

“....it puts you on tenterhooks....you feel afraid.....it is scary.....”

*Impact of sanitary facilities on Menstrual Hygiene and Management among adolescent girls in 3 rural schools
in Jinja and Mayuge districts*

Baseline Survey Report-January 2019



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***“Because we don’t have where to go, it puts you on tenterhooks, you are unable to pay attention in class and you become very sensitive when you interact with other pupils.....”
(Adolescent girl: Interview III)***

***“.....so whenever you start menstruation, you feel afraid, you get scared of where to clean yourself from.....”
(Adolescent girl: Interview I)***

***“It is scary to lack where to go during menstruation, sometimes; you can just sit in the class the whole day and wait for everyone else...”
(Adolescent girl: Interview V)***



Picture I¹



Picture II²

¹ Girls’ latrine without doors in one of the primary schools

² A designated room for MHM in one of the schools

Abstract

Introduction: The ability to manage one's menstrual health with adequate knowledge, safety and dignity without stigma is an essential human right. However, in low-income settings like Uganda, inadequate Menstrual Hygiene and Management (MHM) is a cause of absenteeism from school among girls. This baseline survey was conducted to assess the impact of sanitary facilities on Menstrual Hygiene and Management (MHM) among adolescent girls in 3 rural primary schools in Jinja and Mayuge district. The survey focused on the impact of sanitary facilities on anxiety associated with menstruation, Self-Efficacy (SE) associated with menstruation, school attendance and stigma associated with menstruation.

Methodology: The survey utilized a descriptive study design with both quantitative and qualitative methods of data collection. A total of 200 adolescent girls and 3 Senior Women Teachers (SWTs) were included in the survey using a lottery and purposive sampling methods. Permission and informed consent was sought before data collection was done.

Quantitative data was collected using pretested semi-structured questionnaires while qualitative data was collected using interview guides.

Collected quantitative data was entered into Statistical Package for Social Scientists (SPSS Version 22) from where it was cleaned and analyzed using both univariate and bivariate analysis. Qualitative data was analyzed through thematic analysis.

Results: Survey findings revealed that just over three quarters of adolescent girls rated the sanitary facilities used at home and school during MHM as inadequate/poor. The major sanitary facilities used at home during menstruation were toilets (48.5%) and bathrooms (23.4%). Less than half of respondents (46.9%) were utilizing the available sanitary facilities for MHM in their schools which included girl's latrines (33.5%) and safe places (13.4%). In the face of inadequate and poor sanitary facilities at school and at home, 31 girls (or 16%) were changing sanitary pads from the bushes near or around their schools.

Inadequate and poor sanitary facilities at home and school led girls to engage in poor menstrual hygiene practices. More than half (70.6%) changed pads less than 3 times in a typical day during their last period while (70.1%) did not clean their external genitalia or take a bath before changing pads at school. These predisposed adolescent girls to health risks such as rashes, vaginal yeast infections and bad odour, which increased stigma and discrimination from adolescent boys, girls and teachers.

Majority of adolescent girls (75.9%) had low Self-Efficacy (SE) associated with menstruation which indicated that many of the respondents believed that they lacked the ability, confidence and or resources to adequately manage themselves during menstruation. Nearly all (144 or 99.3%) girls who had a low SE reported that the available sanitary facilities at school for MHM are inadequate.

Most respondents who had periods within 2 weeks before the survey were experiencing some form of anxiety (moderate to severe) as reported by 78.9% of girls. Generally, girls who had experienced menstruation within 2 weeks of survey had higher anxiety levels than those who did not have periods within 2 weeks of the data

collection. The average anxiety scores for girls who had not experienced periods 2 weeks before the survey was 7.25 while that of girls who experienced periods 2 weeks prior to the survey was 11.8.

Majority (71.1%) of respondents' school attendance was moderately affected by inadequate sanitary facilities in rural primary schools. Less than a third (29.4%) missed school due to lack of place to change and clean during menstruation. The number of days missed ranged from 1 to 17 with an average of 3.4 per term or 1.3 days per cycle. In addition, 3 out of every 10 girls (33%) missed lessons during menstruation due to poor sanitary facilities at school. The number of lessons missed ranged from 1 to 12 with an average of 3 or 1 lesson per cycle.

Nearly 4 of every 10 girls (39.7%) missed meals provided at school due to inadequate sanitary facilities for MHM. The number of days missed ranged from 1 to 15 with an average of 2.3 or 0.76 meals per cycle. Besides, just over 3 out of every 10 girls (34%) missed tests or exams due to poor sanitary facilities. Altogether, 55 girls missed tests and 13 missed exams. The average number of tests missed per pupil was 1.8 per term. More than half (51.5%) reported that inadequate menstrual facilities at school were negatively affecting their academic performance.

Majority of girls (80%) who participated in the study were experiencing some form of stigma associated with inadequate sanitary facilities. Poor location of safe places and poor teacher practices while supporting menstruating girls contributed to external stigma associated with menstruation. Moreover, inability of menstruating girls to frequently clean and change pads or changing pads without washing external genitalia due to poor sanitary facilities at home/school made them to feel dirty, ashamed, caused discomfort and social isolation. Furthermore, continued encouragement of girls by SWTs to believe that degrading, belittling and sexually offensive abuses they experience from male teachers and boys during menstruation are expected and normal led to internal stigma, low self-esteem and increased anxiety.

Conclusion: Inadequate sanitary facilities in rural primary schools in Jinja and Mayuge district have adverse effects on girls' ability to properly manage themselves during menstruation. In addition, inadequate sanitary facilities not only lower self-efficacy but increase anxiety and stigma associated with menstruation. Likewise, inadequate sanitary facilities negatively affect adolescent girls' school attendance, academic performance and may contribute to eventual school dropouts.

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List of Abbreviations

ACWW	: Associated Country Women of the World
CCUg	: Community Concerns Uganda
MHM	: Menstrual Hygiene and Management
SWT	: Senior Women Teacher
SMT	: Senior Men Teacher
SPSS	: Statistical Package for Social Scientists
SE	: Self-Efficacy
SRGBV	: School Related Gender Based Violence

1.0 Introduction

Access to proper sanitation and hygiene is a human right³. In addition, the ability to manage one's menstrual health with adequate knowledge, safety and dignity without stigma is also an essential human right. However, in low-income settings like Uganda, inadequate Menstrual Hygiene and Management (MHM) is a cause of absenteeism from school among girls.⁴ According to a survey⁵ conducted by CCUG in 2017 among 1102 pupils in 18 schools in Jinja and Mayuge districts, 41.6% of adolescent girls missed on average 3.1 school days due to menstruation each month. The major causes of absenteeism included stigma and discrimination associated with menstruation (43.5%), and lack of a place to clean and change (34.2%) among others. Out of the 18 schools, 15 did not have washrooms⁶ where girls could change pads/clean themselves during menstruation. In addition, the survey found that more than half (60.9%) of menstruating girls were being stigmatized and discriminated against due to menstruation.

The lack of an enabling environment for menstruation was a major cause of school absenteeism among menstruating girls. The majority of students (59.6%) said they often go back home during menstruation in order to clean and change pads. Furthermore, nearly all of the 18 Senior Women Teachers (SWTs) and Senior Men Teachers (SMTs) admitted that they frequently gave permission to menstruating girls who started their periods from school to go home and access better sanitary facilities. However, a considerable number of girls (11.8%) said they don't clean themselves during menstruation while 15.6% don't change pads, which predisposed them to skin rashes, vaginal and urinary tract infections. Teachers stressed that girls are afraid to attend school during menstruation because the schools don't have an enabling environment to facilitate proper hygiene during menstruation. It was also found that the lack of sanitary facilities was associated with increased stigma among adolescent girls during menstruation.

Based on the above background, CCUG with support from Associated Country Women of the World (ACWW) conducted a baseline survey as part of the project to improve sanitary facilities for menstruation in 3 rural primary schools in Jinja and Mayuge districts.

2.0 Survey Implementation

2.1 Purpose of the Project

To reduce stigma and discrimination associated with menstruation among adolescent girls aged 9-17 years in rural primary schools in Jinja and Mayuge districts.

2.2 Objectives of the Project

1. To improve the safety, dignity and privacy of 750 girls during menstruation in 3 rural schools in Jinja and Mayuge districts.

³ United Nations (2010). General Assembly Adopts Resolution recognizing access to clean water, sanitation as a human.

⁴ Crofts, T and Fisher, J. "Menstrual hygiene in Ugandan schools: and investigation of low-cost sanitary pads." *Journal of water, sanitation and hygiene for development* 2, no. 1 (2012): 50-58.

⁵ <http://www.communityconcernsug.org/wp-content/uploads/2017/03/CCUG-MHM-Midline-Survey-Report-August-2018.pdf>

⁶ A safe secluded place with water where girls can go to clean and change pads during menstruation.

2. To improve on the self-esteem and confidence of 500 adolescent girls in 3 rural primary schools in Jinja and Mayuge districts.

2.3 Objective of the baseline survey

The survey aimed at assessing the impact of sanitary facilities on Menstrual Hygiene and Management (MHM) among adolescent girls in 3 rural primary schools in Jinja and Mayuge districts. The survey focused on the impact of sanitary facilities on anxiety associated with menstruation, self-efficacy associated with menstruation, school attendance and stigma associated with menstruation.

3.0 Methodology

3.1 Survey Design, Setting and Population

The survey utilized a descriptive study design with both quantitative and qualitative methods of data collection. The survey setting included 3 rural primary schools located in Jinja and Mayuge districts. The schools were drawn from a pool of 15 schools where CCUG recently⁷ implemented a MHM project whose aim was to increase access to information about menstrual health among adolescents aged 10-17 years. The survey population included adolescent girls aged 9-17 years who had started menstruation and their Senior Women Teachers (SWT).

3.2 Sample Size and Sampling Procedure

Table 1 below shows the estimated population of menstruating girls in the selected 3 schools in Jinja and Mayuge districts.

Table 1: Estimated Population in the 3 schools

Name of school	Estimated Population
Wabulungu Primary School	250
Nalinaibi Primary School	80
St. Matia Mulumba Primary School	100
Total	430

The above estimated populations were relatively small due to the fact that some students had already finished exams and left the school (primary seven students) – the group with the largest number of menstruating girls. The sample population was determined using Krejcie and Morgan’s (1970⁸) sample size table at a confidence level of 95% as presented below.

⁷ CCUG implemented the project between August 2017 and August 2018

⁸ Krejcie, R. V., & Morgan, D. W. (1970). Determining sample size for research activities. *Educational and Psychological Measurements*, 30, 607-610.

Table 2: Krejcie and Morgan’s Sample size table

Required Sample Size [†]								
Population Size	Confidence = 95%				Confidence = 99%			
	Margin of Error				Margin of Error			
	5.0%	3.5%	2.5%	1.0%	5.0%	3.5%	2.5%	1.0%
10	10	10	10	10	10	10	10	10
20	19	20	20	20	19	20	20	20
30	28	29	29	30	29	29	30	30
50	44	47	48	50	47	48	49	50
75	63	69	72	74	67	71	73	75
100	80	89	94	99	87	93	96	99
150	108	126	137	148	122	135	142	149
200	132	160	177	196	154	174	186	198
250	152	190	215	244	182	211	229	246
300	169	217	251	291	207	246	270	295
400	196	265	318	384	250	309	348	391
500	217	306	377	475	285	365	421	485
600	234	340	432	565	315	416	490	579
700	248	370	481	653	341	462	554	672
800	260	396	526	739	363	503	615	763
1,000	278	440	606	906	399	575	727	943
1,200	291	474	674	1067	427	636	827	1119
1,500	306	515	759	1297	460	712	959	1376
2,000	322	563	869	1655	498	808	1141	1785
2,500	333	597	952	1984	524	879	1288	2173

As shown in the table above, the study settings had an estimated population size of 430, which calls for inclusion of 196 adolescents in the survey. In this case, 194 adolescents were included in the study – 2 less than the specified number of respondents. Study participants were selected and included in the study using a lottery method where teachers provided a list of pupils they believed had started menstruation and two blind-folded research assistants, who randomly selected names of pupils to include in the study. For senior women teachers (key informants), purposive sampling was used based on their experience and knowledge of MHM among adolescent girls in their respective schools. In addition, 2 in-depth interviews were held among 6 adolescent girls (2 girls per school) to complement the qualitative data obtained from key informants.

