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**EXPLORING MENSTRUAL HYGIENE MANAGEMENT EXPERIENCES OF
WOMEN FARM-WORKERS IN RURAL-GHANA: OYOKO, EASTERN-GHANA.**

A Research Paper

by:

JASMINE AGYEMAN

(GHANA)

MASTER OF ARTS IN DEVELOPMENT STUDIES

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SPD

Supervisor: **KARIN ASTRID SIEGMANN**

Second Reader: **IRENE VAN STAVEREN**

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This document represents part of the author's study programme while at the International Institute of Social Studies. The views stated therein are those of the author and not necessarily those of the Institute.

Inquiries:

International Institute of Social Studies
P.O. Box 29776
2502 LT The Hague
The Netherlands

t: +31 70 426 0460
e: info@iss.nl
w: www.iss.nl
fb: <http://www.facebook.com/iss.nl>
twitter: [@issnl](https://twitter.com/issnl)

Location:

Kortenaerkade 12
2518 AX The Hague
The Netherlands

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Appendix 1.

LIST OF ACRONYMS

COCOBOD - Ghana Cocoa Board

LMICs - Low- and Middle-Income Countries

MHM - Menstrual Hygiene Management

NGO - Non-Governmental Organization

RTIs - Reproductive Tract Infections

SDGs - Sustainable Development Goals

UNICEF - United Nations International Children's Emergency Fund

UTI - Urinary Tract Infection

WASH - Water, Sanitation, and Hygiene

ABSTRACT

Menstruation and menstrual hygiene management are key parts of women's lives universally. Despite this, they remain under-researched, especially among women in agriculture in Ghana. This study aimed to explore the menstrual hygiene management experiences by examining the practices, perceptions, and the factors influencing these experiences among women farm-workers in the Oyoko community of the Eastern Region of Ghana. The study employed a qualitative approach, involving in-depth interviews with fourteen women farm-workers in Oyoko Eastern Region. Data were coded manually and analyzed through thematic analysis. The findings revealed how women's menstrual experiences are deeply influenced by maternal information during their formative years. Some women over the years transitioned from using cloths, rags, and cotton to sanitary pads for comfort, some other women continue to use cloths and rags due to familiarity since their formative years. Inquiries on their disposal methods also revealed how some menstrual hygiene practices are shaped by religious beliefs and modern educational programs and campaigns. This study highlights the significance of social location proposed by Mannheim, as well as factors beyond social location that tend to influence individual perceptions and practices. Such factors include culture, religion, agency, and personal experiences. Maternal information embedded into the consciousness of menstruating people¹ play a significant role in shaping wo behaviors towards menstrual hygiene management. In conclusion, this study suggests that despite the common generational experiences, individual differences exist and play a significant role in the perceptions of women farmworkers on menstruation which consequently affect how they manage their menstrual hygiene at work.

¹ **Inclusivity of Gender:** The term "menstruating people" is used here in acknowledging that menstruation is not limited only to women/girls to promotes inclusivity in discussions about menstrual health. All menstrual health issues and discussions must include binary and non-binary individuals who experience menstruation.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

A woman's right to manage her menstruation comfortably is essential, and its absence constitutes a violation of her fundamental health rights (Jalali, 2019; Budhaktoki et al., 2018; World Bank, 2023). The rights to privacy and gender equality can equally be violated. Safeguarding women's menstrual hygiene comfortably at their workplaces is crucial for their empowerment, health and overall rights.

Women need access to water, sanitation and hygiene facilities, affordable menstrual hygiene materials, information on good practices, and a supportive environment that does not embarrass or stigmatize them during menstruation. Women and adolescents girls² who use clean menstrual management materials can change them in privacy as often as necessary for the duration of their menstrual period. This definition was developed by WHO/UNICEF JMP (2012). In addition to using soap and water to wash the body, when necessary, women should have access to facilities to dispose of used menstrual management materials (Sommer & Sahin, 2013; Budhathoki et al., 2018).

The World Bank estimate indicates that 500 million women lack access to menstrual products and adequate facilities for MHMs. In addition to causing frustration, confusion and embarrassment (Caruso et al., 2017), inadequate menstrual facilities are a major contributor (Corburn & Hildebrand, 2015) and the reason women report missing work during their menstruation (Hennegan et al., 2020).

² Although this study focuses on working women, adolescent girls are included in the write-up to acknowledge adolescent girls as a group within the broader menstruating population, also experience issues of menstrual hygiene management and need to be included in this study.

Menstruation social norms increase women's anxiety of being exposed and feelings of shame and disgust. Menstrual hygiene management is influenced both physically and sociocultural by physical and social factors, which increases the risk of physical health issues, affects women's well-being, and interferes with women's attendance at work places.

Women in low- and middle-income countries (LMICs) often experience health concerns related to poor menstrual hygiene (Elledge et al., 2018). Among the reasons for this, are unclean sanitary pads, infrequent pad changes, unsafe disposal of used sanitary materials, and an insufficient hygienic practice, like improper hand washing after changing sanitary towels. The management of menstrual hygiene should include providing women with clean, safe materials (sanitary products), allowing them to change these materials in privacy as often as they wish, and providing safe disposal methods (Sommer et al., 2016).

In addition to cloth towels and commercial sanitary pads, there are also tampons, menstrual cups, tissues, and sometimes tree leaves that can be used for sanitary purposes (Kaur et al., 2018). While there may be differences in general, all products require good hygiene linked to access to water, sanitation, and a place to change them regularly. However, in low- and middle-income countries like Ghana, this is not always possible.

In the absence of safe and hygienic spaces, women may have to change and dispose of their menstrual products in bushes or open spaces (Caruso et al., 2017). As a result, they are at increased risk of sexual assault, violence, and exploitation (See: Sommer et al., 2016; Das et al., 2015; Sommer et al., 2016; Caruso et al., 2017; Schmitt et al., 2017)

Additionally, women who cope with periods in inadequately resourced settings face greater stress during menstruation because they are unable to change the materials used to collect blood in a safe and clean environment (Crankshaw et al., 2017). Poor menstrual hygiene management can also have physical health impacts. Besides genital discomfort, irritation, and bruising, unhygienic improper use contributes to the spread of reproductive

tract infections, including bacterial vaginosis and urinary tract infections (Sommer et al., 2016).

Women's health, dignity, and quality of life are significantly impacted by menstrual hygiene management (MHM), a critical aspect of public health (Adebayo & Afolabi, 2020).

There are numerous challenges women face regarding menstrual hygiene management in many developing countries, including Ghana, due to inadequate facilities for managing menstruation, and a lack of knowledge about the topic. In this study, we aim to explore the experiences of women farm-workers in rural Ghana regarding menstrual hygiene management.

Menstruating women in rural Ghana are often stigmatized and isolated because of traditional beliefs and cultural taboos associated with menstruation. Women's access to necessary resources and open discussion of menstrual health can be hindered by these cultural factors. (Hennegan, & Montgomery, 2016). Further, agriculture is dominated by men, which may make accessing information and resources regarding maternal health and hygiene even more difficult for women farm-workers.

According to Sommers and Safaee, (2017), women farm-workers often belong to low-income households where financial constraints limit their ability to purchase sanitary products. Menstruation's economic burden can adversely affect a woman's productivity by resulting in her absenteeism from work. To develop effective interventions that support women's MHM needs, it is imperative to understand these economic barriers. There are many health problems associated with poor menstrual hygiene, including reproductive tract infections (RTIs), urinary tract infections (UTIs), and other gynaecological issues. These health complications are more likely to occur among women without access to proper sanitation facilities. In this study, we will examine how women farm-workers in rural areas are affected by the lack of adequate MHM resources (Zulaikha et al, 2018).

In Ghana, menstruation and anything related to it is viewed through euphemisms, which makes it taboo topic. This study highlights two models; the positive and negative connoting “power” and “filth” respectively. According to Agyekum, there are some colonial impacts that underpin these models consequently influencing the traditional values.

1.3 Statement of The Problem

Several studies indicate that women experience fear, shame, and anxiety during menstruation as a result of lack of access to physical needs (Hennegan et al., 2020; Caruso et al., 2017; Sahoo et al., 2015). In Ghana, menstruation is perceived as a deeply personal women's issue that should not be discussed with others (Hennegan et al., 2020). The tradition of secrecy is also found in other cultures, such as in Sweden (Brantelid et al., 2014), India (Jalali, 2019) and Kenya (Mason et al., 2013).

Keeping women's bodies and menstrual materials confidential interferes with how and when they can be washed and dried, to prevent others from seeing blood, leading to unhygienic practices (Hennegan et al., 2020; Jalali, 2019; Sahoo et al., 2015; Mason et al., 2013), such as poor washing and drying practices of menstrual cloth in damp and dark places. Furthermore, secrecy might influence women's knowledge of menstruation, and a lack of knowledge can cause anxiety among women.

As a result of the culture of menstruation being handled in secret, women's physical and mental health was adversely affected at work, which caused them to feel ashamed, disgusted, uncomfortable, and embarrassed (Hennegan, 2020; Sommer et al., 2016; Miuro et al., 2018). Hennegan's (2020) study suggests women felt pride in enacting menstrual requirements independently, thus indicating that it might be easy to view social norms on menstruation negatively unilaterally.

Physical factors, such as unequal access to menstrual products, water, soap and sanitation facilities, can also have health-related, economic and social consequences (Rossouw & Ross, 2021); Jalali, 2019). Depending on the level of wealth of a woman, access to certain factors can be affected. Women in less wealthy households do not have access to safe and lockable spaces to manage their menstrual hygiene, according to Rossouw & Ross (2021). Also, according to Rossouw & Ross (2021), women in wealthy households have a greater opportunity to access other menstrual products.

When access to water, soap, and sanitation is lacking, it is difficult to perform personal, vulvar, and perineal hygiene and wash menstrual materials. Menstruation-related school absenteeism was found to be prevalent among girls living in rural areas (Boosey et al., 2014; Miiro et al., 2018). According to Miiro et al. (2018), MHM is negatively affected by a lack of adequate protection methods, resulting in poor genital hygiene. In addition to reproductive tract infections, bacterial vaginosis, and even cervical cancer, poor genital hygiene raises your risk of pelvic infections, bacterial vaginosis, and even cervical cancer (Jalali, 2021; Das et al., 2015).

