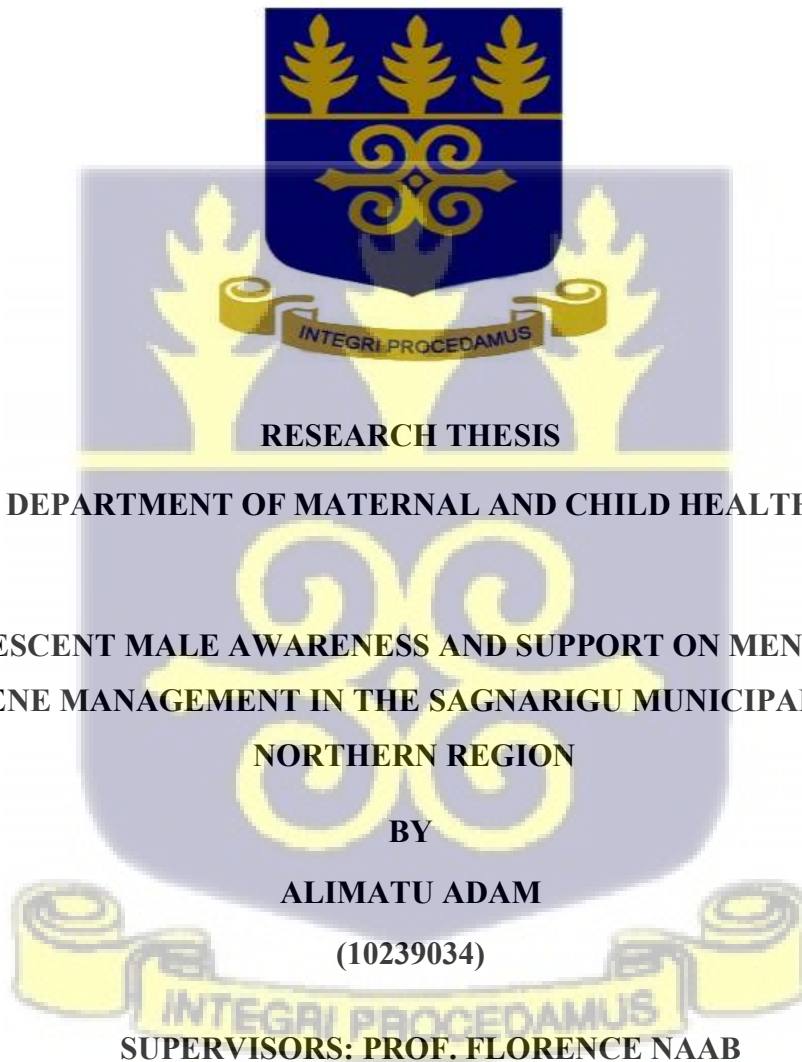


**SCHOOL OF NURSING AND MIDWIFERY
COLLEGE OF HEALTH SCIENCE
UNIVERSITY OF GHANA, LEGON**

UNIVERSITY OF GHANA - LEGON



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**A THESIS SUBMITTED TO THE UNIVERSITY OF GHANA, LEGON
IN PARTIAL FULFILMENT OF THE REQUIREMENTS
FOR THE AWARD OF MASTER OF PHILOSOPHY DEGREE IN NURSING
JUNE, 2022**

DECLARATION

I, Alimatu Adam declare that this thesis is my original, independent research under the supervision of Prof. Florence Naab and Dr. Mary Ani-Amponsah, with the exception of published articles which have been duly and appropriately referenced. I also declare that this work has never been submitted any elsewhere or presented in any form to any other institution for an academic award or to any journal publication.

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INTEGRI PROCEDAMUS

ABSTRACT

In recent times, Menstrual Hygiene Management has become an issue of concern to both public health scholars and practitioners. However, managing menstruation hygienically has been a neglected issue which unfortunately has truncated the educational progress of several girls and women, particularly in developing countries. Scholarly debate on MHM is raging but focused on girls and women since MHM is seen as a ‘women issue’. Reckoning the importance of males in MHM, the scholarly and practice debates have been extended to embrace boys and men. This study contributed to the debate on MHM by focusing on adolescent male awareness and support on menstrual hygiene management in the Sagnarigu Municipality of the Northern Region of Ghana. An exploratory descriptive research design was adopted with a purposive sampling technique and a sample size of 15 adolescent males were recruited from Kalpohin Senior High School. Data was gathered using a semi-structured interview guide with an indepth face-to-face interview of each participant which lasted between 35 and 45 minutes. The interviews were audio-recorded and transcribed verbatim. Guided by the Theory of Planned Behaviour (TPB), the data was analysed thematically based on the five major theoretical themes of the constructs. Three emerged themes were identified from the data with twenty-three subthemes. Specifically, the findings revealed that adolescent males have some appreciable knowledge about menstruation and MHM as they contended their willingness to support female colleagues to manage menstruation hygienically. Recommendations from findings have been made to ministries of education and health.

Key words: Menstrual Hygiene Management, Adolescent males, Theory of Planned Behaviour, Reproductive Tract Infections, Menstrual Health Hygiene.

DEDICATION

I dedicate this work to my family especially my husband and four (4) children, more so my son, the youngest of the four siblings who has been my IT tutor. Their unflinching support, love and prayers during this study is what has brought me this far.



ACKNOWLEDGEMENT

I am sincerely express gratitude to Allah for the successful completion of this academic study. I offer unceasing appreciation to my principal supervisor, Dr. Florence Naab and the co-supervisor, Dr. Mary Ani-Amponsah for the guidance and assistance granted me in the conduct of this study I cannot repay your efforts, all I can say is that the good Lord should richly bless you.

To all the lecturers, I extend a big appreciation for the knowledge impacted me. Further up, a sincere gratefulness to my colleagues and friends for the camaraderie we shared during the programme.

This study would not have come to fruition without the co-operation of the participants, from whom information and data were gleaned for the phenomenon of this study. In this regard, I say a big thank you for availing yourselves for the interactions. Finally, a note of appreciation goes to my family especially my husband and children, most especially, my son for his I.T skills that have impacted this work. I am appreciative of the support, love and prayer received throughout this study.



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LIST OF ABBREVIATION

CAMFED	Campaign for Female Education and Development
IRB	Institutional Review Board
KASS	Kalpohin Senior High School
LI	Legislative Instrument
MHM	Menstrual Hygiene Management
MOH	Ministry of Health
NGO	Non-Governmental Organisation
NOBISCO	Northern School of Business Senior High School
NMIMR	Noguchi Memorial Institute for Medical Research
RTI	Reproductive Tract Infection
SEM	Social Ecological Model
SHS	Senior High School
TPB	Theory of Planned Behaviour
TRA	Theory of Reasoned Behaviour
UNESCO	United Nations Educational Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund (formerly United Nations International Children's Emergency Fund)
W/C	Water Closet
W.H. O	World Health Organisation



CHAPTER ONE INTRODUCTION

1.1 Background to Study

In recent years' menstrual hygiene management (MHM) has become an issue of grave concern in public health across the globe (Odey et al., 2021; Sommer et al., 2015). Defined as “women and adolescent girls using a clean menstrual management material to absorb and collect blood that can be changed in privacy as often as necessary for the duration of the menstrual period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management material” (Budhathoki et al., 2018). MHM has attracted immense interest in both practice and scholarly arenas (Budhathoki, Bhattachan & Sharma, 2018; Alam et al., 2017; Van Eijk et al., 2016; Sommer et al., 2016). This is in view of the realisation menstrual issues have impacted negatively on the progressive development of females particularly females from developing countries. For instance, menstrual problems have truncated the education of many young promising girls particularly in developing countries including Ghana (Mohammed, Larsen-Reindorf & Awal, 2020). This unpleasant trend feeds into the already gender inequality and gender roles persisting in societies.

In fact, it is noted that reproductive and sexual health is usually influenced by gender roles as has been spelt out by the society. This split of gender roles by the society has impelled males to believe that reproductive and sexual health issues are women responsibilities. It has further shaped males' attitudes in this regard. Knowledge on sexual and reproductive health for males is a requirement for a decent sexual health, which is fundamental in modelling males' behaviour for future decision-making, attitudes change on reproductive health and perception about girls during menstrual period (Bergström, Ugarte, Guevara, & Eustachio Colombo, 2018). The lack of menstrual hygiene

management among young girls aged 15–19 years is undoubtedly a scathing public health problem is predominantly in developing and under-developed countries (Sommer, Hirsch, Nathanson, & Parker, 2015). With over 0.6 billion adolescent girls (8% of the world's population), the issue of menstrual hygiene by virtue of its magnitude is an issue of global concern. More than 80 percent of these adolescents reside in the Asian and African continents (Sommer et al., 2015; Sharma, Mehra, Brusselaers, & Mehra, 2020).

During the period of adolescence, boys and girls go through different forms of transformations of which girls always have to deal with social, emotional and psychological problems associated with menstruation cycle (Mendle, Turkheimer, & Emery, 2007). Puberty in girls is noted to be associated with problems throughout adolescence, which includes depression, anxiety, and general emotional distress (Blumenthal, Dawson, & Hurskainen, 2011). Other studies on menstrual hygiene have indicated that about (65%) of adolescent girls have insufficient knowledge about puberty and sexuality (Darabi et al., 2018). This problem is further worsened by unavailability of water, washroom, sanitary pads coupled with lack of social support from their male counterparts (Bay, 2017; Winter, Dreibelbis, Dzombo, & Barchi, 2019). Davis et al. (2018) in research on menstrual hygiene management and absenteeism in schools postulated that of 1159 participants that participated in the study 11.1% had absented themselves one or more days from school due to menstruation. Further studies by Tegegne and Sisay (2014) also reported that 50% of girls absented themselves from school during the time they are having their menstruation period in Ethiopia.

The study again reported that some of the girls (58%) indicated that their school performance declined as a result of menstruation and some girls' dropout of school due to the stigma and humiliation that accompanies menstruation from their male peers (Tegegne & Sisay, 2014). An awareness, perceptions and practices studies conducted on menstruation and menstrual hygiene in

Bengaluru, India, acknowledged the importance of the role of male in MHM. The study was quick also at admitting the lack of knowledge of men in the menstrual cycle and hygienic measure to take during menstruation. It was again noted that at policy levels men are often responsible for decisions on health and services that affect women. It was thus suggested that strategic inclusion of men and boys in different aspects in relation to menstruation beginning from the home, community, and workplace could significantly ensure changes in the attitudes and behaviour of men and boys towards menstruation (Srinivasan et al., 2019). In their findings, Srinivasan et al. (2019) indicated that young women had a better knowledge of menstruation than their counterpart young men. In the same study, participants' attitudes were measured on restrictions of girls menstruating to entering house/temple, to eat with others/not allowed to eat certain foods items and whether they should not also attend functions and play sports. The results showed negative attitude among young men as high as 292 participants representing (78.55%), compared to 187 (48.4%), represented low negative among young women.

In another study, female adolescents were seen to have little access to reliable information on reproductive health (Darabi et al., 2018). In addition, the study findings also mentioned among others inadequate communication among mothers and their daughters about menstruation, socio-cultural prohibitions, and taboo which brings about poor knowledge, attitudes and practices regarding menstrual health among teenaged girls. Many studies have laid so much emphasis on the girl-child on matters related to menstrual hygiene management (Winter, Dreibelbis, Dzombo, & Barchi, 2019; Darabi et al., 2018; Tegegne & Sisay, 2014). However, research conducted on 'we do not know', explored boys' perception on menstruation in India (Mason et al., 2017). The study findings stated among others, that boys can be advocates moving forward the MHM agenda. It also mentioned the readiness of boys to acquire information about menstruation despite societal

norms. Even though this finding is in a positive light, not much research has been done on male awareness, support and attitudes towards MHM. Whereas there is large body of literature on MHM, of which the concentration has been on adolescent girls and women, this one directional focus is still posing a challenge in many societies especially in male dominant cultures Ghana inclusive.

When the roles of men and boys on MHM were examined, it was revealed that their roles are crucial and critical in the fight against negative tendencies associated with menstruation (Garg & Anand, 2015). It further noted that not only are the role of men and boys in supporting MHM was lacking, but also sensitisation programmes for men and boys. As part of challenges, cultural norms on menstruation were also identified as deeply rooted and therefore bring about gender inequality. This inequality subsequently affects women's capacity and skills to manage their menstruation hygienically and healthily (Mahon, Tripathy & Singh, 2015). This therefore calls for a change to help enhance and improve menstrual hygiene management in significantly male dominated societies. Although males have been noted to play a significant role in family formation, as well as issues relating to domestic life globally (Meena, Verma, Kishore, & Ingle, 2015), males' involvement in sexual and reproductive health has been seen to be little during their adults' periods. This could be associated to low awareness level, sociocultural beliefs, and religion during their adolescent periods (Kyilleh, Tabong, & Konlaan, 2018).

Indeed, even studies that have involved males in reproductive health matters, the focus has been largely on other reproductive areas such as pregnancy, labour, and puerperium and prominently on family planning and contraceptive related issues (Berhane, 1995). Whiles lack of education and societal gender role has been a contributing factor, lack of active involvement of boys during adolescent period has partly played in inadequate awareness of males with regard menstrual issues.

Adolescence is a critical period in the life of both boys and girls, which cannot be ignored, especially the boys, in order to support menstrual girl ought to have in-depth knowledge on MHM so as to shape their attitudes towards girls during menstruation period (Meena et al., 2015).

Although lack of sanitary facilities in most schools in developing countries and stigma associated with adolescent girls soiling themselves during menstruation have been identified as a major reason for isolation and school dropout by the girl child, lack of male adolescent support has also been regarded as one of the main reasons behind poor menstrual hygiene management among girls' (Dutta, Badloe, Lee, & House, 2016). As noted earlier, in Ghana most schools lack sanitary facilities making it difficult for the adolescent girl menstruating to maintain hygiene during their menstrual period (Chinyama et al., 2019; Miiró et al., 2018). In addition to this, in Ghana, male adolescent socialisation on menstrual issues is a militating factor to males supporting their female counterparts during menstruation (Yagnik, 2015). In fact, although the literature on menstrual issues and MHM in Ghana is increasingly expanding (Sommer et al., 2015; Nanbigne, Alhassan, Kwansa, & Awedoba, 2016; Rheinlander et al., 2019; Baku et al., 2020; Mohammed, Larsen-Reindorf & Awal, 2020), studies focusing particularly on adolescent male awareness and support is conspicuously missing. Against this backdrop, this study explored the adolescent male attitude and support to menstrual hygiene management in the Sagnarigu Municipality of Ghana.

1.2 Problem Statement

Menstruation and its management among pupils in under-developed and developing countries like Ghana has been observed to be problematic (Rheinlander et al., 2019; Sustainable Sanitation Alliance, 2017; UNICEF, 2014). Issues identified include inadequate knowledge about menstruation, menstrual hygiene management, and menstruation induced stigmatisation (Micheal et al., 2020; Hillard, 2014). Again, the availability of cheap absorbent materials; spaces to change

privately; the availability of washing, cleaning and drying equipment; adequate disposal facilities are other relevant challenges reported (Bay, 2017; Sommer et al., 2016). The impact of menstruation has been reported to be one of the major reasons in school dropouts among adolescent girls (Miuro et al., 2018; Sivakami et al., 2019).

Menstruation is still a neglected issue especially among school-age girls even though several international and regional conferences have been held across the globe to create awareness and include menstrual hygiene schemes by nations in their reproductive and child interventions (Sustainable Sanitation Alliance, 2017; UNICEF, 2019). This policy still lacks educational support from stakeholders in health and education in some countries with regards to the implementation through provision of financial and infrastructure support to schools for action. The programmes successful implementation is further threatened by anxiety, humiliation, societal taboos, and uninformed and uncooperative male teachers. Again, the absence of running water; washrooms for privacy, and disposal facilities, among others are the impeding environmental factors militating against the successful practicalisation within school premises (Sharma, Mehra, & Brusselaera, 2020).

All the fore stated have been identified as problems that do not only adversely influence sexual and reproductive health but also affect the adolescent girls' self-esteem and their capacity to make decisions and to act for themselves. This brings to bare the need to make MHM more comprehensive in schools so as to ensure friendly environments in the schools, to curtail school dropout and absenteeism rate of the adolescent girls (Sharma, Mehra, & Brusselaera, 2020). The consequence of dropout and absenteeism is, girls' lag behind boys in the educational ladder and are prevented from attaining their potentials. This also has been identified as a public health problem.

In Ghana, 95% of girls occasionally absent themselves from school during their menstruation periods; a situation which is more pronounced in Northern Ghana where poverty levels are relatively high (House, Mahon, & Cavill, 2013; Supply, Programme, & Organisation, 2015). In Tamale, the lack of facilities to support menstrual health and practices in school, the pain and discomfort girls may experience during their menstruation and the prevalence of cultural taboos such as the belief that women are unclean during their menstruation is a hinderance to their attendance at school during such times. Girls often preferred to absent themselves from school than to ask for the assistance of their male teachers or headmasters. There are times where these adolescent girls are asked to go home owing to lack of proper facilities or the inability to access sanitary pads or cloths at school (Nanbigne, Alhassan, Kwansa, & Awedoba, 2016).

In a related study conducted in Tamale, it was evident that most of the places of convenience available were dirty and not properly kept. Again, these places were used by the entire community and had a high demand with little room for privacy and cleanliness. Items such as toilet rolls, running water, soap, dustbins were seen sparingly (Rhinlander et al., 2019). The belief that girls were unclean and should be separated, quiet, and inactive during these times also meant that they would not be allowed to participate in the school's activities and so preferred to stay out of school. The fear of having their clothes stained with blood which could bring embarrassment and stigmatisation also kept them away from school (Nanbigne et al., 2016).

Access to disposable sanitary pads for the effective and efficient management of their menstruation is not affordable and accessible to these girls whose families cannot afford them on a monthly basis. Many to resort to reusable cloths or rags resulting in increasing risk to reproductive tract related infections.

To effectively handle and mitigate these challenging issues faced by adolescent girls in a patriarchal society like Tamale, men need to be knowledgeable in the practices of menstrual hygiene management for women, which over the years has been neglected. In Tamale, men have more authority in the decision-making process due to the practice a patriarchy. Also, since most women do not share information about their menstruation with men and boys, they have little knowledge about the normal physiology of menstruation and the menstrual cycle. In spite of the fact that, men make most of the decisions regarding facilities such as the availability of toilets and places of convenience, availability of sanitary towels, and services needed by women and girls, for their menstrual hygiene, as well as women and girls' participation in awareness creation sessions and town meetings, little is known about their awareness and support towards menstrual hygiene management. It is therefore worthy that researchers should drift towards studies involving males on MHM. This has motivated the need for a study on this perspective. This study therefore explored the adolescent male's awareness in menstrual hygiene management among senior high school (SHS) students, in order to assess their capacity to assist their 'sisters'. The study targeted at SHS male students because; this stage is a milestone in the life of adolescents. As both males and females are at critical periods in their level of the educational carrier. The Theory of Planned Behaviour was adopted to explore adolescent male attitude and support in menstrual hygiene management in the Sagnarigu municipality of the Northern Region.

1.3 Purpose of the study

The purpose of this study was to explore the awareness and support of adolescent males on menstrual hygiene management in the Sagnarigu municipality of the northern region of Ghana.

1.4 Specific objectives

The specific objectives were derived from the constructs of the Theory of Planned Behaviour. These specific objectives;

1. Assessed the attitude (behavioural beliefs and outcome evaluations) of adolescent males' towards menstruating females.
2. Explored the subjective norm (normative beliefs, and motivation to comply) of adolescent males about menstruating girls.
3. Identified the perceived behavioural control (control beliefs and influence of control beliefs) of adolescent males towards menstruating girls and MHM.
4. Described the behavioural intention of the adolescent male towards menstruating girls and support MHM activities.
5. Described the behaviour of adolescent boys towards menstruating girls and MHM.

1.5 Research Questions

1. What was the attitude of adolescent males towards menstruating females in the Sagnarigu municipality?
2. What was an adolescent male subjective norm toward menstruating girls in the Sagnarigu municipality?
3. What were the perceived behavioural control factors of adolescent males towards girls and MHM in the Sagnarigu municipality?
4. What was the behavioural intention of the adolescent male towards menstruating girls and support of MHM activities?
5. What was the behaviour of adolescent boys towards menstruating girls and MHM?

1.6 Significance of the Study

The findings of this study will be useful to different stakeholders such as Government Agencies, NGO's and academic institutions. This research for the government can give decision makers a platform to design policies and programmes to increase the awareness and support of male

adolescent to menstruating female. The study will also determine current levels of male adolescent support in menstrual hygiene management (MHM) in the Sagnarigu municipality. Academically, the study contributes to the literature by proffering insights and data on awareness, support and factors that determine the motivation of male students to support their female colleagues on menstrual hygiene management in the Sagnarigu municipality.

1.7 Operational definitions of key terms

Menstrual hygiene management: relates to having access to items to absorb or collect menstrual blood, to change the products in private, to facilities to dispose spent menstruation management materials, and to portable water to wash or clean oneself, including hand hygiene.

Menstruation: it is a process in which a woman, with the exception of during pregnancy, releases blood through the vagina and other substances from the uterine lining at intervals of roughly one month from puberty until menopause.

Male adolescent: it is a stage of growth and development that occurs between childhood and the ages of 10 and 19 and marks the transition from childhood to adulthood.

Menstrual Awareness: the level of consciousness or quality of being aware of menstrual hygiene products to absorb or collect menstrual blood, privacy to change the materials, and access to facilities to dispose of used menstrual management materials and clean oneself.

Menstrual Support: to give or assist in giving menstrual hygiene products to absorb or collect menstrual blood, privacy to change the materials, access to facilities to dispose of used menstrual management materials, being able provide water and soap and to encourage girls who stain their dresses.

Menstruator: is the female who menstruates and therefore has menstrual health and hygiene needs.

Menstrual hygiene materials: refers to the products/materials used to catch menstrual flow such as pads, cloths, tampons or cups.

Menstrual facilities: can be defined as those facilities mostly associated with a safe and dignified menstruation such as toilets, water infrastructure and pits/containers.

Menstruation supplies: are any supportive items needed for menstruation health and hygiene which include; body and laundry soap, underwear and pain relief items.

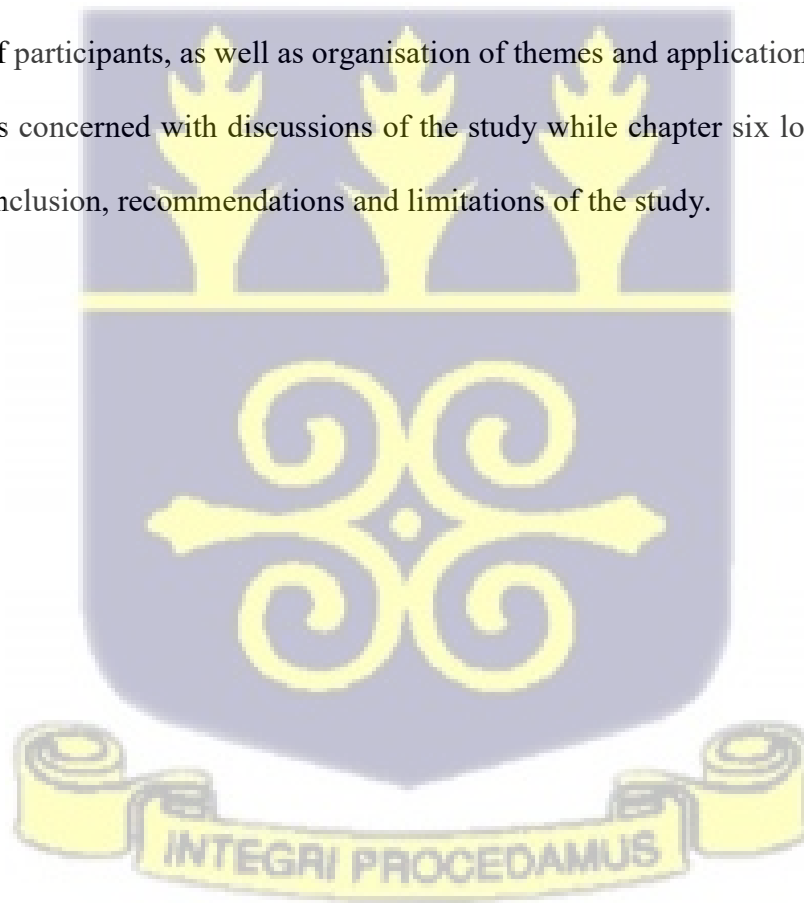
1.8 Scope of the study

The study's scope, in terms of respondents embodied adolescent male students in second cycle institutions. Geographically, the study domain was also in the Sagnarigu Municipality of the Northern Region of Ghana.