3.3 Data Collection tools and Methods

The study used two data collection tools as explained below.

1. A questionnaire with structured questions was formulated to assess the impact of sanitary facilities Menstrual Hygiene and Management (MHM), Self-Efficacy (SE), anxiety, stigma and school attendance. Most of the questions had 1-6 point scale responses. The questionnaire was translated into Lusoga and Luganda for easy comprehension by pupils who had limited understanding of the English language. The questionnaire was pretested on 10 pupils before being used in the study from a different primary school. Modifications were later made to improve the ability of the questionnaire to address study variables. However, SE and anxiety, universal data collection tools such the Generalized Self-Efficacy Scale (GES) and the Generalized Anxiety Disorder (GAD)-7 items scale were used with slight modifications. A key informant guide was formulated to address the study variables that were used to collect qualitative data from Senior Women Teachers (SWTs) and pupils through oral interviews. The collected data was recorded verbatim using an audio recorder.

3.4 Data Management and Analysis

Collected quantitative data was checked for completeness and coded after every day of data collection. It was later entered into the Statistical Package for Social Scientists (SPSS version 22), where it was cleaned and analyzed using both univariate and bivariate analysis.

Collected qualitative data was transcribed verbatim and 9 transcripts were developed from the audio interviews conducted among the 6 pupils and 3 SWTs. After the transcription, the audio interviews were re-listened to while re-reading the transcripts to ensure that the transcribed data revealed the true account of the verbal and non-verbal details of the interviews conducted. Later, the transcripts were read twice to derive meanings and patterns associated with the data. Coding to identify the most interesting features associated with the data with respect to already developed variables/themes (MHM, anxiety, self-efficacy, stigma associated with menstruation and school attendance and menstruation). For each of the themes, detailed analysis of the data was conducted to add meaning and understanding to the quantitative data.

3.5 Ethical Consideration

Ethical clearance was first sought from district authorities before the data collection process was initiated in schools. Later, CCUG sought Memorandums of Understanding with the 3 schools, part of which involved ethical clearance to collect data for the baseline survey. After obtaining permission from the school administrators, the data collection team explained to classroom teachers and pupils the purpose and nature of the data collection exercise. They were assured of utmost confidentiality of information provided as the team stressed that the data collected was only going to be used for report making purposes. Consent was sought from both teachers and pupils before collecting data from them.

4.0 Survey Findings

This section presents findings according to the objectives of the survey. Results are arranged according to demographic data, sanitary facilities at home and school for menstrual hygiene and management, self-efficacy associated with menstruation, anxiety related to menstruation, relationship between school attendance and available sanitary facilities, relationship between sanitary facilities and stigma. In addition, the section will also explore relationships between available sanitary facilities and anxiety associated with menstruation, available sanitary facilities and self-efficacy associated with menstruation, anxiety and self-efficacy, anxiety and school attendance, self-efficacy and school attendance, school attendance and stigma.

4.1 Demographic Data

Table 3: Demographic Characteristics of respondents

Age	Frequency (n=194)	Percentage (%)
11 years	03	1.5
12 years	42	21.6
13 years	50	25.8
14 years	67	34.5
15 years	18	9.3
16 years	11	5.7
17 years	03	1.5
Class of study		
Primary Three	07	3.6
Primary Four	15	7.7
Primary Five	77	39.7
Primary Six	95	49.0
Individual that the pupil lives with		
Both Parents	80	41.2
Mother only	36	18.6
Father only	31	16.0
Grandmother	31	16.0
Sibling	05	2.6
Guardian	11	5.7
Having someone comfortable to discuss with issues related to menstruation		
Yes	172	88.7
No	22	11.3

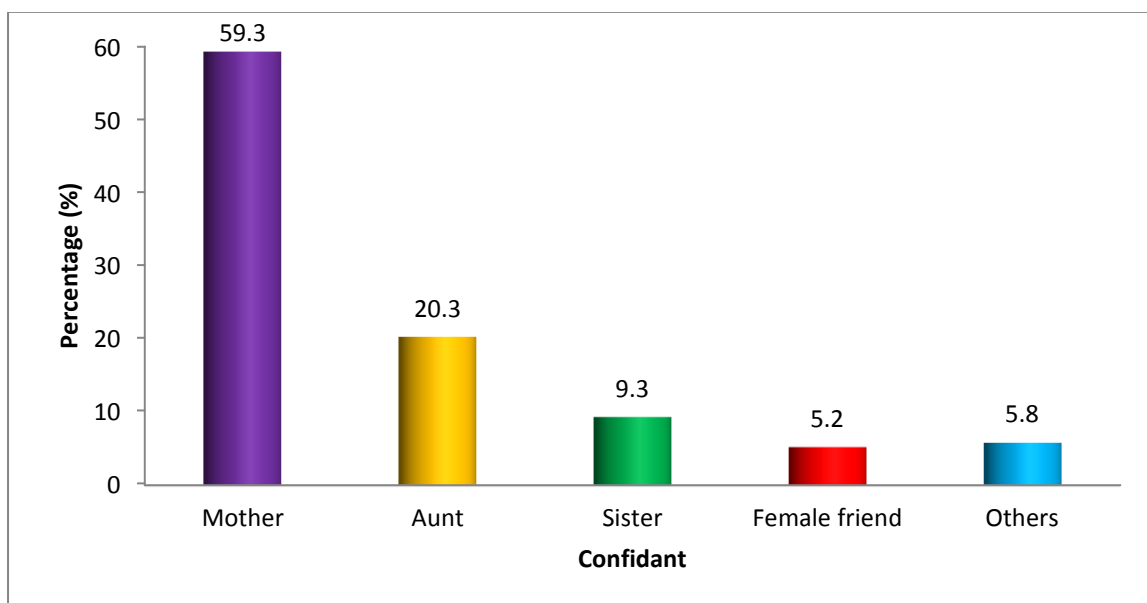
Most respondents (67 or 34.5%) were 14 years old, with an average age of 13.5 with a standard deviation of 1.2.

Almost half of respondents (95 or 49%) were studying in primary six and the least (7 or 3.6%) were in primary three.

The highest number of respondents (41.2%) were living with both of their parents while the lowest number (2.6%) were living with their siblings.

Most pupils (172 or 88.7%) reported that they have someone they are comfortable with to discuss issues related to menstruation, although some (22 or 11.3%) said they don't have anyone they can comfortably talk to about issues related to menstruation.

Figure 1: Individual that respondents are comfortable discussing issues related to menstruation (n=172)



More than half of respondents (102 or 59.3%) stated that they are comfortable discussing issues related to menstruation with their mother.

4.2 Available sanitary facilities for MHM

This section describes the available sanitary facilities at home and school as reported by adolescent girls, and observed by the data collection team. For both home and the school, the study sought to assess the safety, privacy, convenience, and accessibility of water/soap near or within the premises that adolescent girls were using during menstruation. Sanitary facilities were graded as inadequate or adequate based on their ability to offer privacy, safety, convenience and accessibility to water/soap.

4.2.1 Sanitary facilities for MHM at home

Table 4: Availability of latrines in respondents' homes

Latrine ⁹	Frequency (n=194)	Percentage (%)	
Yes	146	75.3	Most respondents (146 or 75.3%) indicated that they have a latrine in their households.
No	48	24.7	
Facilities that girls without latrines at home use	(n=48)		
Use the neighbour's latrine	21	43.8	Of the 48 who did not, 43.8% were using the neighbour's latrines to ease themselves.
I go to the bush	17	35.4	
Other places	10	20.8	
Whether the latrine has a door and a lock	(n=146)		
Yes	85	58.3	Of the 146 respondents who had latrines in their homes, 61 (41.7%) stated that they don't have doors and a lock.
No	61	41.7	
Availability of water and soap near the latrine			
Yes	41	28.1	
No	105	71.9	
Whether the latrine provides privacy and safety			
Yes	81	55.5	When asked whether the latrines provide privacy and safety, 65 (44.5%) stated they did not.
No	65	44.5	

Table 5: Convenience, privacy, safety and availability of water/soap

More than three quarters of respondents (167 or 85%) reported that they had a convenient place to clean and change during menstruation. Most respondents (48.5%) said they often use their toilets at home to clean and change pads during menstruation. When asked whether the places from which respondents clean and change during menstruation offer privacy and safety, the majority (118 or 70.7%) stated that they did not.

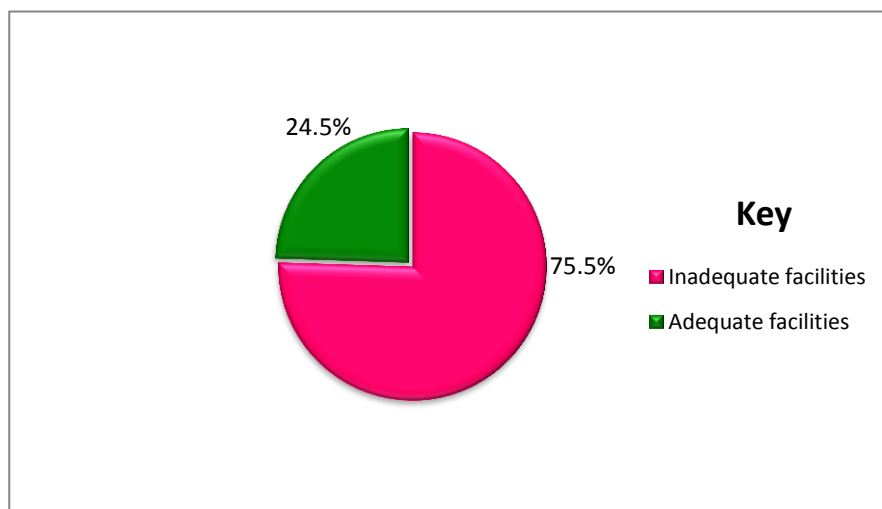
⁹ The study focused on latrines because they are the primary sanitary facility most utilized during menstruation in rural areas.

Availability of a convenient place to clean and change pads during menstruation	Frequency (n=194)	Percentage (%)
Yes	167	75
No	27	15
Place where respondents clean and change pads during menstruation	(n=167)	
Toilet	81	48.5
Bathroom	39	23.4
Bedroom	15	9.0
Neighbour's bathroom	12	7.2
Neighbour's latrine	20	12.0
Whether the above place provides privacy and safety	(n=167)	
Yes	66	39.5
No	101	60.5
Whether the premise has access to water/soap	(n=167)	
Yes	49	29.3
No	118	70.7

4.2.1.1 Rating for sanitary facilities used during menstruation at home.

The rating for sanitary facilities was based on their accessibility, privacy, safety and accessibility to water and soap. Ratings were binary: either they were adequate sanitary facilities or they were not. To be rated as having adequate sanitary facilities at home, the girl would have to report that the home has an accessible place, which provides safety and privacy and there is access to water and sanitation in or nearby the area.

Figure 2: Rating for sanitary facilities used during menstruation at home (n=147)



The answers of slightly over three quarters (75.5%) of respondents indicated that the sanitary facilities for MHM in their homes was inadequate.

4.2.2 Sanitary facilities for MHM at school

Table 6: Available latrines for girls in the selected schools

Separate latrines for boys and girls	Frequency (n=194)	Percentage (%)
Yes	148	76.3
No	46	23.7
Whether latrines have doors and locks	(n=148)	
Yes	53	35.8
No	95	64.2
Whether there is water and soap near the latrines	(n=194)	
Yes	93	47.9
No	101	52.1
Whether respondents feel the school latrines offer privacy and safety		
Strongly agree	06	3.1
Agree	76	39.2
Not sure	10	5.2
Disagree	87	44.8
Strongly Disagree	15	7.7

About three quarters of respondents (148 or 76.3%) reported that their schools had separate latrines for boys and girls. When asked whether the latrines had doors and locks, most stated that they did not (64.2%). Just over half of respondents (102 or 52.5%) stated that they don't feel that their school latrines offer privacy and safety to pupils. To supplement the above results, physical observation of the latrines in the 3 schools was done by data collectors, which yielded the following information.

