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Assessment of School Infrastructure, Girls' Menstrual Management and School Attendance. A Case Study of Ashongman Cluster of Schools in the Ga East Municipality of Ghana

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Abstract

There are factors responsible for the basic educational progress of the girl-child. These factors can have direct or indirect effect on the quality of education of adolescent girls in school. Among these factors are access to girls' appropriate school toilets, dust bins, clean water, and soap, which are essential for girls to comfortably change, dispose of used menstrual absorbent materials, and wash themselves in privacy. This study aimed to examine the availability and adequacy of school facilities and resources for girls to manage their menstruation. The study was conducted in Ashongman in the Ga East Municipality using 2 Public and 2 Private Schools. The researcher assessed infrastructural support, which included a girls' separate toilet facility, urinal, dust bin, school-provided water and soap for menstrual management. The study adopted sampling techniques such as purposive, systematic, and stratified in selecting a sample size of 131girls from J.H.S 1, 2, and 3. Data was collected through questionnaires, in-depth interviews, and observation. A total of 131 girls, 10 female teachers, and heads participated in the in-depth interview and study. Information sought included the availability and suitability of menstrual management facilities, challenges, and coping mechanisms adopted in both Public and Private Schools with respect to menstruation. The questionnaires were coded using Statistical Package for Social Sciences (SPSS) and Excel software, and the results obtained were presented as tables, cross-tabulations, graphs, percentages, and means. Images and photos of the objects and facilities were presented as factual evidence. The study found that there were significant differences between the infrastructure available in Public and Private Schools, which affected the challenges girls in these schools experienced during menstruation. The lack of necessary infrastructure, in addition to menstrual pains, were the major cause of absenteeism during menstrual periods. The study recommends institutional support from the District Education Directorate, the Municipal Assembly, Non-Governmental Organizations, and the Government of Ghana in providing toilets and urinal facilities that ensure safe, private spaces to girls for their hygienic needs during menstrual periods. Moreover, girls should be educated and guided by professionals in taking painkillers properly at school to avoid further complications. Schools should make menstrual absorbent material available in the first aid box to support girls who come to school and need it.

Keywords: *Menstruation, Menstrual management, Menstrual hygiene, School infrastructure, School attendance*

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1. Introduction

Menstruation affects women and girls globally. Research conducted by WaterAid (2012) confirmed that many girls and women worldwide associate menstruation with disease, with 48% of girls in Iran and 10% in India not allowed to use water sources during menstruation. Similarly, in South Asia, 20% of women refrained from using toilet facilities due to fear of staining during their periods. Growing up as a girl-child, I have had difficulty accessing the school toilet during menstruation, which made attending school uncomfortable. Shared facilities, insufficient water, and a lack of soap worsened the situation. A study conducted by Bhunia et al. (2012) affirms my personal experience that attending a school with inadequate basic facilities like toilets, urinals, water, and soap can be one of the most frustrating situations for many girls in schools, which hinders their education. Research conducted by Girma et al. (2024) indicates that secondary schoolgirls even practiced poor menstrual hygiene management in schools, calling for sanitation facilities in schools to be improved. As asserted by Strange (2001), menstruation should not prevent girls from continuing their daily work and even play, but rather be accepted and noticed as pride for girls instead of a problem. Menstruation should be associated with maturity, wisdom, and female reproductive power to create and sustain human life. As an adult, I have wondered how girls manage their menstruation in basic schools, especially in times when policies like capitation grants, school feeding have led to overcrowding and pressure on school facilities.

In Ghana, data from the Ghana Statistical Service (2010) shows that 53.7% of individuals who have attended school have their highest level as Middle or JHS/JSS, while 15.5% reached Senior Secondary School. More females (53.0%) than males (40.5%) are at the primary and JHS/JSS levels, indicating that girls are less likely to progress beyond basic education and are more prone to dropping out at these stages. A 2012 study by Camfed also found that the likelihood of school dropout increases with age, with girls being more affected than boys.

UNICEF (2005) estimated that about 10% of school-age African girls do not attend school during their menstrual period or drop out at the onset of puberty because of the lack of clean and private sanitation facilities in schools. Research conducted by Mitsuaki et al. (2024) in Zimbabwe and Montgomery et al. (2012) in Ghana highlights that menstruation-related issues, such as pain and lack of absorbents, cause significant school absenteeism among girls. In Zimbabwe, 20.6% of students miss school due to menstruation problems, while in Ghana, girls without menstrual materials miss three to five days monthly. These findings stress the importance of adequate sanitation facilities for effective menstrual management. This study assesses school infrastructure to ensure proper sanitation and supports girls' attendance and hygiene. WaterAid (2012) emphasizes that school toilets should be accessible, clean, and equipped with facilities like mirrors and proper disposal for sanitary materials. Boarding schools need private bathing areas with lighting, washing, drying spaces, and hooks for pads. Lack of such facilities can discourage girls from attending school during menstruation (Herz & Sperling, 2004).

