

AN ASSESSMENT ON THE CHALLENGES ASSOCIATED WITH ACCESSIBILITY OF MENSTRUAL HEALTH FACILITIES IN MALE DOMINATED WORKPACES: A CASE STUDY OF LIMBULI TEA ESTATE.

BY

TIKHALENAWO WHITE
REG.NO: 22321252041

GUIDE NAME

MR JUSTIN MAKAMO

PROJECT REPORT

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DMI- ST JOHN THE BAPTIST UNIVERSITY
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SCHOOL OF SOCIAL WORK

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Student's Signature:

Signature of the Guide:

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I, TIKHALENAWO WHITE hereby declare that this project report, **AN ASSESSMENT ON THE CHALLENGES ASSOCIATED WITH ACCESSIBILITY OF MENSTRUAL HEALTH FACILITIES IN MALE DOMINATED WORKPACES: A CASE STUDY OF LIMBULI TEA STATE** is submitted to DMI St. John Baptist University in the partial fulfilment of requirements for the award of BACHELOR SOCIAL WORK. is a record of the original work done by me under the supervision of MR JUSTIN MAKAMO

Enrolment No. :

Register No. : **22321252041**

Date :

Signature :

PROJECT PROPOSAL APPROVAL FORM

Proposed Project Work By:

S.No.	Reg. No.	Name of the Candidate	Semester	Branch
	22321252041	TIKHALENAWO WHITE	8	BSW

Title of the Project:	AN ASSESSMENT ON THE CHALLENGES ASSOCIATED WITH ACCESSIBILITY OF MENSTRUAL HEALTH FACILITIES IN MALE DOMINATED WORKPACES: A CASE STUDY OF LIMBULI TEA ESTATE
Subject Area:	SOCIAL WORK
Name of the Guide:	MR. JUSTIN MAKAMO
Designation:	LECTURER II
Address with Phone No.: DMI UNIVERSITY, P.O.BOX 2398, LILONGWE(+265997975469)	
No. of projects & students currently working under the Guide:	17

Signature of the Student **Signature of the Guide with seal.....**

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Comments / Suggestions for reformulation of the Project.

Date.....

Signature of the HOD/Project Coordinator

BIO-DATA OF THE PROPOSED GUIDE FOR PROJECT WORK

1. PERSONAL INFORMATION

NAME (in block letters) : MR. JUSTIN MAKAMO
Sex : MALE
Qualifications : MASTER OF SOCIAL WORK
Official Address : DMI. St. John Baptist University, P.O. Box 2398, Lilo
ngwe
Phone No. and Fax. : +265992371901
Residential Address : Paul Kagame Road. Area 4/083, LILONGWE
Phone No., and e-mail id : makamojustine@gmail.com

2. DETAILS OF EMPLOYMENT

Designation : LECTURER II
Field of Specialization : PROJECT MANAGEMENT MONITORING AND EVAL
UATION

Teaching Experience (in years) : 5

Industrial Experience (in years) : 5

Particulars of contribution / experience in the field of specialization:

No. of Projects guided: 17

I, JUSTIN MAKAMO do hereby accept to guide TIKHALENAWO WHITE the student of t
he BACHELOR OF SOCIAL WORK programme of the DMI ST. JOHN BAPTIST UNIVER
SITY.

**Signature of the Student
seal**

.....

.....

Signature of the Guide with S

APPENDIX VI



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BONAFIDE CERTIFICATE

Register No.22321252041

Certified that this is Bonafide record of work done in **AN ASSESSMENT ON THE CHALLENGES ASSOCIATED WITH ACCESSIBILITY OF MENSTRUAL HEALTH FACILITIES IN MALE DOMINATED WORKPACES: A CASE STUDY OF LIMBULI TEA ESTATE** by **TIK HALENAWO WHITE** course in **SOCIAL WORK** Department at DMI St. John the Baptist University during the academic year 2025.

INTERNAL EXAMIN

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EXTERNAL

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Abstract

This study assessed the challenges associated with the accessibility of menstrual health facilities in male-dominated workplaces, with specific reference to Limbuli Tea Estate in Mulanje, Malawi. The study focused on key dimensions of accessibility, including availability of facilities, socio-cultural barriers, and impacts on women's well-being and productivity. Guided by Feminist Theory and the Social-Ecological Model, the study examined how gender dynamics, cultural norms, and institutional factors influence access to menstrual health services. A mixed-methods research approach was employed, combining questionnaires, semi-structured interviews, and focus group discussions. The study targeted female workers aged 18–45 years, with a total sample of 15 participants selected through stratified random sampling and purposive sampling techniques. The findings revealed that menstrual health facilities are inadequate, with limited private washrooms, sanitary products, and disposal systems, leading to health risks, emotional stress, and reduced productivity. However, awareness programs s

how potential for improvement. Challenges such as stigma, male-dominated management, and funding limitations were identified as key barriers. The study concludes that while some progress exists, strengthening infrastructure, policies, and cultural awareness is essential for equity and effectiveness. The findings provide practical insights to inform workplace improvements and enhance menstrual health support for women at Limbuli Tea Estate.