Menstruation is a natural biological process experienced by close to the half of the world's population. Despite this, some cultures and religious practices have certain false beliefs that create misconceptions and misunderstandings about menstruation portraying it as a condition to be ashamed of (Chothe, et. al, 2021, p 323). Menstruators³ often feel embarrassed to discuss their plights because it is treated as a secret and shielded from public and open conversations (Becknuss, 2022, p.107). This has made it hard for menstruators to

³ **Narrowing to Specific Populations:** This research project is narrowed to the Ghanaian context where gender is widely and strictly considered binary. Although, the primary focus is on working women in the agricultural sector his research primarily addresses working women in the agriculture sector, it also considers a broader context of menstruating individuals, which includes adolescent girls. This is to highlight challenges and experiences faced by diverse groups (women and girls) within the menstruating population. This is to ensure a comprehensive understanding of menstrual hygiene management.

talk about their needs in terms of proper sanitary and clean hygiene facilities. Menstruators who face challenges in accessing these necessities are as a result of how society perceives and treats issues regarding menstruation (Johnston-Robledo and Chrisler, 2020, p 343).

Matters centered on menstruation are important and extensive. However, there is a culture of silence within the local development spheres and even on the international field of development (Jalali, 2023). The Sustainable Development Goals (SDGs) and major human right treaties explicitly exclude matters of menstruation in their goals despite evidence that shows that menstruators have been denied their basic human rights as a result of lack of menstrual hygiene management (Tiwary (2018) in Karlsson, 2019, p.5).

Gap in evidence and relevance

There is very little literature on Menstrual Hygiene Management in Ghana, both socially and practically, that focuses on adolescent girls and less on working women. Research is largely focused on schoolgirls, but working women, especially those working in the agricultural sector, are understudied (Karlsson, 2019). By filling this knowledge gap, women farm-workers will be able to manage their menstrual conditions effectively at work in the future, hence the focus of this current study by exploring menstrual hygiene management experiences of women farm-workers in rural-Ghana especially the women employed by government of Ghana to work in government farm lands in the Oyoko community of the eastern-Ghana.

1.4 Research Questions

The study will address the following research questions:

- (i) What are women farmworkers' experiences, practices and perceptions regarding menstruation at work?
- (ii) Which factors influence these menstrual experiences, practices and perceptions?

1.5 Significance of the Study

A critical issue that affects millions of women and girls worldwide is Menstrual Hygiene Management (MHM). However, despite its importance, MHM remains neglected, particularly in developing countries. The impact of this neglect on women's health, education, and overall well-being is significant. The challenges associated with maternal health care are even more severe in rural areas, where resources are limited. Many developing countries, including Ghana, have cultural taboos and misconceptions about menstruation. These societal attitudes contribute to the stigmatization of menstruating women and girls, often resulting in isolation and exclusion from various activities. Managing menstruation safely and with dignity is difficult for women due to a lack of proper menstrual hygiene facilities.

It is common for women farm-workers in rural areas to have limited access to sanitary products, clean water, and private spaces for changing menstrual materials when it comes to MHM. Poor menstrual hygiene practices can result from these limitations, resulting in infections and other health problems. The consequences of poor menstrual hygiene management can be severe. Infections of the urinary tract, reproductive tract, and other related health issues are more likely to occur in women who do not have access to clean menstrual products and facilities. Their health conditions can affect their ability to work effectively and participate fully in their communities.

Women and adolescent girls with inadequate MHM are more likely to miss school during their menstrual period, which negatively impacts their academic performance and increases the risk of dropping out of school. Girls' educational attainment and future opportunities depend on ensuring that they have access to adequate MHM facilities. Women farm-workers may be less productive at work if they experience discomfort or health issues due to poor women's health management. The decreased productivity can further perpetuate the cycle of poverty by affecting their income and economic stability.

1.6 Organization of the Study

In this study, there are five chapters. Chapter One introduces the study's context, problem statement, aims, research questions, and significance. The review of pertinent literature is covered in Chapter 2 and is based on Menstrual Hygiene Management and other related literature on MHM. The methodological approaches used are also highlighted in Chapter 3. It emphasizes the features of the study area, the target population, sampling and sampling size, the philosophy and research design, tools, pre-test, data collection, data management, and analysis, as well as ethical considerations. Results and debates are covered in Chapter 4, and the summary of the key findings, conclusions, advice, and suggestions are covered in Chapter

5

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The previous chapter presented an overview of the present study, discussed the problem and stated the objectives of the study. This present chapter presented discourses in three main areas namely; the conceptual, theoretical and empirical reviews. The conceptual review presented discourse on the physiology of menstruation, menstrual hygiene management and effect of poor menstrual hygiene management on women/girls. The next section – theoretical review – shall present discourse on the two theories applied in the study namely; generational theory and the Social Theory of Perception. The last section – empirical review – presented discourses based on the objectives of the study.

2.2 Conceptual Review

Menstruation is a natural biological process that has significant cultural, social, and economic implications across the globe. In Ghana, menstruation is often surrounded by stigma and misconceptions, which can affect women's health, education, and overall well-being. Understanding the context of menstruation in Ghana requires an examination of various factors including cultural beliefs, access to menstrual hygiene products, educational initiatives, Government and the role of government policies.

Over the years, conditions surrounding menstruation is treated as problematic and abnormal which needs only medical intervention or a treatment. (King, 2021, p.162). Some feminist scholars have argued that menstruation has become a socially constructed phenomena or illness. This act of abnormalizing a natural bodily function leads to the absence of inclusive interventions to address menstrual hygiene at workplaces. Responsibility to provide menstrual hygiene resources are being shifted from the employer to the employee.

It is important for policy makers to address issues of poor working conditions when dealing with menstrual health issues (King, p.166). Challenges faced by menstruating people who work in an unhealthy working condition are often attributed to their menstruating bodies as the problem, instead of focusing on inadequate access to toilet facilities, clean water, rest breaks, and medical care.

2.2.1 Contextualizing Menstruation in Ghana

In Ghana, menstruation is metaphorically masked with euphemisms, making it an experience which cannot be openly discussed. Agyekum (2002) emphasizes on two models of menstruation, which are the “*negative*” and “*positive*” models (p.374). The negative and positive models indicate the “*pollution (filth)*” and “*power (importance)*” respectively. These models reflect the beliefs that are deeply rooted in the Ghanaian society and are shaped by Ghanaian traditional values and modern interpretations influenced by colonial and post-colonial impacts.

BRAGORO-Puberty Rite

The Bragoro ceremony is a popular passage rite celebrated by the Akan ethnic group in Ghana to mark the transition of young girls into womanhood and also serve as a significant educational and communal event. Before the ceremony, young virgin girls between the ages of 10-15 who have just menstruated are selected to participate in the ceremony. Parents of these young girls firstly inform the elders (the Queen mother) of the community about their daughters’ menarche. A date is selected and preparations are put in place. During the ceremony, the young girls undergo cleansing rituals in the community river as purification and afterwards they’re dressed in traditional clothing that symbolizes their new status as women. Throughout the ceremony, these young girls are paraded through the community, escorted by drumming and singing. This ceremony is a great fulfilment to these young girls and their families because it is a source of pride. Through this rite, the elders (Queenmothers)

share information to these young girls and the gathered people, on menstruation and reproductive health, and womanhood.

2.2.2 Positive Model

The positive model recognizes the power, purity and significance of menstruation in the Akan society (Agyekum, p.379). Women in this ethnicity place much emphasis on this model because it signifies womanhood and fertility. Some religious beliefs even emphasize that the best time for a woman to meditate and pray for their husbands and families is during their menstruation, because that is when they are more powerful. This positivity attached to menstruation in the Akan society is proven more with *Bragoro*, a traditional puberty rite performed for young girls after their first menstruation, as a sign of transition into womanhood. This traditional practice was popular many years back but fading in recent years due to modernity and urbanization. (Crentsil 2015). According to Crentsil, religion and western education have played role in the fading of puberty rites, consequently affecting the perceptions on menstruation and related matters. *Bragoro* was openly performed with community members being educated about menstrual hygiene management. Before colonialism, the indigenous Ghanaian tradition treated menstruation positively. It was treated as a responsibility of all members of the community and not just menstruators. In recent years, menstruation and its crucial aspects are regarded as an individual and private condition which has led to its exclusion from most social policies.

2.2.3 Negative Model

This model portrays menstruation as filthy and need not come into contact with men's superiority and purity in the Akan ethnicity (Agyekum, p. 374). The initiation of this negative model reflects how colonized societies gradually internalized the Western binary philosophy and its beliefs. Menstruating women in the typical Ghanaian society today and certain religious beliefs, may not be allowed to cook for their husbands, or any man at all. Some women are made to avoid contact with crops and water streams because of a perception that menstruation has an evil connotation and therefore may have negative influence on the crops and water.

Menstruating women are not allowed close to sacred and ritual areas. Some villages have spaces set aside for menstruating women to stay during their periods to avoid being in contact with men and can only communicate to men, specifically their husbands, through a spokesperson, who is usually a child (Ibid). The Akan ethnicity is the biggest ethnicity in Ghana, and the Eastern Region is one of such ethnicities.

2.2.4 Colonialism as an Underpinning Factor

Gottlieb (2020) asserts how colonialism has impacted attitude toward gender roles and bodily functions, and the traditional perceptions about menstruation (p.151). Gottlieb emphasizes on how colonization introduced a Western philosophy of dualistic or binary world-view and how this view was used to shape religion (Christianity and Islam) by establishing religious binaries such as "pure/impure", "clean/unclean", "holy/unholy" (Ibid). These two models are present in Akan and non-Akan societies but I choose to explicitly focus on the Akan context because it is the largest ethnic group in Ghana and Oyoko, my research site is an Akan community.

Cultural Beliefs and Stigma

In Ghana, socio-cultural beliefs and practices significantly influence how menstruation is perceived and managed. Menstruation is often surrounded by taboos and stigmas that can affect girls' self-esteem and social interactions. For instance, some communities consider menstruating women as impure or unclean, leading to restrictions on their participation in certain activities or access to specific places (Kpodo et al., 2022). These cultural norms can create an environment where discussing menstruation openly is discouraged, thereby limiting girls' access to accurate information about menstrual health.

