

# BASELINE SURVEY REPORT

**Knowledge, Restrictions, and Experiences of Adolescent girls during Menstruation; A mixed baseline survey in 21 schools and surrounding villages in Jinja and Mayuge districts.**

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**AMPLIFYCHANGE**

## Abstract

**Background:** Due to several stereotypes and misconceptions, many girls in Uganda face several restrictions during menstruation that affect their social lives, including school attendance and engagement in other activities. In response to this, Community Concerns Uganda (CCUg) with support from AmplifyChange is implementing a 1-year project in 20 schools and surrounding villages aimed at tackling restrictions and improving MHM among adolescent girls. This project is an extension of an earlier project that started in 2017 in 15 schools. As part of this project, CCUg conducted a baseline survey to provide a foundation for assessment of the effectiveness of the project. This baseline survey was conducted to assess the knowledge, restrictions, and experiences of adolescent girls during menstruation in Jinja and Mayuge districts. The survey focused on the knowledge, restrictions associated with menstruation, experiences during and after menarche, abnormal menstruation, and school attendance.

**Methodology:** The survey utilized a descriptive study design with both quantitative and qualitative methods of data collection. A total of 1,415 in-school and out-of-school girls, 17 teachers (SWTs and SMTs), 17 parents, 9 female local leaders were included in the survey using simple random, purposive, convenience and snowball sampling procedures respectively. Permission from districts, schools and informed consent were sought before data collection was done.

Quantitative data was collected using 5 different kinds of pretested semi-structured questionnaires while qualitative data was collected using 5 categories of interview and FGD guides. Collected quantitative data was entered into Statistical Package for Social Scientists (SPSS version 22) from where it was cleaned using both univariate and bivariate analysis. Qualitative data was analyzed through thematic analysis.

**Results:** Even though most girls (66.2%) had moderate knowledge of menstruation, they had significant knowledge gaps; 89.3% were not aware of the cause of menstruation, 92.3% did not know the source of menstrual blood, 69.8% did not know the duration of a normal period, while 8.1% had never heard about the word menstruation. Disaggregated results showed that girls with disabilities and those who had not started menstruation had lower knowledge levels of menstruation as compared to menstruating in-school and out-of-school girls. Besides, results also revealed major knowledge gaps among SWTs, SMTs, parents, local leaders and boys which contributed to delayed teaching of girls about menstruation pre-menarche, sustained old again misconceptions contributing to stigma and restrictions associated with menstruation.

The majority of adolescent girls held internal restrictions related to menstruation which included; not engaging in strenuous work (56.3%), not discussing (74.8%) or associating with men/boys (67.3%) and not entering a Mosque/Church (37.4%). Other restrictions included not eating or drinking cold foods during menstruation (32.6%) and not fetching water from public water sources (21.5%).

During their last period, most girls were majorly restricted from; associating with boys/men (64.9%), sitting on a chair (52.3%), going to the Mosque/Church (36.6%), passing through a garden of food crops (25.6%), crossing the road (15%), going to school (15.9%), eating ground/oyster nuts or beans (27.2%), eating cassava (4.9%), cooking food (20.3%), serving food (8.8%), fetching water (19.1%), and using a latrine (8.4%).

A significant number of girls who were not educated about menstruation pre-menarche experienced shock (18.9%), worry (18.9%), loneliness (8.6%), thought they were sick (7.9%), shame (6.2%) and ran away from school (4.8%) when they had their first period.

The majority of menstruating girls (63.3%) were using disposable sanitary pads to stop menstrual blood from staining their clothes. Other sanitary materials used included homemade reusable sanitary pads, pieces of cloth, banana fibers, cotton wool, polythene papers (kaveera) and sponges, among other materials.

Only 36.7% of girls said their schools had changing rooms and in their absence, 32.5% of girls reported not changing sanitary materials used during menstruation, (9.7%) stayed at home and (10.3%) changed sanitary materials from the bush.

A meaningful portion of girls had major signs of abnormal menstruation in the 6 months prior to the survey; 27.6% had painful periods, 8.5% experienced heavy menstrual bleeding lasting more than 7 days, 12.5% had gone more than 35 days without menstruating, while 10.7% experienced menstruation within 21 days after their last period. Besides, 18.5% said they experience sleep deprivation during menstruation which caused worry (28.2%), poor classroom concentration (27.7%), headache (17%) and fatigue (11.7%).