1.1 Problem Statement

The Girl-Child Coordinator and Public Relations Officer of the Education Directorate in Ga East Municipal Assembly reported that overcrowding in public school classrooms in Ga East,

caused by policies like capitation grants and school feeding programs, had led to strained sanitation facilities. In Ashongman, four public Junior High Schools with about 265 girls share only one toilet, far below GES guidelines, causing many girls to miss school weekly during their periods. Lack of private toilets and inadequate hygiene facilities increases risks of health problems, harassment, and school absenteeism. The study aims to explore how girls manage menstruation in schools, the adequacy of facilities, the challenges they face, and how menstruation impacts their attendance and well-being.

1.2 Aim of the Study and Study Objectives

This study aimed to examine the availability and adequacy of school facilities and resources for girls to manage their menstruation. In reference to the broader aim, the study has the following objectives:

- Examine the availability, adequacy, and suitability of infrastructure support for girls at public and private schools.
- Assess the use of school infrastructure by girls in their menstrual management at school.
- To ascertain if the event of menstruation and its management lead to absenteeism from school.
- Identify coping mechanisms girls adopt to mitigate the challenges they face during their menstrual period at school.
- Suggest possible solutions to address some of the identified problems.

1.3 Research Questions

The study, therefore, sought to address the following questions:

1) What are the levels, adequacy, and suitability of available school infrastructure to meet the menstruation management needs of girls in study schools?
2) How do girls manage their menstruation through the existing school infrastructure, and what difficulties do they encounter?
3) What are the coping mechanisms that girls adopt to mitigate the challenges they face during their menstruation and its management?
4) What improvements can be made on the facilities available to help girls stay at school during their menstrual period?

2. Literature Review

2.1 Factors that Contribute to School Attendance

Hunt (2008) identified factors influencing girls' absenteeism, dividing them into “push” factors (school-related issues like distance and harassment) and “pull” factors (external influences such as household or community problems). Among the pull factors, the onset of puberty was significant, as managing menstruation becomes challenging without adequate facilities. UNESCO (2014) noted that despite increased intellectual capacity, girls face difficulties during puberty due to inadequate sanitation facilities at school, affecting their attendance. UNICEF (2004) emphasizes that schools need basic sanitation facilities, including running water, private toilets for girls, and proper disposal options for menstrual products. HOUSE et al. (2012) support this by noting that the lack of disposal facilities like dustbins can lead to blocked latrines, further compromising sanitation. This research shows that inadequate sanitation infrastructure in schools can hinder girls’ menstrual hygiene management, negatively

impacting their school attendance and health. This research by UNICEF (2004) supports WaterAid (2012), which found that insufficient or a lack of sanitation facilities reduces girls' school attendance during menstruation. UNICEF highlights the essential needs of adolescent girls to stay and learn during their periods. However, this study will also examine whether the existing facilities are suitable for girls to manage menstruation comfortably at school.

2.2 Challenges and Coping Mechanisms in Menstruation Management

A study by Ah Yoon et al. (2015) found that most menstruating girls experience symptoms such as premenstrual syndrome and dysmenorrhea, with common signs including sensitivity, abdominal pain and cramps, lower back pain, and nervousness. Similarly, WaterAid (2012) reported that girls often face challenges like abdominal cramps, nausea, fatigue, dizziness, headaches, back pain, and general discomfort. Hormonal changes can also cause emotional and psychological shifts, leading to feelings of sadness, irritability, or anger, which vary among individuals and over time. To cope with menstrual pain and discomfort, Ah Yoon et al. (2015) noted that girls frequently use methods such as applying hot water bags, taking painkillers, resting, sleeping, taking warm showers, and talking with friends about their symptoms. Liu et al (2012) noted that Taiwanese adolescents often cope by not wearing special clothes or participating fully in daily activities. They often dress in dark clothes and frequently change menstrual absorbent materials during menstruation. In a study conducted by McMahon et al. (2011), girls without sanitary pads wear multiple layers to prevent staining and often avoid sitting or standing to hide leaks. Some prefer to leave class last or have friends walk close behind to conceal stains or go home to avoid embarrassment. These strategies help girls manage menstrual discomfort and social stigma. Poor menstrual management can lead to health issues like infections, which explains why some girls avoid attending school (Bharadwaj & Patkar, 2004). Research highlights societal perceptions of menstruation and its impact on girls' education and well-being. Providing education alone is insufficient; adequate toilet facilities, clean water, soap, and disposal options are essential to support proper menstrual management. These facilities are crucial for girls' school attendance, participation, and overall achievement, emphasizing the need for a supportive environment to promote girls' retention and well-being in school. The literature reviewed did not reveal any gap; instead, this study intends to explore the theoretical constructs that suggest the importance of school infrastructure for the management of girls' menstruation. Secondly, it intends to explore girls' absenteeism because of menstruation management difficulties as expounded by the literature.