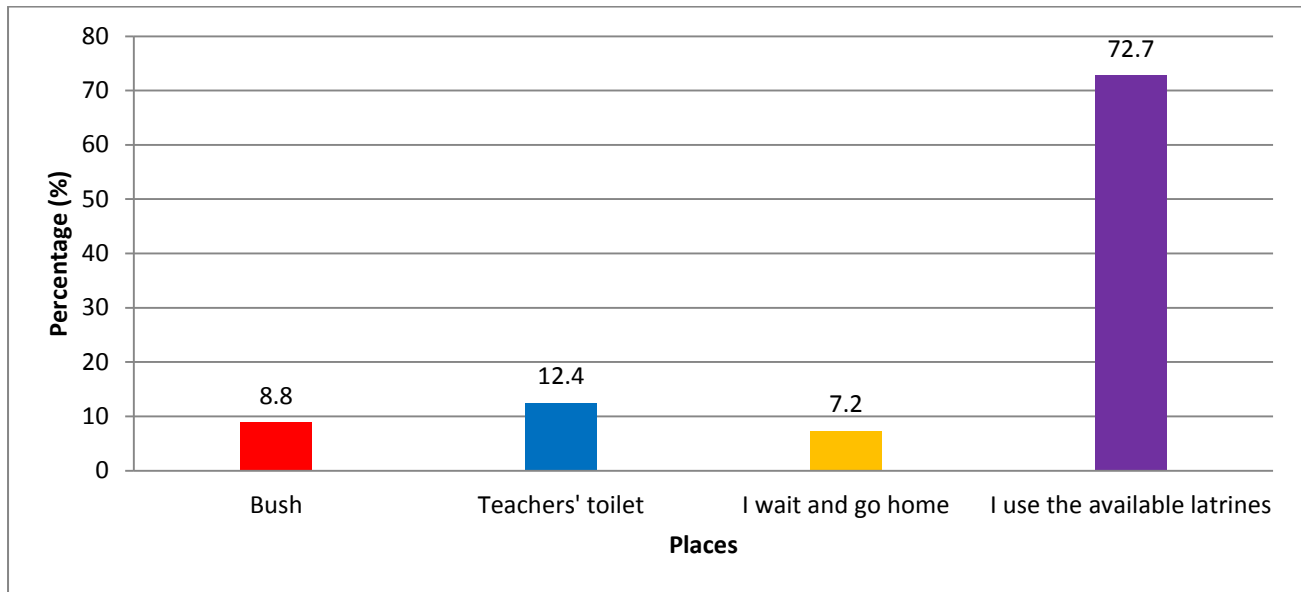
Table 7: Pupil to Latrine Ratio in the 3 schools

School	Number of latrine stances	Latrines		Latrines with doors with		Estimated Number of girls utilizing the latrines
		With doors	Without doors	Locks	Without locks	
Nalinaibi Primary School	6	3	3	1	2	300
Wabulungu Primary School	8	3	5	3	2	800
St. Matia Mulumba Primary School	6	4	2	-	4	300

In Nalinaibi Primary school, out of the 6 latrine stances for girls, 3 stances had doors while the other 3 did not have doors. Of the 3 stances that had doors, only 1 had a lock serving approximately 300 girls. The latrine to girl ratio was 1:50, which is 10 girls above the number recommended by Ministry of Education and Sports.

In Wabulungu Primary school, out of the 8 latrine stances for girls observed, 3 did not have doors while 5 had them. Of these, 3 latrine stances did not have locks serving approximately 800 girls. The latrine stance to girl ratio was 1:100. For St. Matia Mulumba primary School, of the 6 latrines serving an estimated 300 girls, 2 stances don't have doors and 4 have doors without locks. The latrine to girl ratio was 1:50.

Figure 3: Alternative places¹⁰ that girls use to ease themselves at school (n=46¹¹)



The majority of respondents (72.7%) stated that they use the available latrines.

¹⁰ Due to the inadequacy of latrines in these 3 schools, respondents were asked about the alternative places which they utilize to ease themselves.

¹¹ Girls who indicated that their schools do not have separated latrines for girls and boys.

Table 8: Places used by girls during menstruation

Availability of Washrooms	Frequency (n=194)	Percentage (%)
Yes	-	
No	194	100
Places utilized by girls in the absence of washrooms at school		
Bush near the school	31	16.0
Bathrooms at home	04	2.1
Latrine at home	57	29.4
Neighbour's latrine at home	07	3.6
Latrine at school	65	33.5
'Safe place' at school ¹²	26 ¹³	13.4
Others	04	2.1
Availability of doors with locks in places mentioned above		
Yes	90	46.4
No	104	53.6
Whether sanitary facilities at school have access to water to use during menstruation (n=91)		
Yes	67	73.6
No	24	26.4
Whether sanitary facilities at school have access to water to use during menstruation (n=166)		
Yes	67	34.5
No	127	65.5
Source of water (n=67)		
Tap	24	35.8
Borehole	33	49.3
Spring	03	4.5
Well	05	7.5
Pond	02	3.0
Frequency of availability of water and soap to use during menstruation (n=67)		
Water		
Everytime	08	11.9
Most times	05	7.5
Sometimes	54	80.6
Soap		
Everytime	1	1.5
Most times	02	3.0
Sometimes	64	95.5

None of the 3 schools had a washroom.

When asked about the kind of sanitary facilities they used in the absence of washrooms, about a third (65 or 33.5%) said they use the school latrines.

More than half of the respondents (104 or 53.6%) stated that the facilities they used did not have doors with locks.

When asked if the sanitary facilities (latrine and 'safe place') used at school had access to water, more than half 104 (53.6%) stated that they did not.

Almost half of respondents (33 or 49.3%) stated that the source of water they used during menstruation was boreholes followed by

tap (35.8%), well (7.5%), Spring (4.5%) and lastly pond (3%).

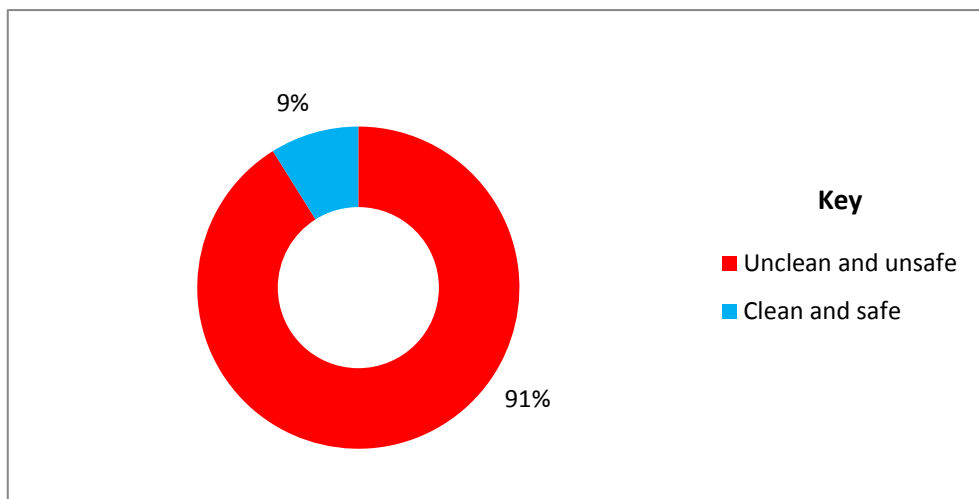
When asked about the frequency of the availability of the water in the 2 places used to clean and change during menstruation, majority of girls (54 or 80.6%) who had access to water indicated that it is available sometimes.

Asking those same girls about the frequency of the availability of soap to use during menstruation, an overwhelming majority (64 or 95.5%) said it is available sometimes.

¹² A designated place in school where girls can go during menstruation to wash and clean during menstruation.

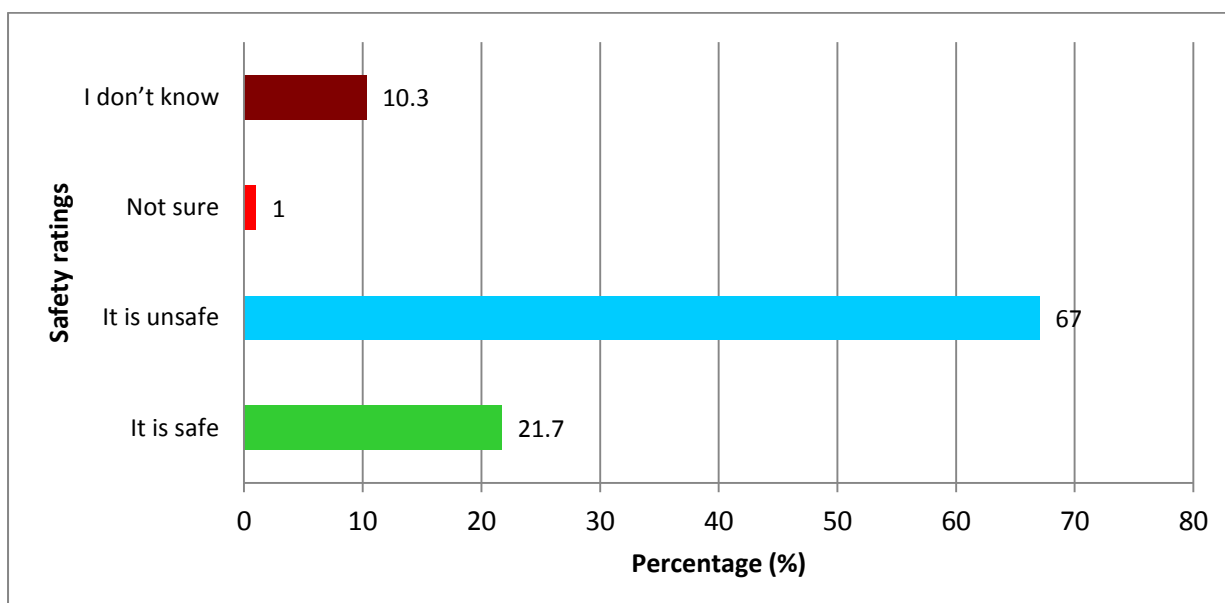
¹³ Respondents mentioned multiple places.

Figure 4: Safety of the water used during menstruation at school (n=67)



The majority of respondents (91%) said that the water they use at school is unclean and unsafe for use during menstruation.

Figure 5: Respondents’ feelings about the safety of the place used during menstruation at school (n=194)



The majority of girls (130 or 67%) reported that the current places used for cleaning and changing during menstruation in their schools are unsafe. In this regard, it is noteworthy that 31 pupils (or 16%) disclosed that they were changing pads during menstruation from bushes near their classes/school. According to the qualitative data, girls stated that when the school and their homes lack adequate sanitary facilities to enable proper menstrual hygiene and management, they have nowhere else to go. Girls also indicated that the available latrines have no doors and/or locks. As such, they stated that it is risky to use the latrines in the state that they are in because they don't provide privacy or safety.

"I wait until everyone is out of sight.....then I go to the bush to change pads..." (Adolescent IV)

"I have nowhere to change from.....sometimes; I go to the bush to change pads...." (Adolescent III)

SWTs affirmed that girls sometimes go to the bush to change sanitary towels during menstruation. As per their understanding and report findings, some girls come from families with poor sanitary facilities for MHM. As if that is not enough, schools, which are supposed to provide alternative facilities to such girls, also lack them. This

therefore compounds their situation and leaves them in a predicament akin to a rock and a hard place. The avenues available to some of these girls, irrespective of their inappropriateness and risk involved, are the bushes nearby and around their schools.

“They go to the bush during menstruation because they are scared...they fear to be seen by other people...and besides, we have no safer place to go to. So, you find that they put their lives at a risk so as to change pads, although it is not their own desire.” (SWT: Interview III)

When asked why the available “safe places” are not utilized, SWTs stated that some girls are scared of using them because they are located far away from the classes and are detached from the girls’ latrines. Even if two of the primary schools had ‘safe places’ designated for MHM, both were located far away from the girls’ latrines (50-100 meters away from the classes). Besides, SWTs admitted that the long distance and separation of the ‘safe rooms’ from the girls’ latrines had increased stigma associated with menstruation, leaving very few girls to utilize the available rooms during MHM. They reported that when a girl uses it, many pupils see her and know that she is in her periods, which increases teasing by boys and male teachers. This finding underscores the impact of stigma associated with utilizing poorly designated/designed sanitary facilities for MHM. As a result, adolescent girls may opt for riskier choices to minimize stigma and discrimination during menstruation.