Two out of every 10 girls (24.9%) missed school during their last period preceding the survey due to menstruation. Days missed ranged from 1 to 7 with an average of 2.3. Most girls missed school due to pain, fear of staining their school uniform, inadequate sanitary pads, lack of a convenient place to clean and change, fear of being sexually abused and the lack of a responsible person to support disabled girls during menstruation. Other reasons associated with missing school included restrictions; not associating with boys/men, not allowed to go to school, not permitted to sit on a chair and being forbidden from crossing the road. Painful periods and heavy menstrual flow were also associated with school absenteeism.

In addition, 8.3% of respondents missed exams due to menstruation and the number of exams missed ranged from 1 to 6 with an average of 2.8. Girls also reported that during menstruation; they struggle to pay attention (18.5%), sit (15%), stand (14.8%), and are unable to give answers in class (5.4%) due to fear.

Among female parents, painful periods, heavy menstrual flow, inadequate sanitary materials contributed to poor MHM. Moreover, inadequate knowledge, misconceptions, and restrictions associated with menstruation compounded the impact of poor MHM on their social and economic lives. Surprisingly, adolescent boys and male parents reported that poor MHM among girls/women was not only a cause of concern but also negatively affects them socially and economically.

Menstruation was also reported as a cause and contributor to violence among adolescent girls and married women. A considerable number of girls were scared of sexual violence during menstruation while girls with disabilities and their parents dreaded menstruation due to their increased risk of rape. Female parents and local leaders also reported early marriages and domestic violence associated with menstruation among adolescent girls and married women.

Although the majority of girls (58.1%) suggested the provision of disposable sanitary pads, teachers and parents felt being trained in the production of reusable sanitary pads was a better option. Girls and teachers also suggested the construction of changing rooms equipped with water, educating boys and training teachers about MHM. There were also calls to train female local leaders and parents about MHM to equip them with adequate knowledge to educate and support girls and women during menstruation.

**Conclusion:** Inadequate knowledge of menstruation is a source of and sustains age-old restrictions associated with MHM. Coupled with inadequate sanitary materials and menstrual disorders, restrictions associated with menstruation have far-reaching effects on the daily lives of adolescent girls and women. In addition, inadequate knowledge of MHM and limited support to girls (especially those with disabilities), and women put them at increased risk of violence in and around schools.

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Nangulu Michael



Program Director

## List of Abbreviations

CAO	: Chief Administrative Officer
CCUg	: Community Concerns Uganda
DEO	: District Education Officer
FGD	: Focus Group Discussion
IDI	: In-depth Interview
IEC	: Information Education and Communication materials
MHM	: Menstrual Hygiene Management
MoES	: Ministry of Education and Sports
MoU	: Memorandum of Understanding
OTC	: Over The Counter
PTA	: Parent-Teachers Association
PWD	: Person With Disabilities
R.A	: Research Assistant
SMC	: School Management Committee
SMT	: Senior Man/Male Teacher
SNV	: Stichting Nederlandse Vrijwilligers
STI	: Sexually Transmitted Infection
SWT	: Senior Woman Teacher
WHO	: World Health Organization

## 1.0 Introduction

Menstruation is a normal biological event experienced over much of the lifespan and, thus, is a recurrent feature of women's and girl's lives. According to World Health Organization (WHO, 2012), proper Menstrual Hygiene Management (MHM) entails access to necessary resources: education concerning MHM, menstrual materials to absorb or collect menstrual blood, soap, and water), facilities (a private place to wash, change and dry reusable menstrual materials, in addition to an adequate disposal system for menstrual materials).

However, in Low and Medium Income Countries (LMIC), even if menstruation marks an important point of transition into womanhood, there is poor MHM among adolescent girls in schools (Sommer & Sahin, 2013). In Uganda, MHM among girls in rural primary and secondary schools is a challenge. A study by Stichting Nederlandse Vrijwilligers (SNV, 2014) revealed that 84% (3.75 million) of adolescent girls living in rural settings practice unsafe menstrual hygiene. Girls in these settings are less likely to have access to materials and facilities to properly manage menstruation thus resulting in frequent absenteeism from school (Wilson, Reeve, Pitt, Sully & Julious, 2012). In addition, other studies have shown that poor MHM affects the health and wellbeing of adolescent girls (Crichton et al., 2013; Mason et al., 2013). Adolescent girls in Uganda are subjected to discrimination and stigma due to stereotypes and misconceptions that have historically developed from misinformation, harmful cultural beliefs and gender inequality (Netwas, 2014). Not only that, but girls also face several restrictions during menstruation that affect their social lives, including school attendance and engagement in other activities.