1.9 Organisation of the Study

The study composed of six chapters. Chapter one which introduces the study specifically focused on the background to the study. It also embodied the problem of the study, purpose of the study, the research specific objectives and questions, operational definitions of terms used, the significance of the study, scope and limitations of the study. Chapter two looked at the concepts, theories and the reviews of relevant literature of the study. This also focused on selection of a theoretical framework, the theory of planned behaviour, the application of the theory to the study

and justification for choice of TPB and also review of related empirical studies. Whereas chapter three presented the methodology employed to carry out the study which entailed; introduction, research design and settings, target population, sampling techniques and sampling size; inclusion and exclusion criterion, data collection, piloting tool for data collection and data collection procedure, data management, data analysis and methodological rigour. Chapter four presented the data collected from the field and the research findings, introduction, socio demography and characteristics of participants, as well as organisation of themes and application of the constructs. Chapter five was concerned with discussions of the study while chapter six looked at summary, implications, conclusion, recommendations and limitations of the study.



CHAPTER TWO THEORETICAL FRAMEWORK AND LITERATURE REVIEW

This section looks at the theoretical foundations mooring this study. Essentially, the literature points out that there are several theories usually employed to study behaviour in health studies.

The theoretical and empirical literatures presented in this chapter highlighted three models namely: Social Ecological Model, Theory of Reasoned Behaviour model and Theory of Planned Behaviour Model.

2.1 Search for Theoretical Framework

There were three different theoretical frameworks considered for this study. They are; Social Ecological Model, Theory of Reasoned Behaviour model and Theory of Planned Behaviour Model.

The social ecological model was not relevant to the study because the model emphasises multifaceted level of influences that does not fit into the phenomenon of study. Also, Theory of Reasoned Behaviour model by Fishbein & Ajzen (1980) highlights only two constructs namely; attitude and subjective norm. It fails to cater for another key determinant that influences behaviour. This determinant is referred to as perceived behavioural control. However, another model, the theory of planned behaviour model by Ajzen (1985) has been adopted to understand and predict behaviours as the highlights of the constructs include, attitudes toward the behaviour, subjective norms, and perceived behavioural control, intention and then behaviour. This model relates well with the phenomenon of study, and as such, the reason for selecting the constructs of theory of planned behaviour model to guide this study.

2.2 Social Ecological Model

The Social Ecological Model (SEM) emerged in the early 1970s as a model introduced to comprehend human development (Bronfenbrenner, 1977). With this beginning it has been adopted in other fields of studies including health. Basically, the theory postulates that there exist dynamic and complex relationships among individuals, groups and their environment. The SEM was influenced by a systems orientation of human development in which individuals are noted to influence and be influenced by people and institutions with which they interact. Not only these, but also the societal norms and rules (Bronfenbrenner, 1992; Golden et al. 2015). In health studies it has become a prominent theoretical framework employed to comprehend health issues and interventions (Lieberman et al., 2015, Sallies, Owen & Fisher, 2008; Golden & Earp, 2012; Blas & Kurup, 2010). The model presumes that human behaviour and attitude in relation to an issue are influenced not only by multiple levels influence but also that these levels are perpetually interactive and reinforcing (Golden & Earp, 2012). Also, SEM presents that the social, physical, and cultural aspects of an environment have a significant effect on health issues. According to Stokol (1996) the environment in which individuals find themselves is multi-layered with institutions and organisations embedded in the larger society and that the environmental context could influence the behaviour of individuals based on their peculiar beliefs and practices.

In this light, this theory is relevant to this study because males-adolescents are embedded in societies which greatly influence the behaviour and attitude towards menstrual issues. Thus, in a study to understand adolescents' (males) behaviour and perceptions about MHM it is indispensable to take cognisance of the adolescent and their environments as the environment shapes and forms them as they mature into adulthood. The SEM identifies the following layers (individual microsystem, mesosystem, exosystem, macrosystem) in relation to a child's development.

However, these layers are similarly strong influencers in adolescent lives with regard to their worldviews about menstrual issues and MHM. These layers are explicated below.

The individual age and sex health and physical appearance inform and shape the perception, behaviour and attitude about life including menstrual issues. For instance, the manner in which adolescent (males) would view and perceive menstrual issues is not the same as it would be viewed about their female counterparts. The micro-level is the arena closest to the adolescent. This level includes the relationships and interactions adolescents have with their immediate surroundings such as families, schools, peers, religious institutions and neighborhoods. These institutions without doubt have significant impacts on the perceptions and behaviours of adolescents. The mesosystem is much wider realm that connects several institutions that impacts significantly on the life of adolescents. It links and proffers a connection between the structures of adolescents' micro-environment. The macrosystem is bigger cultural context which embodies attitudes and social conditions within the cultures in which adolescents reside. This system describes the cultural or social context of varied social groups including social classes, ethnic groups or religious grouping. This stage is the outmost layers which is much influential in the adolescents' lives.

The ecological model was not adopted in this study because, the researcher noticed the inadequacy of the model in relation to the subject under consideration.

2.3. Theory of Reasoned Action

Like the SEM, the TRA is widely applied in public health works to study the behaviour and actions of individuals (Hankins, M., French, D. & Horne, R. 2000; Cooke & French, 2008). The Theory was coined in 1975 by Fishbein and Azjen. Basically, it postulates the development of a system of observation of two categories of variables. These are:

- a. Attitudes referred to as a positive or negative feeling in relation to the achievement of an objective and
- b. Subjective norms, which are the very representations of the individuals' perception in relation to the ability of reaching those goals.

The proposers of the theory reiterated the importance of intention more than the reality of usage. The main thrust of the TRA is that people behaviours are determined by their intentions to perform the behaviour, and that this intention is, in turn a function of their attitude towards the behaviour and subjective norms (Fishbein & Ajzen, 1975). In other words, TRA is employed to predict how individuals will behave based on their preexisting attitudes and behavioural intentions. In fact, TRA also tries to understand people's voluntary action by examining the underlying basic motivation to perform the action. Again, the theory further posits that social norms surrounding an act also contribute to whether or not the person will actually perform a behaviour.

Theory of reasoned behaviour like the Social Ecological model is adequate relative to the topic being explored.

2.4 Theory of Planned Behaviour (TPB)

The Theory of planned behaviour is an extension of the TRA (Ajzen & Fishbein 1980; Cooke & French, 2008), which this study relied on to serve as the theoretical framework for the phenomenon reviewed. The theory of planned behaviour is a theory mostly used to understand and predict behaviours; the theory posits that behaviours are directly influenced by behavioural goals and, in some situations, of three constructs as attitudes towards the behaviour, subjective norms, and perceived behavioural control which determines behavioural intents (Ajzen, 1985, 1991; Ajzen & Madden, 1986). Icek Ajzen created the theory of planned behaviour (TPB) as a broad model to

predict and explain behaviour over a wide spectrum of various sorts of behaviours. One of the main ideas to develop the evidence-based interventions was TPB. According to TPB, behaviour is immediately preceded by intention since attitudes, subjective norms, and perceived behavioural control all contribute to the development of behaviour (Ajzen, 1985).

2.4.1 Attitude toward the behaviour

The first factor is attitude toward the behaviour, which is an individual's estimation (i.e., favourability or unfavourability) of executing a particular behaviour (Ajzen, 1985). This study assessed male adolescent awareness towards menstrual hygiene management and its relationship with providing support to menstruating girls.

2.4.2 Subjective norms

The second factor of behavioural intention is subjective norms. This is an individual's perception that most people who are important to him (or her) think he (or she) should or should not execute a particular behaviour. This perception, however, may or may not reflect what those important others actually think (Ajzen, 1985). This determinant allowed the study to assess the subjective norms and the behavioural intention to support menstrual hygiene management. Normative norms on the other hand, are standard rules and regulations that are binding on a group of individuals but are dependent on the type of motivation as these can predict behaviour (Glanz, Rimer, & Viswanath, 2008). Hence, an adolescent male's cultural, religious and family beliefs and values on MHM and the impact of this on his support on MHM was also measured.

2.4.3. Perceived behavioural control

The execution of a particular behaviour is dependent at an extent on one's actual behavioural control (i.e., the ability to perform a behaviour). When an opportunity arises and the resources

required to perform that behaviour (e.g., time, money, skills, cooperation of others, etc.) increase for an individual, the chances that the individual will perform that behaviour also increases. Perceived behavioural control refers to an individual's assessment of the ease or difficulty of performing a particular behaviour of interest (Ajzen, 1985). This helped the researcher to assess the relationship between male adolescents perceived behavioural control in providing support and awareness creation on menstrual hygiene management.

2.4.4 Behavioural Intention

In the model of TPB, behavioural intentions are the embodiment of the three components of TPB (Ajzen, 1985). In other words, it is based on attitudes to behaviour, subjective norms and perceived behavioural control. It is about people preparedness to undertake a given behaviour. It is presumed to be an immediate antecedent of behaviour. The three components predict intentions, which in turn predicts behaviour of an individual. The intention is a good predictor of behaviour.

2.4.4.1 Behavioural Intentions and Menstrual Hygiene Management

For several decades and even hitherto menstruation and its associated issues including MHM has been masked in mystery and tabooed in many parts of the world (Mahon, 2015; Mason et al., 2017; Mohammed & Larsen-Reindorf, 2020; UNICEF, 2019). Undoubtedly, this outlook has informed and shaped societies particularly men and males view about menstrual issues (Mason et al., 2017; Erchull, 2020). Behavioural intentions of men and males are generally negative or indifferent (Chang et al., 2012). Mahon et al. (2015) contended that males' intentions about menstrual issues were the reflection of the societal view of the phenomenon that have been propagated for generations. The result of this was that men and boys' role in the support of menstrual management was lacking. The study that when men and boys were recruited and sensitised about MHM,

and it lead to change in intentions and behaviours of those who received the sensitisation and empowerment, and that male students and their family members can play a role and become advocates for MHM as the study argued. “As a result of the initiative [sensitisation programme], men and boys began to talk about menstruation more freely and are better able to support the MHM needs of women and girls with the households, community and schools” (Mahon et al., 2015:7).

In Taiwan, it was noted that boys shied away from discussing menstrual issues because of punishment that were meted out to them when caught talking about menstrual issues. This made them to develop an indifferent behaviour or unfavourable intention about menstruation (Chang et al., 2012). Many other studies have also reported the negative behaviours of boys or men in general to menstrual issues and MHM (Mohamed & Larsen-Reindorf, 2020; Erchull, 2020). In particular, in the school environment adolescent boys often mock menstruators when they are experiencing symptoms of menstruations (Mohammed & Larsen Reindorf, 2020). In the work environment, adult men, who it is assumed would know better are caught in the web of jesting about menstruation when they noticed a female colleague is experiencing her menses and at work (Erchull, 2020).

2.4.5 Behaviour

Behaviour, in the everyday parlance, is the way in which people act or conduct themselves towards others or things. The concept of behaviour has been deployed in disciplines including health studies. Also, behaviour has been analysed by many analysts. In this light, Ajzen (1980) and Ajzen and Fishbein (1980) have offered a framework in the Theory of Planned Behaviour to elucidate behaviour. The model suggests intentions drive behaviour and intentions are actual the results of attitudes, subjective norms and perceived behavioural control. Besides, the model also contends perceived behavioural control can pointedly espouse behaviour. Figure 1 represents the conceptual framework adopted for the study.

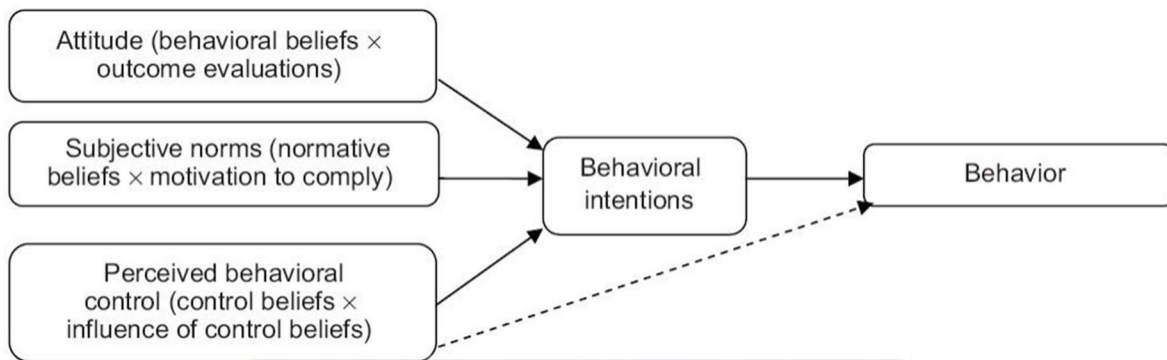


Figure 1: The Conceptual Framework of Theory of Planned Behaviour

2.4.6 Application and justification of the Theory of Planned Behaviour

The theory of planned behaviour is influenced directly by an intention. However, for an intention to manifest a behaviour, there are some drives to an intention. These include attitudes, subjective norms, normative norms and perceived behavioural control. Preliminary in the theory as enumerated are constructs forming the basis for an intention, which then become an intermediary and this in turn influence a behaviour. This theory was deemed appropriate as a conceptual framework for the phenomenon under study. Merited in this framework is the impact of plan on any action to be engaged. An adolescent male mind set with regards to this perspective can therefore be described as planned. And as such a planned behaviour is enshrined in it constructs in the framework. So therefore, an adolescent male awareness of the phenomenon studied is entrenched in his perceptions, feelings, beliefs, thinking as they underpin understanding and this may lead to knowledge and eventually awareness. Gaining insight of any phenomenon determines the intention and subsequently a behaviour which becomes the outcome (as to whether an adolescent male may support a female counterpart or otherwise). This was dependent on whether the adolescent male conforms to societal standards as to want to belong and not to be seen as an outcast. The influential others of the adolescent male such as parents, religious leaders, teachers

and friends also shape the behaviour in this regard. The outcome of the adolescent male behaviour was impacted based on whether the significant others' reactions are acceptable or rejected.

The social ecological model was not relevant to the study because the model emphasised multifaceted level of influences that does not fit into the phenomenon of study. Also, Theory of Reasoned Behaviour model by Fishbein & Ajzen (1980) highlights only two constructs namely; attitude and subjective norm. It fails to cater for another key determinant that influences behaviour. This determinant is referred to as perceived behavioural control. However, another model, the theory of planned behaviour model by Ajzen (1985) has been adopted to understand and predict behaviours as the highlights of the constructs include, attitudes toward the behaviour, subjective norms, and perceived behavioural control. The model relates well with the phenomenon of study, and as such, the reason for selecting the constructs of theory of planned behaviour model to guide this study.

2.5 Literature Review

This chapter presented a review of relevant literature regarding research of male involvement on menstrual health hygiene. The literature review section of this study was based on the objectives of the study and the constructs in the model. Data bases used for the search were Cochrane, Medline, CINAHL, Science Direct, Google, Google Scholar, and PubMed. To get relevant articles for this research topic, the Boolean technique was employed by a combination of words such as; male adolescent menstrual health management, cultural beliefs and menstrual hygiene management, restriction and menstruation, male support and menstrual hygiene. Adding to this, the use of “AND”, “OR” were used to enhance the search. The review considered recent articles published from 2014 upwards and selected from the suitable ones. However, in areas with limited

literature, some articles published in 2005 and above but related and relevant to the phenomenon of the study were also reviewed. The review of literature was organised under the following: attitude of male adolescent on menstrual hygiene management, subjective norms of adolescent male on menstrual hygiene management, cultural beliefs and restrictions during menstruation (normative norms), the role of men and boys in menstrual hygiene, perceived behavioural control and menstrual health management, behavioural intentions and menstrual health management and the behaviour. The section also reviewed the extant literature across the globe on menstruation hygiene management and issues related and relevant to MHM and a summary of the review of the literature.

2.5.1 Attitude of male adolescent toward menstrual hygiene management

The first construct of the theoretical model of TPB is attitude toward the behaviour, which is an individual's evaluation (i.e., the favourability and unfavourability) of performing the behaviour in question (Ajzen, 1985). In this study, attitude of adolescent males', which is their behavioural beliefs and outcome evaluations (positive, negative and general impression) of the phenomenon studied was assessed. Some literature regarding adolescents and menstruation, attitude of males towards menstruation and menstrual health management related issues has been reviewed.

According to the World Health Organisation, an adolescent refers to a person aged 10-19 years (Sommer, Hirsch, Nathanson, & Parker, 2015). This period is considered a special period in both girls' and boys' life comprising significant physical, psychological, and biological development (Sharma, Mehra, Brusselaers, & Mehra, 2020). It is the stage a woman experiences menarche which marks an important biological milestone in the life of a woman and marks the beginning of the reproductive phase of her life (Chandra-Mouli et al., 2019).

Women across the globe have developed different tactics to manage this period of time in their lives. These tactics and strategies vary widely due to individual preferences, accessibility resources, financial and family status, cultural, and traditional beliefs, educational status and knowledge about menstruation (Sharma et al., 2020). The health implications such as toxic shock syndrome, reproductive tract infections (RTI), and other vaginal diseases that can occur when menstrual hygiene is neglected makes it a major concern (Chandra-Mouli et al., 2019). The estimated population of girls aged between 15 and 19 years is over 0.6 billion which represents 8% of the world's population with more than 805 million of them living in Asia and Africa. The population of these girls makes it almost impossible to turn a blind eye to inadequate menstrual hygiene management (MHM). Inadequate menstrual hygiene is of global concern due to its implications if left unattended (Sharma et al., 2020).

It is evident that inadequate amenities and sanitation facilities makes it difficult for girls to practice hygienic menstruations (Panakalapati, 2013). A technical report by UNESCO in 2014 observed that male teachers might be less sensitive to the needs of girls experiencing their menstruation, and so refused them permissions to use the washroom during their lecture times as such male rather thought that those girls were not interested in the lesson (Mahon, Tripathy, & Singh, 2015). Other studies revealed that male teachers were found teasing such girls. This insensitive behaviour might be engineered by ignorance, entrenched local myths, and cultural taboos related to menstrual blood among men (Kirk, 2005; Mahon et al., 2015; Panakalapati, 2013). This behaviour was not only limited to teachers but students inclusive. Topics related to menstruation was often neglected or not taught well. Studies attributed the higher predominance and cultural related taboos to this behaviour (Rastogi, Khanna, & Mathur, 2019). It was further observed that girls were often ridiculed and embarrassed by boys and male teachers in schools when they stained their clothes

during their periods (Mahon et al., 2015). Boys and men generally have a negative attitude towards menstruation due to their inadequate knowledge of menstruation (Mason et al., 2017; Sharma et al., 2020).

According to another study, most men were ill-informed about menstruation and the physiological changes women undergo when they have their periods which makes it difficult for them to change their perceptions and ideologies about women and girls during such times (Mason et al., 2017).

This behaviour is attributed to their unwillingness to change their mindset, myths, prejudices, and misconceptions, associated with menstruation hence making it difficult to have an open discussion on menstruation with men and boys. However, through continual engagement, these perceptions could be changed to inform them of their responsibilities for managing menstrual hygiene.

This assertion is supported by another study which revealed the unwillingness of male and female educators to address menstruation and care of menstrual hygiene with their students. There is also the situation where female teachers were not available in many schools. It was again reported that male teachers felt shy and uncomfortable discussing topics related to menstruation during their lessons (Gupta & Sinha, 2006; Sommer, Kjellén, & Pensulo, 2013). This unsupportive attitude of male teachers and students resulted in some female students being hesitant to stand to answer questions in the fear that they might have soiled their clothes and may be seen by their colleagues.

In other cases, parents did not allow their girls to attend school once they reach puberty in the fear that they may be harassed by their male colleagues and even male teachers. (Kaur, Kaur, & Kaur, 2018; Rheinländer, Gyapong, Akpakli, & Konradsen, 2019). To surmount these issues, male teachers and students should be well informed and educated to be confident about menstruation and menstrual hygiene management to enable them support girls/women by providing a safe environment and their privacy.

2.5.2 Cultural beliefs, perceptions, and restrictions during menstruation (subjective and normative norms)

Studies have shown that cultural norms have an impact on menstrual hygiene practices. A few of these standards operate as obstacles to maintaining good menstrual health. Many women encounter limitations when it comes to cooking, working having sex, bathing, worship, and eating particular foods (Kumar, Datta, & Bandyopadhyay, 2015; Rastogi et al., 2019). The existence of these restrictions is the result of the people perceiving menstruation as dirty and polluting over the years (Solanki & Yadav, 2019).

Women and girls are mandated to wash themselves and their clothes in secrecy and at night when all others are asleep and away from others since menstrual secretions are said to have the potential to be employed in black magic (Sommer, Chandraratna, Cavill, Mahon, & Phillips-Howard, 2016).

Women hid their menstrual pads out of concern for being cursed and also for the fact that such clothes were seen as dirty and polluted by the society.

Some studies also revealed that menstrual waste was thought to be associated with witchcraft and danger, hence such residue was buried and hidden from witches so that they cannot locate the owners to destroy them by causing them to be infertile women (Boakye-Yiadom et al., 2018; Umeora & Ekwuatu, 2008). Touching a woman who was having her menstruation was even seen as toxic. These norms make girls feel subnormal, diseased, or traumatised (Deo & Ghattargi, 2005). Additionally, menstruation is considered a curse, disease or sin by adolescent girls in Uganda (Boosey, Prestwich, & Deave, 2014). Unprepared girls experienced menarche with fear, confusion, and feelings of embarrassment and are more likely to have negative attitudes towards menstruation (Rastogi et al., 2019).

This was further supported by a study conducted in Northern Ghana, where the poor attitude towards menstrual hygiene management was partly attributed to the negative socio-cultural norms

and practices that stigmatise menstruation, hence, inadequate support from community leaders who are predominantly of male gender (Boakye-Yiadom et al., 2018).

These beliefs and perceptions highlight the need for education for both men and women regarding menstruation. Though, these prohibitions are more in the rural areas than in the urban areas, girls in the urban areas are not completely immune to its effects. The study therefore assessed these prohibitions and their relationship with menstrual hygiene management in the urban centers.

2.5.3 The role of men and boys in menstrual hygiene management

According to Mahon et al., (2015), men and boys can support women and girls to manage menstruation effectively across different social domains including households, communities, schools, and work. The influence of men and boys on menstrual hygiene management permeates through many roles, including as husbands, fathers, brothers, students, peers, teachers, community leaders, entrepreneurs, employers, development and humanitarian practitioners, and policymakers (Mahon et al., 2015).