Table 6: Privacy provided by the sanitary facilities for MHM at school (n=194)

	Frequency (n=194)	Percentage (%)
It provides privacy	51	26.3
It does not provide privacy	116	59.8
I am not sure	27	13.9

The majority of respondents (59.8%) indicated that the available sanitary facilities for MHM at school do not provide privacy. Qualitative data from adolescent girls revealed that the lack of privacy in the available sanitary facilities – especially the latrines – was a cause of fear among girls who often use them. Even if one girl indicated that she calls another girl to hold the door for her when she needs to use the latrine, it was also viewed as a risky thing to do.

Table 7: Accessibility, satisfaction and preference for available sanitary facilities

Whether girls can access sanitary¹⁴ facilities for MHM at school everytime they need to	Frequency (n=194)	Percentage (%)
Yes	74	38.1
No	120	61.9
Reasons why the available sanitary facilities for MHM are inaccessible	(n=120)	
The place is often locked	36	36
The place is far from class	54	54
The place is often busy	27	27
The place is crowded	06	06
Number of times that girls changed pads during menstruation in an ordinary day in their last cycle		
None	12	6.2
1 time	50	25.8
2 times	75	38.7
3 times	48	24.7
4 times	8	4.1
5 times	1	0.5
Reasons why girls changed pads 2 or less times in a typical day during their last period	(n=137)	
Inadequate pads	30	21.6
Lack of a safe and private place to change from at school	71 ¹⁵	51.8
Lack of a safe and private place to change from at home	29	21.2
Had a low blood flow	20	14.6
Whether respondents were able to clean their genitalia/bath during their last period as they changed pads at school		
No	136	70.1
Yes	58	29.9
Reasons for not cleaning genitalia/bathing before changing pads at school	(n=136)	
We don't have a safe and private place	75	
The safe room was locked	11	
I don't change pads from school	64	
Respondents' satisfaction with available sanitary facilities for MHM in their schools		
I am satisfied	48	24.7
I am unsatisfied	146	75.3
I prefer to clean and change sanitary towels from home than school during menstruation		
Strongly Agree	80	41.2
Agree	77	39.7
Disagree	33	17.0
Strongly Disagree	04	2.1

61.9% of respondents said they are unable to access sanitary facilities whenever they need to.

Most girls (70.7%) said they changed pads two times or less in a typical day during their last menstrual period.

When asked about the reason for this, slightly over half (71 or 51.8%) stated that it was due to lack of a safe and private place to clean and change at school.

The majority of girls (136 or 70.1%) reported that they were unable to clean their external genitalia / bath during their last period as they changed pads at school.

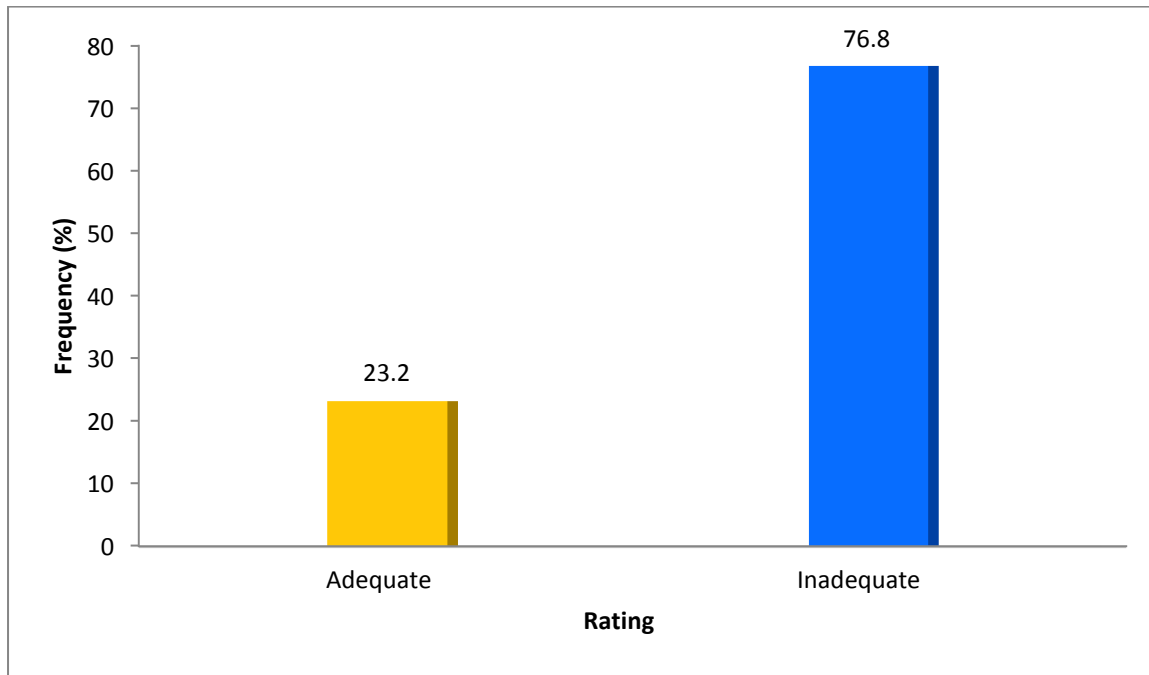
Slightly over three quarters (156 or 75.3%) of girls said they are

dissatisfied with the current sanitary facilities at their schools. It is not surprising that 157 (or 80.9%) of girls preferred to clean and change sanitary towels at home than at school during menstruation.

¹⁴ The two most prominent sanitary facilities mentioned by pupils were latrines and 'safe rooms'

¹⁵ Respondents mentioned multiple reasons.

Figure 6: Rating for sanitary facilities for MHM at schools (n=194)



Majority of respondents (76.8%) indicated that their schools had inadequate sanitary facilities for MHM.

4.4 Self-Efficacy associated with Menstruation.

In this section, the study sought to understand the beliefs and ability of girls to manage themselves during menstruation and how these are impacted by the availability of sanitary facilities at home and at school. The survey utilized 10 items from the General Self-Efficacy Scale (GSE) by Schwarzer and Jerusalem (1995). Before the survey was administered, respondents were asked to reflect and remember the experiences they had during their last menstrual period. There were modifications to the statements used in the tool to suit the survey objectives. As with other parts of the questionnaire, the GSE was also translated into Lusoga so as to enable pupils to easily understand it. Due to low literacy rates, the GSE was administered by data collectors in lieu of self-administration. Three students at 11 years of age were not assessed using the tool because the standard minimum age is 12 years. SE was measured using statements which had ratings from 1-4, (1=Strongly Disagree, 2=Disagree, 3=Agree and 4=Strongly Agree).

Table 8: Self-Efficacy associated with Menstruation

S/N	Item	Strongly Agree	Agree	Disagree	Strongly Disagree
1	I can always manage to solve difficult problems during menstruation if I try hard enough.	8.9	40.8	38.2	12.0
2	If someone opposes me during my periods, I can find the means and ways to get what I want.	7.3	41.9	40.3	10.5
3	It is easy for me to stick to my aims and accomplish my goals during my periods.	8.9	39.3	42.4	9.4
4	I am confident that I could deal efficiently with unexpected events during my periods.	4.7	31.4	49.2	14.7
5	Thanks to my resourcefulness, I know how to handle unforeseen situations during menstruation.	6.3	35.6	51.8	6.3
6	I can solve most problems related to menstruation if I invest the necessary effort.	6.3	30.9	49.2	13.6
7	I can remain calm when facing difficulties during menstruation because I can rely on my coping abilities.	7.9	35.6	45.5	11.0
8	When confronted with a problem related to menstruation, I can always find several solutions.	3.7	34.6	55.5	6.3
9	If I have problems related to menstruation, I can usually think of a solution.	3.7	25.7	55.0	15.7
10	I can always handle whatever comes my way during my periods.	5.2	29.3	48.7	16.8

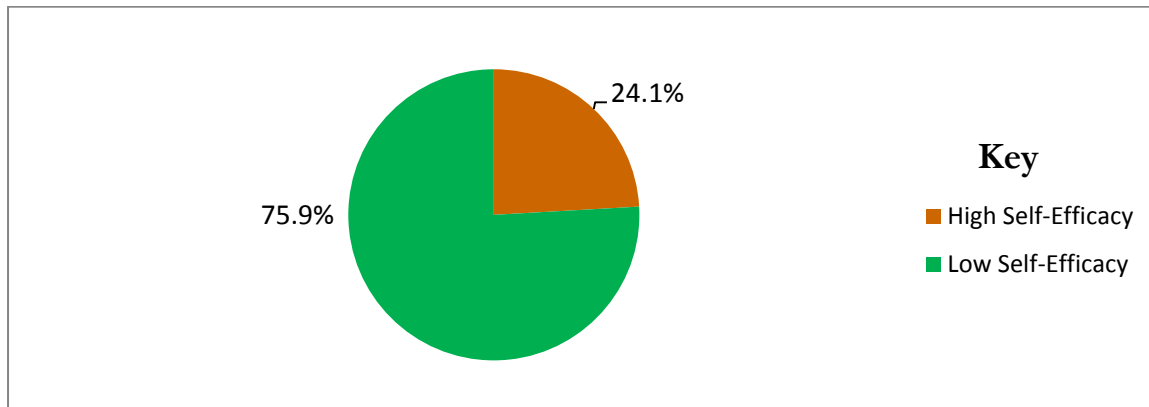
According to results presented above, 96 respondents (or 50.3%) disagreed with the statement that they can always manage to solve difficult problems during menstruation if they tried hard enough. When asked whether they could find the means and ways to get what they want if someone opposed them during their periods, 97 (or 50.8%) disagreed.

On whether it is easy for them to stick to aims and accomplish goals during their periods, slightly over half (99 or 51.8%) disagreed. The majority of respondents (122 or 63.9%) indicated that they could not deal efficiently with unexpected events during menstruation. In addition, most respondents (111 or 58.1%) admitted that they don't know how to handle unforeseen situations during menstruation. When asked whether they can solve most problems related to menstruation if they invest the necessary effort, 120 (or 62.8%) disagreed.

Furthermore, more than half of respondents (108 or 56.5%) noted that they are unable to remain calm when facing difficulties related to menstruation. To add to the above, Table 8 also shows that most girls who participated in the study (118 or 61.8%) stated that when confronted with a problem related to menstruation, they are unable to always find several solutions.

Most study participants (135 or 68.9%) reported that if they had problems related to menstruation, they are usually unable to think of a solution. A large portion of adolescent girls (125 or 65.4%) pointed out that they cannot always handle whatever comes their way during their periods.

Figure 6: Rating for Self-Efficacy Scale (n=191¹⁶)



For overall rating of Self-Efficacy, scores of the 10 items were computed through SPSS to come up with a total that ranged from 10 to 40, 10 being the lowest and 40 being the highest score. The scores were divided in two groups based on SE scores which included (10-29, Low Self-Efficacy) and (30-40, High Self-Efficacy).

More than three quarters of respondents (145 or 75.9%) had low Self-Efficacy. This could be due to continued stigma and discrimination associated with menstruation experienced by girls, which may be causing them to cognitively/emotionally accept stigmatizing beliefs and stereotypes concerning menstruation. Unfortunately, some of the girls may be applying these beliefs in their lives. There was consensus among SWTs that the lack of proper sanitary facilities in primary schools was eroding girls' confidence in properly managing themselves during menstruation. To them, the lack of adequate facilities leaves girls with limited choices/alternatives when faced with problems associated with menstruation.

“Yes, the lack of a place affects their confidence to manage themselves. It is there.... most girls are scared. They are very timid during menstruation.” (SWT: Interview I)

4.5 Anxiety among respondents

Under this section, results for anxiety among girls who had had periods within 2 weeks before the survey and those who had not, are presented. Altogether, 109 girls answered yes when asked whether they had experienced periods in the two weeks before the survey. This is Group 1. Group 2 was comprised of 85 girls who had not experienced periods in the 2 weeks before the study.