In response to this, Community Concerns Uganda (CCUg) with support from AmplifyChange is implementing a 1-year project in 20 schools and surrounding villages aimed at improving MHM among adolescent girls. This project is an extension of an earlier project that started in 2017 in 15 schools. As part of this project, CCUg conducted a baseline survey to provide a foundation for assessment of the effectiveness of the project.

### 2.1 Project Goal

The project aims to increase access to information about menstrual health among adolescent girls aged 9-17 years in 20 rural and peri-urban primary and secondary schools in Jinja and Mayuge districts. However, for reasons discussed later in this report, the actual number of schools included in the survey is 21.

### 2.2 Project Objectives

1. To train 1,200 peer mentors about MHM and production of reusable sanitary pads.
2. To train 100 teachers and 60 Parents and Teachers Association (PTA) and School Management Committee (SMC) members about MHM and rights related to menstruation.
3. To strengthen 15 Menstrual Health Clubs and form 5 new ones while furnishing them with Information, Education and Communication (IEC) materials about MHM in 15 schools
4. To conduct 20 community dialogues on MHM among out-of-school adolescents, female and male parents in 20 villages surrounding the schools.

## 2.3 Survey Objective

The survey was aimed at assessing knowledge, restrictions, and experiences of adolescent girls during menstruation in 20 rural primary and secondary schools in Jinja and Mayuge districts.

## 2.4 Research Questions

This baseline survey was conducted to assess the knowledge and experiences of adolescent girls. It sought to answer the following 5 questions.

1. What is the knowledge of adolescents, female and male parents about MHM?
2. What are the existing restrictions associated with MHM among women and girls?
3. What are the health problems associated with menstruation and how do they affect girls and women?
4. What challenges do adolescent girls and women experience during menstruation?
5. What are the ways of addressing the challenges adolescent girls and women experience during menstruation?

## 3.0 Methodology

### 3.1 Survey Design, Setting and Population

The baseline survey utilized a cross-sectional mixed-methods study design. The survey setting included 21 primary schools of which 16 were primary schools while 5 were secondary schools. The schools were selected primarily from rural and peri-urban areas in Jinja and Mayuge districts. The survey's primary population was adolescent girls and boys aged 9-17 years. The survey also involved in-school girls with disabilities and out-of-school girls. The study also involved key informants; Senior Women/Men Teachers (SWT/SMT), female and male parents, Local Council Women leaders (*Nabakyala*) from/staying around the 21 selected schools.

### 3.2 Sample Size and determination

The survey included a total of 21 schools; 16 primary and 5 secondary schools. Of these, 9 schools are located in Jinja district (in Kagoma, Mafubira, Buwenge Town Council, Kakira Town Council, Butagaya sub-counties) and 12 schools are located in Mayuge district. Schools in Mayuge are located in 6 sub-counties (Baitambogwe, Mayuge Town Council, Bukatube, Wairasa, and Magamaga Town Council). The study settings (21 schools) had an estimated population of 7,350 girls aged 9-17 years. Using a confidence interval of 95% and a margin of error of 2.5%, the study was intended to include a sample of 1,275. However, the survey included a sample of 1,395 — 120 students more than the required sample. The study utilized a simple random sampling method where respondents were randomly selected by research assistants. For Senior Women/Men Teachers, purposive sampling was used, while convenience sampling was used to select 9 Women Local leaders from 9 villages surrounding the schools. Furthermore, snowball sampling was used to select 17 parents from 10 villages (Baitambogwe, Bukoli, Wabulungu, Magamaga, Mauta, Buyengo, Luubu, Mutai, Ntinkalu, and Nsozibiri). Out of the 17 parents, 6 had adolescent girls with disabilities. Moreover, 6 Focus Group Discussions (FGD) of 8 participants each were held among boys; among girls, 8 FGDs of 8 girls each were held in 4 schools.