2.3 Conceptual Framework

This research derived its conceptual framework from the literature review. The conceptual framework below shows how school infrastructure affects girls' menstrual management and school attendance. It brings to light what the adolescent girl needs in school to be able to stay and learn during her menstrual period. It also emphasizes the fact that when the appropriate sanitation facilities are available, school absenteeism will be reduced.

From the conceptual framework below, the main school infrastructure required for hygienic menstrual management includes a separate toilet and urinal facility with dust bins for girls, clean water, and soap. The provision of toilet and urinal facilities will enable girls to check, change, and dispose of menstrual absorbent material as needed in privacy to prevent staining school uniforms and from skin irritation from wet absorbent material. This also ensures that menstruation is managed with dignity and in a safe environment in the school. These variables (school infrastructure) and the capacity they provide girls to manage menstruation can influence school attendance of girls positively or negatively. This means that if these facilities

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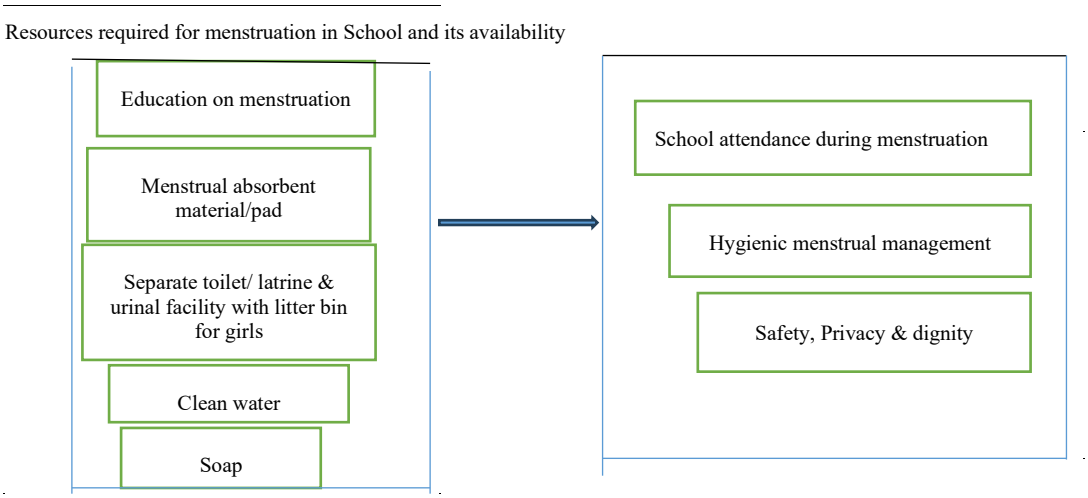
are in place at school, girls can manage their menses safely, hygienically, and with dignity. School attendance of girls during their menstrual period will not be affected. The reverse is also true that when these are not available, adequate, or suitable, girls may not have adequate access to these facilities to manage their menses and can stay away from school.

Figure 1: School Infrastructure and Girls' Menstrual Management and School Attendance



Source: Author's own construct from literature review

3. Methodology

3.1 Profile of the Study Area

Ga East Municipal Assembly, established in 2004 in northern Greater Accra, Ghana, has a population of 283,379 as of 2020, with more females (143,364) than males (140,015). The area is ethnically diverse, including Akans, Gas, Ewes, Dagbanes, and Guans, with Abokobi as the municipal capital. Despite having 67 schools, many public institutions face infrastructural challenges. Key settlements include Dome, Taifa, Haatso, and Ashongman. Ashongman comprises about 1,938 households and engages primarily in crop and livestock production, and the only public basic school in the area is the Municipal Assembly (MA) School, which serves as a cluster of four schools on a single compound. This study focuses on the pressing issue of inadequate school infrastructure (Medium-Term Development Plan, 2014-2017).

3.2 Research Design

The researcher used both quantitative and qualitative methods, including questionnaires, interviews, observations, and surveys, to assess school infrastructure and girls' menstrual management. The study focused on girls aged 9 to 17 who had reached menarche, from four schools in Ga East: two public and two privates. Girls were purposively sampled to gain detailed insights, with 73% from public schools and 27% from private schools. Additionally, 10 female teachers and head teachers with relevant experience were included. The aim was to compare menstruation management across different school types and facilities.

