Getting the Bloody Work Done: Menstruating in the Workplace

A field study investigating how urban Ghanaian market women perceive menstruation to affect their working life

Author: Therese Karlsson
Supervisor: Maria Eriksson Baaz
Uppsala University, Department of Government
Bachelor Thesis, Development Studies C

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ABSTRACT

During recent years the stigmatised phenomenon of menstruation has received increased attention, revealing various challenges faced by menstruating women and girls. The prevalence of these have shown to be particularly profound in low- and middle-income countries. Despite an enhanced understanding of how menstruators may be affected by having their periods the focus within the growing body of literature on Menstrual Hygiene Management (MHM) remains narrow, often focusing solely on the practical aspects of MHM, whilst failing to acknowledge the social dimensions of menstruating. Women who work have been notably overlooked within the existing research, which almost exclusively has targeted schoolgirls. This study aims to widen the understanding of MHM, entailing both social and practical aspects. It also seeks to shed light on the experiences of working women, as a previously neglected group. To investigate how menstruation may affect women within their working environment, a field study with respondent interviews was conducted in Accra, Ghana. The narratives of the respondents, consisting of women working within the informal sector at markets, disclosed challenges that relate both to the social and practical aspects of MHM. The results point to the continued need for including working women in the research on MHM. It also demonstrates how practical and social aspects overlap and thus needs to be linked to gain a full understanding of menstruation and how it affects the menstruator.

Keywords: Menstruation, Menstrual hygiene management, Workplace environment, Work-life, Ghana
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1. INTRODUCTION

1.1 Background: Menstruation and why it matters

Menstruation is a natural biological process shared by approximately half of the world’s population across the globe. The experience constitutes a substantial part of a woman’s life; it is estimated that women on average will menstruate 3000 days in total (Her Turn, 2014), equivalent to 8.2 years. Despite the normal nature of menstruation there are widespread misconceptions and myths surrounding the phenomenon, which has continuously been linked to various cultural and religious practices that may be harmful to women (Chandra-Mouli & Patel, 2017). These often include restrictions on women’s expected behaviour and negatively impact their everyday activities. In addition, women are frequently considered to be impure during their period and the menstrual blood is viewed with disgust, causing menstruators to associate the experience with something shameful that should be kept in private. The stigma results in women not being able to voice their needs (Johnston-Robledo & Chrisler, 2013).

Women and girls in low- and middle-income countries (LMIC) are particularly vulnerable. The lack of adequate sanitary products and facilities to change and dispose or wash these hygienically is a prevalent issue and adds to the previously mentioned difficulties (House et al. 2012). Put together, there are numerous challenges that menstruating women may be facing, stemming from both their social and physical environment.

Issues surrounding menstruation are, as described, of a large size and a wide scope. However, the culture of silence is not only present in the communal or national space but also within the international development sphere as well. Tiwary (2018) remarks that amongst the 17 Sustainable Development Goals (SDGs) it is not explicitly mentioned even once, despite direct links to several of them, namely: SDG 3 “Ensure healthy lives and promote well-being for all”; SDG 4 “Ensure inclusive and equitable quality education and promote lifelong learning”; SDG 5 “Achieve gender equality and empower all women and girls”; SDG 6 “Ensure availability and sustainable management of water and sanitation for all” and SDG 8 “Decent work and economic growth” (ibid: 379 pp.). The same absence can be found in the main human rights treaties (Boosey & Wilson, 2013), in spite of reports proving how women and girls are

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1 Menstruation is not solely experienced by those identifying themselves as women, the term menstruator may be used as a gender-neutral alternative. However, in this paper, menstruators will most often be referred to as women and/or girls, as is the case in most research papers.

2 A sanitary product is a reusable or disposable product used to absorb menstrual blood or other types of vaginal discharges. It includes pads, tampons, menstrual cups, cotton cloths etc.
being denied basic human rights as a result of poor menstrual hygiene management (MHM) (HRW 2017).

In recent years, MHM has gained greater attention, one example being the launch of the International Menstrual Hygiene Day in 2014, initiated by WASH United (Keiser, 2014). The increased interest can be found within research too and is reflected in the growing body of literature regarding the topic. Most studies made in LMIC so far have primarily focused on adolescent schoolgirls in the classroom setting, investigating the links between MHM and education. School absenteeism or decreased performance due to concentration difficulties stemming from the fear of soiling yourself or (male) classmates noticing your menstrual status are some of the findings (see e.g. Mason et al. 2013; McMahon et al. 2011; Jewitt & Ryley, 2014). However, women above the age of 20 and women who work have been largely overlooked within the existing research (Boosey & Wilson, 2013: 5). As important and desirable it is to ensure an equal and equitable education for all, it is still surprising how so little emphasis has been put on women who are working. This is even more remarkable since the majority of a woman’s menstruating years will take place in a working environment which may pose other challenges than those of the classroom. Sommer et al. (2016) stressed on the urgent need to document the social and environmental barriers that particularly women in LMIC may face in relation to MHM in their workplace.

1.2 Aim and research question

This study aims to contribute to the scarce literature on MHM and provide an enhanced understanding of the relationship between MHM and its implications on work. This was done by shedding light on the experiences of working women in a low resource setting and better understand if, and how, menstruation impacts their working life, as this has been a neglected issue within previous research. To do this, a field study with respondent interviews was conducted. Women working within the informal sector, more specifically at markets, were chosen as the target population. The selected setting for the field study was Accra, Ghana (see motivation for these choices in section 1.3). This leads to the main research question:

*How do urban Ghanaian market women perceive menstruation to affect their working life?*

To answer this question, two sub-questions were analysed:
• What are the respondents’ self-reported practices and experiences of menstruating in the workplace?
• How consistent are these with the concept of adequate MHM – and what are the implications if not?

Assuming there might be obstacles present, given previous indications, this study seeks to map which potential barriers these women are facing in relation to menstruation in their working environment. A broader aim is also to contribute to the visualisation of menstruation. As previously mentioned, menstruation is a multi-layered issue, this study will strive to provide an overarching picture of the respondents’ experiences, integrating both social and practical aspects in order to assess the perceived impact of menstruation.

1.3 Case Selection: Market women in Accra, Ghana – why?

In this section, a further motivation of the selected case will be given, with the aim to provide a better understanding of the background of the local context and its relevance for the research question. When choosing the case, I took three main criteria into consideration. First, I looked at the existence of indications suggesting that the specific country is facing issues related to MHM. Second, it has been shown that an urban setting may add to existing MHM difficulties (Rheinländer et al. 2019; Sommer at al. 2016), hence my interest in studying an urban environment. Lastly, in many LMIC women are overrepresented in the informal sector, this led to my choice of market women as this category is particularly dominated by women in Ghana (Bowles, 2011). The market setting itself, being crowded and to a large extent outdoors, may also pose additional challenges. These three criteria regarding the case selection will be described more in detail in this section.

1.3.1 Menstruation in Ghana

Previous studies indicate that challenges related to MHM are extensive in Sub Saharan Africa (Ssewanyana & Bitanhirwe, 2019). Ghana is no exception, a recent study among adolescent girls in a peri-urban area disclosed a prevalence of hygiene poverty, defined as “the combination of multiple practical and psychosocial deprivations experienced by menstruating girls and women in resource-poor settings” (Rheinländer et al. 2019: 15). Traditionally in Ghana menstruation has been subject to various cultural practices, such as the puberty rite Bragoro (see Crentsil, 2015), a passage ritual into womanhood performed after menarche. These kinds

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3 Menarche is the onset of menstruation
of traditions are fading in the past decades⁴ as the Ghanaian society has been influenced increasingly by modernisation and urbanisation (ibid). However, some myths and beliefs surrounding menstruation appear to be rigid. For example, in 2018 the news of school girls being prohibited to cross a river on their way to school while they were on their period was spread in international media, the reported reason for the ban was a demand from a river god (Sharman, 2018).