In many communities in Ghana, menstruation is viewed through a lens of taboo and secrecy. Traditional beliefs often dictate that menstruating women should be isolated or treated differently. For instance, some cultures believe that menstrual blood is impure or that women should not engage in certain activities during their periods (Mason et al., 2017). This stigma can lead to feelings of shame among young girls and women, discouraging them from discussing their menstrual health openly.

In many parts of Ghana, menstruation is still perceived as unclean or impure, a view that has roots in traditional beliefs and cultural practices. Among the Akan, for instance, menstruating women are often prohibited from participating in certain activities, such as cooking, entering sacred spaces, or engaging in religious rituals. These restrictions stem from longstanding taboos that frame menstruation as polluting, which in turn stigmatizes menstruating girls and women, isolating them socially and emotionally during their cycles.

This stigmatization often manifests in the form of secrecy, where girls feel ashamed to discuss menstruation openly, leading to misinformation and misconceptions. This lack of dialogue around menstruation contributes to inadequate knowledge about menstrual hygiene management (MHM) among both girls and boys. As a result, many menstruators experience

anxiety and shame during their periods, affecting their participation in school and community life.

Access to Menstrual Hygiene Products

Access to menstrual hygiene products remains a critical issue in Ghana. Menstruators face challenges in obtaining sanitary pads due to financial constraints or lack of availability. According to a study conducted by the United Nations Children's Fund (UNICEF), approximately 1 in 10 girls in Africa misses' school during their menstrual cycle due to inadequate access to sanitary products (UNICEF, 2020). This situation exacerbates gender inequality as it directly impacts education and future opportunities of menstruators.

Educational

To combat the stigma surrounding menstruation and improve access to hygiene products, various NGOs and governmental organizations have initiated educational programs aimed at both menstruating and non-menstruating people. These programs focus on dispelling myths about menstruation while promoting understanding of reproductive health. For example, initiatives like "Menstrual Hygiene Day" aim to raise awareness about the importance of menstrual hygiene management (Sumpter & Torondel, 2009).

A study by Kumbeni et al. (2021) found that approximately 20% of women/school girls reported missing work or school due to menstruation-related issues. The primary reasons cited included severe menstrual pain (dysmenorrhea), lack of access to sanitary products, and inadequate privacy for changing menstrual materials at school.

A study conducted by Montgomery et al. (2012) revealed that providing menstrual hygiene products, such as reusable pads, significantly reduced school absenteeism in

Ghanaian girls. This suggests that improving access to affordable menstrual products and investing in school infrastructure can have a direct positive impact on girls' education.

Government Policies

The Ghanaian government has recognized the need for improved menstrual health management as part of its broader commitment to gender equality and women's rights. Policies aimed at increasing access to affordable sanitary products have been introduced; however, implementation remains inconsistent across different regions (Ghana Health Service Report, 2018). The government's efforts are crucial for ensuring that all menstruating persons can manage their menstruation with dignity.

The Government of Ghana, in collaboration with various non-governmental organizations (NGOs), has taken steps to address menstrual health challenges, particularly through school-based programs aimed at improving menstrual education and hygiene management. For example, the Ministry of Education has included menstrual hygiene management in its school health policies, and NGOs like UNICEF and WaterAid have provided menstrual hygiene education and sanitary pads to women in marginalized communities.

However, policy efforts have often been fragmented and insufficiently integrated into broader health and education frameworks. There is a need for a comprehensive national policy that addresses menstrual hygiene management as part of sexual and reproductive health rights. Such a policy should focus on removing economic barriers, improving infrastructure, and challenging the socio-cultural taboos that perpetuate menstrual stigma.

Menstrual Hygiene Management (MHM)

In recent times, there has been a high awareness of the fact that menstrual hygiene management practices have an impact on the health, education and psychosocial outcome of women in the lower-and middle-income countries (Hennegan et al., 2016). It is evident that

most women in these countries have serious challenges in the safe management of their menstruation. This results in behavioural restrictions, reduced attendance to work places, or loss of dignity (Hennegan et al., 2016). Women between the age of 18- 25, however, are the most affected in this regard, as socio-cultural practices in these countries even make matters worse because of the secret nature of it (Karki & Khadka, 2019).

Menstruation, according to Fraser, (as cited in Tellier & Hyttel 2018), is the flow of blood and tissue lining the uterus through the vagina of a woman in every 28 days. Menstruation plays a vital role in the physiological maturation of the female. However, to ensure that the female is in a healthy state of being, this period must be backed by hygienic practices (Ndana, 2018).

The term, menstrual hygiene, refers to the various steps and practices that a woman is expected to undertake during menstrual periods in order to remain healthy (Karki & Khadka, 2019). According to Tjon Ten (as cited in Mimche, Yongsi, Tamekeng & Noumeni, 2017), menstrual hygiene involves practices or behaviours that seek to promote health in order to avoid infections during menstruation. They further postulated menstrual hygiene management as the totality of approaches applied by women during their periods. In other words, it refers to the manner in which women maintain their hygiene during monthly bleedings (Mimche et al., 2017).

Managing menstruation involves a multidimensional approach that aims at ensuring that the dignity of women and girls is preserved in order to minimise marginalisation (Tellier & Hyttel, 2018). Effective management of menstruation remains a source of good health to women and, therefore, preventing them against possible infections such as; urinary tract, pelvic inflammatory diseases and vaginal thrush. It further serves as a protection against bad smell and public ridicule emanating from soiled garments (Torondel, Sinha, Mohanty, Swain, Sahoo, Panda, & Das, 2018).

Consequently, in some regions of Africa and other poor menstrual management has been one of the major catalysts for not going to work or school by some adolescents (Ndande, 2018). The relationship between menstruation and work or school attendance is so evident that women/girls miss between one to four days' work/school during monthly periods (Claire, 2016). This comes as a result of the inability of these women/girls to properly manage their menstrual bleeding.

According to the requirement by the Universal Declaration on Human Rights and the Convention on the Elimination of all Forms of Discrimination against Women (General Assembly, 1948 and 1979 respectively) and the International Covenant on Economic, Social, and Cultural Rights (1966), it is evident that poor MHM affects the rights and dignity, privacy, health, gender equality, education and work, as well as the right to water and sanitation of girls (Hennegan, 2017).

Drawing from this and other evidence provided above, it should be made clear that for menstruating people to be able to successfully manage their menstruation, there is the need for them to have access to some basic facilities. Such facilities include, access to soap and water for washing the body and absorbents, water and sanitation facilities, adequate information about menstruation, adequate education and awareness on the use of physical facilities, and the availability of good nutrition to replace blood loss (Hennegan, 2017; Ndande, 2018).

2.3 Theoretical Framework

2.3.1 Intersectional Approach

This research employs Crenshaw's (1997) intersectional approach and Mannheim's generational theory as my tools through my research to be able to provide a comprehensive empirical data to understand how women farmer workers experience marginalization.

Crenshaw explains how different types of discrimination in relation to race, gender and class interact and overlap to have implications on individuals in various complex ways (p, 178). Through an intersectional lens, we understand how different forms of marginalization overlap and intersect. Further incorporating coloniality and a concept intersecting with gender and class to understand how women farmworkers experience marginalization in the agriculture sector. Historically, colonial powers and legacies have immensely influenced patriarchal systems that have marginalized women and perpetuated class hierarchies (Glenn, 1985). Due to this, women tend to face some unique challenges because they are rooted in gender and class oppressions, influenced by colonial legacies. Some of these unique challenges include labor exploitation, lack of resources (*sanitary pads, water, necessary facilities, etc*), cultural stigmas and taboos on their bodies (*in relation to menstruation*) and roles. To identify the existing struggles of women in agriculture, one needs to delve deep to understand the dynamics of these intersecting oppressions, which are the gender oppression, class oppression, and colonial legacy.

Examining MHM through the lens of intersectionality, this study explores on how historical factors and colonial legacies intersect with gender and class to further understand these challenges faced by women farm workers, by highlighting these dynamics shapes women's experiences in managing their menstrual health matters. This intersectional approach emphasizes on how crucial it is to consider coloniality and its impacts when addressing present day issues of gender, economic justice ,menstrual hygiene and overall health of workers, especially women, in the agricultural sector.

2.3.2 Generational Theory

Generational theory by Mannheim proposes a macro-sociological perspective that explores some similarities or differences shared by different generations. It is very crucial to understand

the perceptions of each generation on social issues and core values to be able to understand society and the changes that happen overtime. The generation in which one is born into is what shapes how they act, receive and process information. Individuals who belong to the same age cohort share common history, events and values which consequently influence their worldview. Some examples of these generations are the Gen X, Baby Boomers, Millennials, Gen Z, and Generation Alpha. Individuals born in each period share almost same experiences and traits. Mannheim asserts that, people learn essential values from their parents and community (school, church, etc.) which builds their personality and shapes their consciousness through their entire lives. As people grow and engage more with the real world and share collective experiences, they develop a unique perspective about the world which Mannheim termed this unique experience as the “fresh contact”. Mannheim also proposes the concept of “social location” which explains that irrespective of one’s geographical location, each generation will share a common historical and social context. In this case, there is a connection between individuals born in a generation no matter where they may find themselves eventually shaping their worldviews.

Mannheim’s generational theory will help to explore and understand how women farm-workers with diverse generations experience menstrual hygiene management. According to Mannheim (1970), the problem of generations is important to understand the social changes over a period of time (p. 163). Mannheim further asserts that in order to understand the concept of generations, we have to analyze how people within the same generation relate with one another. Individuals of the same generation do not share the same goals and experiences. Generation can also be compared to how class position operates. The way one’s social class position reflects their place in society is the same way generation also reflects one’s social “location” in a specific period of time (p.167).

A Representation of some generations.

Generation	Year Born	Age (in 2024)
The Silent Generation	Before 1945	79 and above
Baby Boomers	1946-1964	60-78
Generation X	1965-1979	45-59
Millennials	1980-1995	29-44
Generation Z	1996-2009	15-28
Generation Alpha	2009- present day	14 years and below

Table 1; representation of generations

Sub generational Differences

Sub generational differences refer to variations within a single generation, often segmented by smaller age cohorts or significant life events that create distinct experiences and values among members of the same broader generational group. These differences are critical in understanding the nuanced behaviors, attitudes, and preferences within a generation. The concept of sub generational differences can be traced back to early sociological theories. Karl Mannheim's seminal work on generations emphasized that historical events impact individuals differently based on their age at the time of the event (Mannheim, 1952).