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Vol. 5||Issue 2||pp 60-75||October||2025
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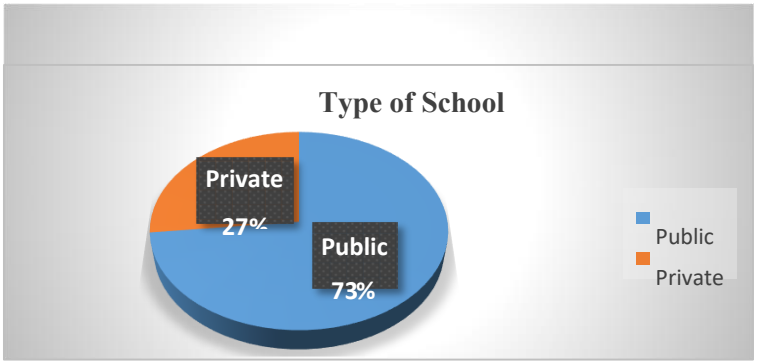
Figure 2: Type of School



The study involved girls from both private and public schools. Using class registers to ensure representativeness, the sample included 54 girls from MA 2 and 42 from MA 3 in public schools, totaling 96 girls. In private schools, 22 girls were sampled from T.I. Ahmmadiyya School and 13 from Rochma International School, totaling 35 girls. Overall, the four schools had a combined girl population of 197, with 144 in public schools and 53 in private schools. The researcher used the total population size of the four schools to work out the total sample size for the study using Taro Yamen's method as follows: n= N/ (1+ N(e)2 n is the sample size, N is the population size, and e is the margin of error. Using this formula, the total sample size was 131, as shown in Table 1.

Table 1: Name and Enrollment in Public and Private Schools

School	**No. of girls enrolled (J.H.S 1-3)**	**No. sampled**	**Percent (%)**
Ashongman MA2 Basic	81girls	54	41
Ashongman MA3 Basic	63 girls	42	32
T.I. Ahmadiyya International School	34 girls	22	17
Rochma International School	19 girls	13	10
Total	**197**	**131**	**100.0**

3.3 Sampling

The total population of the two public schools was 144 students, and all four schools combined had a population of 197 students. The targeted sample size was 131 respondents. Using the strata formula (nh/N × n), the researcher calculated the sample sizes for each group based on the Strata formula to ensure sample sizes accurately reflect the proportions of students in public and private schools (nh/N x n), where nh is the strata population, N is the entire population, and n is the sample size.

Public Schools: Population: 144

Sample size: 96 girls (73% of the total sample)

Calculation: (14/197) × 131 ≈ 0.731 × 131 = 96 girls

Private Schools: Population: 53

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Vol. 5||Issue 2||pp 60-75||October||2025
Email: info@edinburgjournals.org||ISSN: 2790-010X

Sample size: 35 girls (27% of the total sample)

Calculation: (53/197) × 131 ≈ 0.269 × 131 = 35 girls

3.4 Class of Respondents

The researcher used systematic sampling by selecting every 2nd girl from school registers across J.H.S 1 to J.H.S 3, resulting in a total sample of 131 girls. The sampling reflected class sizes, with a higher proportion of girls in J.H.S 2. The sample included 96 girls from public schools (54 from MA 2 and 42 from MA 3) and 35 girls from private schools (22 from T.I Ahmadiyya and 13 from Rochma International). The researcher considered this sample size representative of the total population suitable for meaningful analysis.

3.5 Instrument and Method of Data Collection

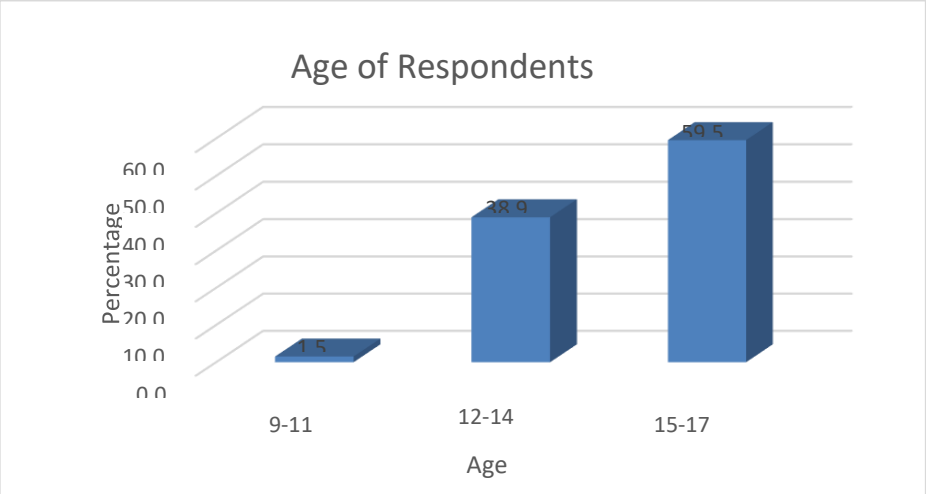
The researcher used self-administered structured questionnaires, combining open-ended and closed-ended questions, to gather information from literate girls. The structured questions guided relevant responses, while open-ended questions allowed girls to freely express their views on menstruation, providing rich insights. A total of 131 questionnaires were distributed and collected, 96 in public schools and 35 in private schools. Additionally, 10 questionnaires were given to the heads and female teachers of the sampled girls.

