



Assessing The Effectiveness of The Access to Menstrual Hygiene Products on the Academic Performance of Visually Impaired Girls in Malawi

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ABSTRACT: This study aimed to assess the effectiveness of the access to menstrual hygiene products on the academic performance of the visually impaired girls and young women. It was guided by the following objectives: to find out the influence of visually impaired girls and young women's access to Menstrual Hygiene products on their academic performance, including to determine the academic challenges the visually impaired girls and young women face due to in access to Menstrual Hygiene products and to assess the academic coping mechanisms visually impaired girls and young women use in accessing menstrual hygiene products (Wilbur, Mahon, Torondel, Hameed, & Kuper, 2019).

A qualitative approach of an exploratory and descriptive design was used. One primary school in central Malawi was selected as the research setting. The sample size of the study was 25 participants. The data collection tools used were semi-structured, focused group discussions, and observation. The study showed that most of the girls and young women were affected in their respective places and at their school, including their academic performance (Sommer, Ackatia-Armah, Connolly, & Smiles, 2014). The study recommends that there should be an improvement in facilities and hygiene materials for visually impaired girls and young women.

KEYWORDS: Academic performance Menstrual Hygiene Management (MHM), visual impairment

I. INTRODUCTION

Menstrual hygiene management (MHM) is a critical yet often overlooked aspect of education, particularly for girls and young women with disabilities. In low-resource settings, such as in Malawi, access to menstrual hygiene products remains a significant challenge, disproportionately affecting vulnerable groups such as visually impaired girls and young women. Poor menstrual

hygiene management can lead to absenteeism, reduced concentration, and lower academic performance, further marginalizing an already disadvantaged group. (Sommer, et al., 2016)

This study sought to assess the effectiveness of access to menstrual hygiene products on the academic performance of visually impaired girls and young women. By examining the barriers they face, such as affordability, availability, and accessibility of menstrual products, this study provides recommendations and Menstrual Hygiene Management (MHM) support systems in schools and communities.

Visually impaired students in Malawi, where resources for menstrual health are frequently limited, have a disproportionately difficult time meeting their hygiene needs, which further marginalises them in the educational system (Ministry of Education, 2021). There is a noticeable lack of research on the precise effects of menstrual product access on the academic performance of visually impaired girls and young women, despite the fact that some studies have examined the overall impact of Menstrual Hygiene Management (MHM) on school attendance. For example, research demonstrates that offering free menstrual products in schools improves female students' attendance rates (Montgomery, Ryus, Dolan, Dopson, & Scott, 2012). Girls can engage in education more regularly throughout their monthly cycles when they have consistent access to sanitary supplies.

However, there is a significant knowledge gap about students with visual impairments because the majority of current research focuses on individuals without disabilities. This oversight is especially troubling because girls who are blind or have low vision are more likely than girls who are not visually impaired to face difficulties related to menstruation. Without adequate assistance, these students might experience issues with product accessibility, inadequate hygiene management, and challenges getting an education in accessible areas.



Because of the current lack of focused research, educators and policymakers lack the necessary data to create effective support systems for this vulnerable group.

Adolescent Girls with Vision Impairment (AGWVI) face particular challenges in accessing menstrual hygiene products during their periods due to several factors like: lack of accessible wash rooms; lack of menstrual education; and shame and stigma around periods, especially in relation to their disability. Some cultures believe Persons with Disabilities (PWDs) have different reproductive systems to those persons without disabilities, for example. AGWVI face additional challenges compared with those girls without disabilities in regard to their ability to change pads, tampons and period cups on their own (Asha.A, 2020).

The following research questions framed this study:

What were the academic challenges that girls and young women face in accessing menstrual hygiene products at the school?

How did access to menstrual hygiene products influence the academic performance of girls and young women at the school?

What academic coping mechanisms did the visually impaired girls and young women use in accessing menstrual hygiene products at the school?

II. THEORETICAL FRAMEWORK

This paper draws on the following theoretical frameworks: Firstly, the Social Model of Disability, which provides a lens to understand the barriers faced by visually impaired girls in accessing MHM. This model argues that disability arises not from individual impairments but from societal and environmental barriers that restrict participation (Oliver, 1990). In the context of this study, the lack of accessible washrooms, tailored menstrual education, and affordable sanitary products represents societal barriers that disproportionately affect visually impaired girls. For instance, inaccessible school facilities and cultural stigma around menstruation limit these students' ability to manage their hygiene independently, leading to academic exclusion. The Social Model emphasizes the need for structural changes, such as inclusive school infrastructure and disability-sensitive MHM programs, to promote equitable access to education. Secondly, Bronfenbrenner's Ecological Systems Theory (Bronfenbrenner, 1979) highlights the influence of multiple environmental systems on individual development. For visually impaired girls, the microsystem (school and family), mesosystem (interactions between teachers and

parents), and ecosystem (community resources and policies) together shape their MHM experiences. For example, unsupportive school environments and a lack of community-based MHM programs limit access to resources, while positive interactions between teachers and parents can facilitate coping mechanisms. This theory underscores the importance of multi-level interventions, such as school-based MHM programs and community advocacy, to support visually impaired girls' academic performance.