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List of Acronyms

MHM – Menstrual Health Management

UNICEF – United Nations Children's Fund

UNFPA – United Nations Population Fund

IRC – International Rescue Committee

ILO – International Labour Organization

WHO – World Health Organization

SDGs – Sustainable Development Goals

SEM – Social-Ecological Model

FGD – Focus Group Discussion

CHAPTER ONE

INTRODUCTION

1.1 Introduction

Menstrual health is a fundamental aspect of women's well-being, dignity, and productivity, yet it remains a neglected issue in many male-dominated workplaces, particularly in rural African settings. Despite their crucial contributions, women often operate in environments that lack basic menstrual hygiene support, resulting in physical discomfort, psychological distress, and compromised work performance. This study assesses the challenges associated with accessing menstrual health facilities at Limbuli Tea Estate in Mulanje, Malawi, a rural tea-growing estate where female workers form a substantial portion of the workforce but are often marginalized in decision-making processes.

1.2 Background of the Study

Menstrual health management (MHM) is an essential component of public health, gender equality, and workplace dignity. However, across many African countries, including Malawi, this issue remains inadequately addressed especially in male-dominated industries such as agriculture, mining, and construction. For many women employed in these sectors, menstruation becomes a monthly struggle, not just biologically, but socially and professionally. In such settings, the availability of menstrual products, private sanitation facilities, and hygienic disposal systems is often limited or completely lacking (UNICEF, 2019).

In Malawi, agriculture remains the backbone of the economy, and tea estates like Limbuli in Mulanje employ a significant number of women in labour-intensive roles. Despite their contribution to the workforce, women's reproductive health needs, including menstrual hygiene, are often ignored in workplace planning. Cultural taboos around menstruation, male dominance in management positions, and a lack of policy enforcement contribute to poor MHM infrastructure. According to WaterAid (2020), most rural working women report either inadequate or no access to clean toilets, running water, or safe disposal methods at work during their menstrual periods.

This challenge is echoed across the region. In Uganda, female workers in flower farms have reported missing up to five working days each month due to menstruation-related issues (IRC, 2019). In Zambia, similar findings show that the absence of gender-sensitive workplace amenities contribute to absenteeism, infections, and emotional stress among female workers (UNFPA, 2022). These examples underscore the urgent need for targeted interventions and policies that ensure women's menstrual needs are met, particularly in settings where gender dynamics disadvantage them.

The Limbuli Tea Estate presents a case where such challenges may be present yet underreported. Understanding the specific barriers women face in accessing menstrual health facilities within this estate is crucial for informing workplace improvements and policy reforms. This study thus responds to a broader regional concern through a localized and context-specific investigation.

1.3 Problem Statement

Despite the increased recognition of menstrual hygiene as a public health and human rights issue, many women working in male-dominated rural industries continue to face substantial challenges. At Limbuli Tea Estate in Mulanje, women form a significant portion of the labour force, yet their access to menstrual health facilities remains severely constrained. This lack includes inadequate private washrooms, absence of sanitary products, limited access to clean water, and unsafe or unavailable disposal systems. These conditions not only threaten women's health but also contribute to absenteeism, reduced productivity, and workplace stigma.

Furthermore, the social and cultural silence surrounding menstruation discourages women from voicing their concerns. In patriarchal settings like Limbuli, where most managerial roles are held by men, the prioritization of female hygiene needs is often low. The absence of explicit workplace policies on menstrual health reflects a wider systemic neglect.

Existing research in Malawi and other African countries has largely focused on menstrual hygiene among schoolgirls, with minimal attention to adult women in the workplace. This leaves a significant knowledge gap on how working women cope, what cha

llenges they face, and how these issues impact their overall wellbeing and performance. Without empirical data, policy responses remain weak or non-existent.

This study seeks to fill that gap by exploring the menstrual health challenges faced by women at Limbuli Tea Estate, identifying the socio-cultural and institutional barriers involved, and proposing practical recommendations for improving workplace inclusivity and gender equity.

1.4 Research Objectives

Main Objective:

To assess the challenges associated with the accessibility of menstrual health facilities in a male-dominated workplace, using Limbuli Tea Estate in Mulanje as a case study.

Specific Objectives:

1. To assess the availability and adequacy of menstrual health facilities at Limbuli Tea Estate.
2. To examine the socio-cultural and institutional factors affecting access to menstrual health services.
3. To explore the impact of limited access to menstrual health facilities on the wellbeing and productivity of female workers.

