an outreach to Ghana; for instance, UNICEF and UK Aid have begun to help educate about hand sanitation and menstrual hygiene. UNICEF has WASH programs based in underdeveloped countries to teach water, sanitation and personal hygiene, and they also support governments in creating clean facilities for water use (UNICEF, 2010). More educational sessions based in Bolgatanga are necessary to teach about hygiene, hand washing and clean water sources. Besides education about hand washing and places to access clean water, the culture must be challenged so that the young women may be empowered to manage their menstrual cycles without stigma. Discussions of the changes that occur during puberty and menstrual hygiene are necessary early on so the young girls are aware of what to expect, and do, when they experience menarche.

With the implementation of these proposed changes, young girls in Bolgatanga may be at less risk for hygiene related infections, have access to clean water and private facilities, as well feel confident making decisions about their health. This change will help them to return, and stay, in school.

Resources

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