This idea laid the groundwork for recognizing that even within a single generation, there can be significant variation in experiences and perspectives. Understanding sub generational differences is essential for accurately capturing the diversity within broader generational categories. These differences highlight that while broad generational labels like "millennials" or "baby boomers" are useful for generalizations, they often mask significant internal diversity shaped by historical events, cultural shifts, and life stages.

In this current study, two major cohorts were gotten from the study which are classified as;

Major Cohorts	Subgroup 1	Subgroup 2	Number of Women
Millennials	29-34	35-44	8
Generation X	45-49	50-59	6

Table 2: subgroups within selected generations

Below are the ages of participants in order from participant one to fourteen;

48, 34, 32, 43, 50, 29, 31, 58, 30, 42, 45, 46, 45, 38

2.3.3 Social Theory of Perception

This study also incorporates the social theory of perception developed by Ichheiser in 1966. Based on the theory of social context, our perceptions of others, whether they are favourable or unfavourable, are the primary factors that affect how we behave. The focus of psychologists is on how people form opinions about other people and how their relationships can be impacted by their opinions. Ichheiser (1966), discusses the processes through which past impressions are formed, prejudices and judgemental feelings, and the ways in which we form relationships and come to like certain people through personal relationships.

Menstruation being shrouded in stigma and secrecy, does not only influence the lived experiences of women but it also shapes the perceptions held by men on menstruation and women in general. Understanding how men perceive women and menstruation is crucial, as these perceptions can significantly influence interpersonal relationships, workplace dynamics, and the overall support women given to women during their menstrual periods at work, especially in a male dominated sector like agriculture. This theory, as articulated by Ichheiser (1966), provides a valuable outline to examine these dynamics, emphasizing that one's attitudes and judgements towards others are shaped by cultural norms, past experiences, and

social context. Most men in the Ghanaian society, especially in the rural areas hold negative views about menstruation and have eventually internalize stereotypes that is associate with it as weakness and filthiness. This misunderstanding leads to a lack of empathy contributing to women farmers inability to access resources in their male dominated field of work. This exploration highlights the importance of reshaping societal attitudes towards menstruation, ultimately contributing to a more supportive environment for women, particularly in contexts such as rural agricultural settings.

Lieberman (2010) explains social perception as the process of acquiring impressions and understanding others. The physical, verbal, and nonverbal interactions that people have with other people can provide information about the emotions and moods of those around them. Further, Kelley and Michela (1980) and Fiske and Taylor (2013) argue that social perception involves how people interpret and judge other people; how they develop judgments, extrapolate conclusions, and attempt to comprehend other people's behavior. This study of social perception examines the factors that influence how people process, organize and recall information about other people, also called social cognitive or native psychology.

According to this theory applied to MHM, the way a pubescent adolescent perceives subsequent menstrual flows will be determined by her first experience of menarche and how she manages it. As a result of their level of knowledge or the information available to premenstruating adolescents, menstruating adolescents may have negative feelings about menstruation. In contrast to developed countries, the situation is different because most of these adolescents have no prior knowledge of menarche and how it should be managed. Initially, they are disappointed and embarrassed, and subsequent experiences pose mental and emotional nightmares. Menstruation is considered bad by society and culture, so they see themselves as dirty, smelly, unfit to mingle with others, etc., since they lack information on how to properly manage it (Ichheiser, 1966). This has caused menstruating people to have

negative opinions about themselves and how they perceive others to think about them because of this.

People in developing countries generally have a hostile and secrecy attitude towards menstruation, making menstruating adolescents feel as if they are at war with society as soon as they reach menarche. As a result, society cannot distance itself from the hostile attitude towards menstruating adolescents because they see menstruation and related matters as sexual matters and shouldn't talk about in public. In addition to that, menstruation is associated with several sociocultural issues, and once an adolescent reaches menarche, she is subjected to those cultural influences, whether favourable or unfavourable.

For the adolescent girl in menstruation, an initial negative impression about the phenomenon, combined with an inability to manage the flow in a hygienic manner, will only make matters worse. The theory holds that society's initial or later impression of menstruating adolescents, such as being unclean, smelly, impure, bad luck, among others, actually leads to their negative attitude towards themselves. As a result, adolescents perceive menstruation and menstrual management differently (Ichheiser, 1966).

The attitudes and behaviours displayed by society and institutions toward menstruating adolescents and women negatively impact their psychological and emotional well-being, according to Koeng, Hossain, and Whittaker (1997). Consequently, adolescents and women hold a bad perception about menstruation and its management as a result of this. Despite these benefits, impression creation, although effective in influencing people's perceptions, may not always work because assumptions based on scant information can distort impressions (Wishner, 1960).

Furthermore, prejudice and discrimination play an important role in influencing perceptions of people. A prejudice or discrimination occurs when a society begins to judge and hold unfavourable negative views against a specific group of people (menstruating

people) in its narrower sense. In this way, all menstruating people, particularly adolescents will also experience a change in their judgment toward society as a result. It is difficult to change prejudiced viewpoints regarding others once they have been formed, which constitutes a component of the social theory of perception. They may not perceive others with prejudice or discrimination, but they might only diminish their negative sentiments toward others under specific circumstances (Ichheiser, 1966).

In the social theory of perception, interpersonal attraction is one of the components that explain why people perceive other people as attractive based on their interactions with them. Interpersonal attraction is strongly influenced by a number of factors (Ichheiser, 1966). These include perceived competence, familiarity, mutual liking, and physical attractiveness. Individuals' reactions to others are strongly influenced by how they look. Being attractive may be important for many reasons, but being with attractive people elevates one's status and prestige, which is one of those reasons. Adolescents who use proper sanitary products during their menstrual cycle can change people's perceptions of menstruating adolescents as unclean by becoming clean during their period.

In accordance with the theory of perceived competence, people are more likely to be drawn toward those who appear competent, knowledgeable, and bright. We may also find some satisfaction in being among competent individuals. As a result, we may find it more endearing if a skilled individual occasionally displays symptoms of imperfection (Aronson, 1988; Ichheiser, 1966). Bruce (1990) shares the same opinion. It is his opinion that adolescents' perceived competence in managing their menstruation may attract individuals who initially perceive menstruation as a negative aspect.

METHODOLOGY

CHAPTER THREE

3.0 INTRODUCTION

This chapter presents the methodology used in collecting and analysing the data of this study. The chapter begins with the research design, this is followed by the area of study area. The population of the sample is also presented. Subsequently, the sample size, data collection method, data analysis and the ethic governing the research is presented.

3.1 RESEARCH DESIGN

This research employs an exploratory qualitative design which involves semi-structured interviews with women cocoa farm-workers in the Oyoko community about the impact of inadequate hygiene facilities on them. This study employed a qualitative research approach to gain an in-depth understanding of exploring menstrual hygiene management experiences of women-farm-workers who are been employed by the government of Ghana to work in government rural farms in Ghana, specifically, Oyoko community in the eastern region of Ghana.

Participants were selected from diverse age groups to provide an appropriate representation of different generations and how they experience menstrual hygiene management which influenced the use of purposive sampling in the methodology. Although, purposive sampling was employed from the initial stage, snowball sampling was also incorporated to be able to capture the generational diversity. Firstly, purposive sampling was used to select farm-workers who represent the entire farm-workers and play key roles in the farm production, by using their ages as a criterion. Recommendations were asked from them to involve other farm-workers who may be useful in terms of generational diversity.

Qualitative techniques allow researchers to develop deeper understanding of experiences directly from affected individuals (Bryman, 1984). This method helped to delve deeper to more complexities that employed theories may not cover. By so doing, fifteen (15) farm-workers were recruited for interviews. According to (Palinkas *et al.*, 2015), purposive sampling helps to highlight the diverse insights that are important for the research question, from key social actors. A semi-structured interviews comes with flexibility, which allows respondents to add up information that the questioning may not have covered. Though maintaining my stance on topic, so not to gear off topic (Benard, 2017, p.165).

3.2 Area of Study

Oyoko Community in Eastern Region of Ghana

Demographics

The Oyoko community is predominantly inhabited by the Akan ethnic group, which is one of the largest ethnic groups in Ghana. The population consists of various age groups, with a significant number of young people, reflecting both traditional family structures and modern influences. The community engages in various economic activities, including agriculture, trade, and small-scale manufacturing. The farm workers earn a monthly salary of 1000 Ghana cedis (57.77 euros). Through the interviews, these farmers bitterly complained of how insufficient that is due to high cost of living. Some farmworkers also complained about how unreliable their contracts are because when their 6 months contract ends, they may end up not being called back to work.

Cultural Significance

Oyoko has rich cultural traditions that are reflective of the broader Akan culture. Festivals such as the Akwantukese festival are celebrated annually, showcasing traditional music,

dance, and food. These cultural events serve not only as a means of preserving heritage but also as opportunities for community bonding and tourism.

Economic Activities

The economy of Oyoko primarily revolves around agriculture, with many residents engaged in farming activities that include cocoa production, cassava cultivation, and palm oil extraction. Additionally, there are small businesses that cater to local needs such as grocery stores and craft shops. The proximity to Koforidua allows for access to larger markets where goods can be sold or traded.

3.4 Population and Sampling Techniques

A purposive sampling technique was employed to select information-rich cases that can provide in-depth understanding of exploring menstrual hygiene management experiences of women farm-workers who are been employed by the government of Ghana to work in government rural farms in Ghana, specifically, Oyoko community in the eastern region of Ghana. This method was used to recruit women farm-workers who are currently employed by the government of Ghana to work in the government farms and are residing in the Oyoko community in the eastern region of Ghana and have been very active in farming for the last one five years.

Selection Criteria of Women in Oyoko, Eastern- Ghana:

Three main factors were considered for the selection criteria of women farm-workers in Oyoko in the eastern part of Ghana. Firstly, the major factor focuses on under-representation of women in the Agric-sector in Ghana (Khalid, 2017, p.93).