1.3.2 MHM in urban settings and sanitation in Accra
Like most African states, a demographic trend of urban population growth and rural population reduction can be seen in Ghana. The rapid growth of Ghana’s urban population outpaces the resources (Bowles, 2011). This scenario has implications for MHM as challenges tend to be even more profound in rapidly urbanising contexts. One of the main reasons for this tendency is that fast population growth often results in unplanned settlements, in which the development of sanitary infrastructure is lacking (Rheinländer et al, 2019). Ghana has in recent years seen a poverty reduction following high economic growth, but sanitation has been under-prioritised and remains a major issue. Being one of the most urbanised countries in Africa, it is estimated that more than half of the Ghanaian population lives in the cities. In urban areas, the vast majority (73%) rely on shared facilities of varying standards or public toilets, only 20% have access to individual improved facilities, open defecation is practised by 7% (Mansour & Esseku, 2017: 2). Research in Accra showed that most of the users of the fee-paying public toilets were men, suggesting that women and children were potentially more at risk of using bucket latrines or open defecation (ibid: 12). Apart from the sanitation issue, urban contexts can pose added difficulties to MHM as women often live and work in overcrowded places, offering very limited general privacy (Sommer et al. 2016).

1.3.3 The informal sector and MHM
From an MHM perspective, working within the informal sector may put women in a more vulnerable position as the enforcement of occupational safety regulations and standards often are lacking. Employers have no legal obligations to provide facilities that are suitable for women’s specific needs and women may lack the possibility to influence the standards (Sommer et al. 2016). In Ghana, statistics estimate that above 85% of the population work

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⁴Interestingly, several of the respondents in this study had experienced various rituals, including Bragoro, in connection to menarche
within the informal sector, approximately 80% of the men and 90% of the women (Haug, 2014). One of the businesses that women are particularly associated with is the markets. Women have historically held an important role within the informal trade and Ghanaian households have often been largely dependent on the woman’s income. Women keep dominating the markets, being one of the readily accessible businesses for women, who represent the majority of both stakeholders, owners and employees (Bowles, 2011).

1.4 Outline of the thesis

Following this introduction, the second section will further explore the findings of previous research regarding the links between menstruation and work, which will be discussed in a literary review. I will also elaborate on what is meant by Menstrual Hygiene Management by looking at different approaches of the concept that have been adopted by researchers and practitioners, to define ultimately how MHM will be used in this paper. The term Adequate MHM will serve as a theoretical point of departure when analysing the experiences of the respondents. In the third section, the chosen design and method for the study will be explained. As this thesis is based on a field study, a more vivid description of the interviews and the circumstances under which they took place will also be given, followed by a discussion of ethical aspects that were raised and the limitations of this study. In section four the operationalisation of Adequate MHM, seen through the lens of a working environment, can be found. Two main themes were selected, practical and social aspects of MHM, these have been given indicators that were sought for when analysing the material. In the fifth section, the results from the interviews are presented, based on the patterns that could be found in the respondents’ answers which later are discussed, followed by a conclusion of the study.
2. THEORY AND PREVIOUS RESEARCH

2.1 Menstruation and work: literary review

There is a gap in knowledge regarding menstruation and its implications for the work-life of women, which is reflected in the very few studies that can be found. One of the most frequently cited studies was conducted in Bangladesh by Business for Society (2010), targeting female textile factory workers. The findings revealed that 60% of the textile workers were using rags from the floor as menstrual cloths, as it was the only available option for many. This practice had negative health implications as the rags contained high levels of chemicals, often being freshly dyed. As a result, many of the women experienced recurring infections. The same study also disclosed that some women used contraceptives with the aim to stop their menstruation, and to reduce their number of toilet breaks as the toilets were not suitable for MHM. Menstruation affected not only the factory workers’ health and their comfort at work, it also affected their ability to attend work in the first place. Over 70% of the women working in these conditions regularly missed up to 6 days of work per month. The absenteeism had a negative impact both on their private economy as they were being paid based on how much they produced. As might be expected, it also affected the overall productivity of the business.

A Dutch study showed that the issue of productivity loss is not necessarily merely stemming from absenteeism, on the contrary, it can be the result of presenteeism during menstruation. Although absenteeism was a contributing factor, most of the women in the study attended work during their menstruation but reported that they were not able to be as productive as they would on a day when they were not menstruating. In summary, presenteeism was shown to have a larger impact on the productivity than absenteeism as most participants would still attend work, regardless of whether they felt fit to work or not (Schoep et al. 2018). This study was conducted in the Netherlands and naturally represents a very different context than the study in Bangladesh, but the claim of women having a decreased work performance during their menstruation, present or absent, could potentially be valid in many contexts. As Winkler and Roaf (2015) stress, challenges related to MHM are not faced exclusively by women in LMIC, although high-income countries often offer more convenient facilities for menstruators.

The notion of women’s work capabilities being affected during menstruation is not new. Japan started offering menstrual leave as early as 1947. Menstrual leave is “a workplace policy that has been proposed to address the biological and sociocultural effects of menstruation” (Barnack-Tavlaris et al. 2019: 1). Some countries that have already adopted this policy include China, South Korea, Taiwan, and Zambia. However, there are some drawbacks to the policy.
Given that the cultural expectations for menstruators for the most part is to hide and conceal their menstrual status, a policy such as menstrual leave violates this: “Menstruation has been historically stigmatized; therefore, many menstruators feel they must keep their menstrual cycle a secret and would not want people in the workplace knowing that they are menstruating for fear of judgment” (ibid: 14). Some point to the risk of menstrual leave causing women to appear weak or to the risk of women abusing it by possibly using it when not being on their periods, which could have a negative impact on the workplace (ibid). The risk of abusing the system does not seem to be an issue in Taiwan at least, a study pointed to the contrary, that it was rarely being used. This was partly due to the women not knowing anyone else who was using it and thus questioning why they should do it themselves (Chang et al. 2011) - once again pointing to the strong impact of social norms surrounding menstruation. Another shortcoming with menstrual leave is that it requires regulated working conditions, hence it does not entail women that are employed within the informal sector, consequently neglecting a large part of those being the most vulnerable.

Previous studies have also, perhaps unsurprisingly, shown that in workplaces dominated by male managers, raising issues related to MHM is more difficult for women. House et al. (2012) bring up examples of men’s insensitivity to women’s need, an extreme one being a male manager demanding that all female employees had to wear a red sign with the word ‘toilet’ on every time they had to visit the washroom, with the aim to reduce the number of toilet breaks. The same rule did not apply to men. This shows the importance of integrating men in the broader discussion of MHM to ensure a supportive working environment for women.