4. Results and Discussion

4.1 Demographic Characteristics of Respondents

The survey focused on girls who were menstruating, and data were collected from four schools; Ashongman MA 2 Public School had the highest response rate at 41%, followed by Ashongman MA 3 at 32%, while T.I. Ahmadiyya and Rochma International Private Schools had 17% and 10%, respectively, reflecting actual enrollment figures. The mean age of respondents was 13 years, with a majority (59.5%) aged 15-17. Girls aged 12-14 comprised 38.9%, and those aged 9-11 accounted for only 1.5%. This age distribution aligns with expectations, as by ages 15-17, most girls would have experienced menstruation.

Figure 3: Age of Respondents



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4.2 School Infrastructure: Adequacy and Suitability

Data from Ashongman MA 2 and MA 3 Basic Schools showed shared facilities with two other public schools, including a KVIP toilet, two poly tanks for water, soap, and dustbins, but no urinals. The four schools had a total of about 265 girls, resulting in a toilet-to-girl ratio of 1:265. The KVIP toilet, located on the school grounds, had two holes without privacy demarcation, causing privacy concerns for students. It also lacked urinal compartments, mirrors, and hooks for bags, indicating major sanitation and privacy issues.

Figure 4: Picture of KVIP shared toilet facility for the Public Schools, namely: MA 2 & MA 3

Data indicate that public school students had access to some clean water for handwashing, supplied via poly tanks connected to a borehole. However, girls were not allowed to wash their hands directly under the tanks to prevent water wastage; instead, they used buckets and containers, which were often inconvenient. Handwashing facilities were inadequate, with soap provided only occasionally and limited access to running water. Students sometimes washed their hands in bowls, complicating hygiene, especially after menstrual management. The absence of cups led to unsanitary practices. Dustbins were limited and absent in toilets, causing girls to dispose of menstrual materials in pit latrines. Exposed waste in uncovered dustbins and an open dumping site behind the toilets raised hygiene concerns.

Figure 5: open dumping site behind the school Figure 6: Picture of Dustbin Figure 7: Picture of water & soap

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Vol. 5||Issue 2||pp 60-75||October||2025
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In contrast, private schools like T.I. Ahmadiyya had better facilities than public schools, with four water closet toilets for 34 girls, giving a ratio of 1:9. The toilets had locks, well-demarcated stalls, and two sinks with running water for handwashing. Dustbins with lids were available inside and outside the toilets, allowing girls to dispose of menstrual materials discreetly. A mirror aided in personal checks. The school also provided soap, a bathing basin, a tap, two poly tanks, Dettol, tissue paper, and napkins, making menstrual management easier. A student noted that these facilities helped her attend school consistently during menstruation.

Figure 8: A picture on WC, tissue paper & bin: **Figure 9: A picture on sink, soap, mirror & tap**

Rochma Home International School had four water closet toilets for 43 girls, with a ratio of 1:11. Although easily accessible, the lack of partitioned walls affected privacy. The school also had two urinals and dustbins in classrooms for waste disposal. Handwashing facilities included three basins and barrels near the toilets, equipped with soap, water, and a cup for fetching water. A poly tank stored water, and napkins were provided for hand drying, supporting overall sanitation.

Figure 10: A picture of W.C with a dustbin

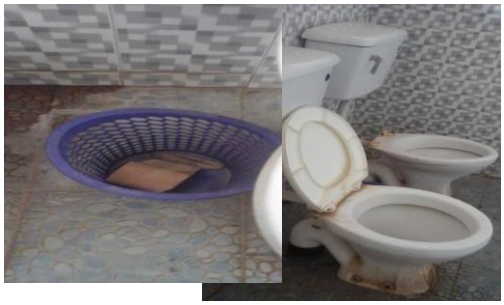

Figure 11: A picture on basin, soap, napkin and water for hand washing

The research assessed whether school infrastructure supported effective learning for girls and found that public school toilets were often locked and difficult to access, forcing girls to seek keys or staff assistance, which hindered urgent use and led some to leave school. In contrast, private schools offered unlocked, easily accessible facilities within fenced areas, supporting girls' needs during menstruation and encouraging them to stay in school.

4.3 Menstrual Management in School

Data collected shows that 93% of respondents had some knowledge of menstruation before their first period, indicating increasing awareness. In public schools, 92% of girls were knowledgeable, while 97% in private schools were aware, with private schools demonstrating higher awareness, possibly due to dedicated lessons and ongoing hygiene education, unlike public schools, where menstruation was integrated into science classes and depended on individual teachers.

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Vol. 5||Issue 2||pp 60-75||October||2025
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4.4 Source of Knowledge on Menstruation

Data collected indicates that 60.3percent of respondents acquired knowledge on menstruation from their parents or elderly people. This was followed by 21 percent who acquired knowledge from their peers. About 11 percent of the respondents acquired their knowledge in class either through discussions on the subject or lessons on menstruation. Those who acquired their knowledge through reading constituted 6.1percent.