Secondly, the low socio-economic status of women farm-workers in Ghana and how this status influences access to menstrual hygiene resources. And thirdly, cocoa farm-workers were selected because cocoa is a valuable commodity in Ghana's economy and women play significant role in this sector.

The Oyoko community selected for my research, is a rural setting with its inhabitants coming from mixed cultures and ethnicity, with farming being their major occupation. Despite the contributions of these farm-workers, they lack access to hygiene facilities which raises a major concern on menstrual health of menstruating farm-workers.

3.5 Sample Size

The exact sample size was determined by data saturation. However, the study recruited approximately 10-15 participants, i.e., ten – fifteen women farm-workers from the Oyoko community in the eastern region of Ghana. To enable the gathering of explorative response data, semi-structured interview guides was developed based on the research objectives and theoretical frameworks. This method was useful for collecting valuable information through in-depth interviews.

3.6 Sources of Data

This study utilized both primary and secondary data sources. Primary data were collected through in-depth, semi-structured interviews with women farm-workers in Oyoko community. Secondary data were obtained from relevant government reports and policy documents, published literature and research studies.

3.7 Data Collection Methods

Interviews conducted lasted between 30-40 minutes. The interview was gathered by first-hand accounts of exploring menstrual hygiene management experiences. Interviews was conducted at accessible locations within the community. An interview guide was developed

to ensure consistency and coverage of relevant topics while allowing for flexibility and probing. The interview guide includes questions related to menstrual hygienic management and exploring menstrual hygiene management experiences.

3.8 Data Collection Procedure

Prior to data collection, necessary approvals and permissions were obtained from relevant authorities and ethical clearance committees. Approval from the ethics committee of the International Institute of Social studies was obtained before the commencement of the study. Prior to the interviews, the relevant authorities, that is one of the senior supervisors who happens to be a friend of my mother was contacted and one of the senior farmers who is ranked higher at the workplace due to her years of work experience with the COCOBOD. Informed consent was sought from all participants, and confidentiality and anonymity were assured. Interviews and discussions were audio-recorded with the consent of participants and transcribed verbatim for analysis.

3.9 Data Management and Analysis

Qualitative data analysis was conducted using thematic analysis, which involves identifying, analysing, and reporting patterns or themes within the data (Braun and Clarke, 2006; Williams and Moser, 2019). Transcripts from interviews was coded, and emerging themes was organized and interpreted to provide an in-depth understanding of the MHM and its impact health of the women farm-workers. The data analysis process were involve in the following steps: familiarization with the data through repeated reading of transcripts, generation of initial codes to identify relevant features of the data, searching for themes by collating codes into potential themes, reviewing and refining themes to ensure coherence and distinctiveness, defining and naming themes to capture the essence of each theme, and

producing the final report by selecting vivid and compelling examples to illustrate the themes (Braun & Clarke 2006).

3.10 Ethics (Positionality and Researcher Reflexivity)

Shaw et al., (2020) indicates how important it is to follow ethical guidelines to ensure you respondents feel safe (pp 1-2). Respondents were given the opportunity to back out of the interview at any point they felt uncomfortable with the questioning. Respondents were also allowed to skip questions if they saw the need to.

Menstruation is considered a shielded topic in many parts of Ghana, especially in the rural areas. Some people may refrain from taking up such discussions due to their personal beliefs. The interview questioning did not go straight into the topic of menstruation and menstrual experiences, because that may be perceived suspicious due to certain “spiritual” or religious beliefs. Questioning started from asking the participants how their experiences have been so far as farm-workers and which parts of their work life they like or dislike and why. That was where the topic of changing rooms and lack of toilet facilities started to pop up, eventually redirecting my questioning to the objective of the study.

Positionality and reflexivity

My positionality as a master’s student who studies in Europe, my respondents may perceive me to be in a certain class above them and assume that I am only in to extract information for my personal gains, which may be a hindrance to me and my research. This informed me on how to speak with my respondents in a manner that would not put me above them as they may have assumed. At some points of the interview, I shared some bad personal experiences I had with my first menstruation and the lack of support from home and school as an adolescent girl.

On the other hand, my positionality as a menstruating person who has lived in the Oyoko community for a short period of time and experienced the poor hygiene and water situation, I recognize myself as an insider and have the pre-existing belief that farm-workers on the field are treated as undeserving and lack proper working conditions due to their social class. Being aware of my bias belief with inadequate proof informed my reflexivity to be neutral and open minded to find out other complex determinants influencing this phenomenon. Berger 2015; Shaw et al., (2019) assert how crucial it is for researcher to employ positionality and reflexivity to prevent further marginalization.

3.11 Limitation of the study

My positionality is one major inevitable limitation. Being an educated woman living in Europe created a slight barrier in relation to class differentiations with these farm-workers who have lower level of education. As someone who live in the urban city of Ghana in most parts of my years, I struggled to translate some key words to the Ghanaian Akan language (Twi) which made it difficult for some of the women to understand my question to give me appropriate answers. This affected the time frame set for the interviews. At a point, I was forced to employ a translator who teaches Ghanaian language in Primary School, also residing in Oyoko to assist me with proper communication.

3.11.1 Technical and Connectivity Errors

Communicating with these farm-workers through video calls limited my access to their facial expressions and body language which I believe would have been a contributing factor for my analysis just as their verbal communication did. There were times where interviews had to end abruptly due to connectivity errors. Nevertheless, this experience has helped me to

understand how important it is for a researcher to consider many factors such as location and availability in embarking a research study.

CHAPTER FOUR

PRESENTATION OF FINDINGS

4.1 Introduction of Major Themes

This qualitative study explores the complex challenges that are faced by these farm workers in accessing vital resources and facilities during working hours. Through this in-depth interviews, various themes emerged, highlighting the interaction between their personal and individual circumstances, family relationships, and societal structures. Although there were numerous themes that emerged, these three major themes give a clear understanding of the factors that influences women's health and hygiene practices to ensure better social policy interventions and support mechanisms.

Theme 1: “Financial and Resource Limitations”:

This theme discloses substantial barriers faced by these participants, which includes financial constraints to access sanitary products and inadequate access to basic facilities on the farm during working hours. These challenges do not only affect their physical well-being but also have a great influence on their choices regarding hygiene practices.

Moreover, the uncertainty of contract durations adds up to the financial experiences faced by these farmworkers. Many of the farmworkers expressed their concerns on the uncertainty of their work contracts. Some workers expressed her frustration by stating that:

“ My work is good but the only problem is that type of contract limits me at work. I work on the nursery and that means this work is not reliable because when my contract ends its either I get called back or not, it is luck. Until I am called back to work again, I just stay home doing nothing. I am not really happy with my work and I wish I had something” [P.1]

“Yes, if not for my husband's support at home, I believe there may be times I would not be able to buy sanitary pads. Because my salary is not enough and I have 2 kids” [P.2,34 years].

Another participant discloses;

“We do not have water ooo.. So sometimes, I prepare myself and take water along to work, when I know I will need it. We have a stream that we sometimes use to wash our hands but it is quite far from the farm. There is no water. We have no bathroom to change ourselves. You have to go inside the bushes to do that” [P.3 32, years].

This explores the pressures faced by these women farmworkers who need to have a balance of their household responsibilities with the demands of their low-income earning jobs. Some of them have their families relying on them for support, emphasizing the inadequacy of their incomes and the implications that has on their health and well-being.

These evidences show the urgent need for better working conditions and support systems for cocoa farm workers in rural Ghana. Immediate addressing of these challenges is crucial for their health and hygiene, as well as their overall quality of life.

Theme 2: “Social and Family Dynamics”

This theme highlights the vital role of family relationships in shaping one’s experiences and perceptions. The contradiction of secrecy and support within a family structure shows how communication can either ensure or hinder accessibility to vital resources and information. The dynamics of support and secrecy can create a complex role that significantly affects one’s well-being within a family. Open communication in some family setups is vital for accessing some resources like education, health and hygiene, and even emotional support. This means, when some members are forced to hide some issues, it may lead to hindering the needed support.

Two respondents shared their experiences on how their parents encouraged an open discussions and secrecy respectively.

“Yes, it was the same everywhere. My father did not know about it. My mother asked me to not let him see or know about it” [P.12, 46 years].

“ohhh me, my mother and Father lived with me as though they were my siblings, so I did not hide anything from them. I share my all problems with my father and Mother. That’s how I see everybody else” [P.4].

Further asking these respondents about how they seek for assistance from their Boss at work during their menstrual period. Respondent 4 expressed how she easily discloses her menstrual issues with her Boss without having to hide from him, while the other respondents had to hide their situations from their Boss.

“Okay, honestly, I am able to tell my Boss that I am unwell. I tell him straight forward that I am on my period and unclean. For me I have severe cramps, even at my age, I still feel severe pains” [P.4].

The contradiction of support and secrecy proves how communication within family structures can either ensure or impede access to important and specific information. In most cases, family members shielded from realities tend to lead to silence around important topics, perpetuating feelings of discrimination and isolation. Equally, when families adopt an environment where open communication are encouraged, members will feel the need to seek support and also share their experiences, to ensure that access to necessary resources is achieved.

How families navigate through these dynamics can significantly have an impact on individual well-being and their ability to cope with challenges. By acknowledging the role of open communication within the family structures, individuals can have a better understanding of social and emotional situations to help shape individuals' lives and meet individual needs.

Theme 3: “Personal Challenges and Growth over time”

This theme explores the emotional experiences of these participants. This highlights how shyness as a trait can affect the connection these farmworkers can have with their supporting systems. It also highlights the strengths and improvements that farm workers can make over a period of time. Some participants indicated that they were initially reluctant to seek help or share their experiences with their Bosses often left them feeling marginalized. However, over a period of time, these participants have recognized the importance of open communication, to attain personal growth and enhanced well-being.

One participant reflected on this transformation, by stating,

“I think now it is much easier due to access to sanitary pads. I prefer the modern means of period management to the olden days” [P.4, 43 years].

This statement highlights the advancements in resources availability as well as a shift in mindset.

