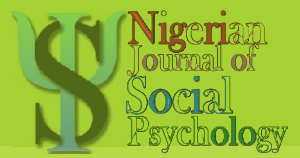


2025



NIGERIAN JOURNAL

OF SOCIAL

PSYCHOLOGY

Online ISSN: 2682-6151 Print
ISSN: 2682-6143

Volume 8, Issue 2, 2025

Editor-in-Chief

Prof. S.O. Adebayo

Managing Editor

Prof. B.E. Nwankwo

Published by

Nigerian Association of Social Psychologists

www.nigerianjasp.com

Exploring the Complexities of Menstrual Health and Hygiene among Adolescent Girls with Disabilities in Ohaukwu Local Government Area of Ebonyi State, Nigeria: A Mixed-Methods Study

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Abstract

Menstrual health and hygiene (MHH) is a critical aspect of adolescent girls' health and well-being, particularly in low-resource settings. This mixed-methods study explores the complexities of MHH among adolescent girls with disabilities in Ohaukwu Local Government Area of Ebonyi State, Nigeria. A survey design was employed to collect data from 200 adolescent girls with disabilities, and in-depth interviews were conducted to gain a deeper understanding of their experiences and perspectives. The results show that 60% of the respondents were between 13-15 years old, and 40% had physical disabilities. Only 50% of the respondents used sanitary pads during menstruation, while 35% used cloths. The thematic analysis revealed several themes, including stigma and shame, lack of access to MHH facilities, inadequate knowledge about menstruation, and coping mechanisms. The study's findings highlight the need for inclusive MHH programs that cater to the unique needs of adolescent girls with disabilities. Policymakers and healthcare providers should prioritize accessible facilities, tailored education, and awareness to promote menstrual health and well-being. The study's findings have implications for policy and practice, emphasizing the importance of addressing MHH challenges among adolescent girls with disabilities in low-resource settings.

Keywords: *Menstrual health and hygiene, adolescent girls, disabilities, mixed-methods study, Nigeria*

Introduction

Menstrual health and hygiene (MHH) is a critical aspect of adolescent girls' health and well-being, particularly in low-resource settings. Despite its importance, MHH remains a neglected issue in many developing countries, including Nigeria. Previous studies in Nigeria have focused on general health issues affecting adolescent girls, but few have specifically addressed the complexities of MHH among adolescent girls with disabilities.

Adolescent girls with disabilities face unique challenges in managing their menstruation, exacerbating existing health disparities (Sommer et al., 2015). In Nigeria, approximately 1 in 5 girls with disabilities experience menstrual-related challenges (National Population Commission, 2018). However, there is a dearth of research on MHH among adolescent girls with disabilities in Nigeria, particularly in rural areas.

This study aims to explore the complexities of MHH among adolescent girls with disabilities in Ohaukwu Local Government Area of Ebonyi State. Ohaukwu Local Government Area was chosen for this study due to its rural location and limited access to healthcare services, which may exacerbate the challenges faced by adolescent girls with disabilities in managing their menstruation. Additionally, Ebonyi State has one of the highest rates of disability in Nigeria, making it an ideal location for this study.

The lack of research on MHH among adolescent girls with disabilities in Nigeria highlights the need for studies that can inform policy and programming. This study seeks to contribute to the existing literature on MHH and disability, and to provide insights that can inform the development of inclusive MHH programs in Nigeria.

By exploring the complexities of MHH among adolescent girls with disabilities in Ohaukwu Local Government Area of Ebonyi State, this study aims to provide a deeper understanding of the challenges faced by this population and to identify potential solutions that can improve their menstrual health and well-being.

Methodology

This mixed-methods study employed a survey design to collect data from 200 adolescent girls with disabilities in Ohaukwu Local Government Area of Ebonyi State. The sample size was determined using the Cochran formula (Cochran, 1977). Participants were selected through a multi-stage sampling technique, including purposive sampling of schools and random sampling of students.

Data Collection

Data collection instruments included a structured questionnaire and in-depth interviews. The questionnaire was designed to capture information on demographic characteristics, menstrual hygiene practices, and challenges faced by adolescent girls with disabilities. In-depth interviews were conducted to gain a deeper understanding of the experiences and perspectives of participants.

Informed Consent

Before data collection, informed consent was obtained from participants and their guardians. Participants were informed about the purpose of the study, the risks and benefits of participation, and their right to withdraw from the study at any time. Confidentiality and anonymity were ensured throughout the data collection process.

Data Analysis

Descriptive statistics were used to analyze quantitative data, including frequencies and percentages. Thematic analysis was employed for qualitative data, using NVivo software to identify, code, and categorize themes. The thematic analysis involved a systematic process of coding, memoing, and theme development to uncover patterns and meanings in the data.