The theoretical frameworks Social Model of Disability and Ecological Systems Theory, collectively provide a comprehensive lens to examine the impact of MHM on visually impaired girls in Malawi. The Social Model of Disability is directly relevant as it frames the challenges faced by visually impaired girls as products of societal and environmental barriers, such as inaccessible school facilities and lack of tailored MHM education, rather than their visual impairment alone. This perspective guides the study to advocate for systemic changes, like inclusive infrastructure and policies, to enhance educational access.

III. LITERATURE REVIEW

ACCESS TO MENSTRUAL HYGIENE PRODUCTS SIGNIFICANTLY INFLUENCES SCHOOL ATTENDANCE AND ACADEMIC PERFORMANCE AMONG FEMALE STUDENTS.

In Uganda, researchers found that providing free sanitary pads and menstrual education reduced absenteeism among girls by 17%, (Montgomery, et al., 2016) leading to improved academic engagement. The study highlighted that reliable access to sanitary products enabled girls to attend school consistently during their menstrual cycles, enhancing their concentration and participation in class activities. Similarly, a randomized controlled trial in Kenya by Oster and Thornton (2011) demonstrated that girls provided with menstrual cups had a 6% increase in school attendance compared to those without access, correlating with better academic outcomes.

However, these studies primarily focused on girls without disabilities, leaving a gap in understanding how access to menstrual products affects visually impaired girls. A report by (UNFPA, 2021) noted that girls with disabilities, including visual impairments, face compounded barriers due to inaccessible facilities and a lack of tailored menstrual education. In Malawi, MHM challenges are exacerbated by poverty and limited infrastructure. A study by Mohammed, Larsen-



Reindorf and Awal (2020) found that 65% of female students in rural Ghanaian schools missed classes during menstruation due to inadequate access to sanitary products and private washrooms. For visually impaired girls, these challenges are intensified by the inability to independently navigate poorly designed facilities or access products without assistive support (UNESCO, 2019).

A longitudinal study in Bangladesh by Alam et.al. (2017) explored the impact of MHM interventions, including the provision of sanitary pads and peer-led menstrual education. The study reported a 12% improvement in academic performance, measured by test scores, among girls who received these interventions, but noted that girls with disabilities were often excluded due to logistical challenges and societal stigma (Alam, et al., 2017). Similarly, a study in Nigeria by found that providing menstrual hygiene kits to secondary school girls increased their attendance by 9% and improved their academic performance (Aniebue, Aniebue, & Nwankwo, 2009), but the study noted that girls with visual impairments faced additional barriers, such as difficulty accessing the kits independently, which limited their participation. These findings highlight the potential of MHM interventions to enhance academic outcomes while emphasizing the exclusion of visually impaired girls in such interventions, particularly in resource constrained settings like Malawi.

ACADEMIC CHALLENGES DUE TO INADEQUATE ACCESS TO MENSTRUAL HYGIENE PRODUCTS OF VISUALLY IMPAIRED GIRLS AND YOUNG WOMEN

Where visually impaired girls face unique academic challenges stemming from inadequate MHM. According to a study by (Sommer, Aekatia-Armah, Connolly, & Smiles, 2014) in Tanzania, girls with disabilities reported embarrassment and fear of leakage due to unreliable menstrual products, leading to reduced school attendance. In Malawi, the lack of accessible washrooms in schools, as noted by (Chidya, et al., 2024), poses a significant barrier for visually impaired students who require tactile or auditory cues to navigate facilities. The absence of such accommodations often forces these students to rely on peers or teachers for assistance, compromising their privacy and dignity.

Moreover, cultural stigma surrounding menstruation exacerbates these challenges. A qualitative study by (House, Mahon, & Cavill, 2012) revealed that in many LMICs, including Malawi, menstruation is stigmatized, and girls with disabilities are often perceived as having different

reproductive needs, leading to neglect in MHM programming. This misconception results in limited access to menstrual education tailored for visually impaired girls, who may struggle to understand or manage their menstruation independently (WaterAid, 2017). Consequently, these students experience increased absenteeism, lower self-esteem, and reduced academic performance, as evidenced by a study in Ethiopia where 43% of girls with disabilities reported missing school during menstruation due to inadequate MHM support (Sahiledengle, Atlaw, Kumie, Tekalegn, & Woldeyohannes, 2022).