Initially, many of the farmworkers faced stigma and discomfort around discussing menstrual health and hygiene, especially during their formative years. Over time, as they became more exposed and informed, they began to be aware of their needs, fostering a sense of empowerment for seeking support. This change demonstrated, shows how personal growth is interconnected with access to information and resources, ensuring that individuals overcome societal barriers.

Moreover, the evolving dynamics within the families' structures contribute to this growth. As communication improves over a period of time, there is also an improvement in farmworkers' collective problem-solving. This interconnection helps to eradicate barriers and strengthen community ties for a supportive environment. This emotional experiences of women cocoa farmworkers reveal how they overcome personal challenges through improved access to resources and open communication.

Some major codes

“Shyness”, “secrecy from fathers”, “financial constraints”, “no access to water”, “lack of toilet facilities”, “lack of changing room”, “advice from mother”, “lack of family support”, “cost of sanitary pads”, “rags”, “improvement over the years”, “lack of support from family”

- **Shyness:**

Almost all these farmworkers experience shyness, which hinders open discussions about their menstruation and hygiene management at the workplace. This leads to reluctance to communicate their menstrual issues, preventing them from seeking for support when necessary and consequently reinforcing discrimination and stigma. As a result, they

struggle to access important resources like water, toilet facilities, sanitary pads for emergency situations, and information about menstrual health. Most of them end up going back home to change themselves during period which eventually affect their productivity.

“.....

- **Secrecy from Fathers:**

Due to cultural norms, women are discouraged from openly and comfortably discussing their menstrual issues with male family members, particularly fathers during their formative years. This secrecy leads to deprivation of support, because fathers in this case, are unaware of the challenges that may be faced by their daughters. This further perpetuates the stigma and “filthiness” surrounding menstruation, making it problematic for women to advocate for their menstrual needs and support.

- **Financial Constraints:**

Economic limitations are a substantial barrier to menstrual hygiene management. Many workers earn low income as indicated earlier. These farmers earn 1000 cedis per month, equivalent to 57.77 euros. Due to high cost of living, this salary is not adequate for a household that probably relies solely on this income. Eventually making it challenging to afford sanitary products. This is because most of these women are forced to choose between meeting their menstrual hygiene needs and meeting other indispensable needs, such as food, rent, and educational needs of their children.

- **Limited Access to Water:**

Generally, access to clean water in rural Ghana can be scarce, which tend to even complicate personal hygiene during menstruation. Being unable to wash one’s hands or change their sanitary products regularly as possible may lead to infections and other health risks. Moreover, this also contribute to feelings of uneasiness and humiliation during menstrual period at work.

- **Inadequate Toilet Facilities:**

These farmers disclosed the absence of proper toilet facilities on cocoa farms which poses a significant challenge for menstrual hygiene management and overall comfort. They end up hiding in the bushes to ease themselves which sometimes could be dangerous. Due to the lack of access to clean toilet facilities, and private spaces to change and dispose off sanitary

products, these workers end up having to return home during working hours to change themselves. This has a great impact on effectiveness and productivity at home.

- **Lack of Changing Rooms:**

Absence of designated changing areas on farms or at the workplace limits these women's ability to discreetly to manage their menstruation. This situation tends to cause anxiety, humiliation, and discomfort, because these workers may feel exposed and unready to deal with their menstrual issues in such a public setting.

- **Advice from Mothers:**

During women's formative years, their mothers play a crucial role in instilling in them, education on menstruation and hygiene practices. This maternal guidance empowers young women to fully understand their bodies and effectively manage their periods. However, if this maternal guidance is unattained positively, young women may tend to struggle in navigating their menstrual health and hygiene management due to adequate knowledge and resources.

- **Lack of Family Support:**

The presence of emotional and practical support from family members within a family structure can tremendously impact a woman's ability to manage her menstruation effectively. When there is a lack of such family support, women may feel out-of-the-way and overwhelmed, causing stress and a potential abandonment of their menstrual hygiene needs. A supportive family setting can positively encourage open discussions and a shared responsibilities incases of menstrual hygiene management.

- **Cost of Sanitary Pads:**

High cost of sanitary pads is a barrier for many women all over Ghana, not just the rural areas. The financial burden of purchasing menstrual products can cause significant stress, affecting women's overall well-being. Unaffordability of these products may lead to women resorting to using rags or other unhygienic materials, which can cause discomfort and health complications.

- **Use of Rags in formative years:**

This was derived from questions about their formative years. All of these women shared and experience on how they started their menstrual journey with rags. Although some of these women still use rags due to their familiarity with it during their formative years, some

women still use these rags because they cannot afford to purchase them. In the absence of affordable sanitary products, some women resort to using rags or other improvised materials which may provide a temporary solution, it often compromises good hygiene which increases a higher health risk, such as infections. This is a proof to the wide-ranging economic challenges faced by rural women.

• **Improvements Over the Years:**

Despite these challenges, in recent years, there have been outstanding improvements in menstrual hygiene management in rural Ghana. Increased awareness and advocacy, access to sanitary products, educational initiatives, have helped change attitudes and practices. These improvement and advancements encourage women to take control of their menstrual health and advocate for the necessary support and menstrual needs.

• **Absence of Family Support:**

Unsupportive family network can aggravate the challenges faced by menstruators during menstruation. When women fail to receive encouragement and support from family members, they struggle to manage their periods effectively, causing shame, anxiety, and isolation. A vigorous support system can help ensure resilience and overall health outcomes.

4.2 Other Significant Themes Derived

To thoroughly evaluate the experiences of women farm-workers on menstruation, it is important to examine the perceptions that these women have towards menstruation and how it has influenced their experiences and certain practices in terms of hygiene management during working period and the changes that has taken place over the years. Below are some other themes that were derived and used for my analysis. These themes add up to a broader explanation of my major themes that are already mentioned.

- Sub generational differences and similarities
- Influence of older generation
- Socio-cultural factors
- Changes that have occurred overtime
- Social Location
- Shared Experiences

4.3 Similarities and Differences within Subgroup

The subgrouping analysis is to help me identify variations that may be hidden in the aggregate data, to ensure tailored interventions that meet specific group needs. In this study, although participants showed a consistent experiences and perceptions of menstruation, some variations in menstrual hygiene practices and beliefs emerged, particularly concerning spiritual beliefs among women from different age groups. Understanding similarities and differences within subgroups is essential for drawing meaningful conclusions because it reveals patterns that may be overlooked in broader analysis. Most women in this study shared similar experiences from menarche to their current roles as farm workers, highlighting common perceptions of menstruation, stigma, and limited access to resources.

“.....We have lot of bad people walking around and searching for used pads which I heard they sell to rich men to use for rituals. They usually used those pads to exchange the destiny of the person who used the pad. So, I advise them to dig a hole and bury the used pads or even burn them totally. I wish much education is given on that when it comes menstruation” [P.8, 58 years-old]

Trying to inquire from another participant, if she had an idea or heard of such beliefs about used menstrual pads

“..Please I have not heard of that before”[P.13, 45 years]

“....I was taught that it’s something private that shouldn’t be discussed openly. (34 years-old)

4.3 Internalized Beliefs: Men’s view on menstruation

In relation to Ichheiser’s (1966) theory of social perception, many cultures, stereotypes have been associated with menstruation as a weakness or uncleanness and embedded in the consciousness of men. Men, over the period of time have internalized these beliefs, which has led to negative perceptions of women during their menstrual cycles. This has led to reluctance

to engage in discussions about menstruation and menstrual hygiene management and lack of empathy with these challenges faced by women in male dominated sector like agriculture.

One respondent shared a view on how one of their male Bosses brushed off their (workers) seek for support:

“Yes, I remember we went to work at one site and we told the Boss we wanted a separate changing room for women and one of them said even if you go to church, men and women use the same bathroom so he trashed our seek for assistance. Since then, we never asked again. Because we do not even have a changing room for women. You have to cover yourself with a cloth when youre changing. It is quite uncomfortable” [P.4].

Despite the accuracy of this theory to an extent, there are other factors that influenced how these men perceive these farmers and support them. This is because, some of the COCOBOD workers who are based in the office do have access to private and clean toilet facilities with water. This indicates that farm workers limited access is probably a result of their social and economic class, hence such treatment.

4.4 Influence of older Generation

Older generations have an immense influence in shaping societal attitudes toward menstruation, as reflected in literature and individual experiences. In this study, participants recount how their mothers and guardians taught them to be secretive about their menstrual experiences due to perceived "filthiness" associated with it leading to their reluctance to discuss their menstrual issues with their fathers during their formative years consequently limiting their ability to advocate for necessary hygiene facilities in male-dominated work environments. Furthermore, perceptions about menstruation are influenced by modern education. This was evident from some participants who shared their experiences of being

taught in school to hide menstruation from their male classmates to prevent being teased by them. This blend of familial and educational influences creates barriers that hinder women's willingness to express their needs related to menstrual hygiene.

“I was about 16. So, I told my mom, and she told me to quickly take a shower. After that she told me it is a taboo for someone to know about your menstruation and that if they get to know, they may not even touch you. Not even my father has to know about it” [31 years- old]

“...I got home and showed it to my mother and she asked me not to tell anyone because it is a secretive experience that does not need to be shared with anyone. So, even though I lived with my father also, but we did not share with him” [38 years- old]

“I was 12 going on 13, I think. It was my friend in class who saw that I had stained myself and told me. We told my class teacher and I remember we were on break at that time so my teacher asked the few boys in the classroom to go out and play. She said it was not good for the boys to see, because they will make fun of it and tell the others. I remember I was even asked to go home because of how I cried” [36 years - old].

4.5 Cultural and Socio-Economic Factors

Cultural factors play a significant role in shaping attitudes, beliefs, and practices surrounding menstruation across different societies. These cultural norms can influence how menstruation is perceived, discussed, and managed. For instance, in many cultures, menstruation is surrounded by taboos that can lead to stigmatization and silence around the topic. According to a study by Hennegan et al. (2019), cultural beliefs often dictate whether menstruation is seen as a natural biological process or something shameful that should be hidden (Hennegan et al., 2019).

In some cultures, menstrual blood is considered impure or dirty, leading to restrictions on women's activities during their menstrual cycle. For example, women may be prohibited from participating in religious ceremonies or entering certain spaces (Mason et al., 2021).