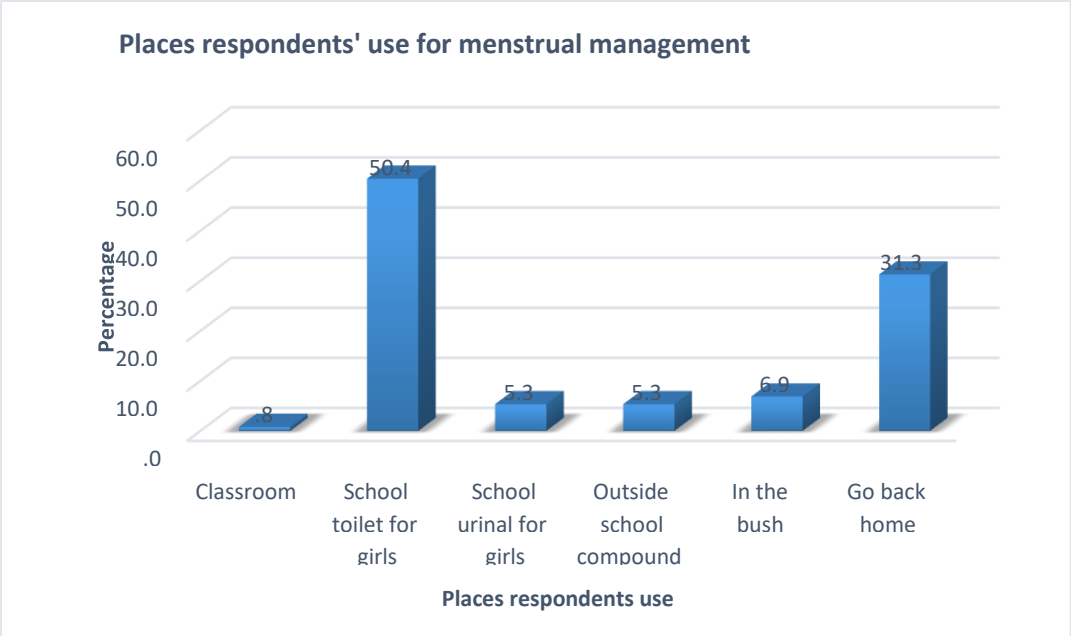
4.5 Material for Menstrual Management

The study found that most students prepared for menstruation by bringing their own absorbents, with 41% always doing so and 48% sometimes bringing materials, mainly due to inadequate school supplies. Those who didn't bring materials cited light bleeding, while students who always carried supplies worried about insufficient resources and would skip school if they lacked extras.

4.6 Places respondents used in Menstrual Management

The data shows that 50.4% of respondents used school toilets for menstrual management, while others relied on alternative facilities: 18.3% used places like urinals or outside areas, and 31.3% went home during school hours. This reflects inadequate school toilet facilities, leading girls to seek comfort and privacy at home, as shown in the figure below.

Figure 12: Places respondents use for menstrual management



The data highlights a stark contrast between private and public schools in access to menstrual facilities. While 91% of private school students used school toilets and urinals, only 43% of public-school students did so, with 56% resorting to outside areas or going home during school hours. Additionally, 40% of public-school respondents manage menstruation at home, compared to just 9% in private schools. The lack of urinals and inadequate facilities in public schools exacerbate challenges, forcing students to seek alternative and less suitable options for menstrual management.

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Journal of Human Resource & Leadership
Vol. 5||Issue 2||pp 60-75||October||2025
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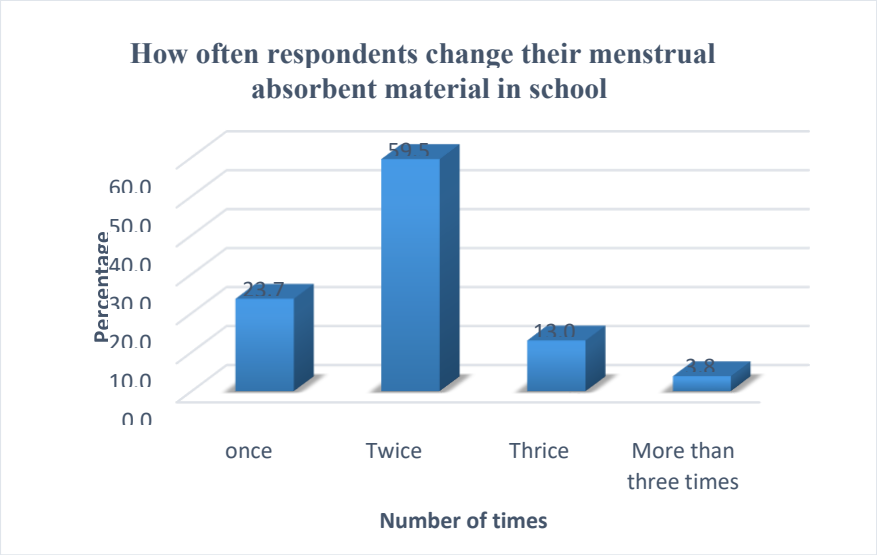
4.7 Reasons for the Choice of Place for Menstrual Management