4.5.1 Anxiety associated with Menstruation (Group 1)

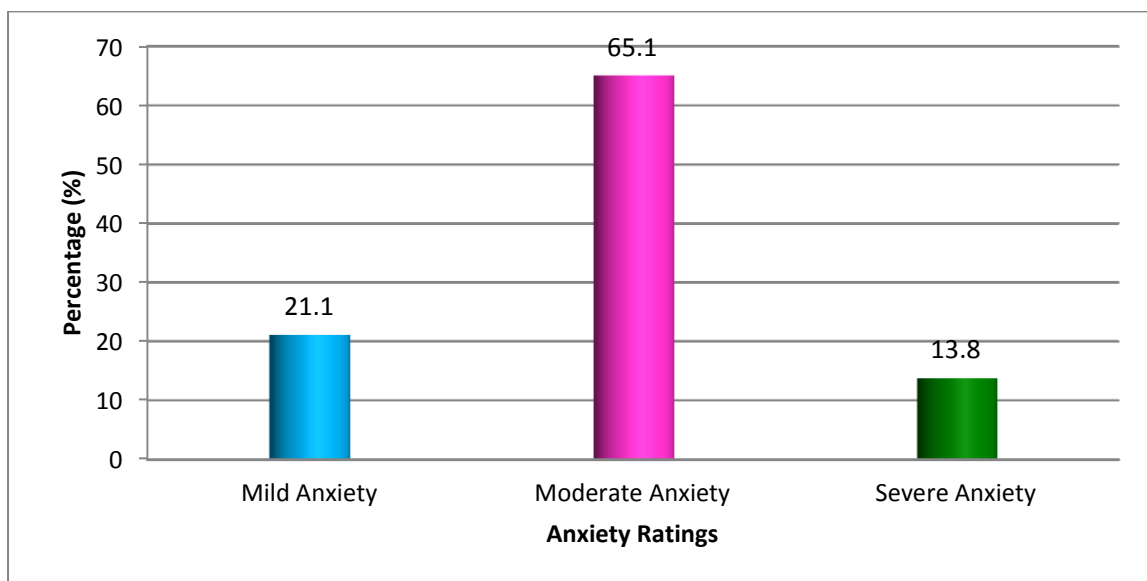
Screening for anxiety was undertaken using the Generalized Anxiety Disorder (GAD)-7 item scale. The GAD questionnaire was modified to suit the survey and translated into Lusoga before being used in the survey. Respondents were asked to relate experiences they had in the 2 weeks prior to the survey. Anxiety was measured using items which had responses rated with a 1-4 point scale, with 1 being the lowest and 4 being the highest (1=Not at all, 2=Several Days, 3=More than half the days and 4=Nearly all the days).

¹⁶ Although 194 girls participated in the survey, 3 girls were below 12 years, hence not eligible to be administered with the GSE Scale.

Table 9: Anxiety Associated with Menstruation (n=109)¹⁷

S/N	Item	Not at all	Several Days	More than half the days	Nearly all the days
1	I felt nervous or anxious during the last menstrual period	-	15.6	56.6	24.8
2	I was unable to stop or control worrying during the last menstrual period	-	39.4	42.2	18.3
3	I worried to much about different issues related to menstruation during my last period	-	26.6	53.2	20.2
4	I had trouble relaxing during my last period	8.3	75.2	15.6	0.9
5	I was so restless during my last period that it was hard to sit in one place	13.8	53.2	28.4	4.6
6	I was easily annoyed and irritated during my last period	-	37.6	47.7	14.7
7	I was afraid during my last period as though something horrible was going to happen.	-	33.0	43.1	23.9

Most respondents (65 or 59.6%) reported that they felt nervous or anxious during their last menstrual period for more than half the days. Furthermore, a significant number of adolescent girls (46 or 42.2%) mentioned that they were unable to stop or control worrying during their last period for more than half the days. Similarly, over half of respondents (58 or 53.2%) stated that they worried too much about different issues related to menstruation during their last period for more than half the days in the 2 week period preceding the survey. A great majority of respondents (82 or 75.2%) reported that they had trouble relaxing during their last period for several days. When asked about the frequency that respondents experienced restlessness during their last period, where it was hard to sit in one place, 58 (or 53.2%) indicated they had that experience for several days. When asked whether respondents were easily annoyed and irritated during their last period, most respondents (52 or 47.7%) revealed that this occurred for more than half the days. Likewise, when asked whether respondents were afraid during their last period as though something horrible was going to happen, 47 respondents (or 43.1%) said they experienced that for more than half the days in the past 2 weeks.

Figure 7: Results for Anxiety Rating among respondents (109)

¹⁷ Altogether, 109 girls indicated that they had had their periods in the last 2 weeks prior to the survey.

According to the study findings, the majority of adolescent girls who had had periods in the 2 weeks before the survey (71 or 65.1%) had Moderate Anxiety; an additional 15 (or 13.8%) had Severe Anxiety. According to information obtained from oral interviews, the lack of adequate sanitary facilities at school makes girls scared of undergoing menstruation. It creates tension, heightens anxiety, fear and sometimes makes them confused about where, what or what not to do. Girls also disclosed that when they become anxious during menstruation, they are unable to pay attention during lessons in class.

“Because we don’t have where to go, it puts you on tenterhooks; you are unable to pay attention in class and you become very sensitive when you interact with others....” (Adolescent girl: Interview III)

“It is scary to lack where to go during menstruation, sometimes; you can just sit in the class the whole day and wait for everyone else...” (Adolescent girl: Interview V)

Furthermore, according to teachers, most adolescent girls have low self-esteem, which in turn leads to anxiety. All SWTs intimated that the majority of girls develop low self-esteem during menstruation, something which was not assessed by the current study. It seems likely that internal and external stigma associated with menstruation may contribute to self-critical thoughts and practices, which gradually lower self-esteem and contribute to or worsen anxiety during menstruation. For example, the continued normalization of stigma related to menstruation by SWTs, where they frequently tell girls to accept demeaning, belittling, degrading and sexually offensive abuse from boys and male teachers could have lowered their esteem, and made them feel inferior during menstruation.

“When a girl is in that period, they are ashamed of themselves. Actually, some of them think it is not normal but we have been telling them that it is normal. Even when these boys say bad words about them, we tell them that it is normal for someone to say this or that during menstruation.”
(SWT: Interview III)

It is very worrying and heartrending that SWTs who are supposed to provide support and guidance to adolescent girls during menstruation are not only a source of stigma but were destroying girls’ self-esteem as they occasionally directed them to accept/allow stigma experienced from boys and male teachers. In our baseline survey¹⁸ conducted in 2017, we found out that SWTs consistently referred to menstruation as that ‘that thing’, as if menstruation was an object, and ‘that problem’ as if to indirectly make girls acknowledge that menstruation is an abnormal biological event among girls and women.

In the current survey, SWTs indicated that they try to reduce stigma, worries and fears among girls by telling them to get used to it. They want the girls to believe and get used to degrading, belittling and sexually offensive abuse and discrimination associated with menstruation.

¹⁸<http://www.communityconcernsug.org/wp-content/uploads/2017/03/CCUG-MHM-Baseline-Survey-Report-August-2017-1.pdf>

4.5.2 Anxiety not associated with Menstruation (Group 2)

Screening for anxiety was conducted using a non-modified Generalized Anxiety Disorder (GAD)-7 item questionnaire. The questionnaire was translated into Lusoga before being administered to adolescent girls by data collectors.

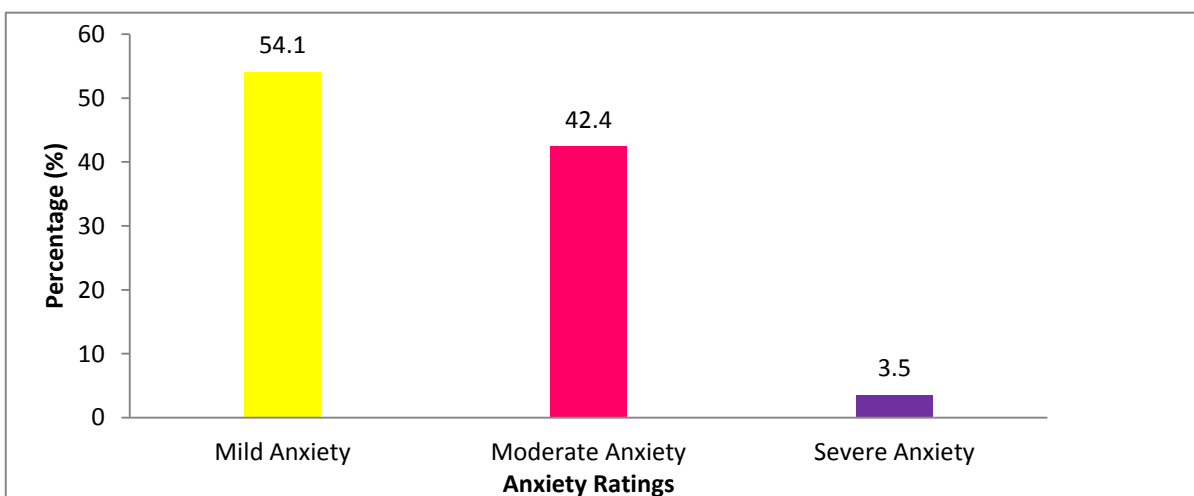
Table 9: Anxiety not associated with menstruation (n=85)

S/N	Item	Not at all	Several Days	More than half the days	Nearly all the days
1	Feeling nervous, anxious or being on the edge	42.4	32.9	12.9	11.8
2	Not being able to stop or control worrying	57.8	15.3	18.8	8.2
3	Worrying too much about different things	25.9	42.4	23.5	8.2
4	Trouble relaxing	52.9	44.7	1.2	1.2
5	Being so restless that it is hard to sit still	49.4	40.0	7.1	3.5
6	Becoming easily annoyed or irritable	49.4	23.5	18.8	8.2
7	Feeling afraid as if something horrible might	23.5	48.2	15.3	12.9

Study findings show that the highest number of respondents (36 or 42.4%) reported that they did not at all feel nervous, anxious or on the edge in the past 2 weeks. When asked whether they were unable to stop or control worrying in the past 2 weeks before the survey, 49 (57.6%) stated that it never occurred at all.

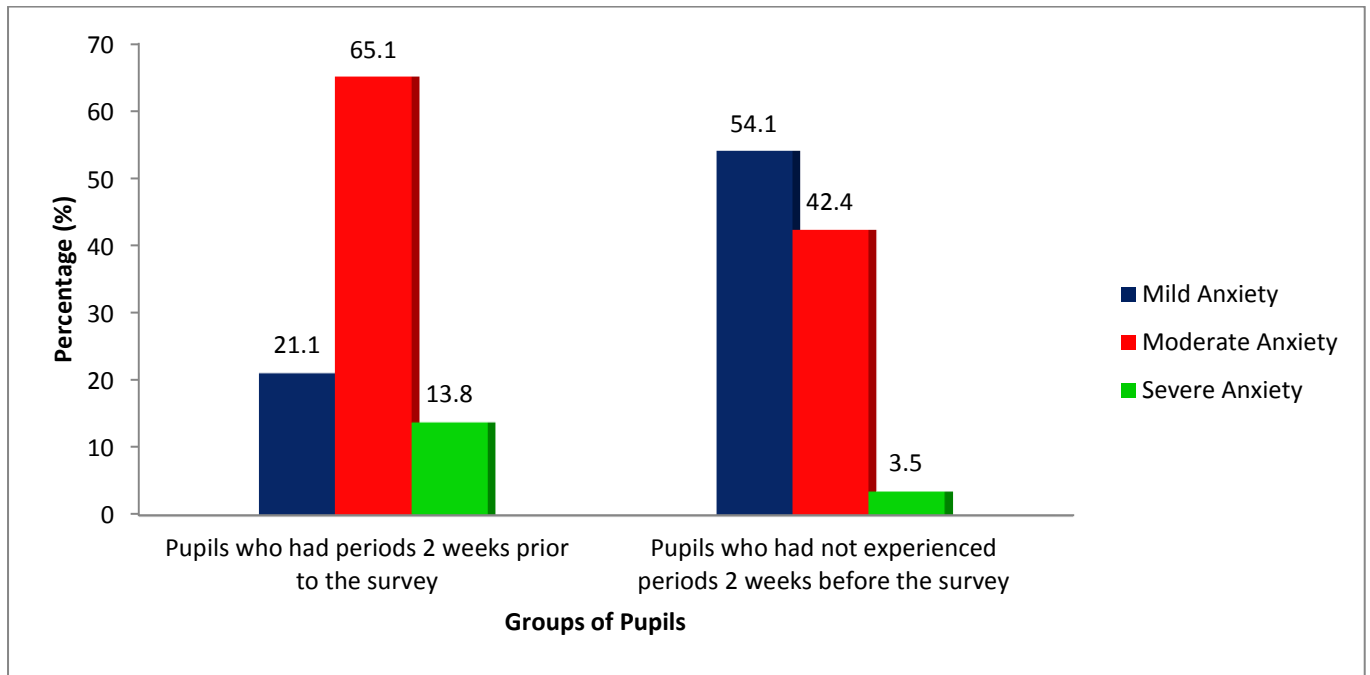
Regarding worrying too much about different things, a significant number of respondents (36 or 42.4%) stated that this occurred several days in the past 2 weeks prior to the survey. More than half of study participants (45 or 52.9%) stated that they did not have trouble relaxing. Furthermore, nearly half (42 or 49.4%) said they had never been so restless that it was hard to sit still. Similarly, almost half of respondents (42 or 49.4%) revealed that they were not easily annoyed or irritated in the 2 weeks before the survey. Nevertheless, most respondents (41 or 48.2%) indicated they felt afraid as if something horrible might happen several days in the prior 2-week period.