## 3.3 Survey Instruments and Data Collection Methods

### 3.3.1 Survey Instruments

Altogether, 9 data collection instruments were developed and used for the data collection exercise. The data collection tools were formulated to address pre-determined research questions.

- 1) **Questionnaires:** In total, 5 types of questionnaires were designed and used during the data collection exercise. The questionnaires were comprised of open and close-ended questions designed to assess menstrual health knowledge, restrictions, experiences, and ways of improving MHM among girls/women. Questionnaires varied according to the category of respondents: in-school girls, out-of-school girls, girls with disabilities, girls who had started menstruation and girls who had not started menstruation.
- 2) **Interview Guide for Teachers:** As persons primarily providing support to girls related to menstruation, the interview guide was designed to strengthen and give a better understanding of results obtained from in-school adolescent girls and boys. It also featured questions to understand the kind of support provided by SWT/SMT to girls during menstruation and sought to assess the kind of restrictions they give girls/boys during menstruation.
- 3) **Interview Guide for Female Local Leaders (*Nabakyala*):** This assessed the commonly practiced restrictions related to MHM, challenges observed among girls and women related to MHM, current community support related to MHM and how to empower the local leaders to address challenges faced by adolescent girls/women during menstruation in their respective villages/communities.
- 4) **Interview Guide for male parents:** This tool assessed their understanding of menstruation, current support provided to girls during menstruation, the impact of the challenges faced by girls/women during menstruation on men, and willingness to be trained in the production of reusable sanitary pads among others. The information generated by this tool supplemented information from FGDs among boys.
- 5) **Interview Guide for female parents:** This tool assessed menstrual health understanding, restrictions, challenges (including their own challenges faced during menstruation), the support provided to adolescent girls and ways of improving MHM among girls and women.
- 6) **Interview Guide for Parents/caregivers of adolescent girls with Disabilities:** This tool was designed to supplement quantitative data obtained from adolescent girls with disabilities. The tool was designed in collaboration with 2 Persons With Disabilities (PWDs) with experience in research.
- 7) **Focus Group Guides:** Two FGD guides were formulated, one for adolescent girls and another for adolescent boys to assess their understanding of menstruation, challenges faced during menstruation and their perspective on being trained in MHM and the production of reusable sanitary pads. The information generated by these 2 tools supplemented quantitative data from in-school adolescent girls.

### 3.3.2 Data Collection Methods

Data was collected using an adapted and structured questionnaire from other research studies to assess menstrual health knowledge, restrictions, and experiences of adolescent girls and women during menstruation. Initially, the questionnaire was developed in English but was later translated into Lusoga.

Twelve Research Assistants (R.As) were recruited and trained before data collection. The training conducted by the Project Manager was aimed at improving data quality control during collection and entry. The training was also attended by 4 CCUg staff members who provided daily supervision to the 12 researchers during data collection and entry. Additionally, a daily debriefing was conducted where researchers, their supervisors, and the project manager discussed challenges and solutions experienced during the data collection and entry exercise. The questionnaires were individually administered to students by the R.As in a face-to-face interview. To collect qualitative data, the oral interview method was used and recorded verbatim using an audio recorder.

### **3.4 Data Quality Control, Management, and Analysis**

#### **3.4.1 Data Quality Control**

The following were conducted to ensure validity, reliability, integrity/credibility, and completeness of data.