In the feasibility study, entitled Menstrual Solutions (MS), undertaken among rural primary school teachers in western Kenya, it was evident from reports submitted by teachers of a high level of reactivity to cater for menstrual health and hygiene aspects among girls. Teachers would often be involved in sorting out spills, taking children for frequent breaks, and so forth. These would result in classroom disruptions, and many a time, teaching would be interrupted. According to this study, teachers observed a typical reluctance on the part of girls to speak about menstrual issues until it becomes a matter of urgency (Shenkman, Neubauer, & Mason, 2023).

ACADEMIC COPING MECHANISMS FOR ACCESSING MENSTRUAL HYGIENE PRODUCTS OF VISUALLY IMPAIRED GIRLS AND YOUNG WOMEN

Visually impaired girls employ various coping mechanisms to manage menstruation in the absence of adequate support. A study by (Wilbur, Mahon, Torondel, Hameed, & Kuper, 2019) in Nepal found that girls with visual impairments often relied on family members or peers to procure menstrual products, which limited their independence and exposed them to social stigma. In Malawi, where economic constraints restrict access to commercial sanitary pads, visually impaired girls may use makeshift materials such as rags or cloth, which are less effective and increase health risks (MHM, 2022). These coping strategies often lead to discomfort and anxiety, further impacting school attendance and academic focus.

Some visually impaired students develop adaptive strategies, such as memorizing the location of washrooms or seeking verbal guidance from peers, to navigate MHM challenges (UNICEF, 2021). However, these mechanisms are often inadequate without systemic support, such as trained teachers or accessible facilities. A pilot project in Zambia by World Vision Zambia's Water, Sanitation,



and Hygiene (WASH) program has distributed Menstrual Hygiene Management (MHM) packs to 750 girls across 16 schools in two districts. These packs, containing reusable sanitary pads and soap, aim to address menstrual poverty and have been well-received by students, enhancing their confidence and improving school attendance.

Such interventions highlight the potential for targeted support to enhance coping mechanisms, yet they remain rare in Malawi, similar to Girls Empowerment Network (GENET), which launched the "Keeping Girls in School" project, distributing reusable sanitary pads to primary school girls. This initiative significantly reduced absenteeism rates among girls, with schools reporting increased participation and improved academic performance. A qualitative study conducted in Uganda by (Miiri, et al., 2018) revealed that girls with visual impairments often had to individually negotiate with school staff to access additional time or private spaces for managing their menstruation. However, these accommodations were not standardized and largely depended on the personal willingness and discretion of staff members, leading to inconsistent support (Miiri, et al., 2018).

IV. METHODOLOGY

This study took place in rural, central Malawi at Kapindula school¹. It focused on 25 participants: 16 girls, 4 female caregivers and 5 teachers (2 males, 3 females). Purposive and snowball sampling techniques were used to ensure diverse representation of gender and age within the school. Based on the data collected the ages of the girls ranged from 11-22 years of age, while the caregivers and teachers indicated 26-49 years of age. The school is an integrated school. It enrolls mainly visually impaired learners, with additional teaching support, but also those without visual impairments.

A qualitative research design was adopted, integrating exploratory and descriptive approaches to gain an in-depth understanding of how access to menstrual hygiene products influences the academic performance of visually impaired girls and young women at the institution. The descriptive approach captures detailed narratives about their experiences, challenges, and perceptions regarding menstrual hygiene management and its impact on their education. The exploratory approach investigated underlying factors, such as accessibility barriers (toilet latrines without doors for privacy, no

washrooms, social stigma, and institutional support, through participants lived experiences. This design ensured a rich, contextual analysis of the relationship between menstrual hygiene access and academic outcomes.

Qualitative data was collected through semi-structured interviews, focus group discussions, and direct observations; used to explore personal experiences, institutional policies, and environmental barriers. Primary data were collected from visually impaired female learners, teachers, and caregivers, capturing their perspectives on menstrual hygiene challenges and academic impacts. Secondary data were sourced from educational policy documents, disability inclusion reports, and qualitative studies on menstrual health to provide contextual background.

The study followed strict ethical guidance, ensuring confidentiality. Informed consent was obtained from all participants prior to any research activities, and all participants were advised of their rights to withdraw.

V. FINDINGS AND DISCUSSION

This study's broad objective was to assess the effectiveness of access to menstrual hygiene products on the academic performance of visually impaired girls and young women at Kapindula Full Primary School in Malawi.