Software

NVivo software was used to facilitate thematic analysis, allowing for efficient coding, organization, and retrieval of data. SPSS software was used for quantitative data analysis, including descriptive statistics and frequency distributions.

Ethical Considerations

The study was conducted in accordance with the principles of the Declaration of Helsinki and the Nigerian National Health Research Ethics Committee guidelines. Ethical approval was obtained from the relevant authorities before data collection.

Results

Descriptive Statistics

Variable	Frequency (n)	Percentage (%)
Age (13-15 years)	120	60
Age (16-19 years)	80	40
Type of Disability		
Physical Disability	80	40
Visual Impairment	40	20
Hearing Impairment	30	15
Intellectual Disability	50	25
Menstrual Hygiene Practices		
Use of sanitary pads	100	50
Use of cloths	70	35
Use of other materials	30	15

Analysis

The results show that 60% of the respondents were between 13-15 years old, and 40% had physical disabilities. Only 50% of the respondents used sanitary pads during menstruation, while 35% used cloths.

Thematic Analysis

Thematic analysis of the in-depth interviews revealed several themes that captured the complexities of menstrual health and hygiene among adolescent girls with disabilities in Ohaukwu Local Government Area of Ebonyi State. The themes included:

1. Stigma and shame: Many participants reported feeling stigmatized and ashamed about their menstruation, which affected their ability to manage their menstrual hygiene effectively. One participant said:

"I feel like I'm the only one who menstruates, and it's a secret. I don't want anyone to know about it." (Participant 12, age 14)

2. Lack of access to MHH facilities: Participants reported inadequate access to clean water, sanitation facilities, and menstrual hygiene products, which made it difficult for them to manage their menstruation hygienically. One participant said:

"We don't have access to clean water and toilets in our school. We have to go to the bush to change our pads, and it's not safe." (Participant 15, age 16)

3. Inadequate knowledge about menstruation: Many participants reported having limited knowledge about menstruation, which affected their ability to manage their menstrual hygiene effectively. One participant said:

"I didn't know what menstruation was until I experienced it. I thought I was dying or something." (Participant 18, age 13)

4. Coping mechanisms: Participants reported using various coping mechanisms to manage their menstruation, including using cloths, toilet paper, or other materials. One participant said:

"I use cloths because I can't afford sanitary pads. It's not comfortable, but it's what I can afford." (Participant 20, age 15)

The thematic analysis revealed that adolescent girls with disabilities in Ohaukwu Local Government Area of Ebonyi State face significant challenges in managing their menstrual health and hygiene, including stigma, lack of access to MHH facilities, inadequate knowledge about menstruation, and limited coping mechanisms.

Discussion

The findings of this study highlight the complexities of menstrual health and hygiene (MHH) among adolescent girls with disabilities in Ohaukwu Local Government Area of Ebonyi State. The use of unsanitary materials during menstruation is a significant concern, as it can lead to reproductive tract infections (RTIs) and other health complications (Montgomery et al., 2012). The study's findings are consistent with previous research, which has shown that adolescent girls with disabilities face unique challenges in managing their menstruation, including lack of access to MHH facilities and inadequate knowledge about menstruation (Sommer et al., 2015; Phillips-Howard et al., 2016).

The low use of sanitary pads among respondents in this study is also consistent with findings from other studies in low-resource settings. For example, a study in Kenya found that only 27% of adolescent girls used sanitary pads during menstruation, while the majority used cloths or other materials (McMahon et al., 2011). Similarly, a study in India found that lack of access to sanitary napkins was a significant barrier to menstrual hygiene management among adolescent girls (Dasgupta & Sarkar, 2008).

The study's findings also highlight the need for inclusive MHH programs that cater to the unique needs of adolescent girls with disabilities. This is consistent with the

recommendations of the World Health Organization (WHO), which emphasizes the importance of inclusive and accessible health programs for people with disabilities (WHO, 2018).

Conclusion

This study underscores the importance of addressing MHH challenges among adolescent girls with disabilities in low-resource settings. Policymakers and healthcare providers should prioritize inclusive MHH programs, providing accessible facilities and tailored education to promote menstrual health and well-being.

Recommendations

1. Inclusive MHH programs: Policymakers and healthcare providers should develop inclusive MHH programs that cater to the unique needs of adolescent girls with disabilities.
2. Accessible facilities: Schools and public facilities should provide accessible sanitation facilities, clean water, and menstrual hygiene products to promote menstrual health and hygiene.
3. Education and awareness: Adolescent girls with disabilities should receive tailored education and awareness about menstruation, menstrual hygiene, and reproductive health.
4. Further research: Further research is needed to explore the complexities of MHH among adolescent girls with disabilities in different contexts and settings.

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