1. **Training Research Assistants:** A total of 12 R.As with experience in data collection were hired and trained for 3 days on the following topics:
  - Qualities of a good research assistant, including their expected roles and responsibilities in the data collection and entry exercise.
  - Basics of Menstruation including the biology of menstruation, MHM, and Rights related to Menstruation. Before this, there was a review of several studies related to the research questions by the project manager. He provided a summary of selected literature where some aspects of those studies were adopted in the present assessment. This training was intended to provide R.As with more knowledge on menstruation to allow them to participate in the development of the research tools while improving their validity.
  - Research Methodology, including survey design, sample size determination, sampling procedure, data collection tools and methods for qualitative and quantitative research, data management, and ethical considerations. They were also trained in quality control, data entry in the Statistical Package for Social Scientists (SPSS) and Microsoft Excel, and data cleaning.
  - Instructed in CCUg's Safeguarding Policy and code of conduct, including procedures to follow, should any concerns related to Safeguarding occur.
2. **Pretesting of data collection Tools:** All the 9 data collection tools used in this study were pretested from Nalinaibi Primary School and community before being used in the study. Pretesting was conducted to assess whether the questions used would be understood by the intended respondents and also align well with the set research questions. Pilot testing of the tools improved the reliability of tools.
3. **Detection and Correction:** R.As were trained on how to ensure data quality; for example, during data collection, they were instructed to ensure that all necessary questions were filled in (when administering questionnaires) before collecting data from another respondent. If a question was accidentally missed, R.As were instructed to recall the respondent and politely ask them the missed questions. This was done to ensure responses to all necessary questions. In addition, CCUg staff, working as supervisors to the R.As, checked for data omissions, errors, and inconsistencies in the collected data after every day of data collection. Further, before giving codes to questionnaires, they were cross-checked again by researchers for omissions, errors and skip pattern issues among others. Only questionnaires with all the required data were coded for data entry.

In addition, collected data entered in SPSS was checked for errors through descriptive analysis and later exported to Microsoft Excel where further detection of errors/correction was done. The data was later re-imported into SPSS where the analysis was conducted. After data entry, 2 rounds of data cleaning were conducted separately by the R.A and 3 CCUG staff to ensure that the analyzed data was free of errors. Altogether 15 questionnaires that had critical errors/missing information were deleted and thus not utilized in preparing this report. This ensured that the data used is complete without errors/missing information.

#### 4. Qualitative data

- a) **The credibility of the data/study findings:** CCUG staff members provided the analyzed results to 20 Senior Women/Men Teachers to confirm the credibility of the results. Post-interview reflection was also incorporated, where researchers asked additional questions to clarify the provided information. *Methods and Source* triangulation were applied to improve the credibility of the qualitative data. The survey utilized In-depth Interviews (IDI) and FGDs to check the consistency of the reported information. The survey also involved different categories of respondents, such as in-school adolescent girls, out-of-school adolescent girls, female and male parents and women local leaders among others to improve the richness of the findings and provide a divergent perspective on MHM among girls and women.
- b) **Dependability:** The survey used code-recording procedures where 2 researchers were hired to transcribe and assess the findings. Two weeks later, 2 CCUG staff also reviewed and re-coded the same data to determine whether they would get similar results and themes.

### 3.4.2 Data Management

During data collection, R.As checked for completeness of questionnaires before attending to the next respondents. In cases where they failed to collect some information, researchers re-called respective respondents and politely requested the missing information. This was done for every survey to ensure that there was an opportunity to get the necessary information while still in the field. In addition, after each day of data collection, quantitative surveys from questionnaires were checked for completeness and later filed in spring files. The questionnaires were organized and filed according to school names and the category of respondents (Started Menstruation and Not started Menstruation). For qualitative data from interviews, the researchers labeled the audio data as collected each day to improve subsequent identification. The audio data was stored on 3 laptops and an external hard drive as a backup. The external drive was stored in a secure place away from CCUG offices. In addition, 4 CCUG staff reviewed the filed questionnaires on a daily basis to check for missing information/errors in the questionnaires. In cases where there was missing information in the questionnaires, the respective research assistants were provided with the questionnaires to aid in the corrections. In circumstances where researchers missed a significant amount of critical information, the surveys were excluded from the study.

### 3.4.3 Data Analysis

- a) **Quantitative Data Analysis:** Quantitative data were entered into SPSS (version 22) from where the univariate and bivariate analysis was conducted. Bivariate analysis was conducted through cross-tabulations and the Pearson correlation coefficient.

**b) Qualitative Data Analysis:** The survey utilized a thematic analysis whereby collected qualitative data was first translated from Lusoga to English, then, it was transcribed into transcripts that were organized according to the category of respondents. The data was checked by re-listening to the audio while re-reading the transcripts twice before it was thematically analyzed. A master sheet was developed for each group (SMTs/SWTs, adolescent boys and girls, female and male parents, and local leaders). Later, coding of data was done to identify the most interesting/important features from which categories were established. After this, themes and sub-themes were generated based on the research questions within each category. This data is used to supplement quantitative data collected in relation to the set research questions and is presented in the form of narrations.