2.2 Menstrual Hygiene Management

During the past decade the concept of Menstrual Hygiene Management has emerged and evolved into becoming a recognised issue amongst several actors, e.g. non-governmental organisations (NGOs), women grassroots organisations and a growing coalition of academics. Sommer et al (2015) describe the journey as one where menstruation has gone from being perceived as a private issue that rather should be dealt with in the private sphere of a household, to be instead understood as a public issue in need of a structural response. This process was facilitated by linking menstruation to education, framing it as an impediment to girls’ equal access to education. An increased documentation revealed the multifaceted challenges related to menstruation in LMIC and led to the coining of the concept (ibid: 1305). The voiced stories from girls in the Global South, especially those conducted by qualitative participatory methods,
played a key role in strengthening the advocacy for MHM by generating a global compassion for their situation. The narratives of the painful reality experienced by girls appeared immoral to not take responsibility for, thereby adding a component of moral judgement to the issue, as Gusfield (1984, cited in Sommer et al. 2015) puts it: “Without a moral judgement of its character, a phenomenon is not an issue, not a problem” (ibid: 1307). The same tendency can be seen in the human rights approach of MHM, where poor MHM is framed as a violation of these (see e.g. Winkler & Roaf, 2015).

MHM has often been, and still is to a large extent, associated with the Water, Sanitation and Hygiene (WASH) sector. Considering the importance of infrastructure suitable for menstruators the close ties between the two is natural, although it was for long a neglected issue within the WASH sector. The inclusion of the word “hygiene” has been suggested to have a neutralising effect on the otherwise so alarming effect of “menstruation” (Sommer et al. 2015: 1305). It could, however, also result in an unwanted effect of menstruation being perceived as dirty and unhygienic per se (Bobel, 2019: 124 pp.). Putting emphasis on the hygienic aspect of the matter also reflects the practical approach that has been dominating within MHM, largely focused on sanitation. This can be seen in one of the most frequently used definitions of MHM:

Women and adolescent girls use a clean material to absorb or collect menstrual blood, and this material can be changed in privacy as often as necessary for the duration of the menstrual period. MHM includes soap and water for washing the body as required, and access to facilities to dispose of used menstrual management materials.

(Sommer et al. 2014: 6)

A practical understanding of MHM inevitably leads to a practically focused response, such as the numerous pad interventions that have been carried out in various LMIC. Although having a good intent, and despite evidence that these interventions in some cases have had a positive outcome (see e.g. Montgomery et al. 2012) they have also received criticism for seeking immediate tangible results whilst failing to acknowledge the complexity of the issue. Pad interventions are sometimes framed as a “magic bullet”, a panacea that will remove all obstacles that menstruators are facing, a focus that is too narrow and neglects deep-rooted aspects (Sommer et al, 2015: 1308). The materialistic focus within MHM is problematic from several aspects, not only does it fail to challenge the social stigma, but it can also, on the contrary, accommodate it (Bobel, 2019: 26). By focusing on teaching girls and women about “menstrual etiquette” or merely equipping them with materials, the culture of concealment is being
reinforced. The responsibility is put on the menstruator, shifting focus from involving other actors and creating a supportive environment:

Per the logics of MHM (...) the key to unlocking the potential of girls and their countries is a menstrual product. The developing, or pubertal, girl in the context of development is a rich resource, to herself and to her community, but not until her menstrual body is tamed. Bloodless and respectable. Dignified. Freedom, through this lens, ironically depends on containment. (Bobel, 2019: 34)

This study refrains from a narrow understanding of MHM, limited to a materialistic or practical focus. To encompass other aspects of menstruation, an extended definition will be used. Similar to the former one but with an important addition in the last sentence, including the lived experience of menstruators:

Women and girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water to for washing the body as required, and having access to facilities to dispose of used menstrual management materials. They understand the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear.

(Sommer et al. 2016:87)

This definition will be operationalised in section 4, where indicators on how adequate MHM may be embodied in a working environment have been identified. The practical aspects of the definition concerning facilities and material will be linked with the social aspects, which refers to the emotions experienced when menstruating.
3. METHODOLOGY AND RESEARCH DESIGN

3.1 Design: A qualitative case study

A qualitative case study design facilitates an enhanced understanding of a phenomenon within a specific context. Exploring a case in this intensive manner opens for a widened and more dynamic understanding of a phenomenon (Baxter & Jack, 2008: 544). In this study, it is assumed that the contextual conditions, including the working environment, potential stigma and societal factors, are relevant to understand how the phenomenon of menstruation is affecting those experiencing it, thereof it is a suitable design to achieve the purpose of this study. There are various uses of case studies, in this case, a descriptive approach has been applied, used to: “describe an intervention or phenomenon and the real-life context in which it occur[s]” (Yin, 2003, cited in Baxter & Jack, 2008: 548). Case studies are also distinguished based on what type of case it concerns. This study represents a typical or an exemplifying case, a type of case where the objective is to capture and describe a phenomenon as it manifests itself under ordinary everyday circumstances (Bryman, 2018: 99). A typical case is thus not extreme or deviating in any sense; rather, it is part of a larger, more general category. The women participating in this study can be seen as exemplifying a broader category of menstruating urban Ghanaian women working within the informal sector at markets.

Researchers are advised to plan for sufficient exposure to the context in which the phenomenon is being studied. This allows for a broader perspective when the material is being collected and reduces the risk of social desirability in responses during interviews (Baxter & Jack, 2008: 556). The duration of this case study was 9 weeks, starting in mid-April 2019. The interviews were spread out on various occasions throughout the stay, but the initial weeks focused on rather becoming more familiar with the context.

3.2 Method: Semi-structured respondent interviews

The method used was semi-structured interviews. It is a suitable method for research questions dealing with visualisation and how a phenomenon manifests itself. Being semi-structured, it allows for flexibility as the interviewer can adapt to unanticipated answers and ask follow-up questions (Esaiasson et al. 2017: 260 pp.). One of the main usages for qualitative interviews is when the interest is to gain an understanding of how people perceive their world (ibid: 262), which is the precise aim of this study. Qualitative interviews can unveil practices that are either being taken for granted or being invisible. It is also a method often being used when earlier research is limited and not yet well established (ibid: 262 pp.). Given how little research there
is on the relationship between menstruation and work this is another reason for choosing this specific method.

Semi-structured qualitative interviews have also become one of the preferred methods among feminist researchers in contrast to structured quantitative interviews. A qualitative interview is not solely a one-way process in which the researcher receives information based on a predetermined perception while putting the interviewee in a subordinate position not being able to steer the interview. In a qualitative interview there is another sense of mutuality and the power relation between the interviewer and interviewee is not as hierarchical, hence it can better capture the actual perceptions of the interviewees (Bryman, 2018: 588). However, it is also worth noting that the greatest power arguably lies in the data interpretation, deciding how it should be presented and framed. This constitutes an inevitable power component in qualitative research, despite the other benefits of this method.

3.3 The Interviews

In total, 14 respondents participated in the study. The interviews were divided into 12 different occasions, all but one interview was made individually. The last one was conducted in a small group of three, upon request from the respondents and due to their convenience. The group interview was carried out in a similar manner as the individual interviews, each question was directed at each person to make it as similar to the other interviews as possible. The impact of more people being present must be taken into consideration as it might have affected the respondents’ answers and their tendency to share personal stories. However, no signs of discomfort due to the others’ presence were shown during the interview. With the consent of the respondents, the interviews were recorded and subsequently transcribed, constituting the material for the analysis. For more information about the themes that were raised, see section 4. The interview guide can be found in the appendix.