Further studies attribute the neglect of menstrual hygiene management to gender inequality. Unequal power relations between men and women result in women and girls' voices not being heard in decision making within households, communities, and development programmes (House et al., 2012). These have also led to cultural taboos, stigma, and shame around menstruation (House et al., 2012).

In a related study, it was found that males who are household heads do not encourage women to practice good menstrual hygiene, and they never bring up the subject with their wives or daughters. According to the research, males who make decisions at the household level frequently refuse to spend money on menstruation goods such as disposable sanitary pads, tampons, and menstrual

cups because they view doing so as money wasted (Alexander et al., 2014; Kaur et al., 2018; O'Reilly & Louis, 2014). Women are forced to utilize inexpensive reusable cotton pads that require washing, drying, and repeated usage as a result of this. In other instances, males are hesitant part up cash to purchase menstrual hygiene products because of their limited income family income. According to O' Reilly and Louis (2014).

Another study's conclusion was that males may support women and girls by building latrines, incinerators, and toilets with chutes in their homes, schools, and communities. At the household level, they assist by providing menstruation products, money, and toilet facilities with privacy, water, and soap (Alexander et al., 2014). Making household budgeting for sanitary products supports and empowers women by letting them to move freely with a decreased risk of stains because decision making authority is in the hands of males.

Men in politics should assist menstrual hygiene management by enacting laws that are kinder to girls and women, giving sanitary products at a discount or for free, installing portable toilets and other forms of sanitation in their communities, and holding training and seminars.

A study conducted in a Peri-Urban Community in Ghana revealed that teachers of which male constitutes the majority can significantly influence the conversations and to increase the active engagement of girls themselves in menstrual health management (Rheinländer et al., 2019).

Though, the role of men in ensuring menstrual hygiene management cannot be over emphasized, there is not enough empirical evidence in explaining the relationship between their role and menstrual hygiene management.

2.5.4 Perceived behavioural control and menstrual health management

A study conducted in India to determine the social and behavioural change interventions effect on knowledge, attitudes and restrictions with menstrual health hygiene showed that parents, peers and the community exerts a considerable influence on adolescents' attitude towards menstrual health hygiene. This could either facilitate or inhibit male adolescents support for menstrual hygiene management (Ramaiya et al., 2019). Another study conducted in Dares Salaam city to assess acceptability of parents/guardians of adolescents towards reproductive health education found that parents play a critical role in sexual and reproductive health behaviours. Parents usually influence their children's reproductive health behaviour through care and control (Mbonile & Kayombo, 2008)

Again, findings from Taghdis, Babazadeh, Moradi, & Shariat (2016) suggest that a positive family environment influences adolescents' attitude towards reproductive health behaviours. Consistent with these results is the findings by Bilal, Spigt, Dinant, and Blanco (2015) that, parents can facilitate adolescent attitude towards reproductive related behaviours.

Moreover, a related study conducted in low- and middle-income countries reports that mothers were mentioned as a main source of information on MHM in some areas, while in other areas mothers were avoided. In the areas where mothers are avoided, grandmothers or peers are usually preferred (Chandra-Mouli & Patel, 2017)

Again, Chandra-Mouli and Patel (2017) argued that family support and community support in the form of access to products and sanitary infrastructure greatly influences the perception of adolescent towards menstrual hygiene management. They further added the role of health workers and leaders in creating a positive perception towards menstrual hygiene among adolescent males.

2.5.5 Behavioural Intentions and menstrual hygiene management

For several decades and even hitherto menstruation and its associated issues including MHM has been shrouded in secrecy and tabooed in many parts of the world (Mahon, 2015; Mason et al., 2017; Mohammed & Larsen-Reindorf, 2020; UNICEF, 2019). Undoubtedly, this outlook has informed and shaped societies particularly men and males' view about menstrual issues (Mason et al., 2017; Erchull, 2020). Behavioural intentions of men and males are generally negative or indifferent (Chang et al., 2012). Mahon et al. (2015) contended that males' intentions about menstrual issues were the reflection of the societal view of the phenomenon that have been propagated for generations. The result of this is that men and boys' role in the support of menstrual management is lacking. The study also mentioned that when men and boys were recruited and sensitised in the school setting about MHM, it led to change in intentions and behaviours of those who received the sensitisation and empowerment, and that male students and their family members can play a role and become advocates for MHM. As the study argued "As a result of the initiative, men and boys have begun to talk about menstruation more freely and are better able to support the MHM needs of women and girls with the households, community and schools" (Mahon et al., 2015:7). In Taiwan, it was noted that boys shied away from discussing menstrual issues because of punishment that were meted out to them when caught talking about menstrual issues. This made them to develop an indifferent behaviour or unfavourable intention about menstruation (Chang et al., 2012). Many other studies have also reported the negative behaviours of boys or men in general to menstrual issues and MHM (Mohamed & Larsen-Reindorf, 2020; Erchull, 2020). In particular, in the school environment adolescent boys often mock menstruators when they are experiencing symptoms of menstruations (Mohammed & Larsen Reindorf, 2020). In the work environment, adult men, who it is assumed would know better are caught in the web of jesting about menstruation when they noticed a female colleague is experiencing her menses and at work (Erchull, 2020).

2.5.6 Behaviour towards menstruating girls and MHM activities

Behaviour, in the everyday parlance, is the way in which people acts or conducts themselves towards others or things. The concept of behaviour has been deployed in disciplines including health studies. Also, behaviour has been analysed by many analysts. In this light, Ajzen (1980) and Ajzen and Fishbein (1980) have offered a framework in the Theory of Planned Behaviour to elucidate behaviour. The model suggests intentions drive behaviour and intentions are actual the results of attitudes, subjective norms and perceived behavioural control. Besides, the model also contends perceived behavioural control can pointedly espouse behaviour.

Like many aspects ‘women issues’, male adolescents’ behaviour towards menstruation and MHM activities has attracted attention (Erchull, 2020; Wong et al., 2013; Allen et al., 2011; Benschaul-Tolonen et al., 2020). It is well documented that males or adolescent boys’ behaviour toward menstrual issues has been generally skewed towards negative behaviour (UNICEF, 2017; Wong et al., 2013). In a recent study Benschaul-Tolonen et al., (2020) observed that adolescent males engaged in mocking and teasing menstruating girls. The adolescent boys perceive the flow of blood associated with menstruation to be embarrassing. (Benschaul-Tolonen et al., 2020). This implies boys would tease or mock females when they see signs and or symptoms of menstruation. Yet, stains of blood on the attire of female could be the lack of suitable menstrual hygiene practices. Earlier studies particularly Singh, Bloom and Tsui (1998) had reported males showing positive behaviour towards menstruation and MHM activities. With a study setting in India, Singh et al. (1998) sought not only to measure the knowledge of husbands on menstrual health issues, but also captured the behaviour they put up in relation to their wives as far as MHM is concerns. The study indicated that some men comprehend the feeling of women during menstruation, and therefore were supportive and sympathetic to them. Again, Erchull (2020) in a study showed that boys exhibit positive behaviour towards females when they properly understand the ramifications of

menstruation and its management. Similarly, males expressing positive behaviour has been reported by Mohammed and Larsen-Reindorf (2020). Although social norms and barriers influence boys' unimpressive behaviour towards menstruating girls, boys on their own, stated they feel the plight of menstruator and thus must be good to them.

2.5.7 Global focus on menstrual hygiene management

Following the realisation that MHM can remedy the pernicious and anti-development impacts associated with menstruation, it has become an international issue highly supported by several international organisations. For instance, the UNICEF (2019) have contributed immensely to ensure MHM is popularised and adopted in developing countries. Through their effort, they developed a guide to menstrual hygiene management materials. The guide is intended to provide guidance for staff from UNICEF on the selection and procurement of appropriate materials and supplies for MHM, particularly during humanitarian response. Although developed for the consumption of UNICEF staff, the guide is indispensable to all persons engaged in humanitarian response. It underscores key characteristics and requirements for the most common menstrual hygiene material and to dispose or recycle these materials. World Vision International, an international NGO has focused on menstrual issues for women and especially for girls in schools. In a study titled menstrual hygiene management in schools, the World Vision International (2016) catalogued barriers to MHM in schools. Some of these barriers mentioned are the lack of access to sanitation products and facilities, lack of social support, schools' lack of access to consistent supplies of necessities material to management menstruation and stigmatisation of menstruation. Also, the study pointed out systemic factors that impede the quality of MHM. These factors include: informed professionals, social norms, policies and health services (World Vision, 2016).

The World Bank is another development agency that has conducted and extended knowledge on MHM. In a featured study the Bank indicated how MHM could enable women and girls to reach their full potential (World Bank, 2018). With recent evidence, the study sheds light on MHM issues in several countries and their impact on human development outcomes. They concluded by recommending how issues of MHM be incorporated into the global campaigns on water and sanitation.

2.5.8 Menstrual hygiene management in developing countries

Undoubtedly, the literature focusing on menstruation and MHM in the global south is extensive (Mohammed & Larsen-Reindorf, 2020; Bobel, 2019; Chinyama et al., 2019; World Bank, 2018; Kuhlmann, Henry & Wall, 2017; Sommer, 2013). Bobel in her book ‘the managed body: developing girls and menstrual health in the global south’ critiqued the complicated discourses of MHM including its conceptual and practical linkage with water, sanitation and hygiene development sector. Using in-depth interviews, participant observations and digital materials of NGOs, the book indicates how MHM frames problems and solutions to seek attention and obtain resources to this highly tabooed issue. The book argues that organisations promoting MHM of inadvertently rely upon frail evidence to adduce claims of hygienic crisis that needs urgent solutions (Bobel, 2019). Further Bobel asserted that proffered solutions are mostly material, that fail to challenge social constructions of the menstrual body as dirty and in need of concealment.

Indeed, demand on the menstruator to disassociate and isolate from the society is highly prevalent in many jurisdictions. In these places the open discussions of menstrual issues are frowned upon. Issues of menstruation and its management are surrounded by secrecy and myths. For instance, most part of India hitherto the mere mention of menstruation has been a taboo (Garg & Anand, 2015; Patil et al., 2011). “Culturally in many parts of India, menstruation is still considered to be

dirty and impure” Garg & Anand, (2015:184) stated. Although the impurity is mostly spiritual or religious, it sometimes extends to the physical where menstruators are considered unhygienic and unclean, and hence food they prepare, or handle are regarded contaminated (ibid). The negative stereotypes are being propped and driven by culture and religious beliefs that interpret menstruation to have spiritual connotations. For instance, in Surinam menstrual blood is deemed to be dangerous which aid in the potency of black magic. In certain cultures, too, clothes worn by women during menstruation are buried in order to prevent evil spirits from using it. Unfortunately, some of these practices are still being enforced (Garg & Anand, 2015). Nonetheless, these spiritual positions about menstruation are untenable in the face of the well proved scientific evidence about the cause of menstrual cycle.

2.5.9 Menstrual hygiene management in Ghana

In Ghana the literature on issues about menstruation and MHM is rapidly burgeoning (Mohammed & Larsen-Reindorf, 2020; Baku, Adrakpanya, Konlan & Adatara, 2020; Boakye-Yiadom et al., 2018; Mohammed, Larsen-Reindorf, & Awal, 2020). UNICEF (2016) in a research brief on a study named ‘menstrual hygiene: challenges, taboos and impact on girls’ education in Ghana. The study included 12 senior high schools in northern part of Ghana. Using an interview technique to gather data, it found that 95% of girls sometimes absented from school due to menstruation. Taboos and stigma surrounding menstruation is prevalent in many of the communities on which the study focused. In schools, male colleagues often teased their female counterparts when there are stained, and this heaps unbearable shame on the girl in question. Like other places, homes where traditional religion is practiced, girls cannot prepare food during their menses. For instance, women abandoned their homes for the period of their menses to stay in a relative’s house (UNICEF, 2016:1). In schools the study noted that girls and other female teachers served as support network

to menstruators. Male teachers tend to gloss over menstruation during lessons and boys teased girls when menstrual issues are being discussed.

The negative impact of in the form of school absenteeism is well document in a study by Mohammed et al. (2020). With a sample size of 250 students, employing a combination of quantitative and qualitative techniques (Surveys and key informant interviews), they observed that girls episodically miss school in other to manage their menstrual symptoms. Even those who come to school often seek permission to return home. The reasons for occasional school absenteeism obtained included menstrual pain, fear of staining clothing, and shame of being mocked by male colleagues (Mohammed et al., 2020). Although stereotyping was prevalent, knowledge of menstrual hygiene was high. Over 60% reported using sanitary pads. This finding is corroborated by Kumbeni, Otupiri and Ziba (2020). Although their study targeted junior high school students, the findings stated that 61.4 percent of students who participated in the study practiced good menstrual hygiene. However, in terms of facilities within school premises to support menstruators were unavailable. Most of the schools even though had toilet facilities, they lacked clean water, soap, privacy and dustbins indispensable for menstrual hygiene management.

In a related study in Legon, Accra, Blessing (2016) conducted research for her academic thesis on the management of menstrual hygiene among students. The outcome showed that MHM was being supported at home and at school. In this regard, about 50% of the respondents reported changing their sanitary items three times each day when they were menstruating. More than 60% take two daily baths. Teenage girls had a high level of MHM knowledge as well. In that area, which is an elite community, girls in elementary schools maintained good menstrual hygiene, with socioeconomic considerations helping them to properly dispose of their menstrual products. Baku et al. (2020) also investigated MHM, but they turned their attention to a peri-urban senior high

school in Ghana's Volta Region. Through a cross-sectional descriptive design, the study assessed menstrual hygiene management with 250 students. Findings showed that 52.8 percent had accurate knowledge on menstruation and its management. However, the study reported the challenges including unavailability of water and materials necessary for good MHM in schools.

Menstrual hygiene management is gaining currency in Ghana. Through the efforts of international and local agencies such as UNICEF, World Vision, USAID and Global Communities knowledge on menstruation and its management as well as the necessary resource needed to promote MHM is being garnered. For instance, Global Communities through its efforts have extended funding to several senior high schools to acquire infrastructure and materials necessary for good menstrual hygiene management. In a study titled holistic menstrual management in Ghana, Global Communities (2021) outlined projects and advocacy campaigns undertaken in Ghana. Without doubt, these campaigns yielded fruits as government of Ghana succumbed to the demands to provide sanitary pads to elementary school students free of charge. Government of Ghana through budgetary allocations imported and distributed sanitary pads in 2016.

2.6 Summary of literature reviewed

The first determinant of attitude toward menstrual hygiene management looked at an individual's favourable or unfavorable evaluation of performing a behaviour while the second determinant, subjective norms, looked at a person's beliefs and perception about how people who are important to him (or her) think he (or she) should perform a particular behaviour and vice versa. Cultural norms and its impact were also measured as these are the normative norms and can influence greatly the behaviour of individuals as they live and practice the societal rules and are regulated by them for sanity. The last determinant perceived behavioural control refers to people perception of the ease or difficulty of performing the behaviour of interest. The theory of planned

behaviour is influenced directly by intention which in turn is influenced by key drivers like attitudes, subjective norms, normative norms and perceived behavioural control.

From the review, studies conducted in Ghana and outside the country recognised difficulties with menstruation management for girls in school. Despite the fact that the majority of the research to date has emphasised the need for better school water and sanitation facilities, and also provision of culturally appropriate measures has been discussed. Other studies have also highlighted the importance of male involvement and support to ensuring adequate menstrual hygiene management. However, there seems to be limited evidence on the awareness and support of male adolescents in ensuring adequate menstrual hygiene management are effectively implemented.

The review of literature revealed that the knowledge of male adolescents on menstrual hygiene management is woefully lacking with several of them being insensitive to the needs of menstruating girls. Further review revealed that men and boys do not play much of a role in menstrual hygiene. They do not offer much support with regards to menstrual hygiene and shy away from discussing such issues with their wives and daughters. From a cultural stance, there are several cultural norms which inhibit the practice of good menstrual hygiene. These norms which are mostly prevalent in rural areas make it uncomfortable for women and girls during the menarche.

Parents, peers and the community exert a considerable influence on adolescents' attitudes towards menstrual health hygiene. It is therefore necessary to provide the relevant support in creating a positive perception towards menstrual hygiene among adolescent males. This in the long run would be of great benefit to the young women and girls in our societies. The chapter again reviewed literature on different levels, the global level, from the perspective of developed and

developing countries. Lastly literature on MHM related to Ghana was reviewed. The succeeding chapter focused on the methodology of this study.



CHAPTER THREE

METHODOLOGY

This chapter focuses on the methods and processes used to carry out this study. Appropriate methods, techniques and approaches for the study were employed. It also presented the rationale for the chosen methods and techniques. Further, the chapter specifically described the research design, targeted population, sampling and sampling procedures and instruments employed for data collection. Lastly the data collection procedures and analysis were presented.

3.1 The Research Setting

The research setting is the Sagnarigu municipality. It was established in 2012 with legislative instrument (LI) 2066. The assembly forms part of the 28 assemblies in the Northern Region of Ghana. It was carved out of the Tamale Metropolitan Assembly, as such it shares several characteristics with Tamale metro. According to Ghana Statistical Service (2014), Sagnarigu municipality covers a total land size of 200.4km² and shares boundaries with the Savelugu- Nanton municipality to the north, Tamale metropolis to the south and east, Tolon district to the west and Kumbungu district to the north-west. Geographically, the municipality lies between latitudes 9°16' and 9° 34' North and longitudes 0° 36' and 0° 57' West.

According to the 2010 Population and Housing Census, Sagnarigu municipality has 148,099 residents, or 6% of the total population of the area. 50.6% of the population are men, and 49.4% are women. 93,550 people, or 63.2 percent of the municipality's population, live in urban areas. The sex ratio in the district is 102.3. The municipality's young population is between the ages of 0 and 14, marking up 37.5% of the total population, showing a broad base demographic pyramid that tapers off with a very small number of senior people (60 years and over) (5.9 percent).

Pipe borne, inside dwelling, outside dwelling, and public standpipe are the district's four primary water sources. 90.7 percent of the drinking water in homes comes from pipe borne water. Households using public restrooms (WC, KVIP, pit pans, etc.) are used by the second highest percentage of households (46.4%), followed by households without toilet facilities (27.6 percent). In the district, 35.6% of households share separate bathrooms within the same home, and 28.1% of homes have their own restrooms that are only used by member of the household.

Public dumps in the open spaces are the most common way to dispose of solid waste, making up 29.3% of all disposal methods. A little over 21.4 percent of families carelessly dispose of their garbage, 9.7% of rubbish collected is done from home to house. The two most popular ways used by houses in the district for disposing of liquid waste are tossing rubbish onto the streets/outside (53.1%) and on the compounds (21.1%).

The Sagnarigu municipality was chosen because the assembly hosts majority of the educational institutions. It could be described as the 'hub of educational institutions' within the Northern Region. Senior High Schools such as Tamale Secondary School, Northern School of Business, Kalpohin Secondary School, and Business Secondary School are located within the boundaries of the assemblies. The assembly playing host too many educational institutions reflect in the vision statement of the assembly, which is to ensure "a friendly environment, equal opportunities for men, women, and children as well as access to quality health services and education through participatory decision making'.

In terms of literacy, it is among the highest in the Northern Region. Among the population of 11 years and over 60 percent are literate and 40% are illiterate. Like other assemblies, literate rate in the assembly is skewed in favour of males. Whiles the proportion of literate males is 63.3%, the

rate of literate female is 52.0%. This had implications on the subject considered. For when lots of females are literates it could lead to high and improved MHM activities.

With regard to economic activities, the assembly has about 59.0 % economically active population. Forty-one (41%) of people is not working for a living. 92.1 percent of those who were economically engaged were employed, while 7.9 percent were jobless. Students made up a sizeable portion of the economically active population (58.2 percent). As the economically active rate was high it had implications for management of menstruation. It implied that a significant percent of the population could afford or had access to hygienic menstrual materials.

Although Sagnarigu municipality is quite cosmopolitans and somehow an extension of Tamale metropolis, there is the strong presence of traditional set up. The chief institution and the traditional set up is one of the majority chieftaincies in among the Dagombas in the Northern region. The title of chief habiting in the assembly is the Sagnari-Naa. The occupant of the skin heads the traditional council which is a compelling partner undertaking development in the area.

In terms of ethnicity, in view of its cosmopolitan nature, the Sagnarigu municipality is ethnically diverse. Although Dagombas are the main group in the area, groups such as Gonjas, Mamprusis, Akans, Dagaaba and others were largely present. It also had the significant presence of ethnic groups from neighboring countries among others, Burkina Faso, Niger, and Mali (Ghana Statistical Service-GSS, 2014). For religion, the dominant religion in the municipality was Islam. There was also the presence of Christianity and traditional practices. The Dagombas, who are majority, were largely Muslims. In general, religion was highly practiced. This undoubtedly had compelling influence on how adolescent males viewed and perceived menstrual issues and its management.

Below is the map of the municipality displaying the study setting.



Figure 2: Map of Sagnarigu Municipality

The Kalpohin Senior High School, abbreviated as KASS but popularly called KALISCO is one of the senior high schools, located at Kalpohin within the Sagnarigu municipality of the Northern Region. It was established in 1990 with the focus to provide Agriculture and Visual Arts programmes to students. However, as a result of the increase in student population, the school now runs almost all senior high school courses. The school is mixed sex school and the student population of two thousand, eight hundred and sixty-three (2863), this is composed of one thousand, six hundred and sixty-seven (1667) males and one thousand, one hundred and ninety-six (1196) females.

In addition to Agriculture and General Sciences, it runs also Visual Arts, General Arts, Business and Home Economics. It is a public funded school running a day/boarding system. This means that while some students go to and return to their homes after classes, others are housed within the school. The motto of the school is discipline and hard work. While the vision of the school is “to

make education accessible to all”, the mission is “to carry through the wider Ghana Education Service mission of providing relevant education to Ghanaians at the Senior High School”.

3.2 Research approach and design

Cohen, Manion and Morrison (2018) defined research design as a plan or strategy that is designed for organising the research and making it practicable, so that research questions can be answered based on evidence and warrants. In the same vein, Labaree (2013) referred to research design as the overall strategy that a researcher adopts to integrate the various components of the study in a coherent and logical way to effectively address the research problem; it constitutes the blueprint for the collection, measurement and analysis of data. In addition, Whites also remarks that a research design is “logical rather than logistical matter” (Labaree, 2013), in which the ‘logic’ refers to a pattern that links the information to the findings and the research questions (Yin, 2009). It is worthy to mention that there is no single blueprint for designing research, however, it depends on the purpose of the research, to which Cohen et al (2018:173) postulates that fitness for purpose is the paramount rule that governs research designs.

Undoubtedly, there is a proliferation of research designs following the advancement in technology (Creswell and Creswell 2018). Nonetheless, according to Creswell and Creswell (2018) there are essentially three research designs and approaches: quantitative, qualitative and mixed method designs to conducting research.

The quantitative research designs focus on testing objectives through examining relationships among variables (Leavy, 2017). It mostly involves processes that aim at proving, disproving to existing theories. Importantly, quantitative designs measure and test variables and relationships among variables so as to unearth patterns, corrections and casual relationships (Bowling, 2009).