### **3.5 Ethical Considerations**

At the district level, CCUG obtained permission to conduct the study from the District Education Officers (DEO) and Chief Administrative Officers (CAO) in Mayuge and Jinja districts. At the village level, permission was sought from Local Council leaders of the 21 villages where the schools and communities are located and from Women Local leaders from the villages surrounding the schools. Ethical clearance was also sought from school administrators through the signing of Memorandums of Understanding (MoUs). The MoUs had comprehensive information about the project, its objectives, nature and the purpose of the baseline survey. It also detailed the voluntary nature of research participants (teachers and students) and the confidentiality of the information. In addition, respondents received an explanation of the purpose and nature of the survey, confidentiality of the information and the voluntary nature of their participation. Verbal consent was sought from teachers, students, and parents before collecting data from them.

### **4.0 Survey Findings**

This section presents the findings of the research questions of this survey. Results are arranged according to summaries derived from research questions; demographic data, menstrual health knowledge, restrictions associated with menstruation, experiences during menstruation and ways of addressing challenges faced during menstruation. In addition, this section will also describe relationships between menstrual health knowledge and restrictions and experiences during menstruation.

#### **4.1 Demographic Data**

This data is segregated into the 3 groups of adolescent girls who participated in the survey, namely, in-school girls, girls with disabilities and out-of-school girls.

**Table 1 : Demographic characteristics of respondents**

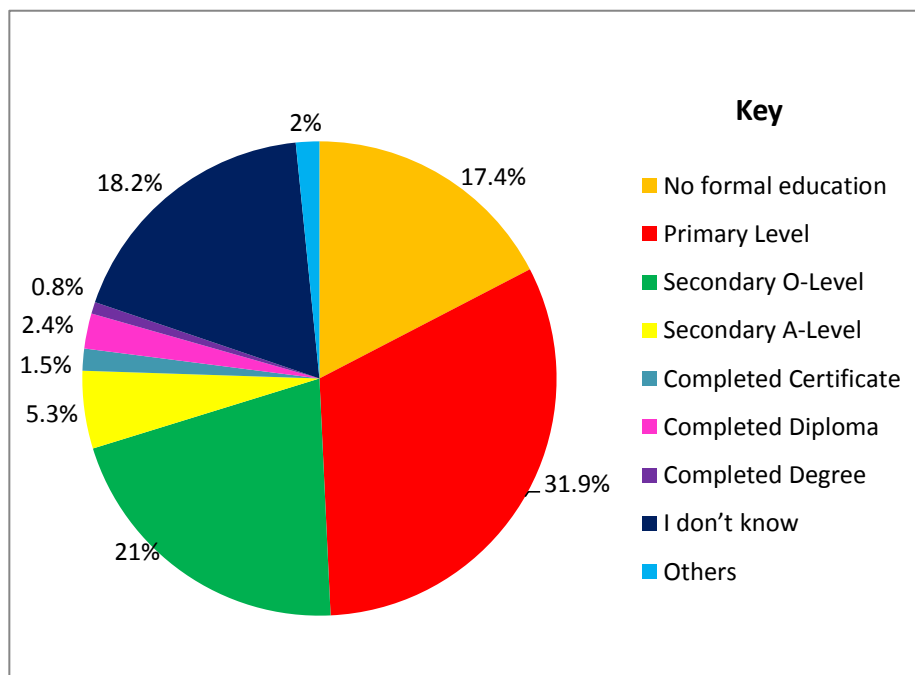
Age	Frequency (n=1435 <sup>1</sup> )	Percentage (%)
9 years	61	4.3
10 years	31	2.2
11 years	68	4.7
12 years	175	12.2
13 years	320	22.3
14 years	343	23.9
15 years	232	16.2
16 years	170	11.8
17 years	35	2.4
Class of study (n=1,415 <sup>2</sup> )		
Primary 3	17	1.2
Primary 4	75	5.3
Primary 5	299	21.1
Primary 6	483	34.1
Primary 7	235	16.6
Senior 1	119	8.4
Senior 2	134	9.5
Senior 3	42	3.0
Senior 4	11	0.8
Individual that student lives with		
Both parents	486	34.3
Father only	56	4.0
Mother only	484	34.2
Guardian	12	0.8
Grandfather/mother	225	15.9
Aunt/Uncle	106	7.5
Sibling	38	2.7
Others	08	0.6

Three hundred forty-three (23.9%) respondents were 14 years old. The average age was 13.6 with a standard deviation of 1.7.