3.3.1 Selecting Respondents

In respondent interviews it is advisable to choose strangers and aim for a small sample or continue until theoretical saturation has been reached. Furthermore, the respondents should not be subjective experts on the matter (Esaiasson et al., 2017: 268). Apart from these general recommendations the respondents were selected based on three additional criteria: gender, age and occupation. This study targets women, although male involvement in menstruation is an area in need of more research too, but as previously stated in this paper, it is the experience of
women themselves that is central. As for their age, the women were selected based on an age where most women are still menstruating. The age span was ranging from 18-39, with most respondents being between 20-35 years old (see appendix for specifics). All women were working in the markets the days that I conducted the interviews, however, a few of them did not trade as their sole occupation. Some were helping a parent or another relative when necessary or during parts of the day, alternating it with studies or an additional job. In such cases the experience of menstruation in the marketplace was still made the focal point of the conversation.

3.3.2 Setting

Due to the participants having long working days and often additional work waiting at home, most of the interviews were conducted in their direct working environment, i.e. marketplaces in Accra. The interviews taking place at the markets had both advantages and disadvantages. On the one hand, it is an environment that the respondents are used to and feel comfortable in, a location of my choice could possibly have caused an opposite effect. Being in their direct working environment also gave me the opportunity to gain a better understanding of what a normal working day looks like and added a component of observation to the study. It also opened up for me to see the range of different facilities being used for changing sanitary products. On the other hand, the markets are very busy, crowded and noisy places. During several of the interviews there were customers or other vendors walking by interrupting, which caused distractions. The loud environment also affected the sound quality on the recordings, but it is worth noting that the background noise also made it more difficult for people passing by to eavesdrop. Despite being at the markets, we always found a somewhat private, yet not ideal, spot to sit down and talk.

Apart from myself and the respondent, two more women were present during the interviews. My local contact person, Rashida Mohammed Pangabu, facilitated the initial contact with the respondents, which I believe would have been difficult without her help. She became the bridge between me and the respondents. The vital role of research brokers when conducting field work is often not sufficiently taken into account, which is not only problematic from an ethical perspective as their work is not acknowledged but also from a methodological angle as they shape the information the researcher receives (Eriksson-Baaz & Utas, 2019).

5 A research broker is defined as “a key agent being in-between the researcher and the researched who regulates the access and flow of information between them” (Eriksson Baaz & Utas, 2019: 5).
want to emphasise that Rashida played an invaluable role in this study. Furthermore, she is used to working with topics on menstruation, being the country representative and market coordinator at the Swedish company Grace Health, working within the broad field of female health. This study, however, does not have any links to Grace Health. Being a local female, knowledgeable about the context, in combination with being familiar with the topic itself I believe she was a suitable person to assist me. A fellow Swedish student, Ella Bogren, who was also conducting a field study on menstruation in Accra attended all the interviews as well, taking notes, managing the recording equipment and sometimes filling in by asking follow-up questions.

3.3.3 Language
English is the official language in Ghana but the degree of it being spoken varies significantly. I was quickly made aware of this varying level. Initially, the intention was to conduct all interviews in English. I realised early on that this would not be possible in all cases if I wanted to reach a certain depth. To overcome this issue my local contact person interpreted when necessary. Some of the interviews were nonetheless carried out in English, with minimal involvement of my contact person, whilst others were almost entirely conducted in Twi. Twi is the most widely spoken language in Ghana. Originally, it is the language spoken by the Asantes, a subgroup within the largest Ghanaian ethnic group, the Akans, making up around 45% of the population (Bowles, 2011). Despite Accra being part of a region that historically has been inhabited by the ethnic group Ga, speaking the language Ga, Twi is commonly spoken in Accra as a result of other ethnic groups migrating to the city. Twi is also the native language of my contact person who is an Asante.

3.4 Ethical aspects
As for the ethical aspects, the informants were made aware of their voluntary participation before the interview started. Some of the people that I requested to interview declined due to being too busy or not interested in participating. Of those who agreed, which was the vast majority of the people being asked, they were all ensured that their identity would remain anonymous. The respondents have consequently been given fictional typical Ghanaian names in the result section. The interviews were recorded for the purpose of transcription, but no specific personal data was requested or documented, and no photos were taken. Speaking of menstruation can nevertheless be considered a very private and intimate matter, most
respondents confirmed that it is not something they would normally ever talk about. Those who would occasionally speak about it spoke primarily with close female relatives only. When the topic was brought up, I always emphasised that they were not obliged to answer any of the questions if it made them feel uncomfortable and they were reminded that they could withdraw at any time they wanted to. This information was given before the interview as well.

Almost none of the interviews exceeded one hour, but to compensate for the time the participants were spending talking with me and the customers they may have lost during the same time, a small economic compensation was given. To ensure that the amount was reasonable and sufficient, I consulted my local contact person. Depending on the length of the interview the compensation varied slightly. However, I never got the impression that the respondents tried to speak longer in order to receive more money. Some were rather eager to get back to work and a few even refused economic compensation as they “wanted to help another woman out”.

After the interviews, the respondents were also given the opportunity to ask questions to me that might have been raised during the interviews. Providing a chance to discuss the respondents’ questions hopefully made the closing of the interview appear less abrupt after having shared such personal information. Their questions often concerned menstruation in Sweden, my own personal experience and views, or more generally about my study. I did stress that I am not an expert on menstruation but tried to answer questions as thoroughly as I could.

3.5 Limitations

There are some limitations with this study worth noting, one of the inevitable ones being the complexity of my position. Western representations of the ‘third world woman’ have been accused of having a tendency of producing a single monolithic representation of the ‘oppressed other’ (Mohanty, 1988, 2002), this is naturally something I do not wish to contribute to. Although I have strived to critically examine myself and being wary of how my position may influence my perception, it does not change the fact that I am an outsider in this context. Visible attributes such as ethnicity, age and gender play a role in how an interviewer is being perceived by the respondents and may impact their answers (Esaiasson et al. 2017: 243). On the other hand, one of the potential positive aspects of being an outsider is that the respondents might have been more comfortable sharing personal information with someone not having any connections to their everyday life.
Furthermore, one of the general critiques of qualitative studies is the difficulty to generalise the result to a larger population. This being a small sample study means that the same issue is present. Some researchers claim that despite a small sample it is often possible to make moderate generalisations in qualitative studies too (Bryman, 2018: 485). It is still difficult to know to what extent the result of this study is applicable to a larger population of market women. Regardless, the narratives of a small selection of women can still contribute with interesting results, especially since it is an area lacking sufficient data.

Another limitation concerns the language. My translator was instructed to repeat the answers of the respondents as precise as possible, using the same words as them. I can however not guarantee the accuracy of all the translations as she might have misinterpreted an answer or used an English word in her translation that would slightly change the actual meaning. In the result section quotes are still being used irrespective of the original language of the interview.
4. ANALYTICAL FRAMEWORK

Based on the previously mentioned definition of adequate MHM (see p. 13), two main themes have been selected: i.) practical, focusing on the availability and access to both facilities and sanitary products. ii.) social, aiming to capture the lived experience of having menstruation. Viewed through the lens of a workplace, operational indicators of what adequate MHM can be translated to in practice in a working environment have been identified (see table, p. 20).

The practical aspects, such as having access to a facility where the menstrual management material can be changed in privacy, might appear unambiguous but it also depends on how one defines e.g. “in privacy”. The lack of consensus regarding what constitutes adequacy has been identified as one of the main barriers for assessing each aspect of MHM (Hennegan et al. 2016: 2). In this study, the respondents themselves set the standards on what is adequate regarding the facilities they use. The reason being that it was not possible to observe the facilities in all places as they were sometimes quite far away from the location of the interview or due to respondents using various facilities depending on where they found themselves, as not everyone had a fixed place in the market. Hence, the description of the facilities and whether or not the respondents felt comfortable using these or not was used to assess adequacy.