Experimental and correlational designs are two types of quantitative designs. Most frequently, longitudinal data collecting approaches are used in quantitative designs to track the evolution of concepts and trends through time (Creswell & Creswell, 2018). Basic tools used to gather data under this include surveys and experiments. Data collected using quantitative designs are analysed using statistical and quantitative procedures and models (Bowling, 2009)

The second most widely employed research design is the qualitative research design. This originated from anthropology, sociology, the humanities and evaluation studies (White 2015; Creswell & Creswell, 2018). Qualitative designs involve strategies that study or capture people's views, opinions and lived experience in their natural setting (Yin, 2015). It aims to define a phenomenon's meanings from the participants' point of view. Designs under this include; narrative research, phenomenological, ethnography, grounded theory and case study designs. Instruments for data collection under this rubric are interviews, observations and focused group discussions.

Apart from the two major designs discussed, there is also the mixed methods research design, which involves the combination or integration of both qualitative and quantitative research and data in research study. This form of research design gained currency in the mid-1980s which got promoted and popularised because it had been thought that "all methods had biases and weaknesses, and the collection of both quantitative and qualitative data neutralised the weaknesses of each form of data" (Creswell and Creswell, 2018:51). Thus, ensuring triangulation of data.

3.3 Research Design

Creswell and Creswell (2018:56) posit that the research problem, methods of data collection, the researcher's own experiences, and the readers for whom the researcher is written influence the research design to be adopted. In this light, first, the qualitative research design was chosen because

the phenomenon studied needed to be explored and understood in view of the fact that MHM has received no research attention in the Sagnarigu municipality. And for Creswell and Creswell when a ‘phenomenon needs to be explored and understood because little research has been done on it or it involves an understudied sample, then it merits a qualitative approach’ (2018:57). Second, the qualitative design was adopted following the fact the main instrument for data collection (interview) falls undertaking qualitative approach. Lastly, the personal experience of the researcher also influenced the choice of research design (qualitative). The researcher is aligned more to writing in literary way and familiar with interviewing than scientific writing, statistics and computer statistical programmes.

In fact, specifically the design for this study is narrowed to explorative descriptive approach which is under the broad qualitative design outlined. According to Wood and Ross-kerr (2011), explorative descriptive designs allow the researcher to engage participants with interviews in order to obtain an understanding of a phenomenon from their perspective. It was much suitable for a relatively new or unexplored research area. This method enabled the researcher to explore the meanings, attitudes and beliefs of male adolescent associate with menstrual hygiene management (Creswell, 2014).

It is significant to point out that qualitative designs have been widely applied in health research. According to Abel et al. (1993) qualitative research techniques have been used in the health care sector to study the experiences of chronic illness. This means that qualitative designs are popular in public health studies.

There are broad philosophical perspectives on the universe and the nature of inquiry. Although there are several research philosophies, the literature underscores the following major research worldviews.

3.4 Population, Sampling technique and Sample size Procedures

This section considered the population of interest to the study, sampling technique and sample size procedures and processes employed to conduct the study.

3.4.1 Target Population

For Cohen et al. (2017) it is referred to as the aggregation of all possible individuals, objects and measurement of interest. This is essential a large set or groups that possess relevant information. Similarly, Creswell and Creswell see target population as the entire set of individuals or elements that meet all the specified criteria for the research or the entire population in which the researcher is concerned (2018). Thus, the target population for this study comprised of male adolescents living within Sagnarigu municipality.

3.4.2 Inclusion Criteria

Target population involved male adolescents who lived within Sagnarigu municipality. Eligible participants aged 18 and 19 years who attended Nobisco and Kalisco public senior high schools on the interview day were included in the study. Male adolescents who had been directly involved in daily interaction with females experiencing menstruation. This was to help attain well informed responses from participants.

3.4.3 Exclusion Criteria

Adolescent males who were not mentally stable at the time of the study were not enrolled. Also, those who fit the inclusion criteria but are unwilling to participate were also not included. Male adolescents below 18 years were not included either.

3.4.4 Sampling technique and Sample size

Sample is a subset of a population; sampling technique is the method of selecting subjects to take part in an inquiry on the basis that the subjects provide information that is considered relevant to the study. It involves the selection of the desire number of participants to be included in a study (Yin, 2015). Although there are several ways of determining sample techniques, the purposive sampling was used for this study. The researcher consciously selected a sample from a population with the characteristics required for the study. Adolescent males aged 18 and 19 years who attend the selected NOBISCO and KALISCO schools were captured in the study. There is no agreed sample size in qualitative research (Yin, 2015); however, there is a consideration relative to research purpose, research questions and data saturation in order to arrive at an appropriate sample size (Pilot & Beck, 2008).

The final sample size was determined when saturation was reached (Creswell & Creswell, 2017). The total of 15 respondents was sampled and they participated in this study.

Most often, populations are usually large in number, which sometimes makes it practically impossible to capture all of the population to partake in a study such as this present study. This, therefore called for the need to draw a sample from the population. A sample, in a simple parlance refers to a part of the entire population from whom information is sought (Bowling, 2009). This study used a sample because the population was large which the study cannot capture all. In addition, it has been argued that to comprehend an issue does not mean a researcher has to study all the possible respondents (Yin, 2015). It has also been added that what is necessary is for the researcher to ensure that the sample size drawn from the population is representative that can lead to transferability of the results to be done (Copper & Schindler, 2011).

3.5 Data Collection Instrument

In this research, two primary data collection instruments were employed to gather data from the field in April and May 2021. These instruments were interview guide and documentation of field notes, audio tape recorder was used for data gathering. An unstructured interview guide was used to conduct a face-to-face interview, but the researcher ensured appropriate social distance. The instrument was made up of open-ended and probing questions to elicit in depth responses from the participants. It consisted of four (4) sections. Section A made up of the demographic data, section B on the attitude and awareness on menstrual health management, section C on the male adolescent subjective and normative norms, the D part had questions on behavioural control, behavioural intentions and support on menstrual health management as well as behaviour of the adolescent male on MHM activities being the final part of the interview guide used.

3.5.1 Pretesting the interview guide

Although pretesting is less associated with qualitative studies, this research undertook pretesting of the interview guide. Prior to the interview proper, pretesting interviews were conducted. This was carried out to ensure participants do not face challenges in responding to the interview questions. Several analysts have argued that pretest interviews are intended to gauge the appropriateness of the questions, and this also aid in the refinement of questions to obtain the final interview guide. The pretest interviews were undertaken at Northern School of Business Senior High School (popularly called NOBISCO) in the Sagnarigu municipality with 2 selected students. The pretest interviews were carefully examined and evaluated, and it showed that respondents comprehended the questions. Questions that appeared ambiguous and complex were rephrased.

3.5.2 Data collection procedures

This section explicates the steps and processes pursued in during data collection. As indicated prior the data was gathered using the face to face interview technique at Kalpohin Senior High School. The data was collected within a period of four weeks, between May 2 and 30, 2021. The data collection proceeded as follows. The first week was used to negotiate access and build rapport with the gatekeepers (school authorities) to the students. The school authorities then arranged and recruited respondents who voluntarily and willingly accepted to participate in the research. This was done in order to obtain the trust of the students and authorities (Nathan et al., 2019; Bowling, 2009). It is being noted that building rapport with respondents and relevant stakeholders in the research setting allays any lingering fears of respondents leading to respondents providing accurate information (Serry & Liamputtong, 2017). Fears and mistrust between interviewee and the interviewer have the potential to mar the data collection as respondents could withhold vital views and opinions. Every interviewee was taken through a pre-interview protocol that included:

1. asking the respondent to sign a consent form,
2. giving a brief detail about themselves
3. the researcher informed interviewees about the duration of the interview
4. the researcher reiterated the objective of research
5. assured respondents of confidentiality and anonymity.

After these protocols, interviewees were then guided through the questions. The researcher asked the questions and the respondents provided responses to the questions. It is worth mentioning that these interviews were conducted in serene atmosphere conducive to respondents and in the presence of some of their authorities, who usually sat few meters from the place of interview. A total of 15 respondents were interviewed.

With the respondents' permission, the interviews were taped. The researcher however, thanked captured respondents who could not participate but had consented to participate. The researcher replayed the tapes for first hearing with each participant and then onward preparation for transcription, coding and analysis.

3.6 Data Management

Data management involved the proof of organising and keeping the data properly to enable easy access and analysis (Creswell & Creswell, 2017). Data collected during the audio recorded interviews were transcribed verbatim, in addition to field notes and protected to maintain the confidentiality of the participants. The information collected was only accessible to limited persons such as my supervisors and faculty. In ensuring privacy, the researcher transcribed the interviews herself and avoided others to have access to the information. All the hard copies of the transcripts and field notes were kept in a file under lock and key for storage. The recorded interviews were played back to cross check typing errors or omissions and corrections were made. Initially codes were used to label the participant's name but later changed to pseudonyms to ensure anonymity. Soft copies of the research work were copied into pen drives and emails with a password protected to serve as a backup for future use and for security purposes. The transcribed data was printed, in addition to the field notes and consent forms and file in a labelled file.

3.7 Data Processing and Analysis

Data processing and analysis was the next stage after gathering of the data. In the first place, the data were cleaned to eliminate errors. This was followed with the analyses of the biodata of respondents. Apart from this, the main interviews were carefully transcribed verbatim. The transcriptions were double-checked to confirm the transcription captured the entire views of respondents and also for accuracy. Afterwards, the data was analysed using thematic analysis

(Cohen et al., 2018; Leavy, 2017; Roller & Lavrakas, 2015). Following Roller and Lavrakas (2015), framework for analysing qualitative data, the data was systematically reduced to obtain relevant content. It was also then analysed paying particular attention to the context in which the data was generated, thereby unearthed themes in order to provide meaning and interpretation of the data. The entire process unfolded as follows. First, the researcher immersed herself into the data, that is, the researcher read, looked at and thought about the data. This was done in the words of Leavy (2017) to allow the researcher to relate with the data.

Second, the researcher went through the coding process. Coding is “how you define what the data you are analysing are about” (Gibbs, 2007; 8). The researcher summarised and assigned phrases to segments of the data. This was undertaken to capture the essence of the segment of data (Saldana, 2017). The vivo coding technique was adopted as the researcher relied on participants’ exact language to generate codes (Saldana, 2017). The coding was manually conducted. Third, from the coding the researcher categorised the data by observing for patterns and relationships between codes. Similar or seemingly related codes were grouped together. Next was creating themes as the researcher coded and categorised the data (Leavy, 2017).

As the researcher was doing the coding, categorising and theming, the researcher engaged in memo writing. The memo writing is the process of thinking and painstakingly writing about the coded and categorised data (Leavy, 2017; Saldana, 2014). The memo is significant because it bridges coding and interpretation. It essentially captures the impressions, ideas and emerging understandings (Roller & Lavrakas, 2015); it also helps in writing later as it documents descriptions or summarises, key quotes from the data, analytic memos about different codes, interpretive ideas about how codes and categories are related and what ... [the researcher] think

something means... (Leavy, 2017). Finally, the researcher engaged in interpreting the data by crating meanings from the coded, categorised and theming memo written data generated.

3.8 Methodological Rigour

Rigour refers to the procedures employed to determine whether gathered data reflect and represent the experiences and thoughts of participants and can be depended upon (Lincoln, Lynham & Guba, 2011). The accurateness of the rigour can be assured when research uses appropriate tools to obtain the defined objectives for which the study is undertaken. Rigour is necessary because it guarantees the reliability and validity of the research (Creswell and Creswell, 2018). Determining reliability and validity of research is different based on the research design. Whiles in quantitative designs measurement tools are provided, in quality data no such tools are available. However, processes to ensure the validity and reliability, known as trustworthiness, of the findings is provided by some analysts. The widely applied measure for establishing the trustworthiness in qualitative studies is the criteria put forth by Lincoln and Guba (1985). These criteria include:

3.8.1 Credibility

Credibility has been defined in several ways. Murphy and Yielder (2010) defines credibility as the generation of findings that reflects the views and thoughts of participants. Also, according to Anney, (2014) it is a process of guaranteeing that the findings of research is truthful and reliable. Therefore, in order to meet the credibility criterion, the researcher undertook measures which included first, the researcher determined the inclusion and exclusion criteria. This was done to ensure that only qualified participants were recruited. This also ensured bias was weeded out and that the participants selected reflected the sample of the larger population. Second, the researcher also ensured that interactions between the researcher and participants were quite effective and prolonged. Thus, the researcher initially established a rapport with participants, which led to the

establishment of trust between the researcher and participants. This helped to make participants opened up and provided frank responses. Third, only participants who willingly opted to participate in the study were recruited. Participants who were ambivalent were not recruited. Participants were also given the opportunity to refuse or withdraw and this ensured that participants were provided the atmosphere to freely provide information and views. Fourth, probes were used to elicit clarity and more information where inconsistencies were detected in responses. The researcher frequently debriefed the supervisor in order to ensure the researcher was on the right tract. The research also invited colleagues to scrutinise some of the interviews, this was done to improve the study process and to aid the researcher review methods and assumptions that were critiqued as not appropriate.

Fifth, the researcher reflexivity was carried through the study by stating clearly bias, assumption, beliefs, values and interest. The researcher also continually stated the position on processes throughout the study. This allowed for an open and honest narration that resonates well with readers. Lastly, previous literature was reviewed in order to determine how the study findings differed or conformed from those studies.

3.8.2 Transferability

Transferability, which is akin to external validity involves the process by which findings of a study can be applied in different settings (Lincoln, Lynham & Guba, 2011). In this regard, the researcher provided a detailed presentation of the research setting, background of participants and methodology. This can allow other researchers to replicate when transferring the study conclusions to a similar setting. The researcher recruited participants from KALISCO (KASS) in the Sagnarigu Municipality in Northern Region. In view of the sensitive nature of the subject, the researcher was the only person on the field. The participants were interviewed using the same interview guide, audio- recorded and transcribed verbatim after the interview.

Each transcript was subjected to the same approach of arriving at themes and sub-themes. The researcher formulated questions based on the objectives of the study. Also, this ensured that questions were clear and easily understood by participants going strictly by the model used to guide the study. Furthermore, direct quotes from participants were presented as this would allow readers of this study to have a better understanding of the context in which the study was conducted.

3.8.3 Dependability

Dependability is about the latitude to which the study findings are consistent, reliable and replicable. The study ensured dependability by how the study was conducted, analysed and presented. In order for an external researcher to be able to repeat the enquiry and obtain similar findings, the processes in the study were reported in detail. In addition, the researcher described in detail the research design used and the data collection methods employed to collect data from participants.

3.8.4 Confirmability

According to the Lincoln, Lynham and Guba (2011) confirmability is the researcher's ability to show that findings and interpretations of the study are simply the reflections of the participants rather than the researcher's preferences. In this study confirmability was pursued by ensuring that the findings reported embodied only the views and thoughts of the participants. Also, decisions made, and methods adopted were duly acknowledged within the research. Lastly, reasons for preference of one approach to the other were clearly explicated.

3.9 Ethical Considerations

Ethics is about that which is good and bad, right and wrong (Cohen, et al., 2018). Thus, ethical measures in research relates to what researchers ought or ought not to do in their research and research behaviour. In this light this research endeavoured to adhere to the major ethics issues in the conduct of the research. The following ethical guides were considered. First, the study topic was submitted to the School of Nursing and Midwifery, which was approved. The protocol was onward submitted to the Institutional Review Board (IRB) of the University of Ghana located at the Noguchi Memorial Institute for Medical Research (NMIMR) for ethical and scientific approval which was granted with ID number 2039934 for both pilot and study sites. In addition, the research sought clearance from the Ghana Health Service (GHS) ethics review committee located at Adabraka Polyclinic, Adabraka-Accra. In view of the fact that the study related to health and people, whose human rights need to be protected necessitated approval from the IRB and GHS. Apart from the approvals, the research sought permission from the Ghana Education Service (GES) in the Sagnarigu Municipal Education Office, the Headmaster/Headmistress of the respective schools through the Assistant Headmasters Academic of both schools involved and guardians of participants (housemaster/housemistress).

Prior to the interviews, the researcher obtained approval from the participants' school through the authorities as fore stated in order to gain access to the study participants. An official letter from School of Nursing and Midwifery (SoNM) Legon, was sent to the schools selected which detailed the purpose of the research. In addition, the research sought informed consent of the respondents with the use of a consent form. Participants who agreed to participate were made to sign the consent form. Also, respondents were assured of confidentiality and anonymity. In this regard, names and identities of respondents were concealed and data analysed holistically with attribution such that

statements cannot be traced to the respondents who authored them. Again, the researcher explained the purpose of the study by stating that the study was strictly an academic work intended to fulfil a requirement for the award of a master's degree. Thus, the data gathered were meant for academic work. Furthermore, respondents' privacy was respect, and an assurance that the study was purely for academic purpose, which could not in any way hurt or harm the participants.

The researcher also took time to explain to respondents that there were no monetary benefits. As some respondents misconstrued the study was for non-governmental, government or research bodies that usually provide some kind of benefits to participants. The researcher dispelled benefits notion. Lastly, the respondents were also informed that the result will not be shared with them since the study was intended essentially to fulfil academic requirement.

3.10 Chapter's Summary

The chapter presented the methodology used to conduct this research. The chapter commenced with a description of the study settings. It specifically underscored the physical, economic, educational, cultural and religious characteristics of the municipality. It also looked at the research design and the philosophical underpinning of the study. It presented a brief explanation of the worldview and research philosophy and ended up by choosing the constructivism research philosophy as the worldview upon which this study premised. Furthermore, the chapter focused on the population, sampling technique and sample size processes, instrument for data collection, and the data collection process and analysis. It ended with the discussion of the ethical consideration of the study. The next chapter presents the data collected from the field.

CHAPTER FOUR

STUDY FINDINGS

The chapter begins with a presentation of the characteristics of the participants. The alphabet P is used to represent participants. For instance, P1 means participant number one. The findings are categorised into five main theoretical themes, three emerged themes and thirteen sub themes.

4.1 Characteristics of Participants

The study elicited information from fifteen (15) participants with age groups of 18 and 19. While seven (7) out of the fifteen of the participants were eighteen years old, the remaining eight (8) were aged nineteen (19) years old. In terms of courses offered by participants, the findings showed there were four courses pursued by participants: General Art, Business Studies, General Science and Home Economics. Three (3) participants each offered General Arts and Business Studies respectively. Whereas five (5) participants were undertaking General Science, four (4) participants were in Home Economics class. As regards level in school, seven (7) participants were in year one (form one), five (5) participants were in year two and three (3) participants were in year three. Also, the religious affiliations of respondents were collected. Basically, two of the dominant religions (Islam and Christianity) emerged. While 8 participants followed the Islamic faith, 7 belonged to Christianity.

4.2 Organisation of themes and subthemes

The study employed thematic content analysis to synthesise the findings. Under this rubric, five main themes were generated. This was undergirded by the theoretical model (Theory of Planned Behaviour-TPB), which guided this study and these themes had subthemes. There were also three emerged themes.

Table 4.1 Organisation of themes and subthemes.

	THEMES		SUBTHEMES	CODES
	THEORETICAL	EMERGED		
1.	Attitude of adolescent boys towards menstruating girls		<ul style="list-style-type: none"> a. Positive reaction of adolescent boys towards menstruating girls b. Negative reaction of adolescent boys towards menstruating girls c. Impression of adolescent boys towards menstruating girls 	Judgement
2.	Beliefs and perceptions (subjective norms) (normative norms and motivation to comply) of adolescent boys about menstruating girls		<ul style="list-style-type: none"> a. Personal beliefs about menstruation and MHM b. Cultural beliefs c. Factors influencing compliance of adolescent boys d. Advice and encouragement 	Opinion
3.	Perceived behavioural control of adolescent boys towards menstruating girls		<ul style="list-style-type: none"> a. Influence from peers b. Teachers influence c. Parental influence d. Cultural/ religious impact 	Influence
4.	Behavioural intention of adolescent boys towards menstruating girls and MHM activities		<ul style="list-style-type: none"> a. Interest in helping menstruating girls b. Desire to assist in MHM activities 	Desire
5.	Adolescent boys' behaviour towards MHM activities			Action

6.		Conceptualisations of menstruation and MHM	<ul style="list-style-type: none"> a. Knowledge of menstruation and MHM b. Adolescent boys understanding of MHM c. Sources of knowledge in MHM 	Knowledge
7.		Adolescent male support to menstruating girls	<ul style="list-style-type: none"> a. Willingness to support menstruating girls b. Inspiring other boys to support menstruating girls and MHM activities c. Provide financial support to menstruating girls 	Support
8.		Barriers to MHM	<ul style="list-style-type: none"> a. Maltreatment from friends b. Cultural/religious perspectives on menstruation c. Unsupportive teachers d. Teachers impact in MHM activities 	Determent

Source: Transcribed data (2021)

4.3 Attitude of adolescent boys towards menstruating girls

In general, attitude may be described as participants' emotions, feelings or reactions towards menstruation and MHM. All participants were open and interactive in sharing their views and perceptions about the subject under consideration. While some participants spoke with positive ease and reactions, others had negative attitude to menstruation and MHM issues. However, other adolescent boys appeared to have a mixed impression and even described the issue as either painful to them or unhappy about matters on MHM.

4.3.1 Positive reaction of adolescent boys towards menstruating girls

Adolescent boys' reactions often influence the kind of attitude boys' exhibit regarding menstruation and MHM. A positive reaction is likely to elicit a good attitude towards a menstruating girl or girls. When other colleague boys encourage their male counterparts, it is most likely this would inform a positive attitude. A participant proffered

“I think about girls who menstruate, it is normal. By seeing the blood, I feel sad because as a human being if you see blood in your colleague person you will feel like blood is coming from your skin so you will also feel pity” (Lewis, 18).

Other participant opined positively as he stated it is a natural process

“Yes, I believe menstruation because it is natural gift. It is God who created it and then a lady can never deny that she doesn't want to experience those things” (Kofi, 19).

“Yea I will just feel comfortable because I know it is not that she is sick, it is normal and she must experience those things” (Nasir, 18).

Some participants also intimated friends would pat them at the back and enliven them on.

“All my friends, all of them, they know what menstruation is and they know how to offer help to our girls during their menses. So, I think they will be happy” [when they spot me helping a menstruating girl] (Jamil, 19).

In another vein a participant explicated his opinion on menstruation and menstruating girls

“erhm, menstruation is not something bad. Since I know that it is part of their life, should I say their menstrual process and so on, since I know that it is part of them, when I see someone going through that, I should not say this person is not serious, how can you be moving and the blood is on this thing, I have to know that it is part of them” (Hermans, 19).

The researcher propped for further explication; and participants opined that

“I feel bad also to seeing a girl in class and she is lying down and struggling, I feel pity” (Jamil, 19).

“It is how to protect yourself from certain things or bad disease happening to you” (Ike, 19).

There's yet a participant whose thoughts on MHM are stated below as;

"My thoughts about girls who menstruate is that they can give birth because they are matured. I think it is very good. It prevents ladies from getting diseases and disgrace"
(Ofori, 19).

"Boys should help them not to expose themselves and they also help them to prevent themselves from diseases and help them from disgrace. The disgrace is others may look down upon the girl who has the menstruation" **(Ofori, 19).**

"I feel pains because it is not good to see blood or it is not good to see a girl in her menses, so I feel unhappy when I see a girl in her menses" **(Ofori, 19).**

"Boys should help them not to expose themselves and they also help them to prevent themselves from diseases and help them from disgrace. The disgrace is others may look down upon the girl who has the menstruation" **(Ofori, 19).**

4.3.2 Negative reaction of adolescent boys towards menstruating girls

Some adolescent boys' beliefs often influenced the kind of attitude they exhibited regarding menstruation and MHM. When colleague boys discourage and mock others about menstruating girls, it would inform a negative attitude one would exhibit.