Figure 8: Results for Anxiety Scores among respondents (n=194)



Slightly over half (46 or 54.1%) had mild anxiety, followed by 36 (or 42.2%) who had moderate anxiety. Only 3 (3.5%) had severe anxiety.

Figure 9: Comparison of anxiety scores



Altogether, 85 (or 78.9%) of adolescent girls in Group 1 who had their periods within two weeks before the survey experienced moderate to severe anxiety compared to 39 (or 45.9%) in Group 2 who had not experienced menstruation in the prior two weeks. The average anxiety score for girls in Group 2 was 7.25 with a standard deviation of 3.64, while that of girls in Group 1 was 11.8, with a standard deviation of 2.59.

4.6 Impact of sanitary facilities for MHM on school attendance of primary school girls

Respondents were asked whether they missed school, lessons, meals (including breakfast porridge and lunch provided at school), or failed to engage in extra-curricular activities, class exercises, tests or exams due to lack of a place to clean and change during menstruation in their current term. Data collection was conducted towards the end of third term, between November and December 2018. Results represented in this section show the impact of sanitary facilities on the ability of girls to attend school regularly while eating all meals, engaging in extra-curricular activities and participating in classroom assessment exercises such as tests and exams.

Table 10: Sanitary Facilities and School attendance

Missing school due to lack of a place to clean and change during menstruation in the current term	Frequency (n=194)	Percentage (%)
Yes	57	29.4
No	137	70.6
Number of days missed (n=57)		
1 day	12	21.1
2 days	22	38.6
3 days	6	10.5
4 days	4	7.0
6 days	9	15.8
8 days	1	1.8
9 days	2	3.5
17 days	1	1.8
Missing lessons due to lack of a place to clean and change during menstruation		
Yes	64	33.0
No	130	67.0
Number of lessons missed (n=64)		
1 lesson	09	14.1
2 lessons	37	57.8
3 lessons	05	7.8
4 lessons	01	1.6
6 lessons	07	10.9
9 lessons	04	6.3
12 lessons	01	1.6
Missing meals at school due to lack of a place to clean and change during menstruation		
Yes	77	39.7
No	117	60.3
Number of days respondents missed school meals (n=77)		
1 day	36	46.8
2 days	23	29.9
3 days	08	10.4
4 days	01	1.3
5 days	06	7.8
8 days	01	1.3
10 days	01	1.3
15 days	01	1.3
Missing tests/exams due to lack of a place to clean and change		
Yes	66	34.0
No	128	66.0
Number of tests (n=53)		
1 test	34	64.2
2 test	12	22.6
3 test	1	1.9
4 tests	1	1.9
5 tests	1	1.9
6 tests	3	5.7
9 tests	1	1.9
Number of exams missed (n=13)		
1 exam	12	92.3
2 exams	01	1.9

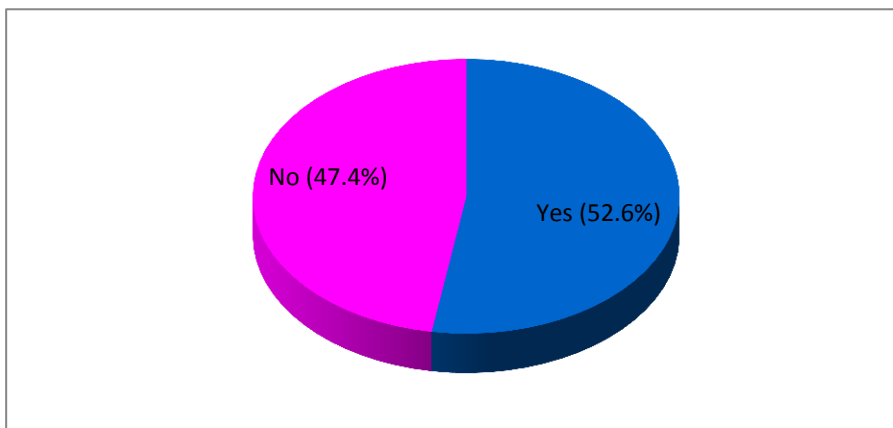
Results presented in Table 10 show that 57 (or 29.4%) of respondents admitted that they missed school in their current term due to their lack of a place to clean and change during menstruation. The average number of days missed was 3.4 with a standard deviation of 2.8.

Furthermore, a third of respondents (64 or 33%) stated that they missed lessons due to lack of a place to clean and change during menstruation in the current term. The mean number of lessons missed was 3, with a standard deviation of 2.4. In addition, a significant number of adolescent girls (77 or 39.7%) revealed that they missed meals provided at school due to lack of a place to clean and change during menstruation in the current term. The average number of days that each respondent missed meals was 2.3 with a standard deviation of 2.3.

Slightly above a third of study participants (66 or 34%) reported that they missed a test or an exam due to lack of a place to clean and change at school during menstruation. Altogether, 55 girls missed tests and 13 missed exams. The average number of tests missed per pupil was 1.8. According to qualitative data obtained from adolescent girls, some pupils miss tests and exams when they miss school during menstruation because the school has poor sanitary facilities. Others miss tests or exams because they spend more time at home when they go to clean and change pads during lunch breaks. Even when they ask to make up missed exams, their requests are denied.

“I missed 2 papers this term during Beginning of Term Exams (BoT). I had a heavy flow that day and I could not stay at school. I stayed home where I could easily bathe and change pads. But when I came back, the teachers refused to give me papers.....menstruation is not a reason enough to be given a supplementary exam.” (Adolescent girl: Interview I)

Figure 10: Missing extra-curricular activities due to inadequate sanitary facilities (n=194)



More than half of study participants (102 or 52.6%) indicated that they have missed engaging in extra co-curricular activities due to lack of a place to change and clean during menstruation.

The number of days that respondents missed engaging in co-curricular activities ranged from 1-19, with an average of 3.3 per pupil per day and a standard deviation of 3.2. This could be related to fears that the sanitary pad may fall if the girl plays during menstruation. Qualitative data also revealed that some girls sit still in class the whole day with no or minimal interactions with other pupils. They wait until lunchtime to go home, clean and change, or wait until the pupils in their classes are gone and go to the bush to change pads.

“...during menstruation, some girls don’t play. They just sit in the class and wait...when everyone is gone; they go back home or go to the bush to change pads. (Adolescent girl: Interview II)

Similarly, SWTs also reported that some girls are unable to associate or even move during menstruation at school. According to these teachers, excessive stigma – internal and external – has a huge impact in restricting the movement of girls during menstruation. This increases anxiety and reduces self-efficacy associated with menstruation among rural girls.

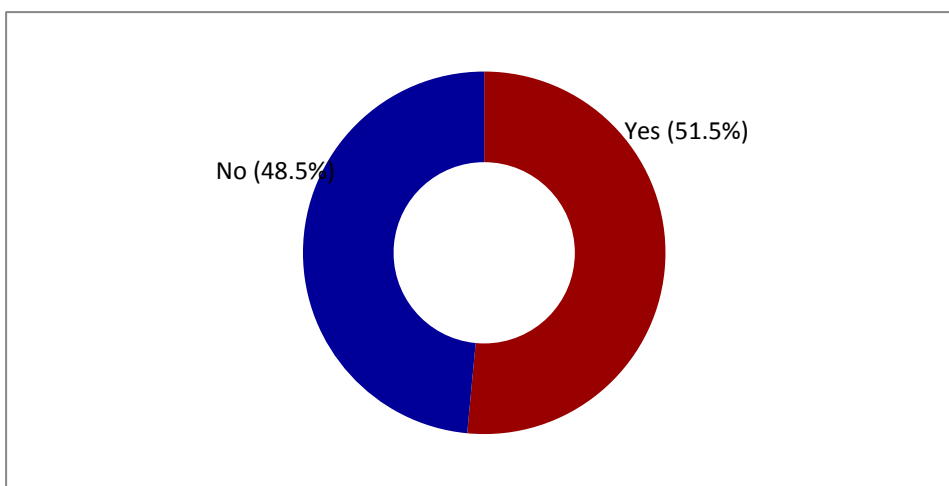
“There are even those cases where girls can sit in the class without going out....it is like she is sitting on a bomb where she knows that if I stand and go out, everyone will know that I am in my periods.”
(Interview I: SWT)

Likewise, teachers also complained about the lack of disclosure about MHM issues that girls experience. Some wondered how strangers (data collectors) that girls do not know are able to get detailed accounts of girls experiences related to menstruation.

“It is even surprising that those girls are open to you during data collection. They are scared of sharing with teachers. I don’t know whether they are scared that we might tell other people that they are menstruating.” (Interview I: SWT)

It is hard to exactly know why girls rarely disclose or seek support from their teachers during menstruation. However, one thing stands out: teachers – both male and female – are perpetrators of stigma and SRGBV among girls – especially during menstruation. It is unlikely that they can be easily trusted or confided in or requested to provide support.

Figure 11: Whether the lack of a place to clean and change in schools has affected the academic performance of girls in the current term (n=194).



Slightly over half (100 or 51.5%) of respondents acknowledged that the lack of a place to clean and change during menstruation affected their academic performance.

Table 11: Impact of lack of washrooms on academic performance of girls in primary schools

How the lack of a place to clean and change during menstruation has affected the academic performance of adolescent girls	Frequency (n=100)	Percentage (%)
I find it hard to cope up with other pupils when I miss school often	40	40
I miss learning about vital information which negatively affects my performance	28	28
I pay less attention in class worrying about when I will clean and change the pad	45	45
I missed tests	53	53
I missed exams	13	13

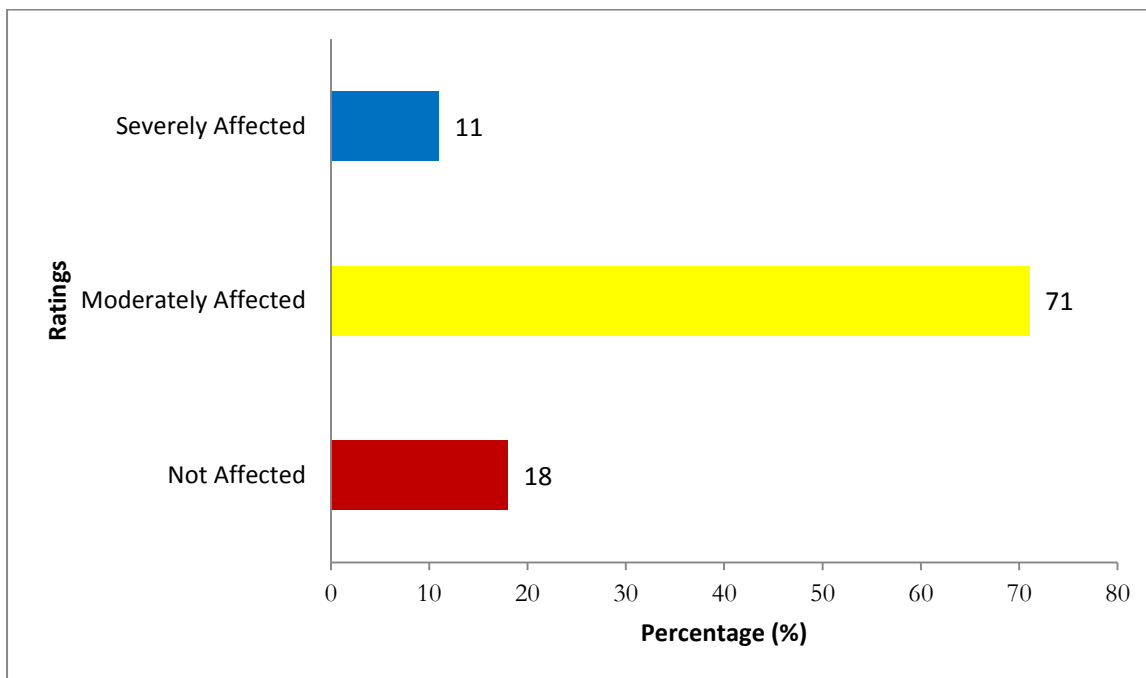
More than half of respondents (53%) said that the lack of a place to clean and change during menstruation led them to miss tests. According to qualitative data from adolescent girls, it was obvious that the lack of adequate sanitary facilities where girls can clean and change pads during menstruation had a huge impact on their academic performance. They narrated many cases where girls miss tests and exams, and detailed the days lost due to menstruation. Additionally, a SWT admitted that poor MHM in their school had contributed to poor academic achievement among girls and was partly to blame for school dropouts among some girls over the past years.