While the definition is rather self-explanatory in terms of the practical aspects, the phrasing “with dignity and without discomfort or fear” is vaguer. I interpret that doing something with dignity is equivalent to doing something without shame. As shame, unfortunately, has been more widely associated with menstruation it will be used instead of dignity, which in this case is the same as the absence of shame. These concepts: shame, discomfort and fear, are defined as follows: Shame: “A painful feeling of humiliation or distress caused by the consciousness of wrong or foolish behaviour” (Oxford Dictionary of English, n.d: a). Discomfort: “A state of unease, worry, or embarrassment”, and: “something that makes a person feel physically discomfort” (ibid: b). Fear: “A feeling of anxiety concerning the outcome of something” (ibid: c). Drawing on these definitions, and on inspiration from previous research exemplifying how menstruation can be related to these feelings, indicators on how these emotions may be embodied in a working environment have been identified. In the interviews these indicators were sought for. If no obstacles to adequate MHM can be found, this corresponds to menstruation having a non-existent or very limited impact on the respondents’ working life. On the other hand, if obstacles are found, this is seen as features of inadequate MHM, and in extension menstruation itself, having a (negative) impact on their working life by adding challenges to a normal working day.
**Operationalising MHM in a working environment**

**Definition of Adequate Menstrual Hygiene Management:**
“Women and girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water to for washing the body as required, and having access to facilities to dispose of used menstrual management materials. They understand the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear”

<table>
<thead>
<tr>
<th><strong>OPERATIONALISATION</strong></th>
<th><strong>INDICATORS</strong></th>
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<tr>
<td><strong>PRACTICAL: FACILITIES AND MATERIAL</strong></td>
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| • The workplace provides facilities that are suitable for MHM | • the facilities enable privacy for changing materials  
• there is access to water and soap  
• disposal facilities are available |
| • Having access to a clean menstrual management material | • the women have the capability to purchase disposable sanitary products, or have access to a clean reusable product  
• the menstrual management material can be changed when necessary |
| **SOCIAL: THE LIVED EXPERIENCE** | |
| • The women do not experience fear in relation to menstruation at work | • not worrying about soiling themselves while working  
• not being afraid of using the facilities for MHM at work  
• not fearing that your menstrual status will be a topic for gossip |
| • The women do not experience discomfort in relation to menstruation at work | • being able to comfortably perform required work tasks  
• not experiencing physical symptoms causing discomfort that is interfering with the work  
• wearing a menstrual material that is comfortable  
• comfortably using the facilities that the workplace offer |
| • The women do not feel ashamed due to menstruating at work | • not expressing embarrassment when describing experiences of menstruation at work, or using negative words, e.g. “dirty”  
• not expressing a strong need for hiding menstrual signs from e.g. colleagues |
| • The women appear to understand what is happening in their bodies in when menstruating | • expressing no signs of confusion when describing their symptoms |
5. RESULTS AND ANALYSIS

In this section, the patterns that could be found in the material and relevant quotes from the interviews will be presented. The respondents’ general MHM practices will be described, followed by an analysis of how features of inadequate MHM seemed to affect the respondents in their working environment. A brief overview of the respondents’ overall working situation will also be given.

The results gave further evidence to how the practical and social aspects of MHM do not co-exist independently, they are interwoven to a large extent which makes it difficult to distinguish between them. Due to the recurring overlap, the two main themes described in the previous section will not be separated here. To exemplify, discomfort when working (which refers to the social aspects) was shown to be partly related to fear of leakage (being another part of the social lived experience). It was, however, also related to practical aspects, like not having access to a nearby facility, or not having access to a preferred menstrual management material, resulting in increased worry of staining clothes which, again, is a social aspect. Hence, the result is presented in a more dynamic manner, rather than listing obstacles by category.

5.1 Contextualisation: Working conditions

This section is added to provide an enhanced understanding of the working routines and everyday life of the respondents, although not being directly linked to the results. In the interviews, when being asked questions concerning what a normal work week looks like and what activities the respondents would engage in when not working, their descriptions were very cohesive. A typical week includes work from Monday to Saturday, with few exceptions during public holidays. Most respondents get up early in the morning, often around dawn, and arrive at work anywhere in between 6-9 am. Most markets close around 5-6pm, but there were instances were respondents reported that they worked until after 8pm. Journeys to the marketplace often took up to an hour as most respondents were living quite far away from their workplace. The longer travel time on this one-way trip to work could also be attributed to Accra being a heavy traffic city. The most widely used public transport system in Accra is the shared minibus popularly known as “trotro”. The respondents often had added work at home, typically including sweeping the floors, cooking and sometimes fetching water, in cases where the house was not connected to pipes. On Sundays, the day off, with almost no exception, the respondents would attend a church ceremony, often ongoing for hours. Afterwards most women would hand wash their clothes and prepare for the upcoming working week. Altogether, the lives of the
respondents were imbued by work, both paid and unpaid. However, the character of their work varied. Some had started their own independent business at the markets, some were working for a relative while some worked for a boss they had no personal relation to. The work morale was very high, not going to work was not an option unless the situation was dire. Many women explained how they felt obliged to work regardless of being sick as many of them supported other family members with their income.

5.2 Self-reported MHM practices

All respondents primarily used disposable pads as their main menstrual management material. The access to pads is fairly recent: “Now sanitary pads are all over the market, unlike some years ago when we weren’t having access to sanitary towels, it was there but it was not really common” (Akosua). Some respondents reported that when they started to menstruate they were using rags or cotton: “At first my mum taught me how to use cotton but as I grew older and became aware of pads I started using it and have been using it ever since then” (Ama). Pads were the preferred option amongst the respondents, but Ama does not condemn the use of cotton: “The cottons that were available were very smooth and flat so you could fold them and put them in your panties.”

Being capable to purchase pads was not always possible for the respondents, I often received answers in line with “when I have money, I buy pads”. It should be noted that far from all the respondents found pads very expensive. Amongst those who struggled to afford pads the most common substitute being used was a ‘t-roll’ (toilet paper). It was however not as satisfactory as the pad:

> The pad is better than the t-roll because a t-roll, the moment it gets wet it becomes soft and it becomes, you know… But with a pad you can use it for several hours and you still feel good to go.

(Esi)

The facilities used for changing sanitary products while working varied significantly, both in terms of the standards and availability. Some respondents had access to a private washroom shared with a few other colleagues in close connection to their market stall, consequently not facing issues finding a private location to change sanitary product, whereas others were dependent on public facilities. Most often payment was required to use these, typically 1 cedi. Both the cleanliness and access to water and soap varied. Esi was one of the respondents using public toilets. When asked if she found the facilities clean, she laughed and replied: “They’re not clean at all, but you just want to use them because you know you have to change.” Amongst
the respondents who did not have a fixed location in the markets and instead were walking around selling or distributing goods to vendors the availability of toilets was not reliable. Akosua describes the situation:

That’s the challenge we have here, depending on where you find yourself. When you’re moving around sometimes you can ask if there is a washroom, then you can go and change your pad there but when you don’t have a washroom around you need to find out if there’s an existing hotel or restaurant or another place, whereby you have services or something so you can beg them to use their washroom. That’s the problem we have here, you don’t really find washrooms around.