" I mean I don't feel comfortable when I see my classmate menstruating in the public like that, I don't feel comfortable. Well, it is a crime because when you are bleeding in the public like that and everybody knows that you are on that period of menstruation, it is very bad" **(Nasir, 18).**

Negative beliefs of adolescent boys are not entirely supported by some others, this diverse view can be seen as expressed by participants who indicated that;

"Menstruation and its management are women matters. Men are not supposed to openly talk about it. When a boy constantly talks about it, he would be seen by the community as weakling" **(Jamil, 19).**

Boys talking about MHM in most communities would be portrayed as weak persons. The view would in no doubt influence the attitude a boy is likely to show toward menstruation and MHM.

“If some boys see blood stain on a girl dress, they just see it, either the one who saw it either he will go and tell another one without telling the girl to cover it, or he will be spreading the information so that others will be watching it which is very bad” (Musah, 19).

The attitude boys show towards menstruation and MHM is also based on the action put towards boys when they notice their clothes have been stained.

“The boys feel worried because if a boy see blood somewhere else of a lady, like they feel like it’s out of something else” (Ike, 19).

Some girls when they find out they have soiled themselves and are within boys, they get infuriated and give boys scorn look.

“When a girl gets angry at me, how can I extent help to such a girl” (Kofi, 19).

Other girls also snitch on males when they see a colleague male peeping in her direction when her clothes are stained.

“I might feel like helping a menstruating girl but erh, if she turns and report me to a teacher for looking in her direction, I would feel timid towards menstruating girls” (Hermans, 19).

From the perspective of another participant, his view was deeply ingrained on the basis of his cultural background as he thinks of MHM;

“I am a Konkomba, In the Konkomba tradition menstruation is seen as something bad which can kill spiritual powers, so boys are advised not to go closer to women during menstruation” (Kofi, 19).

4.3.3 Impression of adolescent boys towards menstruation and MHM

Another issue that influences adolescent boys’ attitude towards menstruation and MHM is the impression people hold as a result of their interaction with the society. Adolescent boys pick bits and pieces of information about menstruation and MHM within their immediate environment. The

pieces of information to acquire are bound to shape and inform how adolescent boys view menstruation and MHM. Participants often mentioned how their communities view menstruation. The participants were of the view that their attitude depended on the behaviour of other adolescent boys, girls' reaction upon staining themselves, and the general views and information obtained from interaction with society. A participant explained;

“When I see a girl like this, in her period I feel pity with her. Because she will think that how she experiences this thing she will smell if she didn't take care of herself, she will be smelling that is why she will separate herself from her friends. Other boys will start spitting when they see stain of blood on a girl's uniform and then they will start insulting the girl. Some of them they will be saying chama, chama (go away or leave here); some of them they will be saying come-on, you cannot even take care of yourself. All those things you see is an insult to the girl”
(Kofi, 19).

Another participant stated that his male friends would make fun of him when they see him helping a menstruating girl. Some of my friends would tease [mock] me for making efforts to help a menstruating girl. Others would even insult and call me names such as 'dolow'. Some participants also intimated friend would pat them at the back and encourage them.

“Some friends would treat you well and some would treat you bad” **(Kamil, 18).**

The researcher propped for further explication; and participants opined that

“Some [male friends/colleagues] would treat you well because they see that you are really helping the person [menstruating girl] and some also would treat you bad because, as I said, they may say you are dating her” **(Jamil, 19).**

Another participant stated that his male friends would make fun of him when they see him helping a menstruating girl.

‘All my friends, all of them, they know what menstruation is and they know how to offer help to our girls during their menses. So,

I think they will be happy'' [when they spot me helping a menstruating girl] (Suale, 19).

A view generally held by communities that emerged was that menstruation is perceived as 'secrecy' meant for women alone to discuss. Men and boys talking about MHM in such communities would be portrayed as weak persons. The view would in no doubt influence the attitude a boy is likely to show toward menstruation and MHM. This participant opined;

"Menstruation and its management are women matters. Men are not supposed to openly talk about it. When a boy constantly talks about it, he would be seen by the community as weakling" (Jamil, 19).

4.4 Beliefs and perception of adolescent boys about menstruating girls and motivation to comply (subjective norms)

Subjective norms of Adolescent boys encompassed aspects such as personal beliefs about MHM, influence from significant others, family influence and perceptions from the community. In the context of Ghana, persons developed their own versions of 'issues of women' as well as that of the community. For instance, men who attempt to tilt toward meddling in menstruation and MHM may be seen as outliers in most communities.

4.4.1 Personal beliefs about menstruation and MHM

Adolescent boys' personal beliefs as gathered in this study showed that they were supportive and will willingly support menstruating girls to manage their menses. All participants consented to the need to show love and compassion to menstruators. They believe it is a natural phenomenon and thus a good omen.

"I believe menstruation is a natural happening, which girls have no control over and I think it is a good sign that a girl can become pregnant" (Amin, 18).

The belief of another participant as proffered was;

“For me I believe when a girl is menstruating, she goes through pain. She [therefore] needs us to show her love and not to abandon her” (Kadir, 18).

Also, a participant thought on menstruating girls and MHM was;

“Menstruation is not a bad thing. It is a good thing, I think” (Adams, 2021).

On his part, this participant spoke of the phenomenon as;

“MHM, the menstruation of how adolescent girls are going to keep themselves in a healthy way when they see the menses, nowadays, girls who menstruate, erh, some take it as naturally but some don't take it as naturally, some are joking with it while not taking care of themselves. Those who take it like joke or not protecting themselves it may happen lack of the information of the menses” (Musah, 19).

“Some adolescents when they see their menses began feeling shy and others and this if they keep themselves hygiene or their healthy it may not bother them in the society. It may not bother them in the society, they may be feeling to live and take it as easy” (Musah, 19).

As for Lewis his belief on menstrual issues as stated was;

“Because it is a natural thing so I believe that it is a natural thing so it will always occur” (Lewis, 18).

However, Kofi's thought on menstruators and MHM were;

“Girls who menstruate, sometimes they are not strong and then sometimes too you see them feeling shy; why because they menstruate and sometimes you will see them come fat, they will come fat due to their situation; due to the level they are” (Kofi, 19).

In furtherance to what he mentioned earlier on menstruating girls, he also stated another opinion on the phenomenon as;

“My friends when they saw me helping a menstruating girl, they will start insulting me and saying a lot of things and me I don't bother about it I know that I will help” (Kofi, 19).

As for this participant he opined;

“To me I will say it is the way and how a girl should play the role when she is in her period by following what she is taught about menstrual hygiene; by following what she is taught when she is in her period” (Jamil, 19).

On his part, this participant thoughts were;

“Madam as a boy I feel worried or something when I see a girl in her mense, Ehh, my body will be doing me some type of things I don't like” (Ike, 19).

In the submission of this participant, he perceived menstruation and menstrual girls as indicated below;

“Now I realise that it is just part of it, it is natural, that when it gets to that stage, they must go through it” (Hermans, 19).

Nasir belief and perception on MHM was as follows;

“Yea I feel normal to see a girl in her menses because it is a natural thing”

“I think it is about management of the menstruation, I think that is what I know about it, it is about menstruation, how to take care of it” (Nasir, 18).

The notion of this participant on the subject of MHM as discussed was in two-fold;

“I think she should not eat oil food because it may affect her, I don't know exactly but that is how I think about is part of how menstruating girls” (Ofori, 19).

“A girl menstruating should not sit at the front; she can be at the back. Because at the back if in case the menses touch her dress and she gets up nobody can see. Because, I think if she is moving about, it may increase the speed of the menstruation” (Ofori, 19).

The personal beliefs of participants in general appeared positive. It suggested that adolescent boys had some level of grasps and conscious of what menstruation was about.

4.4.2 Cultural beliefs {of adolescent boys on menstruation and MHM (normative norms)}

In everyday parlance, culture is an embodiment of the way of life of a group of people. As such culture varies from one society to another. Also, it is not static, instead, it is dynamic and mutates

from time to time. But the cultural beliefs of a group influence the way they perceive and behave towards phenomena, and this was no exception. Adolescent boys' cultures to which they belong, and their belief systems are held on, impact how they relate to matters of MHM. Broadly, the general Ghanaian culture sees menstruation and MHM issues as the exclusive preserve for girls and women. This in no small way influence and prescribe how adolescent boys relate to girls in menstruation. Some of the responses of participants included:

“My people believe that boys stay away from menstruating girls and women. It is the belief that blood has some supernatural powers” (Jackson, 18).

Another intimated similar cultural belief that the belief of the group he belongs to frowns on adolescent boys talking and even touching menstruating girls.

“I cannot be seen talking to a girl in a period, it is not allowed in my culture. Girls in their period have to stay from the public” Adams (18) stated.

In another dimension, cultural impact on MHM as stipulated by this participant was seen in his response.

“I am a Konkomba by tribe. In our culture there are ways to tackle the girl menstruating, you see madam, there are taboos that you shouldn't, like when she gets her menstruation you shouldn't eat her food. Why, because that she is dirty. Me for instance, me I am hiding when doing it. Like to help, I know that it is not good. But it is good that you help your sister when she is in that range, me I am hiding doing it, help the girls because our culture is not accepting that we should do it” (Kofi, 19).

He intimated again that his spiritual leader who is a priestess would apply punitive measures as their tradition demand. He said;

“She will ask me to buy a lot of things for sacrifice because I have touched a menstruating girl. They will ask me to buy goat, hen and guinea fowl for the sacrifice” (Kofi, 19).

In the socialisation process parents exert a lot of power to influence consciously or unconsciously. It appeared what parents inform their wards stick so firmly. The data suggested that parents often advised their adolescent boys against meddling in menstrual issues because they deemed it to be outside the domain of boys. Cultural impediments then become a bane to MHM in some cultures such as what has been explained fore.

4.4.3 Factors influencing compliance of adolescent boys

Notwithstanding certain challenges and constraints there are to this course, in some instances and cultural wise, there were yet other cultures that promote the idea of MHM activities as some participants remarked the need to comply to menstruators' plight and promote MHM activities.

“In the Bimoba culture, it means helping a girl from when she is in her menses makes you responsible because it makes you take care of your family or your wife when she is not in the right position or when she is in her menses and she don't know how to manage it” (Ofori, 19).

Compliance to menstrual activities is also to a large extent dependent on enhancing environment and supportive significant others of adolescent boys. However self-motivation supersedes all other factors. This can be seen in some participants' responses.

A self-motivated participant said;

“It is normal for girls to experience menses and as a boy, offering help to the girls in their period is nothing and I feel proud about it no matter what other people might have a bad perception of what is happening as to boys helping girls in that situation as, it rather pushes me to do more, that is how I like it” (Jamil, 19).

The impact of significant others in the adolescent boys to comply was explained as;

“The boy gains respect from the girl and society when you help a menstruating girl and this good news to you the boy because you gain respect and can do more” (Ofori, 19).

Another participant believed in faith as he said;

“When you help a girl or you help anybody, blessing is coming from God that is why I am doing my things.”
(Kofi, 19).

These notions of the fore participant buttressed the need for male compliance to MHM activities as it enhances self-image and boost morale.

4.4.4 Advice and encouragement

In other jurisdictions, some participants submission on MHM was based on advises and encouragement from people around them in their daily life. It was within the remit of adolescent boys to offer words of advice and encouragement to menstruating girls. Majority of the participants contended they can support menstruating girls by offering advice and encouragement. On this aspect of the phenomenon studied, one participant stated;

“I think my parents they will thank me. Yah, I think they will thank me because they have given birth to ladies and they know how it goes. They’ve been children before or they’ve been in my level before and if they see me supporting a lady like that, they will take it normal. They will even thank me or appreciate me” **(Nasir, 18).**

Nasir, on his part again indicated how his imam encourages him in matters related to MHM.

“The Imams they told us to help each other and I think that is just help I am giving to her. Teachers also say the ladies in the school here are our mothers. by this they mean that because ladies gave birth to me so I should try to help especially in their menses” **(Nasir, 18).**

However, this participant suggested his parents approved of him engaging in MHM activities. And this was how he put it;

“They my parents will give you thanks and they will tell you to continue with such behaviour, for helping girls when they are in their menses. They would encourage you and they will even appreciate you for doing that. They would encourage you in some, like if they were to give you something they would increase it or they will, the way they will talk to you will encourage you to continue” **(Ofori, 19).**

Thus, this to a significant extent unconsciously explained how males relate to MHM issues and could either enhance compliance or improve the effective implementation of such activities.

4.5 Perceived behavioural control of adolescent boys towards menstruating girls

Perceived behavioural factors include factors that facilitate or impede adolescent boys' in supporting menstruating girls and MHM activities. The capacity and capability of an adolescent boy to act in a manner that he would be able to help a menstruating girl, or not on a personal accord is a determinant in this direction. However, others include factors such as supportive or unsupportive influential or significant others in the adolescent boy's life primarily, the family and friends. Some other impact factors in this dimension include cultural and religious beliefs, unsupportive teachers, and unfriendly school environments. Analysing on a personal basis to start with, an adolescent boy admitted to as a matter of fact that he would in two-fold;

“I will only tell her to keep following the things she has been doing to protect herself and if possible, with my other friends we will raise up some funds for her to at least buy certain things that will support her” (Jamil, 19).

The way we boys are in nature the only thing he can also do is to prompt her fellow girls because we wouldn't, not to our notice, we are just walking, and we see her having stains of blood on her uniform we have nothing to do than to prompt her to go and clean up. Apart from the pad and tissue, maybe erhm, due to the loss of blood to me I will say maybe we get her some tin of milo at least to regain her blood back” (Jamil, 19).

In a like ward manner this participant also expressed himself in the following ways;

“I can be able to buy, that is what I am saying by giving them like an upper hand” (Ike, 19).

“Like how I will do it is that to give the person advice about what she is facing about the menstrual period” (Ike, 19).

However, this participant had these views he shared on the discussion as he said;

“I will fully support activities like sharing of pad and helping them by helping to cover with cardigan like I said before. So, this is what I will tell them; when you are into that period don't wear things for long, clean yourself because it is some that, it is a discharge of blood” (Hermans, 19).

“Maybe we can organise class contributions and buy some items like pad for some of our sisters because some of the girls cannot buy pad. The support I can give them is advice. I will just tell them when you are in that period do not feel bad. Sometimes some girls they do feel bad, they feel to be odd among others. The only support I can give them is advice” (Hermans, 19).

Also on his part, perceived control on MHM issues was expressed below as;

“Yea the support of me is only to get a pad for you to protect yourself. I think that is the only thing or something that will protect so that the bleeding will not expose her” (Nasir, 18).

In another expression of this participants, he had this to say;

“I will always advice the person to know how to sit in the class, and she should not be moving around always. Yes, one day a girl was menstruating and the girl was sitting behind so the time the girl got up the dress was not at its right position so I secretly touched her to go out and wash her dress before she would come in again” (Ofori, 19).

These three individuals' opinion on the subject matter was as follows, with the first response, he opined;

“As its natural, I purely support and my personal belief will allow me, encouraging them to protect themselves or giving them some items so that they can use it to cover their body to stay healthy in the environment. Some of the materials are pampers and, the most direct one is pampers. As for me it is natural so as soon as I just see it you have to inform the girl so that she will go and wash herself or wash it off” (Musah, 19)

On his part, Lewis had this to say;

“The support I can give is that I will advise them or I will show them how to take care of it when it is always happening something like they should buy what is called pad, so when it is always happen like that they can use and protect themselves from disease” (Lewis, 18).

Kofi however stated he would as;

“The support I will give to my classmate is that they should when they are getting to that level they have to be bathing regularly, washing; so that they will be pure so that they will not be smell again. This is the advice when I get any of my classmate, I will give to her. Some of the girls if they don’t have soap to bath and wash their things I can buy them clothing, I can buy them a lot of things for support them so sometime too when I think some of them, they don’t have money to support themselves so if I look and I feel pity for the girl I can just give the girl money so that she can use to support herself” (Kofi, 19).

These were some responses participants proffered.

“I would advise menstruating girls to always maintain good hygienic practices” (Adams, 18)

“As a way of support, I would encourage a menstruating girl to not feel shy to be in class or interact with boys” (Amin, 18).

“I think I will advise menstruators to be themselves and not be afraid of what boys would say” (Kofi, 19).

The fore discussed were participants individual ways in which they could use resources such as time and money available to support menstruating girls and MHM activities.

To discuss the impact of significant others on adolescent boys in the implementation of MHM activities, some participants had these responses as captured under the headings below.

4.5 1 Influence from Peers

This was what a participant had to say about peer influence;

“Yes, if they see me helping a menstruating girl in the class or school, they may think that I am a womaniser or I am something, something else, yes, they may think that I am a womaniser. They may think in negative way. I mean some of my Dagomba friends (boys) may count you out among them because they saw you helping a menstruating girl” (Musah, 19).

Speaking to the issue on peer influence on the management of menstruation by adolescent boys, he had this as a response.

“Sometimes too because a guy is trying to help her, I mean a menstruating girl some friends mocking at her or that the boy is your boy lover” (Jamil, 19).

Ike said his friends will have this to say about him on MHM matters.

“My friends will feel like I am doing the best, I am doing the best to make the girl recover from what she is facing because they will a particular this thing because it’s like if you don’t know, you don’t know it sometimes because of that I feel good and I will try to help other girls” (Ike, 19).

In another opinion, a participant explained his part of peer influence as;

“Errh, friends are such that some of them may see you to be a bad person; particularly they may see me to be someone who likes girls. If I say like girls, they may see you to be someone who engages in fornication and all those things, but it’s simply because you are helping that person out of it. Like they may consider the girl to be unclean when the girl is in that period and so in the process of you helping that person, they may see you also to be unclean because you’ve just offered help to that person” (Hermans, 19).

To him, Nasir explained peer influence on MHM to the extent as;

“It is a crime that guys can mock at the girl that is why I feel to support the girl when she is in that period” (Nasir, 18).

To throw light on the subject matter reviewed, this was how he furthered his expressions;

“They my friends will not think anything because it is just a help that I am helping her. Because even if it was to be them my friends, they will also do the same because they cater for us, they are taking in charge of everything and gives power to do more for other girls” (Nasir, 18).

On the part of peer impact on MHM, he said;

“My friends they will tease me. They will be laughing at you, or they may think you have a relationship with the girl or they may think you are a prostitute or you don’t know what you are doing” (Ofori, 19).

4.5.2 Teachers influence

In discussing teachers influence on adolescent boys in the management of menstruation, this was how a participant opined;

“Teachers too can react by advising me carefully not to or to stay away or not to do something bad. Some of the things my teachers told me about girls are, as I am still in education, they told me that I shouldn’t go closer to girls, I should stay away from them, I shouldn’t relate or having relationship with girls that will break my future” (Musah, 19).

This participant said his teacher’s reaction impacted him positively and into future on MHM matters as he had this to say;

“Teachers too will react like you are doing the best to help the girl to come out of it and you can be a good husband and I will do more to help other girls” (Ike, 19).

In his view, this was what this participant said with regards to the impact of teachers on adolescent boys’ involvement in MHM activities’

“Teachers too I think can help, particularly female teachers, they can help by educating girls on it much so that they will know more about it” (Hermans, 19).

4.5.3 Parental influence

Other important persons on the adolescent boy’s capability are the impact of parental upbringing in relation to the phenomenon studied. In that regard, this was what a participant had to say.

“Parents should provide pads for the lady and provide a good underwear for her and the type of food they should give to her during that period” (Ofori, 19).

4.5.4 Cultural/ religious impact

The impact of culture and religion on the phenomenon reviewed was also discussed. To that effect some adolescent boys’ expressions as shared by these participants were;

“Yes, as Dagombas, men shouldn’t take any part of helping or like taking part of girls’ menstruation issues”
(Musah, 19).

Whereas the fore participant opined the Dagomba cultural stands on the subject, another cultural impact on this issue is what has been stated below.

“They will feel good because it is a good thing to do, The Bimoba culture influence us like we should help the girls in terms of when they need our help, it gives me the feeling to help menstruating girls” **(Lewis, 18).**

On the impact of religion on adolescent boys towards menstruating girls and MHM this was a response elicited.

“My culture doesn’t have any negative impact on how I should help a menstruating girl at all” **(Jamil, 19).**

Jamil again did talk of religious connotations as he responded in this manner;

*“Yeah, and in my religion, they said help one another, it’s even written in the *Quran*. If my parents see me helping, they might also go and buy more of the things she needs and I will give to her which she will appreciate”* **(Jamil, 19)**

It is within the remit of adolescent boys to offer words of advice and encouragement to menstruating girls. Majority of the participants aver they can support menstruating girls by giving advice and encouragement.

4.6 Behavioural intention of adolescent boys towards menstruating girls and MHM activities

Intentions of adolescent male on menstruation and MHM is a precursor in the effort to comprehending behaviour adolescent males may exhibit towards issues of MHM. The intention of adolescent boys to help menstruating girls and MHM activities can be said to be an individual interest and desire to do so based on how their mind set, thus the feeling and thought on the phenomenon at stake. In this regard, some participants had this to say.

4.6.1 Interest in helping menstruating girls

Responses gathered from participants pointed to interest adolescent boys had and intended to help menstruating girls as has been demonstrated below.

“Please madam I am ever ready to accept such girls, like I said, I have helped a certain girl back in JHS before. Am not like the other boys who will make fun of the girls” (Jamil, 19).

In another expression, this was what this participant opined;

“I said I will support menstruating girls as they are like our sisters in the school here, as for myself my intention is clear now, I mean I intend to help them” (Lewis, 18).

This participant however had a mixed feeling, and this was found in his expression as below;

“Madam as I explain myself already, maybe in the school here but back at home it will somehow be difficult, right now am confuse, maybe if I see such girls, I can advise them to be careful and try to calculate the time their menses would come but not embarrass themselves and now shy from others” (Musah, 19).

4.6.2 Desire to assist in MHM activities

The desired intention in MHM activities was found in the view as stated by this participant

“My desire to assist menstruating girls in the school like how I explain that I would advise such girls to them to sit at the back when they are in their menses as a way to safe themselves from disgrace My intentions would be to support the activities in their good ways” (Ofori, 19).

Being able to accept and work in class with a colleague who has stained herself in class in one major way to impact positive feeling in a female colleague and this can boost her morale. This was how Nasir opined to the notion;

“I will accept previously embarrassed girl in my class with blood stain on her uniform, as I said getting close and try to tell not to shy away from us because what has happened in the past” (Nasir, 18).

Clearly from the opinions expressed by the participants on the subject matter considered, the responses were suggestive of their good intentions towards menstruating girls and MHM activities.

4.7 Adolescent boys’ behaviour towards MHM activities

The behaviour of adolescent boys towards MHM activities has to do with the final outcome of their actions in relating to the phenomenon of study. The ability to actually take part in menstrual hygiene activities and being able to engage other boys in these activities. Evidence of submissions from some participants during the data gathering process are described below.

Responding to this question, this was what a participant had to say on the phenomenon;

“I can help by telling other boys if they agree and we contribute to buy some things like pad for the girls who cannot buy or don’t have enough money. I will only help menstruating girls if not at home but like in the school as am here” (Kofi, 19).

In another participant’s opinion, this was how he answered when asked on the phenomenon;

“Okaay, if like say I should try and protect her I can do that one by covering her back and also tell her female friends to check her back and also tell other boys about it, like helping girls in their mense” (Ike, 19).

Musah on his part had this to say when questioned on the concept of boys’ behaviour on menstrual hygiene activities.

“It is a sign of good behaviour as I see them [other boys] helping girls during their menstruation” (Musah, 19).