1.5 Research Questions

1. What menstrual health facilities are available to women at Limbuli Tea Estate?
2. What are the key challenges—social, cultural, and institutional—affecting access to these facilities?
3. How does limited access to menstrual health facilities affect female workers' wellbeing and productivity?

1.6 Significance of the Study

This study is significant as it highlights the often-overlooked issue of menstrual health in male-dominated workplaces such as Limbuli Tea Estate in Mulanje, Malawi. Many female workers in African agricultural sectors operate under poor sanitary conditions, lacking access to menstrual hygiene products, clean toilets, and private changing areas. In Malawi, for instance, WaterAid (2020) reports that only a small percentage of rural workplaces offer women-friendly sanitation facilities.

The problem extends across Africa. In Kenya's tea plantations and Tanzania's cotton farms, women report missing work or using unsafe materials during menstruation due to poor facilities (MH, 2022). This study will help inform inclusive workplace policies and practices that uphold women's health rights and improve productivity. It also contributes to SDGs 3, 5, and 8, promoting health, gender equality, and decent work.

1.7 Structure of the Report

The dissertation was divided into five chapters, outlined below.

Chapter one, this chapter presented the introduction, background of the study, problem statement, general and specific objectives, research questions, significance of the study and the summary of chapter one.

Chapter two, this chapter indicated literature review which is related to this study.

Chapter three, the chapter provides the research design and the methodology. Which gave the location of the study, target population, sampling methods, sample size, and all the components associated with research design and methodology which were used during the study.

Chapter four, this chapter shows a presentation of findings based on the research questions. The results were presented in tables and graphs.

Chapter five, this is the last chapter of the document which presents the conclusion and the recommendations, that support the objectives of the study.

1.8 Chapter Summary

This chapter introduced the study, presenting the research context, background, and s

statement of the problem. It also outlined the objectives, research questions, and significance of the study, highlighting the need for improved menstrual health access in male-dominated workplaces like Limbuli Tea Estate. The next chapter will review relevant literature to further ground the study in existing academic and policy discussions.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter provides a comprehensive review of existing literature on the challenges associated with the accessibility of menstrual health facilities in male-dominated workplaces, with a specific focus on Limbuli Tea Estate in Mulanje, Malawi. The review draws on empirical studies, theoretical perspectives, and policy documents to establish a foundation for the study, identify gaps in knowledge, and situate the research within the broader academic and practical discourse on menstrual health management (MHM) (Sommer, 2016). The chapter is structured around the study's objectives: assessing the availability and adequacy of menstrual health facilities, examining socio-cultural and institutional factors affecting access, and exploring the impact of limited access on the well-being and productivity of female workers. Key concepts are defined to provide clarity, followed by empirical evidence, a theoretical framework, and a sum-

mary of the chapter.

2.2 Definition of Terms

Menstrual Health Management (MHM)

Menstrual Health Management refers to the practices, facilities, and resources that enable women and girls to manage their menstruation hygienically, safely, and with dignity. This includes access to menstrual products, clean water, private sanitation facilities, and safe disposal systems (UNICEF, 2019).

Male-Dominated Workplace

A male-dominated workplace is an organizational setting where men hold most of the leadership, decision-making, or workforce roles, often resulting in the marginalization of women's needs and perspectives (Hearn, 2001).

Menstrual Health Facilities

Menstrual health facilities encompass infrastructure such as private washrooms, clean water supply, sanitary product availability, and disposal systems designed to support women during menstruation (WaterAid, 2020).

Well-Being

Well-being refers to the physical, emotional, and social health of an individual, encompassing access to basic needs, psychological stability, and the ability to participate fully in social and economic activities (Diener, 1997).

Productivity

Productivity in this context refers to the efficiency and output of female workers, which can be affected by workplace conditions, including access to menstrual health facilities (Harter, 2002).

2.3 Empirical Evidence

2.3.1 Availability and Adequacy of Menstrual Health Facilities in Male-Dominated W

orkplaces

The availability and adequacy of menstrual health facilities in male-dominated workplaces, particularly in rural agricultural settings, remain critical to supporting women's health, dignity, and workplace participation. Research across sub-Saharan Africa consistently reveals significant deficiencies in the provision of gender-sensitive infrastructure. For example, WaterAid (2020) reported that only 15% of rural workplaces in Malawi, including agricultural estates, provide women-friendly sanitation facilities, such as private washrooms, clean water, and safe disposal systems.

At tea estates like Limbuli, the lack of dedicated menstrual health infrastructure often forces women to resort to makeshift solutions, such as using open fields, bushes, or shared, unhygienic latrines. These practices not only compromise hygiene, increasing the risk of infections, but also undermine women's dignity, as they lack private spaces to manage menstruation safely (UNICEF, 2019). Moreover, the absence of running water in many rural workplaces worsens these challenges, as women are unable to wash their hands or clean reusable menstrual products effectively, further heightening health risks.