Girls and young women with visual impairments experience numerous difficulties at their learning institutions due to limited access to menstrual hygiene products and inadequate facilities. At the school visited for this study, they often struggle with an insufficient supply of pads, making it difficult to manage their periods comfortably and confidently. In addition, the boreholes frequently provide little or no water, which further complicates their ability to maintain proper hygiene. The absence of accessible washrooms near the classroom blocks means that when a girl stains her clothes or needs to clean herself during menstruation, she has nowhere convenient or private to go. These combined challenges create significant discomfort, reduce their sense of dignity, and may disrupt their participation in lessons, ultimately affecting their overall school experience.

A response from a learner, states "*When we do not have access to the menstrual products like changerooms, which the school does not have or we have to use the toilet latrines as washrooms to clean or change ourselves, or sometimes we go to the hostels.*"

¹Pseudonyms are used to protect anonymity



This study also shows that girls and young women struggle to focus in class once their menstrual periods begin. Many hesitate to stand up or participate in lessons because they fear their classmates might notice stains on their clothes. This worry leads to feelings of shame and embarrassment, which further reduce their confidence and limit their engagement in learning activities. As a result, their academic participation and overall classroom experience are negatively affected during menstruation.

This study is based on the participants' experiences because of the barriers that exist at school regarding menstrual hygiene management, teachers are also affected. At times, they are forced to pause or temporarily stop their lessons so they can assist the girls who need menstrual hygiene supplies or support. This means teachers must step away from teaching to find pads, water, or other resources the learners require to manage their periods. These interruptions not only disrupt the flow of the lesson but also impact overall learning time for the entire class.

Participants varied in their views of who should be responsible in educating and supporting girls regarding MHM. One female teacher argued,

"I blame the Mother Groups² in this community that are not active, as they're the ones that are responsible for teaching these girls about issues related to do with periods, how they can take care of themselves."

Many learners do receive early instruction on managing their menstrual health. From a young age, they are taught how to use available resources effectively when their period begins. These lessons often come from mothers, caregivers, older girls, or teachers who explain how to maintain hygiene, change pads or cloths safely, and handle menstruation independently, particularly important for girls who may not have someone available to assist them at the time of their cycle. However, the findings revealed that the timing of such instruction is important.

One learner explained, *"Like myself, it happened to me when was learning at a different school, I stained my uniform dress and the teacher had to help me as it was my first time doing m periods and I was 12 years old. When I went home, I explained to my mother what had happened to and she explained that these are things that every girl goes through when they become of age and how one is supposed to take care of oneself"*

²Mother Groups are community-led groups established at primary schools in Malawi to support girls' education.

Thus, timely guidance helps build confidence and equips them with practical skills that direct them on menstruation in environments where support systems may be minimal. The preparation they receive also empowers them to continue participating in academic activities with reduced anxiety, as they understand what to expect and how to manage their needs even in challenging circumstances.

Visually impaired girls and young women often rely on a range of coping mechanisms to manage their menstrual hygiene, especially in settings where access to adequate menstrual products is inconsistent or limited. These strategies enable them to remain in school and continue with their academic activities despite the challenges associated with menstruation. One commonly used approach is to substitute disposable sanitary pads with reusable cloths or pads when viable products are unavailable. These materials, although not always ideal, allow learners to maintain a level of protection that prevents unnecessary absenteeism or disruption to their studies. In some cases, girls resort to wearing two pairs of underwear to reduce the likelihood of staining their clothes during lessons. Others, when they lack any menstrual products at all, may attend school without pads, which places them at greater risk of discomfort and embarrassment but still ensures they do not miss valuable class time. A few girls also creatively adapt materials such as diapers, folding them to fit their underwear, to serve as makeshift pads during their menstrual cycle. These coping strategies, though far from ideal, demonstrate the resourcefulness and determination of visually impaired learners to remain engaged in school despite the constraints they face.

VI. CONCLUSION

The study shows that access to menstrual hygiene products strongly influences the academic performance of visually impaired girls and young women. When sanitary pads and proper facilities – such as changing rooms – are available, learners attend school more regularly, feel more confident, and participate in lessons without fear or discomfort. However, limited access to pads and poor WASH facilities lead to absenteeism, low concentration, and reduced academic progress.

VII. RECOMMENDATIONS

Based on the finding and conclusion of the study, the following recommendations are made:

- 1) Government and development partners should fund and enact interventions



that provide, for example, accessible washrooms with features like braille signage, tactical guidance, audible signals, grab bars, sufficient space for mobility aids, and private gender-segregated facilities.