In a diverse view, this was how this participant said with regards boys’ behaviour on MHM activities;

“Madam giving them pad, advising and telling our sisters when their uniform touch blood stain and get up in class is something I have done before to my classmate. I once cover a

girl with cardigan when her uniform stain blood I inform her fellow girls and say they could not because they didn't have a cloth, so I took her from dinning to dormitory and she clean up” (Lewis, 19).

On his part Kofi's mind set on MHM activities was tabled as;

“Sometimes you know I will provide them water, for some time we used to buy water. Yes, I did so in my Junior High School” (Kofi, 19).

In as much as every individual is entitled to his thoughts and actions, this participant actually demonstrated his ability as he chronicled his experience. Nasir's thought was also that the activities of MHM should not solely be targeted at boys, but that girls' involvement was key, and that there was need for collaboration to achieve the desired goal on the topic reviewed.

“Yea, like if they [the girls] are in public and it is only ladies, and one of them is menstruating they can take care. Again, if they are in public and you know as a boy you can equally do something to help there's nothing wrong. That is what I mean by both boys and girls or both men and women. In this school I have escorted a girl in her menses to the sick bay before because we were at the volleyball park when her menses happen”

(Nasir, 18).

He also indicated how he did assist a colleague back in the JHS and the manner in which he did so;

“Back at my JSS, I can remember one day I helped I gave a certain girl in my class my raincoat to cover herself to the house. Whenever Health Aid come to share the pad, I do take part in sharing” (Hermans, 19).

Based on past experience his response was shared below

“Yeah, back at JHS I was able to help but here I haven't seen, even in my class I have never seen someone menstruating” (Jamil, 19).

To Ofori however, this was what he had to say on engaging other boys in MHM activities.

“Those who don't know about it may laugh and tease the girl” (Ofori, 19).

4.8 Conceptualisation of menstruation and MHM

In many cultures, including Ghana, it represents not only the ability to have a child, but also the transition into adulthood. Adolescent boys have defined and explained menstruation and MHM according to their own understanding of the concepts. Menstruation seen as a natural phenomenon in females is one of the defining features of girls and women. It also signifies physiological development of an adolescent girl.

4.8.1 Knowledge of menstruation and MHM

It emerged that all participants have appreciable knowledge of what menstruation is all about. These were the responses of some participants.

“Menstruation; it is about a woman or a girl having, when a girl gets to her adolescent stage its menstruation that will see. The menstruation it comes like 7 days. Some it will take 3 days you cannot see it but others it will take seven days and stop”
(Kamil,18).

Another participant shared this;

“I know menstruation is the monthly flow of blood through the vagina as a result of unfertilised eggs” **(Adams, 18).**

Another participant intimated;

“It is the flow of blood from the vagina of adolescent girls”
(Suale,19).

Furthermore, participant Kadir stated that;

“Menstruation is the monthly discharge of blood from the opposite sex that is female” **(Kadir, (18).**

This was how this participant conceptualised the phenomenon;

“Menstruation is the period in which young girls erh, adolescent girls experience something with their daily, monthly, erh, we call it the healthy, the blood, the flow of blood from their vagina to cure themselves” **(Musah, 19).**

On his part, knowledge on MHM was expressed as;

“What I know about menstruation is like a female who is bleeding, like who is seeing blood coming out from the female organ. The vagina” (Lewis, 19).

To Kofi, this was how he explained the concept of MHM;

“MHM is whereby a lady keep herself clean. To keep herself clean, she is doing things hygienic and then she doesn't want dirtiness” (Kofi, 19).

Whereas other participants had their take on the subject studied, Jamil opined;

“The ways and how a female girl should go through when it comes to her menses or when she is in her menstrual period” (Jamil, 19).

Even though other participants expressed their understanding on MHM, to him this was how menstruation can be explained.

“Menstruation is the menstrual discharge that females; like the females, errh it occurs to them every month. Like is the menstrual discharge of blood which comes out from their private parts or something like that. That is what I know about them” (Ike, 19).

Hermans thoughts were;

“MHM, young ladies, or young girls, how they take care of themselves or how their parents help them take care of themselves when they are into menstrual period” (Hermans,19).

To another participant, his opinion on the issue was that;

“I only know it is something that is teaching the ladies how to know it when they are in that period, when they are in the period of menstruation” (Nasir, 18).

However, in a dual explanation, Ofori had this to say.

“Menstruation, I know it is the monthly discharge of blood from females and it comes from the vagina”

(Ofori, 19).

In his other expression, this was what he said;

“It is how a lady will manage herself during the period of menstruation. It is how a lady will take care of herself during the period of menstruation” **(Ofori, 19).**

From the responses it was clear that participants had knowledge on menstruation. However, other participants lacked in depth comprehension of menstruation.

“I have nothing much to say, because what I have learnt about menstruation, it is due to erh the wearing off of certain parts in the uterus which comes out as blood” **(Suale, 19).**

It also came to light that some participants demonstrated pointers that go with menstruation.

“When you are 13 it [the blood] starts and when you get to 59, it stops” **(Yaw, 19).**

4.8.2 Adolescent boys understanding of menstrual hygiene management

As regards MHM, the participants proffered varied responses ranging from near accurate to inaccurate conceptions of MHM.

“My understanding about it is, menstrual hygiene management, it is when a girl keeps herself clean. Abstained from all other dirty things” **(Jackson, 18).**

‘Menstrual hygiene management, it is how to care for yourself, how you manage yourself’ **(Suale, 19).**

Yaw stated that,

“Menstrual hygiene management, what I understand about this one is if we talk of hygiene, we all know it is about keeping the body like clean or keeping the body healthy. So, if you talk about menstrual hygiene management it should be like an adolescent girl under goes menstruation, she should keep her body clean” **(Yaw,19).**

On the part of this participant, his understanding of MHM was as;

“MHM, like I said, it is how to manage or to protect and to help adolescent girl in their menstruation process”
(Jackson,18).

This was the explanation of the issue as reviewed by yet another participant.

“I think MHM is about how young ladies, or young girls, how they take care of themselves or how their parents help them take care of themselves when they are in [their] menstrual period.” **(Kadir, 18).**

To this participant, understanding MHM issues was opined as;

“MHM, I understand it by the way that they are going to keep themselves in order to be when they see the menses”
(Musah, 19).

Speaking to the understanding of menstruation and MHM, this was how one participant opined.

“As I was saying it is a natural thing, something like it is happening to the female and they always experience it. When they are in it, they see blood coming out from their vagina and they need pad and sometimes they need other people’s help” **(Lewis, 19).**

To him, this participant said;

“It means when you are up to 18 years you will see that your body will change and you will see that you start growing some part of your body and getting to a time you will see that you will be losing some erhm unwanted part of your body and then that is called menstruation, so at that time the girl needs things like pad to wear and tissue to help her in keeping herself clean” **(Kofi, 19)**

Jamil’s understanding on MHM was;

“MHM, how I understand it is that the protocols you are supposed to follow by which you keep yourself safe”
(Jamil, 19).

Also, MHM was expressed as;

“Menstrual hygiene management is like how to make yourself clean when you are in a particular persistence like something happen to you how you will take care of yourself and make your place clean or to clean” **(Ike, 19).**

In his opinion MHM meant;

“Okay, erhm, MHM, I will say, is how a lady takes care of herself when she is in that period. How she will prepare, put her things in order, like, washing of her clothes especially her under wears, and how she supposed to use them. But erhm, especially when a lady is in that period you don’t have to wear something like, something for the whole day. She can wear it within some hours, she can go and wash it, dry it and get a different one and wear” (Hermans, 19).

While another participant had this to say on MHM activities;

“Actually, I think it is a normal thing because erh, it is a normal thing so I just take it to be something normal” (Nasir, 18).

To Ofori, this was how he responded to the question;

“It is how adolescent girl can keep herself when she has menstruation. She should wear pads, and she should know how to dress, she should know how to wear the underwear or she should know how to position herself to avoid exposing the menses” (Ofori, 19).

4.8.3 Sources of knowledge in menstrual hygiene management

The findings also revealed how participants got the knowledge and information on menstruation as well as their perceptions and thoughts about menstruating girls. Participants gave the following responses when they were questioned about their sources on views about menstruating girls:

“From what I’ve read on the internet, the girls who menstruate, they are girls that are matured, or they are ready to have a baby in case they have sex with a man. They are those that are matured to have babies” (Adams, 18). The participant added, *“I also read about girls are supposed to change their pads and keep themselves clean”.*

To this participant he mentioned his source of information on MHM to be as he stated;

“Actually, I think it is a normal thing because erh, my teachers taught me back in JHS, I was doing sex education and they said if you are seeing your menstruation, it is a normal thing so I just take it to be something normal” (Jackson, 18).

In their view, the source of information for these two participants was one particular NGO and this was what they had to say;

“Yes, alright, we are in the institution here and time to time we do see girls going to the CAMFED offices taking clothes, bags, calculators and pads. But mostly it is always pads and books that we see because of that I have that knowledge” (Jamil, 19).

“The first time an NGO (called CAMFED) came to the school to teach, they gathered only girls. The boys were left out” (Jackson, 18)

To him, with regards to the topic reviewed, this was what he said;

“Normally we only discuss menstruation and MHM among ourselves when we see a blood stains on the clothes of a girl” (Suale, 19).

Just as some previous participants mentioned, Musah also had some information on this subject from the school education as he stated;

“MHM, I know MHM through education. When I say education, through what they taught me. Not in this current school that I am here, but back at JHS” (Musah, 19).

This was also the same source for him as he mentioned;

“In school it is in reproduction in inter science and social studies I was taught. From my colleague students, my friends both male and female” (Lewis, 19).

The same was for Ike, as his source of knowledge was from the junior high school.

“Madam, they taught us in my JHS, that is my former school. There was some nursing thing in the hospital. So, the nurses came to our school and come and introduce these things to us. They came and taught us so many things so that how I know it” (Ike, 19).

From the data, it seemed to suggest many of these participants had information on the subject from their junior high school education as the following Kofi, Nasir and Ofori also had this to say respectively.

“I know MHM because I have stayed with girls, and I have to say I know the way they used to do it. Sometimes it is not that, so me I used to ask about it and we learnt it in school in social studies personal hygiene” (Kofi, 19).

Nasir had this as a response to his source of information on MHM activities.

“My teachers taught me back at JHS, I was doing sex education and they said if you are seeing your menstruation” (Nasir, 18).

On the part of Ofori however, this was what he said in responding to the phenomenon.

“Lessons in adolescent reproductive health in our JHS and this School” (Ofori, 19).

Furthermore, to the responses on the questions asked, this participant had diverse information on menstruation and MHM matters emanating from his background to experiences with female colleagues and his involvement in such activities related to MHM issues in the past. This was clearly seen in his expressions below.

“When I grew up, sometimes I saw someone with blood at the back of a person. The person was the opposite sex, so one day I was asking my mother what happened so through that my mother explained to me that it is one of the things that ladies have to go through. Sometimes too social studies”

(Hermans, 19).

He added also that;

“Yes, I can remember back at JHS we were in a club called “Health Aid” so the name is the same like the NGO Health Aid they also taught us these things”

(Hermans, 19).

In another expression his response to the question was;

“Yes, I could remember in the Church, erhm, Pentecost, they last taught young ladies how to take care of themselves when they are going through. It was one of the lady’s week programme at church, so it happened that I went there when they were having it and they were teaching them”

(Hermans,19).

However, Ofori's source was limited to experiences from friends and matured siblings.

“Yes, from my friends or my sisters who are matured and they know how to take care of themselves and the way they used to talk to the young ones how to behave during that period” (Ofori,19).

In view of the fact that menstruation and its management are hardly topics in which adolescent boys partake, they only get to discuss such issues with their peers. Boys are often excluded from the education with regard to MHM. In most cases what adolescent boys know about menstruation and its management are information from friends.

4.9 Adolescent male support to menstruating girls

All participants indicated their willingness to support a menstruating girl. They reckoned menstruation is a natural phenomenon that girls or women have to experience once they reach the stage to experience it.

4.9.1 Willingness to support menstruating girls

On a personal accord, some participants stated they were willing to help a menstruating girl. There were assertions of some participants in relation to how and kinds of support adolescent boys could offer their female counterparts. These supports as explained ranged from providing protection, inspiring other colleague boys to assist menstruating girls as well as material (pad) and financial. The following responses are telling the extent of willingness and or support.

In the expression of this participant, this was how he put it;

“I can tell you am willing to support the menstruating girls in the school. I will talk to girls like that going through menses and need support, I already said I will talk to friends or some mates who don't understand menstruating girls for them to know it's natural thing and the boys who don't know about this should just try and pity them and not let the girls feel shame” (Hermans, 19).

Another participant opined;

“I have already said this, am willing and would encourage my friends to do the same thing” (Nasir, 18).

In his response, this was what Ofori said;

“Madam sincerely speaking I intend to support and to encourage other boys to help menstruating girls” (Ofori, 19).

4.9.2 Inspiring other boys to support menstruating girls and MHM activities

It is common knowledge that adolescent boys tease and mock girls especially when they see blood stains on the attire of girls. The findings of this study indicated adolescent boys have expressed interest to admonish and encourage their friend to exhibit sense of maturity by desisting from acts that put girls to shame. Majority of participants stated they would rather inspire their friend to have good intentions towards menstruating girls.

This is how Yaw expressed his view in this regard;

“I would engage in activities that support MHM, so that my friends can copy me” (Yaw, 19).

Another participant mentioned;

“We can always give one another the motivation to actively support and participate in activities that would help menstruating girls and MHM” (Adams, 18).

On the part of this participant however, this was what he shared;

“I would willingly support a menstruating girl. Menstruation has serious emotional Impact on girl for which they need support” (Yaw, 19).

Kamil also had this to say;

“My intention would always be to give support to menstruating girls. I feel the pain girls go through when they are menstruating” (Kamil, 19).

On his part, this participant opined;

“With regard to my intention toward menstruating girls, I would say I have good intentions towards menstruation girls for which I’m ready support them” (Adams, 18).

4.9.3 Provide financial support to menstruating girls

Financial factors play crucial role in MHM. Financial resources are needed to construct menstrual friendly infrastructure in schools and homes. Money is also needed to purchase menstrual management materials. The lack of it poses severe challenge to the management of menstruation. Adolescent boys expressed their desire to help provide menstrual management materials to menstruators if they have the means. Some responses included;

“I would like to support menstruating girls with things to help her menstruation. But for now, I don’t have money, trying to get some money from some colleagues through contributions in the class to buy pad for some girls especially the girls from the villages can help madam” (Adams, 18).

Sharing his opinion on financial support on MHM activities, Hermans gave this response;

“Maybe we can organise class contributions and buy some items like pad for some of our sisters because some of the girls cannot buy pad.” (Hermans, 19).

4.10 Barriers to menstrual hygiene management

The actions of significant others in adolescent boys’ life which overtly or covertly militate against or have the tendency to impede their effort and ability to provide assistance in whatever means or capacity to a menstruating girl are detrimental to MHM activities.

4.10.1 Maltreatment from friends

Some participants expressed some concerns about other adolescent boys’ misdemeanour on MHM issues to the extent that such behaviours tend to negatively impact on their colleague females. In this perspective therefore, some of the concerns shared included the following:

“Some boys will insult a menstruating girl if they see blood stain on her uniform with such words in Dagbani “Chama” meaning that as for her diyee she can’t do anything in life so for that matter see this common thing and you can’t take care of yourself.” (Kofi,19).

On his part, this was what this participant had to share;

“Erhm, some of the friends who tease me, they might, because they will have the perception that maybe I am trying to erhm, propose to her to be my partner which they will say oh boy lover them stuff” (Jamil, 19).

Furthering the answers to the phenomenon, Nasir had this view;

“Other boys they will be mocking at me and her. they will say (local dialect translated as follows); what I mean is that boys will say like, you’re a big lady like this because you want everybody knows that you menstruate, you are no more a child again; so, some will say or my mates will say that you this boy too, why are you following the girl like this and she’s menstruating, are you a he goat, erh!!!! Even look at how you are menstruating, you don’t behave as if you are a normal human being” (Nasir, 18).

Ofori however added,

“Some boys will be laughing at a girl if they see her with a stain of blood on her uniform. Others will be looking at her in a strange way and also laugh” (Ofori, 19).

4.10.2 Cultural and religious perspective on menstruation

Participants provided responses about how their ethnic group as well as religious leaders would react when they are spotted extending help to a menstruator.

“Some may say you copied it from the school, or you are not feeling shy or you are a womaniser and others. They may say you are not feeling shy, or you copied it from the school, that bad behaviour because they think a boy helping a girl during their menses is a bad thing. Some may say you are a womaniser or something” (Kadir, 18).

In other cultures, as stated below, this was how the MHM was expressed.

“I am a Konkomba by tribe. In our culture there are taboos surrounding menstruating girls. One shouldn’t eat the food prepared by a menstruating girl. Why because that she is dirty” (Kofi, 19).

These were some shared ideas of participants in relation to how their community sees menstruation. Although on personal accord, participants stated they willingly would help a menstruating girl, they explained how their culture treat menstruators and they are expected to fall in line with the culture and community once they are within the community.

If they do other than what the community ascribe, they could incur the wrath of traditional leaders or people and they may be tagged with 'mocking names. As one participant contended, a boy helping a menstruating person in my community (a Dagbani community) could occasion the boy being called 'dolow' (a weakling man or a man tied to the apron string of women).

In some cultural perspectives, this was the view of this participant in line with his culture.

"Okay, in our culture for instance, when a lady is into her menses, the lady or girl doesn't have to cook for men. Yes, in my culture they do their own separately that is the menstruating girl. Their bowls, they don't combine their bowls with other bowls. There are sometimes those involved in, or they believe in black powers, so some of them assume that if a lady is into it; or if a lady is into that period and because of the powers you are having, and she comes into contact with you, maybe in the cause of that the powers you were having you will not be able to have it again. In our culture at that time, they consider a lady to be, should I say, impure; she is not purified, that is how they consider them" (Jackson, 18).

In another cultural dimension, male involvement in menstruation related issues and MHM was said to be;

"Some dagombas may say you copied it from the school, or you are not feeling shy or you are a womaniser and others. They may say you are not feeling shy, or you copied it from the school, that bad behavior because they think a boy helping a girl during their menses is a bad thing. Some may say you are a womaniser or something" (Musah, 19).

While in other cultures, matters related to menstruation are regarded as taboos in relation to certain activities as stated below.

"If a girl is menstruating, she shouldn't go to the river side and she shouldn't do certain things too because the girl is not even clean. Like the (menstruating girls) shouldn't go to the farm side, a girl menstruating should not go to the farm because our ancestors that is they call it a taboo for them or it's a crime for them for a person to do that" (Yaw, 19).

These cultural sentiments were also opined by Kofi;

“In my family when they see me that they will disown me that I shouldn’t come that I am not more part of the community, I am not more part of society. If am at the village I cannot help a menstruating girl because of the tradition and the punishment if am seen, I cannot because to buy goat and guinea fowls and all the things I said is costly” (Kofi, 19).

In this study participants have generally pointed out that their religious leaders would not fault them for assisting menstruating girls. Both Christian and Muslim participants argued helping a menstruating girl is Godly and an ethically sound activity.

“He [imam] too he will feel very impressed, yea, he will feel very impressed because the hadiths teaches muslim boys to support their sisters in time of need. So something like this if I do the imams when they see will be happy, because even” (Adams, 18).

Other explanation in furtherance to the questions;

“My Pastor will not feel bad about it he will see it to be normal because they educate us more on our sex. So sometimes when those things come to play, they don’t feel bad about it” (Jackson, 18).

In Islamic dimension this was what came up from a participant expression.

“Because the Islamic religion we are not supposed to erhm should I say, mingle too much with girls which they say is haram. Maybe holding her, holding self maybe she is sick, and you are to help her to the sick bay. Sometimes it’s just that we ignore certain things to help her out because she is in pain” (Jamil, 19).

4.10.3 Unsupportive teachers

In this study, participants gave their views about how teachers may react when they see a boy assisting menstruating girls.

“The teacher will insult me, I was once helping my mate to the dormitory to change because her period came accidently, and when one of the madams saw me, she starting warning me to stop following girls, and it made feel bad and can weaken you” (Amin, 18).

Some teachers also may misconstrue a boy attempting a menstruating girl. Some teachers often think a boy is in a romantic relationship with girls when a boy tries to help a menstruating girl.

“I was with a mate, and she had her period, when one of our female teachers saw me around, she chases me away and said I was a bad boy. She even said the girl was my girlfriend” (Hermans, 19).

Kofi mentioned the role of teachers in managing menstruation as;

“My teacher will insult me that I don't know what I am doing when he/she sees me helping a menstruating girl” (Kofi, 19).

On the part of Hermans, this was what he opined on teachers based on experience.

“Some of teachers can accuse you in class by insulting you that this one is for ladies and not men or this one is for girls and not boys., so why should you go and do that” (Hermans, 19).

4.10.4 Teachers impact in MHM activities

In another assertion, a participant stated this;

“The reaction of the teachers will be based on their knowledge about the menses. Some of them may react badly based on their knowledge about it. Others will react normal, based on what they know about it. So, their reaction is not certain, that one will be based on what the person knows about it and what the person feels about it, then their reaction will then be determined by that” (Kadir, 18).

4.11 Summary of findings

The chapter presented the findings collected from the field. These findings are presented in themes.

The chapter first described the characteristics of the participants. These included, participants, age, course pursued and the level at school. The rest of the chapter then focused on the theoretical and emerged as well as the subthemes. Some of the themes from the theory framework with some that emerged included: attitude of adolescent boys to menstruating girls; beliefs and perception of adolescent boys about menstruating girls (subjective norms); Perceived behavioural control of adolescent boys towards menstruating girls; behavioural intention of adolescent boys towards menstruating girls and MHM activities; Adolescent boys' behaviour towards menstruating girls and MHM activities; conceptualisation of menstruation and MHM, support and barriers to MHM.

CHAPTER FIVE

DISCUSSIONS

5.1 Demographic characteristics of participants

The study recruited fifteen (15) adolescent males within the Sagnarigu municipal assembly. The ages of the participants were between 18 and 19 years. The data gathered showed that eight (8) adolescent boys who participated in the study had 19 years which translated into 53.3% at the time of our interaction. This was the highest age group that participated in the study. Seven (7) adolescent boys which gave a percentage rate of 46.7% who had attained 18 years participated in the research and this was the least number of participants. This age range fulfils and fits well with standard descriptions of an adolescent. The World Health Organisation (2021) viewed adolescent as any person between ages 10 and 19. The adolescent stage is designated as the transitional phase of growth and development between childhood and adulthood. This stage also falls within WHO's definition of young people, which refers to individuals between ages 10 and 24. This implies that all the participants in the study were young people and had attained reproductive maturity. In many societies this stage is seen to encompass psychological, social and moral as well as the strictly physical aspects of maturation (Waddell, 2018). Certainly, age of participants has bearing on the topic under consideration. The more matured a participant was, the more likelihood the in-depth knowledge about menstrual issues that the said participants could possessed. In fact, adolescents experience rapid physical, cognitive and psychological growth as they developed in age. And this affects how adolescents feel, make decisions, becomes aware of their sexual orientations, issues and interact with the world.

At the secondary school level, students, apart from taking lessons on core subjects, also take lessons in elective subjects, in which they undertake additional subjects in the areas of their specialisation.