The respondents prioritized privacy (66%) as the main reason for choosing their menstrual management location, with many seeking alternatives like bushes or returning home when school facilities lacked privacy. Handwashing (47%) and proper disposal of absorbents (45%) were also important, along with maintaining cleanliness. Privacy was especially critical, with 97% of private school girls and 54% of public-school girls citing it as their top concern. Public school students also emphasized the need for disposal facilities, highlighting that the absence of bins could lead to improper disposal practices.The study examined the challenges respondents faced in school regarding menstrual management. Figure 15 indicates that nearly 60% reported changing menstrual materials twice a day, with fewer changing once, thrice, or more. This highlights the need for adequate menstrual management supplies, private spaces, and access to clean water and soap to ensure comfort and health. The finding suggests that those who change twice may experience heavier bleeding, indicating that without extra menstrual supplies, attending school could be distressing for them during their menstrual periods.

Figure 13: How often respondents change their menstrual absorbent material



4.8 Hand washing After Changing of Menstrual Absorbent Material

The data indicate that 91% of respondents washed their hands after managing menstruation, reflecting high awareness of proper hand hygiene in both public and private schools. Most girls understand the importance of handwashing, partly influenced by the belief that menstruation is naturally dirty. However, only 30% of public-school girls used both water and soap, while 82% of private school girls did so. In public schools, 70% did not wash with soap and water, with some relying solely on clean water (33%) or hand sanitizers (17%). The main issue in public schools is the lack of adequate access to clean water and soap, increasing the risk of infections despite knowledge about proper hand hygiene.

4.9 Challenges and Coping Mechanisms during Menstruation

The study identified two main challenges for students during menstruation: physiological issues and poor sanitation facilities. 63% experienced menstrual pains, while 27% faced inadequate toilets, 24% lacked privacy, and 20% had limited water or soap access. In private schools, 86% faced physiological issues, with 51% suffering from abdominal cramps. Public

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Vol. 5||Issue 2||pp 60-75||October||2025
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school students struggled more with infrastructure, with 38% lacking proper toilets, 31% insufficient dust bins, and 26% lacking soap or water. Privacy concerns affected 16%, leading many girls to leave school to manage their menstruation.

4.10 Coping Mechanisms on Menstruation

Respondents used various coping strategies for menstrual challenges at school. Most (63%) took painkillers, and 40% avoided friends due to discomfort. To manage poor sanitation, 41% used bushes as toilets, 24% left school for privacy, and many stored or discarded used menstrual materials due to a lack of dustbins. In private schools, 86% relied on painkillers, and 51% avoided friends to prevent embarrassment. Public school girls mainly dealt with infrastructure issues, with 31% hiding used materials and 32% not washing hands, often using personal hand sanitizers. Some girls went home when stained or lacking absorbents. Public school students expressed frustration with inaccessible, locked toilets, as 54% found facilities inadequate, and only 10% considered them adequate. Private school facilities were cleaner, with 71% rating them adequate, 28% as inadequate, and only 1% as completely inadequate.

4.11 Menstruation Management and School Attendance

This section presents the number of days respondents had their menses in a month, and whether they were able to attend school during menstrual periods, and the main reasons they gave for missing school during menstruation, and the number of days they missed school during the month.

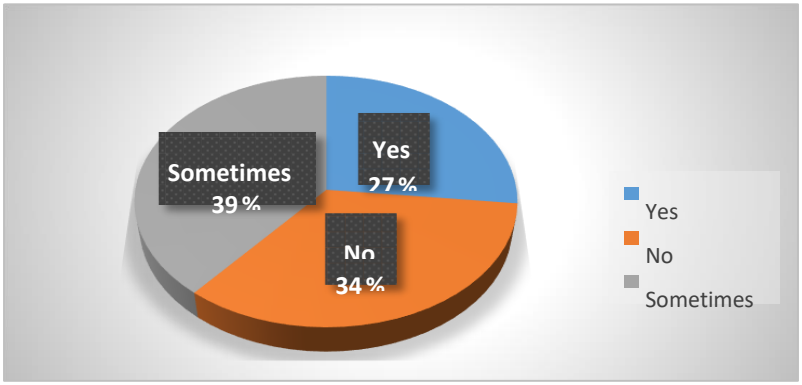
4.12 Number of Days Respondents' Menstrual Period Lasted

Data presented indicates that most of the respondents, forming 93 percent, had their menstrual period lasting for at least four days. Only 6.9 percent of the respondents had their menstrual period lasting for two to three days. This meant that there were likely to be girls in their menstrual period every week who would require facilities, including water and soap, to manage and to wash. The availability of these facilities would determine whether the girls would attend school or not during their menstruation.

4.13 School Absenteeism during Menstrual Period

From Figure 17 below, 27 percent of the respondents indicated that they missed school during menstruation, whilst 39 percent said they sometimes missed school. Those who did not miss school constituted 34 percent.