This cultural stigma can have profound implications for women's mental health and social participation. Both cultural and socio-economic factors significantly influence the experience of menstruation across different societies. Understanding these factors through literature helps researchers develop more effective interventions that address the unique challenges faced by women regarding menstrual health.

“In our culture, it is forbidden to be open about menstruation..and that is how it has always been since I was born (48 years- old)

“In our community, women are expected to take care of the home, During menstruation, these responsibilities become more challenging, it makes it difficult for me to prioritize my own health and well-being.” (40 years-old)

4.5.1 Influence on Bargaining Power

Some of these women have tried to persistently request for a changing room but to no avail. Due to their social position, they eventually drop the idea of fighting for them in order not to lose their jobs probably. Also, out of respect, which is a core Akan value, it may seem disrespectful for women of their class to keep pestering their Bosses, because it is assumed there may be other more important issues to be dealt with.

“I remember we went to work at one farm and we told the Boss we wanted a changing room and one of them said even if you go to church, men and women use the same bathroom.. since then, we never asked again. Because we do not even have a changing room for women. You have to cover yourself with a cloth when you're changing. It is quite uncomfortable” [58 years old]

4.6 Changes Over Time

Perceptions and practices on MHM have evolved significantly over the years, with shifts in attitudes toward menstrual products and access to information. Different generations have transitioned from the use of rags to sanitary pads. These shifts are influenced by the rise of digital media and public health campaigns, which have played a crucial role in educating women about hygiene management. Additionally, motherhood status have influenced on

these shift in attitudes, as their daughters learn about menstruation and hygiene management in ways that differ from their own experiences during adolescence.

A shift from rags to sanitary pads

“oohh I think there is a big difference now. Looking at when we started menstruating and as a young girl, you use your hand to wash blood when you are showering even before you eat. Though we got used to it but looking back now I find it very disgusting. Now with the sanitary pads, you take it out and just dispose them right away, very easy” [46 years-old]

“I think now it is much easier due to access to sanitary pads. I prefer the modern ways of doing things than the olden days” [43 years -old]

Access to Information and Technology

“mmm I think now people are getting enlightened. The awareness is getting much better as the years go by. For instance, with my situation, I was shy to tell even my mom. But now when you tune in your television, some programmes are openly discussing about menstruation and how to keep yourself clean. When you tune in radio it is the same.” [31 years-old]

“Even my children, I call them computer babies. When they come back from school, they tell me, “mama, we are doing this, mama we are doing that” so I gave them that name.. because I learn a lot from them.. giggles..”

[50 years- old]

Motherhood

“.....I remember one time my grand-daughter came back from school and she kept saying “menses.. menses” and I asked her who is menses?... [giggles].... she told me menses is in their school and that one of her classmates has it and their teacher has told them what it is. She is just 10 in a few months. But during our time, there was nothing like that at all. For a 9–10-year-old girl to even hear about menses. No.. no ..no” [58 years- old]

4.7 Social Location

According to Mannheim, unique historical and societal contexts which he terms as social location, is where individuals are located. One's social location comprises their culture, values, beliefs, geographical location and a shared or collective experiences which shapes people's perception. Most of these women grew up in other parts of Ghana outside the Eastern Region, but they tend to share the same perceptions during their formative years (adolescent stage) because they have internalized cultural values transferred from an older generation around the same period of time. Some participants had only come to live in Oyoko due to work.

"No.. I didn't grow up here..I only came here to work" [P.3, 32years]

This participant shared common views with other participants who grew up in Oyoko and other regions as well.

4.8 Shared Experiences

".. At that time, there was no sanitary pads. We used rags and toilet rolls. So that was what I used"

[43 years- old]

"She [her mother] gave me some rags to use and showed me how to fold them and them and also how to wash them and keep it clean". **[40 years- old]**

"...Personally, I do not ask directly. I give a different reason which is not related to menstruation. For instance, I say I have headache, I want to go home for some medication. I cannot say it directly because he is a man. It would have been easier if our Boss was a woman because she would know exactly how it feels. Sometimes I just give an excuse that I have headache and need some time off" **[48 years- old]**

" Ohhh no. You can't say it directly. Like I said earlier, it is embarrassing. So, you have to have a nice excuse like "ohh I have some where to go urgently". But to say it directly, I cannot" **[32 years- old]**

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.1 Introduction

In this chapter, the findings that were presented in chapter 4 will be critically analyzed in relation to the experiences, perceptions, and practices of women farmworkers concerning menstruation and menstrual hygiene management experiences in Oyoko, Eastern Region of Ghana. The data gathered explores the major themes disclosed in the previous chapter. These themes are sited within Mannheim's generational theory with much focus on his concept of "social location" by examining its significance as well as limitations. This is to help understand the complexities involved in addressing societal issues such as menstrual experiences of women farm-workers.

5.2 Menstrual Experiences

Women in this study share a collective experience from the start of their menstruation. These experiences mostly influenced by the information they got from their mothers. As the generational theory asserts that information transferred to individuals stays with them for a life time. This study provides empirical evidence to attest to the fact that, the perceptions these women had about menstruation in their formative years has an impact on how they willingly seek for assistance in regards to facilities and support towards menstrual hygiene management at work.

5.3 Menstrual Hygiene Practices

5.3.1 Religious and Practical Reflections

The women in this study shared diverse experiences with hygiene management specifically in regards to the type of menstrual products they use and how these practices have evolved over a period of time. Most of the women claimed that although they started using cloths

during their first menstruation, they have transitioned to using new sanitary pads due to its comfort and convenience.

However, some of the women indicated that they still use cloths or rags during menstruation because of its comfortability and familiarity from their formative years. Other practices such as disposal methods of some of these women is influenced by religious beliefs as well as through educational programmes on menstrual hygiene. Some respondents indicated how she either burns or bury her used sanitary pads to avoid potential misuse for rituals, reflecting her beliefs in the spiritual implications. Other respondents who are ignorant of this spiritual implication took the pragmatic method of wrapping and disposing them in the bins. This indicates a range of attitudes towards a spiritual and practical reflections.

5.4 Re-Analyzing Social Location

Through the data collection, it was evident that most of the women were raised in different regions or communities in their formative years, and therefore seem to share the same experience or have the same perception about menstruation. However, focusing more on the concept of social location overlooks a more broad and distinct factors that come to play in influencing one's perceptions. For instance, one participant (43years- old) revealed a contrasting perception unlike the other women from her generation and sub generation. She described how her family values impacted her upbringing by creating a supportive and open environment to share her menstrual issues with both mother and father.

5.4 Limitations of Generational Theory

Exclusion of Intersectionality

Failure to acknowledge how individuals possess diverse and multiple, overlapping identities like gender, race, class, and economic status, social policies and discussions may tend to overlook the exact needs of diverse groups and individuals, which results in

oversimplification (Crenshaw, 1989). Exclusion of intersectionality in discussions of social issues leads to a narrow understanding of social dynamics and inequalities. This exclusion silences the specific needs of individuals such as women farm workers at the intersections of their numerous identities. Consequently, perpetuating inequalities through insufficient solutions that fails to consider the unique barriers that marginalized individuals and communities face (Hill, 2000).

Additionally, the exclusion of intersectionality reinforces unhealthy stereotypes because unique experiences are misunderstood leading to marginalized groups being treated as monolithic.

Efforts for societal change which lacks an intersectional approach or lens risk isolating potential support because it relates to people with a particular identity. According to Hankivsky (2014), lack of intersectionality in academic and policy discourses can lead to inadequate analysis that affects the development of strategies that seek to addressing inequalities. Eventually, identifying the interrelation between different forms of oppression is crucial for developing effective resolutions that reflect the complexities of individual experiences for a more inclusive and unbiased results for (Cho, Crenshaw, & McCall, 2013).

5.4.1 Family Values

Majority of the findings of the study highlights the relevance of the concept of social location where individuals within a generation is connected through a common social context irrespective of the geographical location. However, regardless of this evidence, there are other social factors that may influence individuals to think slightly different from their peers in the same generation or cohort. An instance is participant 4 (43years) who belongs to the early 40s subgroup of Generation X. She highlights an exceptional upbringing, which enabled open discussions with her father. This reflects a unique family value that has influenced her

perception about menstruation. She emphasizes on the fact that she lived with her parents as siblings which probably gave her the freedom to openly discuss her personal problems with her father, unlike the other 13 participants who revealed that they never discussed their menstrual issues with their fathers.

“ohhh me, my mother and Father lived with me as though they were my siblings, so I did not hide anything from them. I share all my problems with my father and Mother. That’s how I see everybody else” [P.4, 43years]

In the process of finding out if that experience influenced how she seeks for assistance as a farmworker, she asserts;

“Okay, honestly, I am able to tell my Boss that I am unwell. I tell him straight forward that I am on my period and unclean. For me I have severe cramps, even at my age, I still feel severe pains....I just walk to him. I work with him so I need to make him aware of any problem I face”

5.4.2 Agency

The women at a point have decided to seek for resource provisioning such as water, toilet facilities, and changing room due to their agency as having the autonomy as individuals to make collective decisions and take decisions or action. Though these women’s agency could be influenced by the common history they share, there are so many other factors such as awareness, modernization, cultural norms, family values and upbringing, societal context, many other significant aspects.

5.4.3 Cultural and Religious Beliefs

These women have different beliefs in terms of their religion and culture. These factors influence their perceptions and consequently their practices. Women who share the same age

cohort may share different views on the same topic, such as spiritual beliefs indicated in ‘5.3 Menstrual Hygiene’.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

The study in question examines the collective experiences of women from the onset of their menstruation, emphasizing that these experiences are predominantly influenced by the information they receive from their mothers. The generational theory posits that such information, once transferred to individuals, remains with them throughout their lifetime. This study provides empirical evidence supporting the notion that perceptions formed during formative years about menstruation significantly impact how women seek assistance and support for menstrual hygiene management at work.

Women's early experiences with menstruation, heavily influenced by maternal information, have a lasting impact on their behavior regarding menstrual hygiene management at work. This supports the generational theory's assertion that early-transferred information persists throughout life. However, alternative models like social constructionist and lifespan development perspectives provide additional insights into understanding these behaviors beyond generational explanations. While there has been a notable shift towards using sanitary pads due to their advantages in comfort and convenience, traditional practices like using cloths persist among some women due to familiarity and comfort. Disposal methods vary widely based on religious beliefs and educational influences, highlighting the need for culturally sensitive educational programs that promote safe and dignified menstrual hygiene practices.