These specialisations included: General Arts, Business Studies, General Science and Home economics. According to the data, the highest number of participants emerged from the General Science, with 5 participants, representing 33.3%. This was followed by Home Economics, which had 4 participants with a percentage rate of 26.7%. General Arts and Business Studies had 3 participants each which translated into 20%. The course pursued has the potential of reflecting the depth of responses participants may provide. For instance, students pursuing General Science were more likely to be taught issues of menstruation in their biology lesson. Likewise, Home Economics students could encounter menstruation and MHM in a subject called 'management in living'. On the other hand, Students in General Art and Business Studies unlike their counterparts in General Science and Home Economic class might not take lessons related to MHM. Student in these specialisations would have to rely more on knowledge of menstruation and MHM acquired outside the classroom.

In addition, the data showed, first year students-also called form 1- were the highest number of participants in this research. About 7 (46.7%) adolescent boys of first year students partook in the study. Students in the second year, were the next to the highest with 5 participants (33.3%). The least number and remaining 20% of (3) students were in their third year. The least number of participants in terms of class was the year three (form 3) students. This number of participants being the year three students was no surprise because usually form three students have a lot to do in terms of study than the other year groups. Thus, they seldom have the laxity to engage in extra-curricular activities.

5.2 Attitude (beliefs and evaluations) of adolescent boys towards menstruating girls

The participants in the study provided views on attitudes adolescent boys had towards menstruating females. The responses obtained included positive reactions of adolescent boys

towards menstruating girls, negative reaction towards menstruating girls and impression of adolescent boys towards menstruating girls. While the positive reactions offered psychological support to menstruators, negative reactions, comments or attitudes tend to exert pressure, shy and shame on menstruating girls. Although most participants alluded that they would offer support to a menstruating girl, they also added their male colleagues may laugh and mock them for attempting to assist a menstruating girl. These findings are no exception but reflect other studies conducted in other jurisdictions. Studies in menstrual hygiene research have underscored attitude or behaviours of boys or men towards girls and women (Chang et al., 2012. Mahon, et al., 2015). For instance, Mahon et al. (2015:8) wrote that although menstruating girls encountered challenges such as lack of appropriate water and sanitation facilities and menstrual hygiene materials, one of “the critical challenges girls face at school in relation to menstruation is the fear of being teased by boys, which impact on their self-esteem. Physical and verbal bullying was one of the main grievances of girls interviewed in Malawi”. Boys’ attitude to menstruation and menstrual hygiene ranged from disinterested to extremely negative, Mahon et al. (2015) asserted. Generally, these attitudes are informed by information boys obtain from peers, parents and the internet that are often inaccurate or incomplete (Wong et al. 2013).

In fact, even persons who are supposed to know better and be supportive of menstruators often lack adequate information. For instance, UNESCO (2014) argued that teachers, particularly men, mostly are deficient on girls’ needs and thus often applied strict rules such as not allowing girls to visit toilet during lessons. Sometimes teachers misinterpreted girls’ lack of participation in class during menstruation. Owing to this, it was imperative for teachers to be empowered regarding menstruation and menstrual hygiene in order that they can support girls and create a more comforting school environment for girls. Others had extended the argument about boy or men

negative attitude towards menstruation as reflection of how society viewed womanhood. As Peranovic and Bentley (2017:113) in their study, the findings contended that “research supports the notion that negative views about menstruation, or the menstruating women are related to negative views towards women in general”

The negative attitude boys and men harbour about menstruation further entrenched sexist ideologies in which boys believed their superiority and the inferiority of the female or woman (Erchull, 2020; Chrisler, et al., 2014). Although some men may not act negatively towards menstruators, some were susceptible to tease or make jokes about menstruating women. Research in the United Kingdom observed that males often joke about menstruation and the jokes usually focused on how menstruating women are unclean or disgusting (Newton, 2016). Research carried out in New Zealand opined those boys’ made jokes that often-ridiculed girls (Erchull, 2020). Empirical studies across the globe have also documented inaccurate and negative perceptions boys hold about menstruation and MHM. Marvan et al. (2006) in a study covering young male adults from the United States showed that the sampled participants strongly held the view that menstruation was a secret phenomenon that need not be discussed publicly. But these negative views correlated positively with the age of participants. The older the participant, the less negative and inaccurate perception they held.

As regards impressions of adolescent boys towards menstruating girls, the study revealed adolescent boys’ impressions are shifting from negative to positive. This is occasioned by the recent public educations campaigns that included boys and men. The literature indicates men were being educated on how to assist women within their surroundings to hygienically manage menstruation and its associated psychological effects (Sommer et al., 2016; UNICEF, 2014). The consequence of shift in impressions by adolescent males was the result of growth in the awareness

levels of adolescent boys over the years, which in turn increased the support boys extended to menstruating girls or women.

5.3 Beliefs, perceptions and motivation to comply (subjective norms)

This is about the pressures, personal beliefs and perceptions that influence the kind of behaviour adolescent males' exhibit. Some of these beliefs and perceptions were informed by such external factors as cultural beliefs and systems adolescent males are privy to; and the advice and encouragement adolescent boys obtained when interacting with menstruating girls. The study revealed that adolescent males believed the cultural and personal views about menstruation and MHM significantly influenced how adolescent boys related to menstruators. Although, personal beliefs and perceptions affect the way adolescent boys behave and undertake certain actions in relation to MHM, external factors such as cultural beliefs appeared to be the foremost driving factors shaping adolescent boys' awareness of menstruation and MHM. Mostly, the cultural beliefs socialised and moulded adolescent boys' personal beliefs and perceptions.

The cultural beliefs of participants were of particular concern because, in developing countries like Ghana, myths and taboos are propelled by these cultural beliefs often make it difficult for teenagers to find reliable information on menstruation. This limited their daily and routine activities and may have had a detrimental effect on their sense of self-worth, ability to get pregnant and academic performance (Mohammed & Larsen-Reindorf, 2020; House, Mahon & Cavill, 2012). Although on personal accord, participants stated they willingly would help a menstruating girl, they explained how their culture treated menstruators and they were expected to fall in line with the culture and community once they are within the community. If they do other than what the community ascribed, they could incur the wrath of traditional leaders. Thus, adolescent boys in order not to be regarded pariah in their communities conformed to societal norms and practices.

The findings of this study suggested that myths, taboos, the dos and don'ts around menstruation was prevalent in developing and middle-income countries (Mason et al., 2017; Mahon et al., 2015; Mohammed & Larsen-Reindorf, 2020). Although, these taboos have no logic and scientific basis, societies and communities around the world still hold on to these beliefs. The beliefs limit girls and women in their daily lives and activities simply because they are menstruating. As Garg and Anand (2015) noted, some of the cultural restrictions include; no entering into kitchen; not allowed to go to water bodies to collect water and being prevented from visiting some sacred sites in the society or community. These restrictions are based on the long-held belief that menstruating girls are 'impure' (Kumar & Srivastava, 2011; Kaur et al., 2012). Kumar and Srivastava (2010) in a study argued that incorrect beliefs about menstruation is not held by men alone, women also believe, live and abide by these weird beliefs. For instance, in certain parts of India it is believed that the bodies of menstruators exude some smell which can spoil preserved food. Thus, menstruating girls and women are not allowed to touch food (Patil et al., 2011). Mohammed and Larsen-Reindorf (2020) also reported that a menstruating lady cannot prepare 'wasawasa'- a delicacy of the Dagomba ethnic group in Northern Ghana.

Like culture and tradition, certain religious beliefs have also influenced how menstruation is perceived and treated. In this study participants have generally pointed out that their religious leaders would fault them for assisting menstruating girls. Both Christian and Muslim participants argued that helping a menstruating girl is Godly and ethically sound. It is a reality that certain religious beliefs suggest that menstruation is 'dirty' and 'impure', none of the participants in this study believed so. A review of the literature showed traditional norms and religious taboos on menstruation and menstrual hygiene are worsened by its linkage with evil spirits, shame, and embarrassment (Garg & Anand, 2015). In most religions, menstruating girls and women are not only permitted to enter places or rooms of worship but are also not allowed to handle religious scriptures.

In the Hindu faith, women are prevented from performing routine daily activities while menstruating. She must be purified before she is allowed to return to her family and day to day chores of her life” Garg and Anand (2015).

5.4 Perceived behavioural control of adolescent boys towards menstruating girls

Adolescent boys’ perception of factors that hinder or facilitates the willingness to assist or do otherwise towards menstruators included personal ability, peer/parental influence, teachers influence and cultural and religious impact. The study showed that adolescent boys expressed the readiness to be of assistance to menstruating girls. They contended that it was within their personal abilities to assist girls in their menses. This finding is in tandem with other studies (Bobel, 2010; Rajaks’, 2015) that also found that men possess the ability to assist menstruating women in any way possible. However, the finding differed from other studies too. These other studies argued that boys or men’s failure to assist women was not as a result of personal ability but rather factors that were out of the personal reach of adolescent boys (Mohammed, & Larsen-Reindorf, 2020). Peer/parental influence was another factor that had a strong impact to influence the perceptions of adolescent boys. It emerged that peer influence was quite significant with regard to awareness of ‘issues of women’ including MHM. Adolescent boys discussed among themselves as they are prohibited from discussing at homes or openly. Since MHM was part of issues adolescent boys are not permitted to discuss, they tend to resort to friends or peers for information. This finding is congruent with other previous studies (Chang et al., 2012; Erchull, 2020). In Taiwan, it was found that boys are not allowed to discuss issues of menstruation, not even at school because MHM issues are matters unrelated to boys or men and therefore boys must not dabble in its discussions. Teachers’ influence is a strong factor advancing the awareness of MHM. The impact of teachers on the lives of adolescent boys cannot be understated. The teacher is the one to offer useful and beneficial knowledge to adolescent boys.

Thus, in this study, it was revealed that teachers, particularly male teachers stifled adolescent boys' ability to acquire knowledge on issues about menstruation and MHM. Also, female teachers mostly frowned on boys openly engaged in discussions of MHM. The results obtained have been highlighted by several studies (Allen et al., 2009; UNICEF, 2016). The UNICEF had course to point out how male teachers are impeding the spreading of knowledge on menstruation and its associated issues such as MHM. In addition, the cultural and religious impact hindered adolescent boys in acquiring knowledge on MHM. Issues around menstruation were often deemed taboo issues for boys or males. This study also found culture and religion had negative impact on expanding the awareness level of adolescent boys. There exists plethora of literature on the impact of culture and religion on menstruation and MHM (Bobel, 2010; Peranovic & Bentley, 2017).

5.5 Behavioural intentions of adolescent boys towards menstruating girls and MHM activities

The study observed that adolescent boys' expressed readiness to behave and relate positively towards issues of MHM. Adolescent boys shared their views of harbouring deep interest to assist menstruating girls. This suggested that adolescent boys' level of awareness of MHM was profound. This meant that adolescent boys knew and appreciated what MHM is about and that was why they expressed interest to helping menstruating girls or women. Also, the study had unearthed adolescent boys' personal desire to engage in activities of MHM. This finding is not in tune with similar studies conducted in India in which boys expressed the unwillingness not to be associated with issues of menstruation and MHM (Garg & Anand, 2015; Linton, 2019). This variation could

be explained as consequence of level of exposure and awareness as far as issues of MHM were concern.

5.6 Adolescent boys' behaviour towards MHM Activities

Behaviour of adolescent boys with respect to MHM activities was quite encouraging. MHM activities, in the past, were seen as things that males must not be concerned with. However, findings from this study indicated that adolescent boys were willing to embrace and support activities of MHM. Awareness of MHM is increasingly being accepted in Ghanaian conservative society because of the level of education on 'issues of women' adolescent boys received at various level in the educational cycle. This finding correlates with other studies conducted (Bay, 2017; Chang et al., 2012; Linton, 2019). Men are beginning to understand the roles they could play to enhance menstrual hygiene of women. A study in Malawi revealed that, men consented to provide money to their female wards and wives to assist them acquire menstrual materials to cater for their monthly flows (Kambala et al., 2020). On the other hand, this finding is at variance with some other studies in which men still harbour the age-old perceptions and beliefs barring men and boys from participating in activities related to menstruation and MHM. (Garg & Anand, 2015; Kaur, 2012; Mason et al., 2017). Interestingly, this study showed that not only were adolescent boys ready to support MHM activities, but they had also expressed the desire to help disseminate awareness as ambassadors in support of MHM activities so as to enhance practice.

5.7 Conceptualisations of menstruation and MHM

In the bit to comprehend the awareness level of adolescent boys on a vital topic as MHM, the study sought the personal knowledge of adolescent boys on the topic. The findings portrayed those adolescent boys possessed appreciable knowledge of menstruation and MHM. Understandably, issues of menstruation and MHM are still considered the preserve of women and girls in many

societies across the global. It still remains an issue of gender inequality, especially for girls and women in low- and middle-income countries (Peranovic & Bentley, 2017). The present context in which this study was anchored is no different. Added to this, is the fact that girls and women in these jurisdictions have limited information and few resources to manage their basic menstrual hygiene needs (Mason et al., 2017:2). In order to holistically address menstrual concerns, the ‘MHM in Ten’ global panel in one of its recommendations reckoned the necessity to involve men as part of the key stakeholders in MHM.

It is worthy to point out that the findings obtained herein although resonate with other studies (Allen, Kaestle & Goldberg, 2011; Mahon, Tripathy & Singh, 2015; Mason, et al., 2017; Wong et al., 2013), it is in sharp contrast with other studies conducted in other jurisdictions. For instance, Mason et al. (2017) in a paper on a related matter, titled ‘we do not know: a qualitative study exploring boys’ perception of menstruation in India’ tested to see how knowledgeable and the attitudes boys exhibit with regard MHM. They found that, unlike this present study, boys poorly understood menstruation and MHM. However, they understood some of the cultural and social restrictions placed on menstruating girls (Mason et al., 2017). While this study recruited school going participants, who could have some level of exposure about MHM, the study by Mason et al (2017) employed males most of whom were highly deficient as far as knowledge on MHM was concerned. Generally, the literature showed that most boys and men have insufficient information and knowledge about the topic under review as this was well reported in the literature (Pillitteri, 2012; Chang, Hayter & Lin, 2012; Peranovic & Bentley, 2017; Mohammed & Larsen-Reindorf, 2020).

In fact, the researcher observed that the body language, facial expression and demeanour of most of the participants portrayed they were uncomfortable discussing openly ‘issues of women’.

Framing menstruation as *'issues of women'* is not something unrelated. The literature is replete with similar framing of menstruation. Menstruation as *"women's issues"* or menstruation as *"none of men's business"* entrenched men exclusion from issues of menstrual and menstruation hygiene management (Peranovic & Bentley, 2017:114). Accordingly, such framings could have a range of negative effects on women; and also have the propensity to perpetuate the notion that men ought to see women's reproductive health as irrelevant to them (Allen et al., 2009). This finding concurs with the finding of a study conducted in Ghana by Mohammed and Larsen-Reindorf (2020). Like participants in this study, Mohammed and Larsen-Reindorf reported that boys who participated in their study were able to describe menstruation and MHM (2020). However, they raised concerns about them being excluded in issues of menstruation and its management.

This study also captured how participants got the knowledge and information on menstruation as well as the perceptions and thoughts about menstruating girls. Although some boys were able to provide some views about MHM, other students had little information. In a study in Taiwan, it emerged that boys hardly discuss issues of menstruation and MHM. No one wants to discuss about menstruation and with boys. The boys in turn could not discuss menstrual issues with their mothers, sisters or fathers either. In the same vein, boys were also discouraged from talking about menstruation with one another in school.

In Taiwan's environment as in Ghana in which menstruation is no subject of open discussion, boys are left with no option than to develop their subjective perceptions about menstruation. In view of this, adolescent boys obtained information on MHM from their peers and from internet.

Just like in Ghana and Taiwan, in Nigeria, studies have revealed that most men never discuss menstrual issues with their wives and daughters or provide money for menstrual material. Same findings were indicated in Malawi, where men in households were generally ignorant about

menstruation and pads and this often led to problems when girls request money from male relatives to acquire menstrual management materials (Pillitteri, 2012; Mahon, 2015).

As regards to the source of where adolescent boys attained information and education on menstruation and MHM, the data revealed most of the participants had their information from lessons taken in school or episodic lectures some gender advocates and NGOs gave to students. Also, the data revealed that boys were often excluded from menstrual and MHM education. Several studies corroborated the findings obtained in this study (Linton, 2-19; Diorio & Munro, 2010; Wong et al., 2013). The literature showed that boys received considerably less sexual education from their parents than girls do; they instead got information about sex mostly from peers and the media (Epstein & Ward, 2008; White, 2013; Peranovic & Bentley, 2017). In the context of formal education, menstrual education was normally taught as a subset of the big topic of sexual and reproductive education. Even with this, menstrual education was usually riddled with negative messages and tend to focus on biological facts instead of advocating positive messages and demystifying the secrecy and taboos surrounding menstruation (Mahon et al., 2015).

5.8 Barriers to MHM

These adolescent boys provided views on the barriers militating against awareness of MHM.

The participants enumerated issues as maltreatment from friends, cultural impediments, religious impediments, unsupportive teachers, as well as unfriendly school environment among others. One of the scathing challenges adolescent boys encountered in the effort to assist menstruating girls was scorn treatment that his friends may or actually showed the person. This finding is in line with other studies in the literature (Mohammed & Larsen – Reindorf, 2020). Cultural and religious impediments also scared away adolescent boys and the overall impact of these impediments was

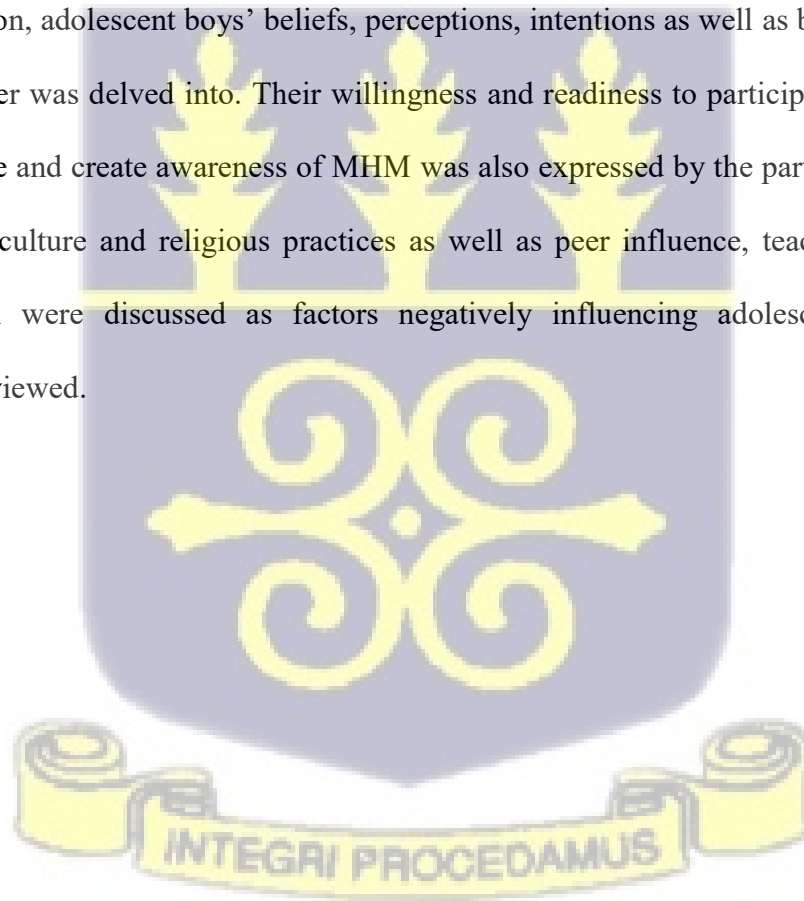
that it discouraged adolescent boys from deepening knowledge on the MHM. Not only that, it also prevented adolescent boys from supporting menstruating girls (Garg & Anand, 2015; Kumar & Srivastava, 2011; Mohammed & Larsen -Reindorf, 2020). There is large amount of literature that underscores the destruction cultural and religious practices as far as menstruation and MHM are concerned (Kaur et al., 2018). Cultural and religious practices are mostly the two elements contributing to menstruating persons becoming outcast in their communities as they deem menstruation as something dirty that is highly associated with bad omen (Diorio & Munro, 2010).

The adolescent boys who participated in the study also opined that unsupportive teacher contributed to boys' inability to grow knowledge in MHM issues. Teachers particularly in developing countries such as Ghana shied away or usually excluded boys in discussions about menstruation and MHM.

Chang et al. (2010) in their study reported how teachers were quick to discipline boys for discussing issues considered 'women issues' that is issues of menstruation and MHM. Thus, unsupportive school environment is another barrier that prevented adolescent boys from assisting menstruators. In general, the school environment in certain parts of Africa, Ghana included, is structured in a way that promotes separation of females and males. Interactions among males and females even though might seem to be that common, but in reality, it is not and as such boys are unable to learn more from their females' counterparts about MHM and how to assist them. The lack of sufficient discussions and interactions among males and females in school environments deny boys the ability to obtain relevant knowledge and information about one of the most important issues of women, which is menstruation and how it is being or could be better managed.

5.9 Chapter's Summary

In summary, the chapter presented a discussion of the findings of the study. The chapter opened with discussion of the socio-demographic characteristics of participants. This involved age range of the participants, and it was revealed that participants' ages are between 18 and 19; the educational level in the SHS and courses pursued were also presented. Next, the discussion showed adolescent boys demonstrated a positive, negative and impression as attitudes to menstruation and MHM. In addition, adolescent boys' beliefs, perceptions, intentions as well as behaviour towards the subject matter was delved into. Their willingness and readiness to participate in activities to support, promote and create awareness of MHM was also expressed by the participants. Besides, factors such as culture and religious practices as well as peer influence, teachers' impact and parental control were discussed as factors negatively influencing adolescent boys in the phenomenon reviewed.



CHAPTER SIX

SUMMARY, IMPLICATIONS, CONCLUSION, RECOMMENDATIONS AND LIMITATIONS

This chapter summarised the major findings, implications of the study as well as limitation and conclusion. Finally, it concluded by offering some recommendations for policy making and for further research.

6.1 Summary of the Study

Menstrual hygiene management and menstrual issues in general are no novel issues, yet there found expression as part of the neglected issues across the world (Bobel, 2018; Mohammed & Larsen-Reindorf, 2020; Erchull, 2020). Highly regarded as ‘issues of women’, women’s issues or ‘none of men’s business’, issues of MHM have excluded the males, which without doubt have impacted negatively on society particularly women. This has been rendered murkier exacerbating the suffering of females. In general, society considers MHM and related issues as taboos which are not publicly discussed but rather in secrecy and without the involvement of men. However, in recent times the world has come to embrace the reality that ‘women issues’ like MHM issues as often framed cannot be holistically addressed when major stakeholders (males) in society are excluded from it. Infact, little research has been conducted regarding adolescent boys’ awareness of MHM in Ghana. Thus, this study was conceived and examined adolescent boy’s awareness and support on MHM in the Sagnarigu Municipality of the Northern Region of Ghana.

The theory of planned behaviour was adopted as the framework and guided the study. Relevant literature from both quantitative and qualitative studies in related areas of menstrual hygiene management were reviewed. An exploratory descriptive design was employed which ensured comprehensive understanding of adolescent boys’ views and support of menstrual hygiene

management. Ethical clearance was obtained from the Ghana Health Service Ethics Review Committee and Institutional Review Board at Noguchi Memorial Institute for Medical Research for the study.