- 2) In addition to such improvements in infrastructure, schools' MHM support to enhance girls' attainment and academic performance among girls with visual impairment should be assessed.
- 3) Future research is needed to compare the specific challenges and effects of menstrual hygiene management on the experiences and outcomes of learners with different types of disabilities, such as hearing impairment, mobility, and physical impairment; and in rural or urban institutions.

References

- 1) Alam, M.-U., Luby, S. P., Halder, A. K., Islam, K., Opel, A., Shoab, A. K., . . . Unicom, L. (2017). Menstrual hygiene management among Bangladeshi adolescent schoolgirls and risk factors affecting school absence: results from a cross-sectional survey. *Pub Med*.
- 2) Aniebue, U. U., Aniebue, P. N., & Nwankwo, T. O. (2009). The impact of pre-menarcheal training on menstrual practices and hygiene of Nigerian school girls. *Pub Med*.
- 3) Asha, A. D. J. (2020). Knowledge And Practices About Menstrual Hygiene Management Among Adolescent Girls With Vision Impairment (Agwi)-A Case Study. *International Journal of Management (IJM)*.
- 4) Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and Design*. Cambridge, Massachusetts, London and England: Harvard University Press.
- 5) Chidya, R., Kachuma, O., Thole, T., Banda, L., Loewenberger, M., & Nicholson, J. (2024). Evaluation of knowledge, attitude, practices and effectiveness of menstrual hygiene interventions in rural schools from Lilongwe, Malawi. *BMC Public Health*.
- 6) House, S., Mahon, T., & Cavill, S. (2012). Menstrual Hygiene Matters: A Resource for Improving Menstrual Hygiene Around the World. WaterAid. *Reproductive Health Matters (RHM)*.
- 7) Kuper, H., Smythe, T., & Duttine, A. (2018). Reflections on Health Promotion and Disability in Low and Middle-Income Countries: Case Study of Parent-Support Programmes for Children with Congenital Zika Syndrome. *International Journal of Environmental Research and Public Health*.
- 8) MHM, M. o. (2022). *Menstrual Hygiene Management in Malawi: Progress and Challenges*. Malawi Ministry of Health.
- 9) Miiro, G., Rutakumwa, R., Nakiyingi-Miiro, J., Nakuya, K., Musoke, S., Namakula, J., . . . Weiss, H. A. (2018). Menstrual health and school absenteeism among adolescent girls in Uganda (MENISCUS): a feasibility study. *BMC Women Health*.
- 10) Ministry of Education, S. a. (2021). *National Strategy on Inclusive Education (2017-2021)*. Lilongwe: Ministry of Education, Science and Technology.
- 11) Montgomery, P., Hennegan, J., Dolan, C., Wu, M., Steinfeld, L., & Scott, L. (2016). Menstruation and the Cycle of Poverty: A Cluster Quasi-Randomised Control Trial of Sanitary Pad and Puberty Education Provision in Uganda. *PLOS ONE*.
- 12) Montgomery, P., Ryus, C. R., Dolan, C. S., Dopson, S., & Scott, L. M. (2012). Sanitary Pad Interventions for Girls' Education in Ghana: A Pilot Study. *PLOS One*.
- 13) Oliver, M. (1990). *The Politics of Disablement — New Social Movements. In: The Politics of Disablement. Critical Texts in Social Work and the Welfare State*. London: Palgrave.
- 14) Sahiledengle, B., Atlaw, D., Kumie, A., Tekalegn, Y., & Woldeyohannes, D. (2022). Menstrual hygiene practice among adolescent girls in Ethiopia: A systematic review and meta-analysis. *PLoS ONE*.
- 15) Sommer, M., Caruso, B. A., Sahin, M., Calderson, T., Cavill, S., Mahon, T., & Phillips-Howard, P. A. (2016). A Time for Global Action: Addressing Girls' Menstrual Hygiene Management Needs in Schools. *PLOS MEDICINE*, 1-9.
- 16) UNESCO. (2019). Inclusive Education for Girls with Disabilities.
- 17) UNFPA. (2021). Empowering Kenyan women and girls with disabilities in managing menstrual health. *UNFPA*.



- 18) UNICEF. (2021). Menstrual Health & Hygiene for Girls and Women with Disabilities. *UNICEF*.
- 19) WaterAid. (2017). *Menstrual Hygiene Matters*. WaterAid.
- 20) Wilbur, J., Mahon, T., Torondel, B., Hameed, S., & Kuper, H. (2019). Feasibility Study of a Menstrual Hygiene Management Intervention for People with Intellectual Impairments and Their Carers in Nepal. *International Journal of Environmental Research and Public Health*.