Beyond Malawi, similar patterns are evident in other regions. A study by IRC (2019) in Uganda's flower farms highlighted that inadequate menstrual health facilities led women to use unsafe materials, such as rags, leaves, or even pieces of old clothing, due to the unavailability or unaffordability of sanitary products. This practice was associated with a higher incidence of urinary and reproductive tract infections, with women missing an average of 3–5 days of work per month due to menstruation-related challenges.

In Kenya's tea plantations, Sommer (2016) found that the lack of private washrooms and disposal systems caused significant embarrassment, forcing women to leave work early or avoid certain tasks, which reduced their overall work efficiency. A global perspective reinforces these findings: A World Bank (2018) report on workplace sanitation in low-income countries noted that only 20% of agricultural workplaces in sub-Saharan Africa and South Asia provide gender-specific facilities, with rural areas particularly underserved. This gap is often attributed to the male-dominated nature of these i

ndustries, where infrastructure planning rarely accounts for women's unique needs.

In the Malawian context, the Ministry (2022) has highlighted a lack of compliance with basic occupational health standards in rural workplaces, particularly for women. At Limbuli Tea Estate and similar settings, the absence of gender-sensitive infrastructure—such as lockable washrooms, running water, or sanitary bins—forces women to manage menstruation in undignified and unsafe conditions.

A qualitative study by Plan International (2021) in southern Malawi revealed that female tea workers often carry soiled menstrual materials home due to the lack of disposal systems, exposing them to health risks and social stigma. Furthermore, the limited availability of affordable sanitary products in rural areas compounds the problem, as women may spend a significant portion of their income on pads or tampons, which are often not stocked by local vendors. These findings underscore a critical gap in the provision of adequate menstrual health facilities in male-dominated agricultural workplaces, highlighting the urgent need for targeted interventions to improve infrastructure and ensure equitable access for female workers at Limbuli Tea Estate and beyond.

2.3.2 Socio-Cultural and Institutional Factors Affecting Access to Menstrual Health Services

Socio-cultural and institutional factors play a significant role in shaping access to menstrual health services in male-dominated workplaces, often perpetuating barriers that marginalize women. Cultural taboos surrounding menstruation remain a pervasive issue, particularly in rural settings like Mulanje, Malawi. In many communities, menstruation is stigmatized as a private or shameful process, discouraging open discussions and advocacy for better facilities. Chandra-Mouli (2017) found that in Malawi, traditional gender norms expect women to manage their periods discreetly, often in silence, which limits their ability to demand workplace accommodations. This stigma is compounded by a lack of education about menstruation among both men and women, leading to misconceptions that further side-line MHM in workplace planning. For instance, a study by ActionAid (2023) in rural Malawi revealed that male supervisors at agricultural estates often dismissed menstruation as a "women's issue," resulting in little to no priority for related infrastructure or support.

Institutionally, the lack of gender-sensitive policies and male-dominated management structures exacerbates these challenges. Research by UNFPA (2022) in Zambia's agricultural sector showed that male managers, who dominate decision-making roles, often prioritize operational efficiency—such as equipment upgrades or production targets—over investments in menstrual health infrastructure. This trend is evident in Malawi as well, where the Rights (2021) noted the absence of enforced workplace regulations on MHM, leaving women without institutional support.

At Limbuli Tea Estate, where men hold most supervisory and managerial positions, the lack of awareness or concern for menstrual health needs often results in inadequate facilities, such as shared latrines without privacy or disposal options. A report by Oxfam (2022) further highlighted that in southern Africa, workplace policies rarely include provisions for menstrual health, as male-dominated leadership structures fail to recognize the link between MHM and worker well-being.

Economic constraints also play a critical role, as many rural estates operate on limited budgets, diverting resources to production rather than worker welfare. WaterAid (2020) noted that in Malawi, the high cost of installing and maintaining gender-specific facilities, such as separate washrooms or sanitary bins, often deters employers from making these investments. This issue is compounded by a lack of awareness among employers about the economic benefits of supporting MHM, such as reduced absenteeism and improved productivity.

Globally, a study by the International Labour Organization (ILO) (2023) found that in low-income countries, only 10% of rural workplaces receive training or guidance on gender-specific health needs, leaving employers ill-equipped to address MHM. In Mulanje, community-level factors, such as limited access to education and entrenched patriarchal norms, further reinforce these barriers, making it difficult for women to voice their needs. These socio-cultural and institutional challenges highlight the need for advocacy, policy reform, and awareness campaigns to prioritize menstrual health services in male-dominated workplaces like Limbuli Tea Estate.

2.3.3 Impact of Limited Access to Menstrual Health Facilities on Female Workers'