4.6.1 Rating of the impact of sanitary facilities on school attendance

Eight (8) questions with 1-3 point scales were computed to give totals ranging from 8-17, 8 being the lowest and 17 being the highest. The questions assessed the school attendance of girls during menstruation. They also assessed girls' ability to attend lessons, undertake tests, exams, meals and engage in extra-curricular activities. The total scores were divided to reveal the extent of impact that lack of sanitary facilities had on school attendance. These included Severely Affected (14-17), Moderately Affected (11-13), Not at all impacted (7-10). Description of the sections is as follows;

1. Severely Affected: (Missed school, a lesson, test, exam, meal, unable to engage in extra co-curricular activities and felt that their academic performance was affected).
2. Moderately Affected; (Missed a lesson, test, exam, meal, unable to engage in extracurricular activities and felt their academic performance was affected)
3. Not at all affected (Did not miss school, lesson, test, exam, meal and felt that their academic performance was not affected)

Figure 12: Rating of the impact of sanitary facilities on school attendance (n=194)



4.6 Impact of sanitary facilities on stigma associated with menstruation

Table 12: Sanitary facilities and stigma associated with menstruation

S/N	Statement	True	False
1	I feel dirty during menstruation at school because I am unable to clean and change pads	64.4	35.6
2	I feel ashamed during menstruation because I am unable to clean and change during menstruation at school	56.2	43.8
3	I often feel discomfort during menstruation because we do not have a place to change and clean at school.	61.9	38.1
4	Because we do not have a place to clean and change in this school, I feel menstruation is a period of suffering for girls.	59.3	40.7
5	I fear to participate in class activities during menstruation because I am unable to clean and change pads at school	65.5	34.5
6	I fear to associate with other students during menstruation because I am unable to clean and change pads at school	63.9	36.1
7	Some pupils tease me during menstruation because I am unable to clean and change pads at school	36.1	63.9
8	Some pupils don't want to associate with me during menstruation because I am unable to clean and change pads at school	30.4	69.6
9.A	Some pupils say abusing words about my body during menstruation because I am unable to clean and change pads during menstruation.	20.1	79.9
9.B	Some teachers say abusing words about my body during menstruation because I am unable to clean and change pads during menstruation.	16.5	83.5

Study findings presented above show that the majority of respondents (125 or 64.4%) said they feel dirty during menstruation at school because they are unable to clean and change pads. In addition, 109 (or 56.2%) said they feel shame during menstruation because they are unable to clean and change during menstruation at school. Furthermore, 120 (or 61.9%) mentioned that they often feel discomfort during menstruation because they do not have a place to change and clean at school. Respondents representing 115 (or 59.3%) likened menstruation to a period of suffering because they are unable to clean and change during menstruation. What is more, most

adolescent girls (127 or 65.5%) admitted that they are afraid to participate in class activities during menstruation because they are unable to clean and change pads at school.

When asked whether respondents are afraid to associate with others during menstruation because they are unable to clean and change pads at school, 124 (or 63.9%) agreed. This could be due to fear/actual teasing and abuse experienced by girls during menstruation, as reported by 70 pupils (or 36.1%). Moreover, another study¹⁹ conducted by CCUG in 15 schools in 2018 found that parents/caregivers were instructing their adolescent girls not to associate with other pupils, especially boys during menstruation. As such, many girls are left isolated and lonely during menstruation due to internal fears.

Nearly one third of respondents (59 or 30.4%) revealed that some pupils don't want to associate with them during menstruation because they are unable to clean and change pads at school. Likewise, 39 (or 20.1%) of girls reported that some pupils say abusive words about their bodies during menstruation. Nearly all the 6 girls interviewed admitted that boys and some girls were a source of demeaning, belittling, degrading and abusive words related to menstruation. They recounted cases when some pupils chase or even refuse to play or associate with menstruating girls who are unable to clean and change pads at school as explained below;

“They often abuse girls.....they use harsh and rude words to tell them to distance themselves from them because they dirty.....”(Adolescent girl: Interview I)

“A girl can tell you, go away, you are smelling menstrual blood. It is very painful and ashaming.....”(Adolescent girl: Interview VI)

Although SWTs are supposed to provide sexuality education including health-educating girls about MHM, interviews with SWTs revealed that some of them are sources of stigma associated with menstruation. With poor and inadequate sanitary facilities both at school and at home, teachers admitted that girls face stigma during menstruation because they lack safe and private places to go to. What is more, it was troubling to learn that teachers in one school occasionally send boys away for some time whenever they learn that a girl in their class is menstruating. This is done to provide 'support' to the girl to enable her clean and change. It was therefore not surprising that a considerable number of girls from this particular school reported going to the bush instead during menstruation to clean and change pads.

What is even more disturbing, two SWTs indirectly revealed that they try to 'normalize' stigma and discrimination associated with menstruation. Instead of educating boys and taking action to educate those that stigmatize girls, they indicated that the boys were somehow justified to use belittling, degrading and demeaning words to girls during menstruation.

¹⁹ <http://www.communityconcernsug.org/wp-content/uploads/2017/03/CCUG-MHM-Midline-Survey-Report-August-2018.pdf>

“Stigma and discrimination is a lot in this school during menstruation. It stems from the fact that we don’t have a place for girls to clean themselves from. So, some girls are unable to change or bathe during menstruation...they develop a foul smell and boys often tell them demeaning words like; that girl is dirty, that girl is smelling menstrual blood.....they have a foul smell. Although we have tried to tell girls that such words are normal and often said by people during menstruation, they don’t learn.” (SWT: Interview III)

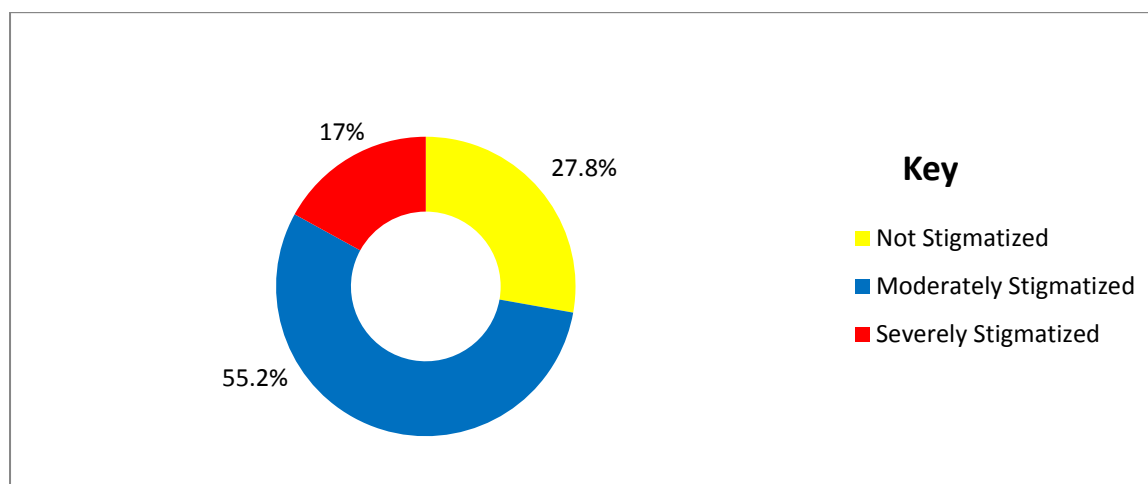
“...even when you tell them that such things will always happen, they don’t listen. They are still scared and offended by such words...(SWT: Interview II)

It is no wonder that (32 or 16.5%) girls reported that some teachers say abusive words about their bodies during menstruation because they are unable to clean and change pads. Apart from this, continually telling adolescent girls to accept negative labels, abuse, stereotypes and prejudices against them related to menstruation may cause persistent shame, guilt, self-blame and contribute to development of an inferiority complex.

“They have an inferiority complex. A girl gets scared and feels that she does not fit within her friends. She feels like there is something that is on her body that does not happen every day.” (SWT: Interview I)

Without significant intervention, continued external stigma perpetrated by teachers and boys will increase internal stigma, lower self-efficacy and confidence levels, contribute to higher anxiety levels, lower self-esteem and could even lead to more severe psychological effects such as depression among adolescent girls.

Figure 13: Rating of stigma among respondents (n=194)



More than half of respondents (107 or 55.2%) were experiencing moderate stigma due to inadequate sanitary facilities at school.

4.7 Relationships between different variables

This section assesses the relationship between the different study variables. These include sanitary facilities, self-efficacy, anxiety, stigma and school attendance.

4.7.1 Sanitary facilities and self-efficacy associated with menstruation.

Table 13: Cross tabulation showing relationship between sanitary facilities at home and self-efficacy associated with menstruation.

Sanitary Facilities at home * Self-Efficacy Cross tabulation				
Count				
		Self-Efficacy		Total
		Low Self-Efficacy	High Self-Efficacy	
Sanitary Facilities	Inadequate	101	12	113
	Adequate	09	45	54
Total		110	57	167

Of the 167 girls who had sanitary facilities at home to use during menstruation, 113 had a low SE score. Of these, 101 (or 89.4%) had inadequate or poor sanitary facilities at home for MHM. This could indicate that inadequate sanitary facilities at home predispose adolescent girls to low self-efficacy associated with menstruation.

Table 14: Cross tabulation showing relationship between sanitary facilities at school and self-efficacy associated with menstruation

Sanitary Facilities at school * Self-Efficacy Cross tabulation				
Count				
		Self-Efficacy		Total
		Low Self-Efficacy	High Self-Efficacy	
Sanitary Facilities	Inadequate	144	35	179
	Adequate	1	11	12
Total		145	46	191

Nearly all 144 girls (99.3%) who had a low SE score reported that the sanitary facilities at school for MHM are inadequate while only 1 (0.7%) mentioned that the facilities are adequate. This suggests that inadequate sanitary facilities at school could also be linked to low SE levels among adolescent girls.

4.7.2 Available sanitary facilities and anxiety associated with menstruation

Table 15: Cross tabulation showing relationship between anxiety and sanitary facilities at home.

Sanitary facilities at home * Anxiety associated with menstruation Cross tabulation					
Count					
		Anxiety associated with menstruation			Total
		Mild Anxiety	Moderate Anxiety	Severe Anxiety	
	Inadequate	19	55	8	82
	Adequate	4	16	7	27
Total		23	71	15	109

Of 82 adolescent girls who had inadequate sanitary facilities at home, 63 (or 76.8%) were experiencing moderate or severe anxiety. This implies an association between inadequate sanitary facilities at home and higher anxiety levels among girls.