Figure 14: Respondents and School absenteeism during the menstrual period



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4.14 Respondents and school absenteeism

A cross-tabulation of types of school and school absenteeism shows that in Public Schools, 38 percent of the respondents sometimes missed school to manage their menstruation. It was followed by 32 percent who missed school completely. Thirty (30) percent of the respondents did not miss school. The situation was different in Private Schools, as compared; 46 percent of the respondents did not miss school. Those who sometimes missed school were 43 percent, and only 11 percent of the respondents missed school completely during menstrual periods, as indicated in Table 2.

Table 2: School absenteeism during the menstrual period by Type of School

		Type of school				Total
		Public	Percent	Private	Percent	
Do you sometimes miss school when you are in your menses	Yes	31	32	4	11	35
	No	29	30	16	46	45
	Sometimes	36	38	15	43	51
Total		96	100	35	100	131

Respondents were requested to give one main reason why they were absent from school during menstruation, and most of the respondents, constituting 51.2 percent, missed school because of severe pains and cramps. About 27 percent missed school because of a lack of private space for managing menstruation, and only 2.3 percent of the respondents missed school because of inadequate water or soap for cleaning. This suggests that severe pains and cramps are a major problem for girls during menstruation. Apart from this, girls need privacy when managing menstruation. One girl confessed that she would not even want her mother to see her managing menstruation. This tells the extent to which girls value privacy.

A cross-tabulation of reasons why respondents missed school and the type of school shows that most of the respondents who missed school in Public and Private did so because of severe pains and cramps. These were 51 percent and 53 percent, respectively. Also, a significant proportion of the respondents, forming 27 percent and 26 percent in Public and Private Schools respectively, missed school because of a lack of privacy when using toilet facilities. The respondents in Public Schools explained that due to inadequate toilet facilities, there was always pressure on the facility; therefore, they found it difficult to get privacy at school. Similarly, respondents in Rochma International Private School said their toilets were not properly demarcated to ensure privacy when using them. Also, respondents in Public and Private Schools missed school because of difficulty in accessing menstrual management material at school, as this was reported by 12 percent and 16 percent of respondents, respectively. This was because Schools do not provide menstrual management materials for girls.

Most of the respondents, forming 70.2 percent, missed school once during their menstrual period. It was followed by those who missed school twice, three times, and more than three times. This suggests that in each month, a girl misses classes because of menstruation. One form three girls in the Public Schools indicated that sometimes, when she is in pain because of menstruation, it becomes difficult for her to concentrate, and therefore she prefers to stay home. Data collected indicated that most respondents in Public and Private Schools missed school

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once a month during their menstrual period. This constituted 68 and 79 percent, respectively. In Public Schools, 26 percent of the respondents missed school twice.

4.15 Teachers' Perspective on Menstrual Management

The researcher conducted interviews with heads and female teachers to supplement data from the girls. Public school teachers confirmed that infrastructure was inadequate, noting that toilets were often accessible to outsiders who sometimes broke in after school hours and that urinal facilities were missing. They indicated the school had a borehole and water tank, with soap and handwashing education was provided to students. Observations showed that handwashing instructions were displayed, suggesting some effort to promote good hygiene.

A picture of an inscription on hand washing on the wall of the school building

The researcher found that the head teacher of MA School 3 occasionally used personal funds to provide menstrual materials and supported a weekly girls' club for guidance. Teachers reported high absenteeism among girls, especially from low-income backgrounds. In contrast, T.I. Ahmadiyya Private School offered comprehensive facilities, including clean water, soap, and hygiene supplies, which helped manage menstruation effectively. Schools provided regular water, soap, and napkins, with counseling sessions on menstrual health and hygiene. Despite these efforts, policies prohibited menstrual pain medication, and girls sometimes feigned illness to hide menstruation.

5. Conclusion

The study revealed that there were significant differences between the infrastructure available in Public and Private Schools, which affected the challenges girls in these schools experienced during menstruation. Girls in public schools lacked adequate toilet facilities, urinals, dustbins, clean water, and soap for effective menstrual management, whereas their counterparts in private schools generally had better access to these resources. Despite this, some girls in private schools still missed classes due to menstrual-related physiological issues such as pain, vomiting, and diarrhea. These findings highlight that inadequate infrastructure and menstrual discomfort significantly contribute to absenteeism, adversely affecting girls' education.

6. Recommendations

The study recommends institutional support from the District Education Directorate, NGOs, and the Government to provide adequate sanitation facilities, including toilets, dustbins, clean water, and soap. Teachers need training to effectively teach menstrual hygiene and support girls during class hours. Parents should also be sensitized to the importance of menstrual resources for girls' education. Schools should supply menstrual absorbent materials in first aid kits, improve handwashing facilities, and implement effective waste disposal systems. Finally, girls should receive guidance on appropriate medication use and comprehensive education about menstruation as a normal physiological process to facilitate effective self-management at school.

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