(Akosua)

It is worth noting that these women represent a minority in this study as it was much more difficult to approach them and schedule an interview as they were constantly on the go.

Regardless of whether dustbins were available in the washrooms or not, most respondents abstained from using them to dispose of their pads. An alternative method was used by the vast majority, described here by Esi: "I wrap it [the pad] in a rubber, tie it and then put it in a pocket, when I get back to the workplace I put it in my bag, then when I get back to my place I dispose it of."

Many respondents experienced menstrual cramps and abdominal pain. However, a pattern of scepticism towards painkillers was found. Efya suffered from pain, but would only occasionally use painkillers:

Efya: Sometimes I take drugs, medicine. To bring the pain down.
Interviewer: Do you normally have access to that when you feel that you need it?
Efya: No. I use it only sometimes. My mum told me that I should stop it. I shouldn’t be using medicine.

Akua said she preferred drinking an increased amount of water and taking vitamins to ease the pain. Akosua feared that the usage of paracetamol would have negative health implications, especially on the kidneys, which is why she abstained from using it and tried to adjust her diet during her period to reduce the pain.

5.3 Findings of inadequate MHM and their implications

5.3.1 “You just do it”

The lack of reliable access to facilities and, in some instances, the deficient cleanliness of those being accessible naturally constitutes an obstacle to adequate MHM. As noted, this was not experienced by all the respondents. Nevertheless, those being limited to using public facilities
expressed discomfort. Efya said that she even preferred going home to change pads rather than doing it at the market. Esi would change her pad at work, but she did not find it pleasant at all: “It’s very annoying to do it [using the public toilet] when you’re menstruating. (...) but even if you don’t feel comfortable, it’s something you have to do, so you just do it.” Thus, insufficient facilities could be linked to the experience of discomfort, and in Efya’s case most likely a productivity loss as she occasionally would leave the workplace completely to change pad.

5.3.2 “The blood inside”

Amongst the described MHM practices, the strong reluctance to use dustbins to dispose of pads caught my attention. This indicated that the respondents did not feel comfortable using disposal facilities. It turned out that this discomfort was rooted in a fear of someone stealing the used pad. When I asked Esi why she would not dispose it in a dustbin, she explained: “You’re allowed to put it in the dustbin but I don’t feel comfortable doing it because I fear some ritualist would be using the blood for some rituals.” I wanted to find out more about what the implications of these rituals could be and where this information came from. Some respondents could not tell neither where the information came from nor what would happen in case someone would perform such a ritual: “Actually I don’t know, but they said they could use it for something. If they take it, they have been watching the blood inside. That’s what I’ve heard” (Efya). In Abena’s case, her mother was her source of information:

> My mother advised me to not leave my used pad out in the open, someone might see it and then try to use it for personal gains in the future, that could probably result in you not being able to give birth in the future. Now there are also situations where some people use this for money.

(Abena)

The rituals seemed to be performed predominately by men, and information about them was also spread on social media:

> We have a lot of information circulating on Facebook, so people have been, those who have actually been into it [performing rituals], they give testimonies about it. They give testimonies about how they were into it and now they’re warning people to not dispose their sanitary pads around. It’s all over social media, not necessarily Facebook, but people tweet and so on.

(Akosua)

The fear of rituals was the most common answer to why the respondents did not feel comfortable using dustbins, given that dustbins were available in the first place. To avoid the fuss of bringing pads home from work Abena said she often used a t-roll instead because it is
easier to flush, although she did not prefer it as it is not as efficient in terms of absorption. Ajoba, however, did not fear these rituals, she explained that she did not have any specific reason for taking her pad home other than the disagreeableness of leaving it in a public facility: “It’s not nice leaving your blood in a public toilet, it’s not nice”. Adzo gave a similar response: “I don’t like other people seeing it you know [the blood]. It’s private. I don’t want people to see it”. This rather points to the need of keeping menstruation hidden, possibly implicating not only discomfort but embarrassment or shame if someone would see the menstrual blood.

5.3.3 The stain and the shame
All respondents agreed that a day at work when menstruating is different compared to a day off. Nana Yaa describes her experience:

When you’re not menstruating, you can do whatever you want to do, you can move anyhow you want to move, but when you’re menstruating you know there’s something there. You want to sit down carefully so you don’t stain yourself. (Nana Yaa)

The fear of leakage was a concern shared by most respondents, especially when not having access to pads: “When I use the t-roll, I worry about it, because with the t-roll it easily soaks, and the moment it soaks it will stain your dress” (Esi). A ‘failure’ of concealing your menstruation caused a feeling of shame, Akosua remembers an unpleasant incident:

I was not aware that I had soiled myself, and when it happens that way you get really embarrassed, especially if there are men around so sometimes the ladies have to cover up for you, give you their cardigans and tie around your waist so you don’t expose yourself. (...) What I hate is to soil myself. I feel bad. Yes. I really look down upon myself when I do that because I feel like there are people around and they are not supposed to see these things. (Akosua)

This story is a telling example of the embodiment of shame in relation to menstruation. Akosua is blaming herself, using negative words and expressing a strong need to keep her menstrual status hidden, particularly from men.

5.3.4 Fear of gossip
The stigmatised condition of menstruation was evident in this study. Most respondents said that discussing menstruation and issues surrounding it, or struggles they may face at work, is something they normally would not talk about with anyone, and certainly not at work. Both Efya, Esi and Adwoa brought up the fear of gossip as the reason why they feel that they cannot
talk about menstruation. “I don’t share this with anyone, there are few people I can trust, there are some people that will turn around the story and share it with other people” (Adwoa). Esi says that she would like to talk more about it, but she shares the fear of gossip which causes her to keep quiet instead:

The thing is that in Ghana here, people like to gossip and if you share something, the next day you will hear someone telling it and it becomes something people will gossip about. It is better to keep it private. (...) the worst thing is that when people tell it, they don’t tell is using the words that you would. They twist the story into another story, and they pick a little amount of the actual story.

(Esi)

The fear of gossip seemed to be not necessarily related to menstruation itself, but rather, the inability to control what information that was spread. Esi mentioned that once she used a cloth when menstruating, and if she told that to someone that person would probably walk around saying that “Esi is always using cloths”. The respondents seemed to generally not feel comfortable sharing personal information with other people, and not being encouraged to do so either, Adwoa explains:

There have been instances where I have been very friendly with people around me here [sharing personal things] and then somebody calls my aunt, telling her that every time I come here I’m making noise, that’s why I limit my interaction with other people.

(Adwoa)

The fear of gossip, or the general lack of trusting people in your environment may be a factor contributing to maintaining the culture of silence surrounding menstruation. “Culture is something… We have very few ladies who are bold to tell you that ‘I’m on my menses’ (...) The majority of us will be in our shell” (Akosua). “Remaining in a shell” naturally affects the ability to voice needs. As shown in the results section, there are challenges present which seems to be spoken of rarely.