Table 16: Cross tabulation showing relationship between anxiety and sanitary facilities at school

Sanitary facilities at school * Anxiety Scores Cross tabulation					
Count					
		Anxiety Scores			Total
		Mild Anxiety	Moderate Anxiety	Severe Anxiety	
Sanitary facilities at school	Fair	10	28	5	43
	Poor	13	43	10	66
Total		23	71	15	109

Altogether, none of the 109 adolescent girls rated the available sanitary facilities in school as good. Of the 43 who rated them as fair, 33 (or 76.7%) were experiencing moderate or severe anxiety associated with menstruation. Similarly, out of the 66 girls who rated the sanitary facilities in their schools as poor, 53 (or 80.3%) were experiencing moderate or severe anxiety associated with menstruation.

Table 17: Bivariate analysis showing relationship between anxiety associated with menstruation and sanitary facilities at school

Correlations			
		Sanitary Facilities at School	Anxiety scores
Sanitary Facilities at school	Pearson Correlation	1	.023
	Sig. (2-tailed)		.810
	N	109	109
Anxiety Scores	Pearson Correlation	.023	1
	Sig. (2-tailed)	.810	
	N	109	109

Survey findings from the table above show that there is a weak positive relationship between sanitary facilities at school and anxiety levels associated with menstruation among adolescent girls ($r=.023$ P value < 0.05). This indicates that sanitary facilities affect the anxiety levels associated with menstruation by 0.23%.

4.7.3 Self-Efficacy and Anxiety associated with menstruation

Table 18: Cross tabulation showing relationship between Self-Efficacy and Anxiety associated with menstruation

Self-Efficacy Scores * Anxiety Scores Cross tabulation					
Count					
		Anxiety Scores			Total
		Mild Anxiety	Moderate Anxiety	Severe Anxiety	
Self-Efficacy	Low Self-Efficacy	14	51	14	79
	High Self-Efficacy	9	20	1	30
Total		23	71	15	109

Out of 79 girls who had a low self-efficacy, 65 (or 82.3%) experienced some mode of anxiety associated with menstruation (moderate to severe). This could imply that low self-efficacy may be associated with anxiety linked to menstruation.

Table 19: Bivariate analysis showing relationship between self-efficacy and anxiety associated with menstruation

Correlations			
		Self-Efficacy	Anxiety scores
Self-Efficacy	Pearson Correlation	1	-.203*
	Sig. (2-tailed)		.034
	N	109	109
Anxiety Scores	Pearson Correlation	-.203*	1
	Sig. (2-tailed)	.034	
	N	109	109

*. Correlation is significant at the 0.05 level (2-tailed).

There is a positive significant relationship between self-efficacy and anxiety levels associated with menstruation among adolescent girls ($r=.203$ P value < 0.05). This implies that SE affects anxiety levels associated with menstruation by 20.3%.

4.7.5 Sanitary facilities and stigma

Table 20: Cross tabulation between sanitary facilities at school and stigma associated with menstruation

Stigma associated with menstruation * Sanitary facilities at school Cross tabulation				
Count				
		Sanitary Facilities at School		Total
		Adequate	Inadequate	
Stigma associated with menstruation	Not Stigmatized	15	39	54
	Moderately Stigmatized	25	82	107
	Severely Stigmatized	5	28	33
Total		45	149	194

Out of 149 girls who stated that their schools have inadequate sanitary facilities for MHM, 110 (or 73.8%) were experiencing moderate-severe stigma.

5.0 Discussions

5.1 Impact of sanitary facilities on selected variables

5.1.1 Impact of sanitary facilities on MHM among adolescents girls

Although three quarters of adolescent girls (167 or 85%) reported having a convenient place to change sanitary towels from at home, a significant number (27 or 25%) did not have anywhere to clean and change pads at home. Of those who had a convenient place, 91 (or 61.9%) indicated that it was unsafe and did not offer privacy while 98 (or 66.7%) reported that the available place does not have access to water or soap. Overall, 111 (75.5%) rated the sanitary facilities used at home for MHM as inadequate/poor. The 27 girls who lacked a convenient place to use during menstruation at home are likely relying on sanitary facilities at school.

However, the situation at school is no better. 91 respondents (or 46.9%) reported utilizing sanitary facilities at school during menstruation. These included girls' latrines 65 (or 33.5%) and 'safe spaces' 65 (or 13.4%). Just over three quarters of girls (156 or 75.3%) said they are dissatisfied with the current sanitary facilities at their schools and 157 (or 80.9%) revealed that they preferred to clean and change sanitary towels at home rather than at school during menstruation. Overall, (146 or 75.3%) adolescent girls rated the available sanitary facilities as inadequate.

In the face of inadequate and poor sanitary facilities at school and at home, 31 girls (or 16%) were changing sanitary pads in the bushes near or around their schools. According to teachers, girls put their lives at risk when they go to the bush to change pads because it is their only option.

Because of these inadequate sanitary facilities at home and at school, the majority of girls were engaged in poor menstrual hygiene practices. More than half (137 or 70.6%) of adolescent girls changed pads less than 3 times in a typical day during their last period, while (136 or 70.1%) did not clean their external genitalia or take a bath before changing pads at school. This predisposed them to health risks such as rashes and vaginal yeast infections, and may contribute to bad odour among girls, which increased the stigma and discrimination they experienced from adolescent boys, girls and teachers.

5.1.2 Impact of sanitary facilities on Self-Efficacy associated with menstruation

The majority of adolescent girls (145 or 75.9%) had low SE scores associated with menstruation, which indicated that many of the respondents believed that they lacked the ability, confidence and or resources to adequately manage themselves during menstruation. Teachers reported the lack of adequate sanitary facilities was one of the cardinal reasons why girls lacked confidence in managing their menses, either at school or at home.

Cross tabulations showed that nearly all girls (144 or 99.3%) with a low SE score reported that the available sanitary facilities at school for MHM are inadequate. It could therefore be argued that inadequate sanitary facilities for MHM reduces girls' confidence and beliefs in their ability to properly manage themselves during menstruation.

5.1.3 Impact of sanitary facilities on anxiety associated with menstruation

Most respondents who had periods within 2 weeks before the survey were experiencing some form of anxiety (moderate to severe) as reported by 78.9% of girls. There were stark differences in anxiety levels of girls who had experienced periods within two weeks of the survey and those who had not. Generally, girls who had experienced menstruation within 2 weeks of the survey had higher anxiety levels than those that did not. The average anxiety scores for girls who had not experienced periods 2 weeks before the survey was 7.25, while that of girls who did experienced periods 2 weeks prior to the survey was 11.8 – a difference of 4.3 points. Even though adolescent girls attributed the cause of anxiety to fears linked to the lack of an adequate place to change pads during menstruation, inadequate pads and stigma, teachers instead stated that girls start developing a low self-esteem during menstruation. With no explanations on how this low self-esteem comes about, SWTs revealed that they try to tell girls to get used to the stigma. Not surprisingly, this in no way reduces the negative experience reported by the girls. However, it very well could have contributed to internalized stigma, low self-esteem and increased anxiety. Without proper interventions, girls might develop more severe psychological problems, such as depression.

5.1.4 Impact of sanitary facilities on girls' school attendance

The majority of respondents' (71.1%) school attendance was moderately affected by lack of adequate sanitary facilities in rural primary schools. Less than a third (29.4%) missed school due to lack of place to change and clean during menstruation. The number of days missed ranged from 1 to 17, with an average of 3.4 per term or 1.3 days per cycle. An earlier study conducted by CCUG in 2017 found out that 41% of girls miss 9.3 or 3.1 days per

cycle and inadequate sanitary facilities contributed up to 34.2% of absences, translating to 1.06 days per cycle. This corresponds to the 1.3 days per cycle finding in the current survey.

In addition, 3 out of every 10 girls (33%) missed lessons during menstruation due to poor sanitary facilities at school. The number of lessons missed per term ranged from 1 to 12 with an average of 3 – or 1 lesson per cycle. To add to the above, nearly 4 of every 10 girls (39.7%) missed meals provided at school due to inadequate sanitary facilities for MHM. The number of days during which girls missed a meal ranged from 1 to 15, with an average of 2.3 or 0.76 meals per cycle. In addition, just over 3 out of every 10 girls (34%) missed tests or exams due to poor sanitary facilities. Altogether, 55 girls missed tests and 13 missed exams. The average number of tests missed per pupil was 1.8 per term. It was not surprising that more than half (51.5%) reported that inadequate menstrual facilities at school were negatively affecting their academic performance.

5.1.5 Impact of sanitary facilities on stigma associated with menstruation

The majority of girls (80%) who participated in the study were experiencing some form of stigma associated with inadequate sanitary facilities. Internal stigma due to continued exposure to belittling, degrading and sexually offensive abuse from boys and male teachers was more reported than external stigma. SWTs significantly contributed to self-stigmatizing beliefs, misconceptions and stereotypes related to menstruation among adolescent girls. Occasionally, SWTs and other teachers participated in practices such as separating boys from girls when there was a menstruating girl in class, and tried to encourage girls to believe that degrading, belittling and sexually offensive abuse they experience from male teachers and boys during menstruation are expected and normal. The inability of menstruating girls to frequently clean and change pads or to change pads without washing external genitalia due to poor sanitary facilities at home/school made them to feel dirty, ashamed, caused discomfort and social isolation.

Even though two of the schools had designated rooms for MHM, poor location (located far away from classes/girls' latrines), inaccessibility (were often locked and needed teacher permission), lack of access to water/soap made many girls afraid to use them because they were instead seen as places which increased external stigma associated with menstruation. This led girls to use unsafe and highly risky places such as the bush to change pads at school and home, putting their lives and health in danger.

Cross tabulation showed that there was an association between inadequate sanitary facilities and stigma associated with menstruation. Out of 149 girls who rated their school sanitary facilities as poor, 73.8% were experiencing moderate to severe stigma.

Inadequate/poor sanitary facilities not only contributed to stigma among adolescent girls, it also made them miss school often, isolate themselves and reduced access to social and psychological support of SWTs during menstruation.

5.2 Relationship between Self-Efficacy and anxiety associated with menstruation

The study found a significant positive relationship between self-efficacy and anxiety levels associated with menstruation among adolescent girls. Low SE scores were directly related to higher anxiety levels during menstruation among study participants. Of 79 girls who had a low self-efficacy, 82.3% of them were had moderate to severe anxiety.

5.3 Study Limitations

1. Because almost all information was self-reported by adolescent girls during data collection, there might have been some exaggerations and omissions. In addition, the data collection exercise was conducted just before or immediately after pupils doing End of Term/Year examinations, and pupils might have wrongly attributed anxiety related to menstruation with that related to exams and vice versa.
2. During transcription of audio data, there were language translation problems related to some Lusoga words and phrases. In some cases, direct translations did not make sense, which necessitated translations according to context.
3. In August 2018, through a related MHM project, CCUG found that some teachers in some schools were promoting School Related Gender Based Violence (SRGBV) among adolescent girls during menstruation. Meetings were held with school administrators and teachers including SWTs/SMTs where punitive action was taken against some teachers. During the recent data collection exercise for the compilation of this report, SWTs noted their displeasure with CCUG taking students' disclosures about mistreatment and abuse experienced during menstruation seriously. Even though teachers and school administrators unanimously corroborated the students' accusations and agreed to change during the meetings last year, some SWTs were reluctant to participate in the current survey. They were tight lipped about disclosing information concerning teacher practices which may lead them into trouble. For example, although pupils revealed that some boys and male teachers use belittling, degrading and sexually offensive words to describe them during menstruation, one SWT reported that such things have never occurred in the history of the school – even when she participated in the meeting held last year where pupils' accusations were corroborated.

5.4 Conclusion and Recommendations

Poor sanitary facilities in rural primary schools in Jinja and Mayuge district have adverse effects on girls' ability to properly manage themselves during menstruation. In addition, inadequate sanitary facilities not only lower self-efficacy but increase anxiety and stigma associated with menstruation. Furthermore, inadequate sanitary facilities negatively affect adolescent girls' school attendance and academic performance.

There is a need to adequately train Senior Women Teachers and Senior Male Teachers and other teachers in provision of age-appropriate and culturally sensitive sexuality education with emphasis on menstrual hygiene and management. In addition, primary school administrators need to support and adequately supervise SWT and SMTs to reduce chances of them becoming sources and promoters of stigma associated with menstruation.