Also, social location offers valuable insights into shared experiences among women regarding menstruation, it is essential to consider other factors such as family values, educational background, cultural practices, and personal relationships. These elements

collectively shape an individual's perception of menstruation more comprehensively than social location alone. The study underscores the significance of social location in shaping the attitudes and behaviors of individuals within a generation.

6.2 Recommendations

1. Education and Awareness Programs: In addressing these diverse experiences of farmworkers with regards to their menstrual hygiene management, it is crucial to implement a wide-range of educational and awareness programs with focus on providing necessary information about menstrual health and various products to support women. Moreover, there is the need to educate women on safe and environmentally friendly sanitary pads disposal methods.

2. Policies on Subsidized Sanitary Pads and Tax Reduction

Safeguarding access to affordable menstrual products through various strategies is vital for all women and can be attained. Governments and NGOs can implement subsidies for sanitary pads in low-income communities or work sectors such as agriculture. Sanitary products are heavily taxed in Ghana with a 20% import duty as well as a 12.5% Value Added Tax (VAT), summing up to about 32.5% total taxes on imported sanitary pads. Currently, sanitary pads cost approximately 20gh cedis (1euro,14 cents) or little higher or lower depending on its brand.

Although this cost is comparatively close to the affordable cost of sanitary pads in Europe, 20gh cedis represents a larger expense for many Ghanaian families as compared to that of Europe. Furthermore, farm-workers receive lower average income. Through my interviews, I discovered that these participants receive a monthly salary of 1000gh cedis (56 euros, 96 cents). These factors make it difficult for many women to afford sanitary products, increasing gender and income inequalities.

3. Improving Sanitation

Improvement of sanitation infrastructure is essential for effective menstrual hygiene management. Some recommendations include provisioning of private changing rooms that are equipped with consistent supply of water, soap, and disposal bins for women at workplaces to ensure privacy and hygiene.

4. Community Engagement

Community engagement, through sensitization programmes and workshop organizations involving both men and women are crucial for facilitating open discussions to help reduce stigma and foster very supportive environments. Moreover, training educators who serve as a trusted source of information, to publicize accurate information through sensitization programmes can significantly enhance understanding of menstrual hygiene management and address misconceptions and myths surrounding menstruation.

5. Public Awareness and Advocacy

An advocacy for urging the government to implementing policies to subsidize and exempt menstrual products from import duties and Value Added Tax for affordability to support menstrual health management to an extent. Another form of advocacy is the spread of public awareness campaigns on the significance of tax exemption on sanitary pads to urge policy makers in taking rapid action. By promoting these initiatives, we can create a supportive environment that addresses the needs of individuals while advancing public health and gender equality.

6. Continuous Academic Research and Development

This is important for exploring the needs of menstruators to identify gaps in existing knowledge, to guide future innovations and social policies. Academic research can also help identify gaps in existing knowledge, to serve as a blueprint for future innovations and policies. Collaborations with academic with researchers can ensure that women farmers and all menstruators have equal access to accessibility and hygiene management at work.

By implementing these recommendations through a multi-sectoral approach involving education, infrastructure development, community engagement, policy advocacy, and continuous research, we can significantly improve menstrual hygiene management for women worldwide.

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APPENDICES

ISS Research Ethics Review Form for RP research carried out by MA students⁴

Aim:

This Form aims to help you identify research ethics issues which may come up in the design and delivery of your Research Paper (RP). It builds on the session on Research Ethics session in course

⁴ This checklist and statement is adapted from the Institute of Development Studies (IDS) Research Ethics Committee and informed by the checklists of two Ethics Review Boards at EUR (ESHCC and ERIM) and the [EU H2020 Guidance – How to complete your ethics selfassessment](#).

3105 and subsequent discussions with your peers and RP supervisor/reader. We hope the form encourages you to reflect on the ethics issues which may arise.

The process:

The Ethics Review process consists of answering questions in the following two checklists: B1-Low-sensitivity and B2-High-sensitivity. Depending on the answer to these questions you might need to fill section **C-Statement of Research Ethics** too.

The background document “ISS Research Ethics Guidelines for MA Students” provides advice and detailed information on how to complete this form.

Step 1 - Fill checklists B1 and B2

Step 2 - After answering checklists B1 and B2, the process proceeds as follows:

- **If you answer ‘yes’ to one or more low-sensitivity questions (checklist B1):** please discuss the issues raised with your supervisor and include an overview of the risks, and actions you can take to mitigate them, in the final design of your RP. You can refer to the ISS Research Ethics Guidelines for MA Students for help with this.
- **If you answer ‘yes’ to one or more high-sensitivity questions (checklist B2),** please complete section ‘C’ of the form below describing the risks you have identified and how you plan to mitigate against them. Discuss the material with your supervisor, in most cases the supervisor will provide approval for you to go ahead with your research and attach this form to the RP design when you upload it in canvas. If, after consultation with your supervisor, it is felt that additional reflection is needed, please submit this form (sections B1, B2, and C) to the Research Ethics Committee (REC) for review as follows:

When submitting your form to the REC, please send the following to researchethics@iss.nl:

- 1) the completed checklists B1 and B2 (or equivalent if dealing with an external ethics requirement)
- 2) the completed form C ‘Statement of Research Ethics’
- 3) a copy of the RP design
- 4) any accompanying documentation, for example, consent forms, Data Management Plans (DMP), ethics clearances from other institutions.

Your application will be reviewed by a reviewer who is not part of your supervisory team. The REC aims to respond to ethics approval requests within a period of 15 working days.

Step 3 - Integrating the Ethics Review process into the RP:

- This Ethics Review Form needs to be added as an annex in your final RP Design document to be uploaded in the Canvas page for course 3105.

Project details, Checklists, and Approval Status

A) Project/Proposal details

1. Project/Proposal Title	
2. Name of MA student (applicant)	
3. Email address of MA student	
4. Name of Supervisor	
5. Email address of Supervisor	
6. Country/countries where research will take place	
7. Short description of the proposed research and the context in which it is carried out:	

B) Research checklist

The following checklist acts as a guide to help you think through what areas of research ethics you may need to address. For explanations and guidance please refer to the background document 'ISS Research Ethics Guidelines for MA students'. Please complete both sections (B1 and B2)

	<i>Please tick the appropriate box</i>	YES	NO
B1: LOW-SENSITIVITY			
1. Does the research involve the collection and or processing of (primary or secondary) personal data (including personal data in the public domain)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Does the research involve participants from whom voluntary informed consent needs to be sought?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will financial or material incentives (other than reasonable expenses and compensation for time) be offered to participants?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the research require the co-operation of a gatekeeper for access to the groups, communities or individuals to be recruited (e.g., administrator for a private Facebook group, manager of an institutions, government official)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the research include benefit-sharing measures for research which takes place with people who could be considered vulnerable? – please revise the background document (Guidelines) for more information.	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked ‘yes’ to any of the above boxes (1-5), please discuss with your supervisor and include more information in your RP design describing the issue raised and how you propose to deal with it during your research.

B2: HIGH SENSITIVITY	YES	N
6. Does the research involve the collection or processing of <i>sensitive</i> (primary or secondary) personal data? (e.g. regarding racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, biometric data, data related to health or a person’s sex life or sexual orientation)	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the research involve participants for whom voluntary and informed consent may require special attention or who can be considered ‘vulnerable’? (e.g., children (under 18), people with learning disabilities, undocumented migrants, patients, prisoners)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will it be necessary for participants to take part in the research without their knowledge and consent (covert observation of people in non-public places)?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the research be conducted in healthcare institutions, in healthcare settings, or will it involve the recruitment or study of patients or healthcare personnel?	<input type="checkbox"/>	<input type="checkbox"/>

10. Could the research induce psychological stress or anxiety or cause harm or negative consequences for research participants, researchers, or persons and institutions connected to them?	<input type="checkbox"/>	<input type="checkbox"/>
11. Could the situation in one or several of the countries where research is carried out put the researcher, individuals taking part in the research, or individuals connected to the researcher, at risk? Presence of an infectious disease such as COVID-19 is considered a risk – please provide information as outlined in the background document (Guidelines).	<input type="checkbox"/>	<input type="checkbox"/>
12. Does the research require ethical approval or research permission from a local institution or body?	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked ‘Yes’ to one of the above (5-11), please complete section ‘C’ below describing how you propose to mitigate the risks you have identified. After discussion with your supervisor, please submit the form to the Research Ethics Committee. In addition, if you have ticked ‘Yes’ to a question on any kind of personal data, please also complete the privacy questionnaire.

YOU ONLY NEED TO COMPLETE THIS SECTION IF YOU HAVE ANSWERED YES TO ONE OF THE QUESTIONS IN SECTION B2 ABOVE (Questions 5-11)

C) Statement of Research Ethics

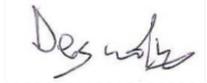
Using the background document ‘ISS Research Ethics Guidelines for MA students’, please address how you are going to deal with the ethics concern identified, including prevention measure to avoid them from manifesting, mitigation strategies to reduce their impact, and preparedness and contingency planning if the risks manifest.

Please number each point to correspond with the relevant checklist question above. Expand this section as needed and add any additional documentation which might not be included in your RP design, such as consent forms.

[TO BE COMPLETED BY MA STUDENT AND DISCUSSED WITH THE SUPERVISOR. IF THE SUPERVISOR FINDS IT NECESSARY TO SEEK FURTHER REVIEW, THE STUDENT MUST SUBMIT THE FORM TO THE RESEARCH ETHICS COMMITTEE]

D) Approval from Research Ethics Committee

*To be completed by the Research Ethics Committee only if

Approved by Research Ethics Committee:  **Date:**
14/06/2024

Additional comments for consideration from Research Ethics Committee:

If the REC needs more information before approving, the REC secretary will be in touch with the MA student. If after requesting more information the REC still has concerns, the REC secretary will ask the supervisor to discuss these with the student. In the unlikely event that there is still no resolution, the REC will refer the application to the Institute Board.