However, a few of the respondents said that they could share struggles with their female colleagues, as Adzo puts it: “Since we’re all ladies, we can talk about it.” There was one exception where a respondent reported that she could tell her male boss she is menstruating, which surprised my Ghanaian translator:

Ekuwa: Sometimes if it is severe [the menstrual pain], we call our boss and tell him the situation, maybe he will allow you to go home or maybe to rest
Interviewer: If you call your boss, would you say straight forward that it’s because of menstruation?
Ekuwa: Yes
Translator: He’s a man?
Ekuwa: Yes
Interviewer: So, you feel comfortable discussing it with a man?
Ekuwa: Yeah, I do

5.3.5 Discomfort and decreased work performance

Fear of leakage was a contributing factor to the ability of the respondents to comfortably perform their required work tasks. This was partly due to the increased self-awareness, which often caused distractions, Ekuwa described how she would go to the washroom very frequently when she is menstruating, not because she needed to change her pad but just to ensure she had not leaked through. Fear of leakage also constitutes an obstacle seen from a more practical angle as the respondents experienced a more limited mobility, fearing that certain movements would increase the risk of getting a stain. The decreased mobility also stemmed from physical symptoms such as abdominal pain, which in some cases interfered with the work tasks, resulting in the respondents not being able to engage in work tasks that they normally would. Especially if the work included lifting different goods:

Sometimes carrying the things around is very difficult for me. At sometimes I even call kaya (...) what they do is that they help you carry it and you pay them. Sometimes it is so difficult for me, so I have to get them to help me and move the things around for me.

(Efya)

On a normal day when I am offloading goods, I always help my guys, so when the guys are offloading the goods I will help them by carrying some of the boxes, to support and make sure that the job moves faster. But when I’m on my menses the pain and stuff does not support me in the first place to do that.

(Akosua)

The reduced ability to work comfortably was in these cases related to pain, being a biological part of menstruation and thus something difficult to eradicate. But regarding methods for easing the pain, it is worth noting that both Efya and Akosua earlier expressed a reluctance to use painkillers due to warnings of side effects or becoming addicted. However, sometimes the discomfort whilst doing certain work tasks was not related to pain, rather to feeling generally affected by menstruation, such was the case for Adwoa:

(...) when I’m menstruating, I am not really active because of the pains, I’m only sitting down. But even when I am working and there is no pain I am not as active [when menstruating], so it is not necessarily the pain.  

(Adwoa)

The working environment itself, being both hectic, crowded and very warm, did not facilitate the respondents’ comfort either. Yet, not going to work seemed not to be a considerable option:
“Even when you have pain, you have to go” (Akua). Some respondents reported that there had been many instances where they wish they could have stayed home. Efya was one of the respondents feeling very bothered by her working environment:

Sometimes when I menstruate, being in the market is like… It really disturbs me. Because I want to be at home, in a cool place. And sometimes maybe without the… How do I put this…? At home, I know I can take some drugs and sleep for a while, but if I’m here I can’t do that, I just have to sit through the discomfort of it.

(Efya)

5.4 “It’s a once per month issue”

Given that the aim of this study is to examine the potential barriers women are facing and how it affects them, it is easy that the portrayal of the respondents’ experiences gives an overall negative picture. As I have been searching for obstacles to adequate MHM in the material this is a quite natural outcome. However, I want to also emphasise that the impression when interviewing the respondents is not a unanimous view where menstruation is described only in terms of obstacles and negative memories - despite the previous section that may give such an impression. The respondents have been menstruating for years and they seemed to know their bodies very well. They had also taken measurements to adapt to their working environment to lower the impact of menstruating whilst working:

As I am a woman, it has come to a stage where I need to accept it, and work with it. I started asking myself what I can do to ensure that when I’m on my menses I’ll be ok and can do my job so I don’t have to stay in the house. That’s how come I figured out what to do. (...) I’ve mastered how to take care of my body (...) I won’t stay in the house because I know what to do to overcome the pain I’m going through. (...) I’m able to track it [the menstrual cycle], I know that certain days I’m expected to get my menses. I know how to dress. I know the kind of food to eat even. Because I know myself.

(Akosua)

Akosua’s description summarises my impressions very well. Indeed, there are challenges present, the situation is not ideal, but you adapt to your environment in order to make the best of the situation. Given that menstruation is a recurrent event and something the respondents experience on a monthly basis, it is not surprising that I also received answers in line with Ama’s: “I’m not bothered. It’s a once per month issue, it’s normal.” Ama also confirmed that it is different working when menstruating, she also mentioned the difficulty carrying things and she did not have reliable access to toilets as she was walking around without a fixed location.
What I make of her answer is that menstruation becomes normalised for the menstruator because it is part of everyday life. It is not a big surprising event, it is expected. Ama is used to working when menstruating and she is aware of what extra precautions she might have to take. She knows that finding facilities is not always easy, hence it becomes a “normal” part of life and work.

5.5 Results analysis

The results of this study demonstrate how the practical and social aspects of MHM cannot be separated in order to understand the dynamic reality in which menstruation takes places. If looking only at practical aspects, some respondents would technically experience an adequate MHM level. However, when integrating the emotions associated with menstruation, the situation might be different. The findings suggest that the challenges faced in relation to work are multi-layered and stem from various difficulties, including:

- lack of access to facilities, or insufficient standards of facilities, resulting in discomfort when using them.
- economic difficulty to purchase preferred menstrual management material, increasing fear or leakage and reducing mobility.
- a need of keeping menstruation hidden and private, causing shame when failing to do so.
- an unsupportive social environment that is not facilitating open conversations about menstruation, contributing to keeping it private and reducing the ability to voice issues.
- beliefs regarding the menstrual blood and its supposed powers (the “pad rituals”), causing reluctance to use disposal facilities, and causing discomfort and fear if doing so.
- reduced capability to perform work tasks comfortably due to symptoms like pain, and a combination of the factors above.

I once again want to stress that findings related to indicators of inadequate MHM were not always perceived as inadequate or problematic by the respondents themselves. Like Ama said, for her it is a normal thing. A potential risk when something becomes normalised is that it might be taken for granted, consequently not being questioned. Akua said that “having your period is not a good thing, but you can’t do anything about it – unless you’re on your menopause.” Perhaps menstruation does not have to be a good thing but considering that it constitutes a substantial part of a woman’s life it should at least not have to be associated with mainly
negative experiences. The findings disclosed that most of the women were, to various degrees, negatively affected by their menstruation, denying many of them the ability to work comfortably. Concerning the statement “you can’t do anything about it”, I am prepared to disagree. I would like to think that there are things that could be done to improve the situation, in order to at least minimise the negative impact of menstruation, to avoid it being a state endured in discomfort until your menopause. Women deserve better than that.

What could be done to improve the situation then? First, there is a need to continue developing the sanitation infrastructure, which will enable more women to have access to facilities suitable for MHM. Moreover, working women need to be acknowledged within the research of MHM to better understand their specific context-related needs. Additionally, one of the most vital aspects to consider is probably education about menstruation. Improved education would contribute to stop the circulation of false information and to naturalise menstruation as the normal biological process that it is. One key aspect is to not only direct education on menstruation towards women and how to practically manage it, but to involve men in education as well. The results showed that women were less likely to express issues to male colleagues and they were more ashamed if a man would find out they were menstruating or if they would have gotten a stain. Men also played a role in making women uncomfortable using disposal facilities, as the rituals with the used pads seemed to be primarily associated with men, as mentioned earlier. Hence, men’s knowledge and beliefs about menstruation affects the lives of women. A respondent also raised this issue:

I think it’s about communication and education, so you need to let the man understand that it’s nothing filthy, it’s just a cycle you’re going through. The way they’re created is different and their system is different than a lady’s system. (...) Your body and your system respond to things differently and act differently. I think when you communicate and educate the man more, he gets to understand you and appreciate you.