In view of the reality that MHM are more resented in developing countries, this study chose a setting in a developing country like Ghana. Although Ghana is highly religious with progressive outlook, it has attachment to ancestral past in which taboos are strongly observed. Thus, the major purpose of this study had among other things explored the awareness and support of adolescent males on menstrual hygiene management in the Sagnarigu municipality of the northern region. Specifically, the study: assessed the attitude (behavioural beliefs and outcome evaluations) of adolescent males' towards menstruating females; explored the beliefs, perceptions and motivation of adolescent males to comply on menstrual hygiene management (MHM), thus subjective norms; identified the perceived behavioural control (control beliefs and influence of control beliefs) factors of adolescent males' towards MHM; described the behavioural intention of the adolescent male to support menstruating girls and MHM activities; and lastly described also the behaviour of adolescent males towards menstruating girls and MHM activities as well.

The study recruited 15 participants (adolescent males), used purposive sampling technique and a face-face interview was conducted with the aid of a semi-structured interview guide. The participants were in the age bracket of 18-19 years. Seven participants were 18 years whereas the remaining 8 participants were 19 years old. Data collection and analysis were executed concurrently while ensuring methodological rigour. All interviews were audio-recorded and transcribed verbatim. Thematic analysis was employed in data analysis and this engendered five main theoretical themes and three emerging themes with a total of twenty-three subthemes.

The purpose of the study explored the awareness and support of adolescent males on menstrual hygiene management in the Sagnarigu municipality of the Northern Region. From analysis of the findings, it was revealed that adolescent males had some appreciable level of awareness as far as menstrual hygiene management is concern. Participants demonstrated their readiness to support female colleagues during their menstruations. Although participants did not proffer broad responses about menstrual hygiene management, they could with ease rehearse out hygiene management practices menstruators are supposed to observe during menstruation. Also, participants supplied various negatives views about how the larger society perceived menstrual issues, in particular, they expressed the willingness to deviate from status quo. As many participants opined, that supporting a menstruator was the natural thing to do. The implication of this is that there is hope for societal transformation with regard to how menstruation and menstrual hygiene management are viewed by societies. For adolescent males are the crop of persons who will become adults and leaders of tomorrow.

In terms of specific objectives, the study was intended to assess the attitudes of adolescent males towards menstruating girls. With regard to this objective, the findings showed that participants in the study expressed of having good attitude toward menstruating girls. They reckoned that menstruation was a natural and biological phenomenon associated with femaleness. Besides, girls have no control over it once they are due for its occurrence. Therefore, because it is no fault of them (girls) for experiencing menstruation, it was only right and proper to be nice and support them in whatever was necessary for them to manage their menses well. This implied that there was hope that adolescent males would desist from mocking or engage in acts and ways that shame, disgrace or demean girls during menstruation. Thus, the culture of men casting slurs at menstruating women would cease in the near future. If young men developed an attitude of

positivity about menstruation, MHM could see boost as they would actively participate in its management as friends, brothers and husbands.

The study also sought to assess the subjective norms of adolescent boys about menstruation hygiene management. For this objective the findings revealed as follows. First, participants' personal beliefs were that menstruation and its management in women is no bad phenomenon. It is a natural occurrence woman have to pass through upon reaching certain age in life. In this regard, they were motivated and inclined to support and aid menstruators manage menstruation hygienically. Second, participants expressed some misgivings and resentments they could receive from their peers and communities in attempting to support a menstruating girl. Yet they indicated their willingness to proceed to help menstruating persons' inspite of mocking and backslide that they could encounter from their peers and society. With regard to parental influence, it emerged that while some advised their male wards to distance themselves from menstruating girls based on their beliefs, others intimated their parents would happily welcome and encourage them to continue to support and help menstruators. Lastly, participants revealed that the most societies are still averse to and unopened about menstruation and MHM. Thus, it was not unusual that in trying to support a menstruating girl, one would be seen as a misfit and derogatory remarks would be thrown at the person.

Another specific objective of the study was to determine perceived behavioural control factors that could facilitate or impede adolescent males' support towards MHM. The findings indicated that several factors could impede adolescent males to support MHM. Culture, tradition and religion emerged as some of the hurdles that could hold adolescent boys from supporting menstruating girls to manage their menses hygienically. Participants who happen to have parents who are traditionalist expressed how they see menstruation and its management as spiritual affairs that

bring bad omen and thus men should not support or get closer to menstruation and its management. Also, the findings showed that male teachers were another factor that often demotivate adolescent males from getting closer to menstruation and MHM. Male teachers are predisposed to mete out punishment to boys when they are seen discussing menstrual issues or a boy found with a menstruating girl. Teachers were quick to drive away boys when girls soil themselves in class. Thus, fueling the secrecy and opaqueness of menstruation and its management. And lastly, the findings again revealed financial resources constraint adolescent boys' ability to extent helping hands to menstruating girls in order for them to manage their menses hygienically. Adolescent boys contended if they had financial resources, they could help girls acquire menstrual management materials, but since they were students, they could not afford to provide financial support.

The fourth specific objective described the behavioural intention of adolescent males in supporting MHM and its activities. The study showed that the intentions of adolescent boys towards menstruating girls and MHM activities were considerably positive. It emerged that adolescent boys expressed the willingness to support menstruating girls in whatever ways they could, in order that menstruating girls can manage their menses hygienically. It had also been revealed that adolescent boys indicated they could serve as ambassadors to educate, inspire and motivate other adolescent boys to support menstruating and MHM practices.

On the part of the behaviour of adolescent males towards MHM activities as being the last specific objective of this study, it emerged that most of the participants expressed their readiness to indulge and would gladly engage in menstruation and MHM activities as some of them indicated it makes them worthy of being responsible as future husbands.

6.2 Implications of the Study

The findings obtained from this study have implications for nursing education and practice, nursing research, public health education and for policy formulation.

6.2.1 For Health/Nursing Education and Practice

The findings in the study showed that adolescent males were aware of MHM and willing to support girls experiencing menstruation go through their menses hygienically. This implied that boys could be ambassadors pushing the frontiers of MHM in health education. In nursing education, MHM curriculae tailored to educate boys be included in the nursing and health education. This could be intended to provide knowledge and skills to adolescent boys and to improve their understanding in such health-related issues. Promoting MHM to adolescent males in nursing education is aimed at enhancing socio-cultural practices in health with better outcomes of human beings and the Ghanaian society at large in terms of the topic in review. Practical nursing in terms of women issues must endeavour to include males in discussions as major stakeholders in rendering of nursing services to menstruating women.

6.2.2 For Nursing Research

The major aim of nursing research is to advance knowledge in order to provide better health care. The findings obtained opened up avenues for further research of significance. As this research was limited to adolescent boys, a study could be conducted to capture the views of adult males (male parents) about MHM and its associated issues. There is the need to look at how socio-economic circumstances of males influence the behaviour of men towards MHM.

6.2.3 For Public Education in Communities

The findings of this study stirred up the need for public education on MHM. For a very long time, MHM were seen as issues not to be discussed in public spaces. They were only discussed in private

and mostly excluded men and boys. Public education can move the conversation of MHM from the edges to become mainstream issue capable of being discussed in public arenas without ridicule. The public education can be effective when adolescent boys are the lead advocates and educators on MHM. The study revealed cultural practices impede efforts to spread knowledge on MHM. Thus, community public education using opinion leaders as assemblymen/ unit committee members could ensure an effective way to defuse negative and stereotypes against MHM. Also, on special occasions such as Christmas, Easter conventions and during electioneering campaigns, those at the helm of affairs during these programmes should be made to incorporate issues relating to MHM as public education but ensuring resource persons are involved.

6.2.4 For policy formulation

The findings of this study have noted the need for broader consultation on MHM issues. Even though the ministry of sanitation and water resources has collaborated with the education ministry over the past few years to train some teachers as chefs in some regions in Ghana to create awareness and sensitise pupils in schools, there is the need for more stakeholder engagement with other ministries like health, local government and gender and social welfare to be involve in this regard, especially at the local assembly level where cultural norms are still adhered to. These group could appeal for donor support to broaden and improve what the other groups as CAMFED and HEALTH AID are currently engaged in some parts of northern Ghana.

6.3 Conclusion

This qualitative study examined adolescent male awareness and support on menstrual hygiene management in the Sagnarigu municipality and employed TPB as the theoretical lenses guiding this study. Undoubtedly, adolescent male awareness about MHM has received less attention. Findings of this study provided information on adolescent males' awareness level and support in

relation to menstruation and issues of MHM. Although, issues of MHM are part of conservative issues in Ghanaian societies, which are often seen as secretive, the findings showed that adolescent boys were willing to break away from the conservative views about issues of MHM and were also ready to provide all necessary support to menstruating girls in societies. The study has offered insights on adolescent males' views about MHM and this has exposed some gaps as to how menstruation and MHM issues are considered women issues. Although, the findings revealed adolescent boys have some knowledge about menstruation and MHM, they need more information in this regard. In order to address the 'women issues' notion and also empower adolescent boys with indepth knowledge about MHM, there must be more education of young males.

6.4 Recommendations

Based on the findings, the following recommendations are offered to the government through parliament, MO E and Faith-based organisations.

6.4.1 Ministry of Education, Ghana

The MOE should in consultation with Ghana Tertiary Educational Council (GTEC);

1. Develop detailed curriculum on menstruation and MHM
2. Train more male teachers specifically to spearhead and champion menstruation and MHM.

6.4.2 Faith based Organisations

Churches and Masjids should;

1. Leaders of faith based organisations should be engaged to assist in offering education for members of the faith on menstruation and MHM issues.
2. Workshops should be organised on MHM for stakeholder males in these organisations who are accommodating to issues on menstruation by NGOs in championing MHM programmes.

6.4.3 Ministry of Health, Ghana

MOH should incorporate and consider;

1. MHM related issues as an adolescent course in the curriculae of nursing and midwifery colleges as part of nursing and health education.
2. Specialty programmes in adolescent nursing in which a curriculum designed would include MHM and other specialised programmes related to adolescent health to be considered for training by some of the training institutions, as MOH is currently advocating for.
3. Nursing and midwifery tutors should be sponsored to pursue courses tailored to educate adolescents of which boys be included in adolescent health matters.

6.4.4 Ghana health service (GHS)

GHS should incorporate MHM in;

1. In service training programmes through strengthening the adolescent reproductive corner project which was started in the early 2010 to enhance the implementation
2. Adolescent reproductive health trainings should be revised to incorporate MHM related matters and to broaden health education this regard.
3. MOH/GHS & MOE should collaborate effectively since there is a programme on menstrual hygiene management day celebrated on 28 May, worldwide and also in Ghana sponsored by sanitation and water resources ministry for an effective implementation.

6.5 Limitation of the Study

The limitation encountered was that the study was focused on participants from selected second cycle schools from only one Municipality (i.e., Sagnarigu Municipal Assembly). It would have been better and more insightful if more sites had been covered. In view of this, the findings cannot be generalised. However, the findings can be taken as microcosm of the bigger picture. It cannot suffice as a true reflection of all adolescent males in second cycle students. Finally, the use of

cross-sectional techniques in which data were collected at a specific period was also a limitation of the study. A more detailed, in-depth and nuanced finding could have been obtained if longitudinal research approach was adopted.

Additionally, respondents were reticent and hesitant because the subject studied is culturally a sensitive issue. Thus, replicating this study in other jurisdictions must be done with tact. In view of the fact that the MHM is culturally sensitive, discussions about MHM are seldom done openly. Respondents initially were not forthcoming with answers. To address this challenge, the researcher had to relate with the respondents informally in order to open them up for frank discussions.



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APPENDICES

Appendix A: Introductory Letter – Pilot site



UNIVERSITY OF GHANA
SCHOOL OF NURSING AND MIDWIFERY

Ref. No.:
ID: 2039934

11th February, 2021

THE HEADMASTER
NOBISCI SHS

Dear Sir/Madam,

LETTER OF INTRODUCTION

I write to introduce to you **Alimatu Adam**, an MPhil (Sandwich) student at the School of Nursing and Midwifery, University of Ghana, Legon.

As part of the requirements of the MPhil programme, the student is to undertake a research study and she intends to use your institution as one of the study pilot sites for data collection.

The title of her research is **“Adolescent Male Awareness and Support on Menstrual Hygiene Management in the Sagnarigu Municipality in the Northern Region.”**

It will be appreciated if she is given the necessary assistance to collect data on her study.

Thank you.

Yours faithfully,



Charles A. Klutse
School Administrator



COLLEGE OF HEALTH SCIENCES

P. O. Box LG 43, Legon, Accra, Ghana.
• Telephone: (0) 303 970 801 / 0553 089 267 • Email: nursing@ug.edu.gh • Website: www.nursing.ug.edu.gh

Appendix B: Introductory Letter – Study site



UNIVERSITY OF GHANA
SCHOOL OF NURSING AND MIDWIFERY

Ref. No.:
ID: 2039934

11th February, 2021

**THE HEADMISTRESS
KALPOHIN SHS**

Dear Sir/Madam,

LETTER OF INTRODUCTION

I write to introduce to you **Alimatu Adam**, an MPhil (Sandwich) student at the School of Nursing and Midwifery, University of Ghana, Legon.

As part of the requirements of the MPhil. programme, the student is to undertake a research study and she intends to use your institution as the main study site for data collection.

The title of her research is **“Adolescent Male Awareness and Support on Menstrual Hygiene Management in the Sagnarigu Municipality in the Northern Region.”**

It will be appreciated if she is given the necessary assistance to collect data on her study.

Thank you.

Yours faithfully,


Charles A. Klutse
School Administrator



COLLEGE OF HEALTH SCIENCES


P. O. Box LG 43, Legon, Accra, Ghana.

• Telephone: (0) 303 970 801 / 0553 089 267 • Email: nursing@ug.edu.gh • Website: www.nursing.ug.edu.gh

Appendix C: Ghana Health Service Ethical Clearance

GHANA HEALTH SERVICE ETHICS REVIEW COMMITTEE

In case of reply the number and date of this Letter should be quoted.



My Ref: GHS/RDD/ERC/Admin/App | 21 | 114
Your Ref. No.

Alimatu Adam
University of Ghana, Legon
P. O. Box WY 457, Kwabenya, Ga East District, Accra

Research & Development Division
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Tel: +233-302-681109
Fax + 233-302-685424
Email: ethics_research@ghsmail.org
26th April, 2021

The Ghana Health Service Ethics Review Committee has reviewed and given approval for the implementation of your Study Protocol.

GHS-ERC Number	GHS-ERC 019/12/20
Study Title	Adolescent Male Awareness and Support on Menstrual Hygiene Management in the Sagnarigu Municipality
Approval Date	26 th April, 2021
Expiry Date	25 th April, 2022
GHS-ERC Decision	Approved

This approval requires the following from the Principal Investigator


- Submission of a yearly progress report of the study to the Ethics Review Committee (ERC)
- Renewal of ethical approval if the study lasts for more than 12 months.
- Reporting of all serious adverse events related to this study to the ERC within three days verbally and seven days in writing.
- Submission of a final report after completion of the study
- Informing ERC if study cannot be implemented or is discontinued and reasons why
- Informing the ERC and your sponsor (where applicable) before any publication of the research findings.

You are kindly advised to adhere to the national guidelines or protocols on the prevention of COVID -19

Please note that any modification of the study without ERC approval of the amendment is invalid.

The ERC may observe or cause to be observed procedures and records of the study during and after implementation.

Kindly quote the protocol identification number in all future correspondence in relation to this approved protocol

SIGNED.....

 Dr. James Akazili
 (Head, Ethics & Research Management Department)

Cc: The Director, Research & Development Division, Ghana Health Service, Accra

Appendix D: Consent Form

CONSENT FORM

STUDY TITLE: ADOLESCENT MALE AWARENESS AND SUPPORT ON MENSTRUAL HYGIENE MANAGEMENT (MHM) IN THE SAGNARIGU MUNICIPALITY OF THE NORTHERN REGION

PARTICIPANTS' STATEMENT

I acknowledge that I have read and understand the provided information or have had the purpose and contents of the Participants' Information Sheet read and all questions satisfactorily explained to me in a language I understand. I fully understand the contents and any potential implications as well as my right to change my mind (i.e. withdraw from the research) even after I have signed this form.

I voluntarily agree to be part of this research.

I agree for the interview to be recorded. YES [] NO []

Name of Participant.....

Participants' SignatureOR Thumb Print.....

Date:



Appendix E: Interview Guide

I would like to thank you for your willingness and time made to be interviewed today. The purpose of this study is to explore adolescent male awareness and support on menstrual hygiene management. You are assured of anonymity and the data collected would only be available to the researcher and her supervisor. You are not required to provide your name and responses would not in any way be linked to you. The interview is expected to last for between 30 to 45 minutes and it would be recorded. Thank you.

SECTION A: Demographic Information

Tell me about yourself?

Probes

1. May I know your gender?
2. Can you please tell me your age?
3. May I know your class level in school?
4. May I know if you hold any position in class or school?
5. May I know how long you have held this position?
6. What are your duties in this position?

SECTION B: Guiding Questions

Adolescent males' attitude (positive, negative, impression) on menstrual hygiene management in the Sagnarigu municipality

7. Tell me what you know about menstruation?
8. What are your thoughts about girls who menstruate?
9. What do you understand by menstrual hygiene management?
10. How do you think of menstrual hygiene management? Probes: Positive (what makes you think so) and negative (what makes you dislike it).

11. What do you know about menstrual hygiene management?
12. How did you know of menstrual hygiene management? (Probes: depending on the source of information)
13. Where else did you get information on menstrual hygiene management?
14. How do you explain menstrual hygiene management?

Adolescent males' subjective norm on menstrual hygiene management in the Sagnarigu municipality

15. What support can you give to your classmate menstruating?
16. Does your personal belief allow you support a menstruating girl in your school? Yes/No, How?
17. What kinds/types of support do you know in menstrual hygiene management?
18. What would other boys do if they see a girl menstruating has stain of blood on her uniform?
19. What strategies (measures/ways) do you use to help menstruating girls in the school?
20. Are there ways you think girls menstruating can be helped? Yes/No, probe
21. What are your thoughts about boys helping girls during their menstrual period? Probe: why do you think so?
22. Do you think boys should help girls during their menstrual period? Explain why you think so?

Adolescent males' perceived behavioural control towards menstrual hygiene management in the Sagnarigu municipality

23. How do you feel when you see or know a girl is in her menses?
24. How would your friends react to you if they see you helping a menstruating girl in class/school?

25. How would your teachers react towards you if they see a girl has stain on her uniform with her period and you offer help?

26. How does culture influence your attitude towards the girls in their menstrual period? Please explain your answer.

27. How will your religious leader feel about you helping a menstruating girl?

28. How will people in your ethnic group feel about you helping a girl in her menstrual period? Please explain.

29. How would your friends treat you when they see you helping a menstruating girl?

30. What are some of the things your teachers tell you about girls?

31. How would your parents react if they see you offering any help to a girl menstruating?

What is the behavioural intention and behaviour of adolescent males to support menstruating girls and MHM activities in the Sagnarigu municipality?

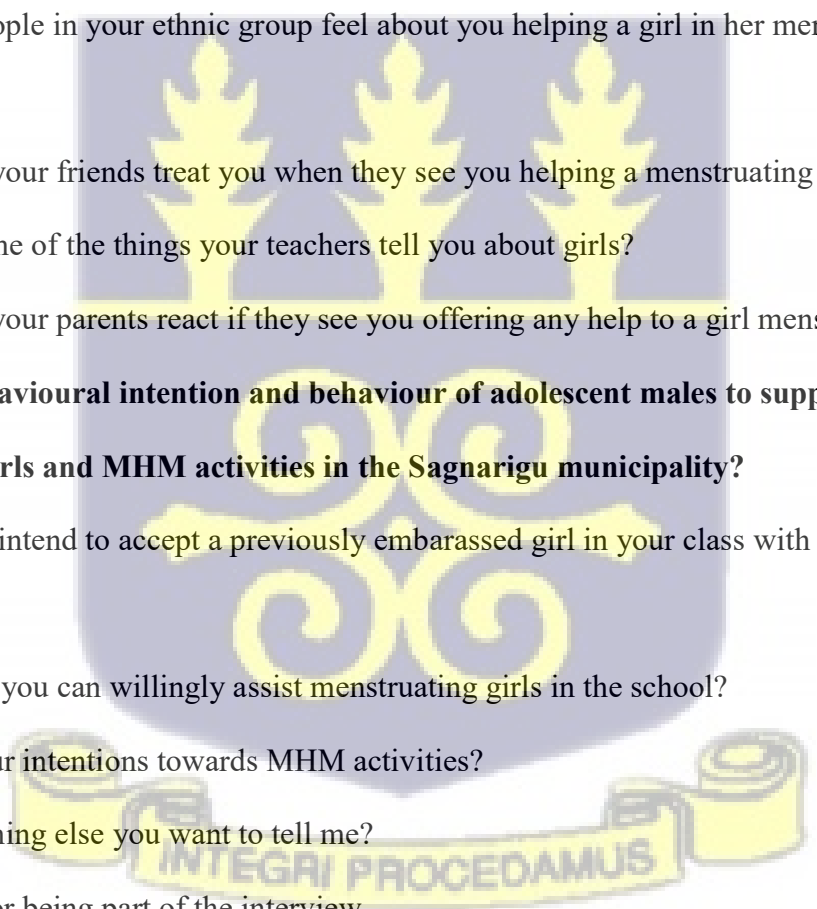
32. How do you intend to accept a previously embarrassed girl in your class with blood stain on her uniform?

33. Tell me how you can willingly assist menstruating girls in the school?

34. What are your intentions towards MHM activities?

35. Is there anything else you want to tell me?

36. Thank you for being part of the interview.



Appendix F: Profile of participants

Pseudonym	Age	Class level,(1, 2, or 3)	Gender	Position held in class/school	Religion	Course of study	Ethnic group	Previous knowledge on MHM
Adams 01	18	2	Male	Class monitor	Islam	General Arts	Dagomba	Internet, Friends, social Studies
Ike 02	19	1	Male	N/A	Christian	General science	Konkomba	Inter science (adolescent reproductive health) RME
Kadir 03	18	3	Male	N/A	Islam	General Arts	Dagomba	Female friends, Social science
Jackson 04	18	1	Male	Class monitor	Christian	General Arts	Baasare	Social studies, CAMFED
Kamil 05	18	1	Male	N/A	Islam	General science	Konkomba	Female friends, television (tv3, citi TV) NGOs, social studies,
Amin 06	18	1	Male	N/A	Islam	Business studies	Dagomba	Mother, sisters, female friends, social studies
Suale 07	19	3	Male	N/A	Islam	Home Economics	Dagomba	Friends (male/female) at school, social studies
Hermans 08	19	2	Male	Compound monitor	Christian	General science	Frafra	Mother, reproductive lessons, NGO, Church programme

Yaw 09	19	3	Male	Compound prefect	Christian	Business studies	Akan	friends, males & females
Jamil 10	19	2	Male	N/A	Islam	Business studies	Dagomba	Social studies, older siblings, friends
Kofi 11	19	1	Male	N/A	Christian	General science	Konkomba	Reproduction in science, social studies, friends (males & females)
Lewis 12	18	1	Male	N/A	Christian	General science	Bimoba	Science lessons, social studies and from friends both males and females
Musah 13	19	2	Male	N/A	Islam	Home Economics	Dagomba	Management in living lessons, female mates
Nasir 14	18	1	Male	N/A	Islam	Home Economics	Dagomba	Management in living, sex education in social studies
Ofori 15	19	2	Male	Dom monitor	Christian	Home Economics	Bimoba	Social studies, integrated science, friends, siblings

Source: Transcribed data (2021)