(Akosua)

In conclusion, this study shows that efforts need to be made both with regards to the physical and the social setting to create a supportive environment that enables women to menstruate comfortably, without fear or shame.
6. CONCLUSION

This thesis aimed at gaining a better understanding of the relationship between work and menstruation by investigating how the potential level of inadequate MHM affected market women in Accra in their working environment. A widened understanding of MHM was adopted when assessing adequacy, encompassing lived experiences of menstruating and not solely the access to facilities and materials. Findings revealed challenges of both a practical and social dimension, often relating to each other. The results displayed that challenges related to menstruation do not cease to exist after the initial years of having your period. However, in the absence of a supportive environment, menstruators are left with no choice other than adapting to the context, resulting in menstruation becoming an experience often associated with negative emotions including discomfort, shame and fear.

Being one of few studies exploring the links between menstruation and work, this paper encourages researchers to continue to involve working women within research on menstruation to better understand the barriers they face. In doing so, it would be of interest to investigate how different settings impact the experience of menstruating in the workplace. The setting in this study represents an informal working environment where most of the respondents and their colleagues were women. A workplace with stricter working regulations or an environment in which the ratio between men and women is more equal, or dominated by men, might pose other challenges – and so could a non-urban setting as well. This paper also argues that the concept of adequate MHM needs to be broadened, including the response to inadequate MHM, as the challenges faced by the participants in the study were only partly related to practical aspects.

To ensure that menstruation does not constitute an obstacle in women’s lives the social environment must allow women to voice issues related to menstruation, instead of remaining in a shell due to stigma and the normalisation of the situation. In creating a supportive environment, male involvement in menstruation needs to be acknowledged. The phenomenon is not a “woman’s issue”, but a gendered issue in which men also play a role.
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## APPENDIX

### Interview guide

#### BEFORE THE INTERVIEW
- Briefly inform the interviewees about the study
- Ask for consent regarding recording
- Ensure their anonymity
- Stress that participation is voluntary, the interview may be paused or cancelled any time upon request

#### MAIN QUESTION

<table>
<thead>
<tr>
<th>INTRODUCTION/OVERALL LIFE SITUATION</th>
<th>FOLLOW-UPS/PROBES</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is your name and how old are you?</td>
<td></td>
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<tr>
<td>Who do you live with?</td>
<td>• Married?</td>
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<td></td>
<td>• Children?</td>
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<td></td>
<td>• Own family?</td>
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<tr>
<td>How come you started working here?</td>
<td>• Recruited by whom?</td>
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<td></td>
<td>• What did you do before?</td>
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<tr>
<td></td>
<td>• Attended school?</td>
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<td></td>
<td>• Other income generating activity?</td>
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<table>
<thead>
<tr>
<th>WORKING ENVIRONMENT</th>
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<tbody>
<tr>
<td>Could you please describe an ordinary working day?</td>
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<tr>
<td>Do you work here every day or do you sometimes have days off?</td>
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</tbody>
</table>

#### BEING A WOMAN/WORKING AS A WOMAN
- You are a woman, do you think it is different being a young woman today if you compare with when your mother was your age for example?
  - Different in what ways?
  - Different expectations?
  - Changed roles?
  - Work expectations?
- I have observed that there are many women working at the markets here, why do you think that is?
  - Is it a “suitable” work for women, in that case, why?
| Are there jobs that are more suitable for women or men?  
| o Which ones? Why? |

| What do you think are the main differences between being a man or being a woman? |

| INTRODUCTION ABOUT MENSTRUATION |
One of the differences between men and women that I would like to talk more about is something that us women have in common; menstruation. I would like to learn more about your experience of this. |

| Do you remember when you got your first menstruation? Could you tell me about it? |
| Age  
| Good or bad experience?  
| Knowledge about it at the time  
| o Where did this knowledge come from?  
| Who did you talk to about it?  
| o Mother, sister, friend?  
| Is there any special tradition or ritual when a woman starts to menstruate?  
| How does a woman’s life change when she starts to menstruate?  
| Are there things that you can no longer do or should avoid doing? |

| Let’s move forward to today, has your menstruation changed since that time? |
| Become easier/more difficult?  
| o Easier to be prepared? Tracking your cycle?  
| o More difficult due to physical symptoms? |

| What are the physical symptoms you’re experiencing today? |
| Heavy/light flow?  
| Abdominal pain/cramps?  
| Nausea?  
| Headache? etc. |

| PRACTICAL ASPECTS |
What are the things you need to have access to during your menstruation? |
| e.g. sanitary product, private space, soap, water, painkillers  
| Do you always have access to everything that you need whilst menstruating? |

| What sort of absorbing product are you currently using when you menstruate? |
| Why?  
| o Cost, availability, comfort?  
| Satisfactory or not?  
| o If not, why? |
| MENSTRUATION IN THE WORKPLACE | • Not efficiently absorbing the blood?  
• Uncomfortable?  
• Too expensive? |
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Is a day at work different when you’re on your period compared to another day when you’re not?</strong></td>
<td>• If yes, in what ways?</td>
</tr>
</tbody>
</table>
| **Have you experienced pain or any other physical symptom when you’re working?** | • What do you do in those situations?  
  o Painkillers?  
  o Do you always stay at work or do you have the possibility to leave? |
| **Do you worry about leakage or staining when you’re working?** | • Do you take any precautions to prevent this from happening?  
  • How do you handle such a situation if it were to happen? |
| **Are there any of your work tasks that become more difficult when you’re on your period?** | • Which ones?  
• Why?  
• Affected mobility? |
| **Are you able to perform all of your work tasks?** | • If not, how do you handle this? |
| **Can you take a break to change your sanitary product whenever you need to?** | • Where do you change it?  
• Prefer not to change it during working hours?  
• Where do you dispose your sanitary product? |
| **If you’re having any difficulties at work, can you share these with someone else?** | • Who?  
• If not, why? |
| MENSTRUATION AND OTHER ASPECTS OF LIFE | |
| **Do you ever discuss menstruation with other people?** | • With whom?  
• How do you talk about it? |
| **Are there things that you normally do, outside of work as well, that you cannot do or abstain from doing when you’re menstruating?** | • What?  
• Why?  
  o Don’t feel confident?  
  o Been told it is inappropriate? |
| **Are there any other situations in your life that we have not discussed so far that has been or is currently being affected when you’re menstruating?** | |

QUESTIONS FOR ME? THANK YOU!
**List of respondents and their age**

<table>
<thead>
<tr>
<th>Name (as used in this paper)</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abena</td>
<td>18</td>
</tr>
<tr>
<td>Adwoa</td>
<td>20</td>
</tr>
<tr>
<td>Nana Yaa</td>
<td>21</td>
</tr>
<tr>
<td>Ajoba</td>
<td>22</td>
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<tr>
<td>Efya</td>
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<tr>
<td>Ekuwa</td>
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<tr>
<td>Akosua</td>
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<tr>
<td>Esi</td>
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</tr>
<tr>
<td>Ayeeshatu</td>
<td>31</td>
</tr>
<tr>
<td>Adzo</td>
<td>32</td>
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<tr>
<td>Ama</td>
<td>34</td>
</tr>
<tr>
<td>Aisha</td>
<td>34</td>
</tr>
<tr>
<td>Akua</td>
<td>38</td>
</tr>
<tr>
<td>Afua</td>
<td>39</td>
</tr>
</tbody>
</table>