More than a third of respondents (483 or 34.1%) were studying in primary school, although a few (11 or 0.8%) were in senior four.

Most respondents (486 or 34.3%) were living with both parents, however, 8 (0.6%) were living with other individuals.

**Figure 1: Educational level of primary caregiver of respondents (n=1,415)**



Less than a third of respondents (451 or 31.9%) said that their primary caregivers had attained a primary level of education while (11 or 0.8%) indicated that their caregivers had attained a degree level of education.

<sup>1</sup> This included 1,395 in-school adolescents without disability, 20 in-school adolescents with disability and 20 out-of-school adolescents.

<sup>2</sup> This excludes 20 out-of-school adolescents. Their questionnaire was slightly different in regards to demographic data from the other questionnaires.

**Table 2: Primary occupation and religion of respondents' primary caregivers**

Primary occupation of caregiver	Frequency (n=1,415)	Percentage (%)
Farmer	579	40.9
Businessman/woman	430	30.4
Civil servant	145	10.2
NGO employee	16	1.1
Casual Labourer	244	17.2
Others	1	0.1
Religion of primary caregiver		
Protestant	421	29.8
Catholic	355	25.1
Muslim	367	25.9
Born Again Christian	242	17.1
Seventh-Day Adventist	07	0.5

Most respondents (579 or 40.9%) reported that their primary caregivers were farmers.

The great majority of respondents reported that their primary caregivers were Christian Protestant or Catholic.

However, 367 respondents (25.9%) indicated that their primary caregivers were Muslims while 7 (0.5%) were Seventh Day Adventists.

#### 4.1.1 Demographic Characteristics of Out-of-school Girls

**Table 3: Age, Village, Marital Status and reasons for dropping out of school**

Age	Frequency (n=20)	Percentage (%)
13 years	01	5
14 years	03	15
15 years	03	15
16 years	04	20
17 years	09	45
Village		
Wabulungu A-Mayuge district	07	35
Bukooli Central-Mayuge district	06	30
Donga-Mayuge district	07	35
Marital Status		
Married	10	50
Not Married	10	50
Age at which respondents got married (n=10)		
12 years	01	10
15 years	04	40
16 years	02	20
No response	03	30
Age of respondents' partners (n=10)		
20 years	1	10
23 years	2	20
24 years	3	30
26 years	1	10
30 years	2	20
No response	1	10

Nearly half of the respondents (9 or 45%) were 17 years of age. The average age of respondents was 19.4 with a standard deviation of 0.9.

35% of the respondents were living in the Donga-Mayuge district.

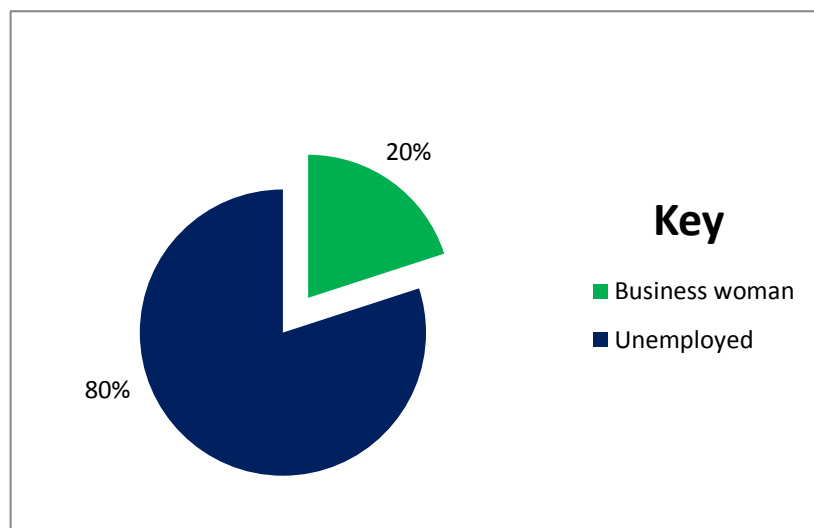
Half of the out-of-school girls (50%) were married.

Of the 10 girls who were married, 40% got married at 15 years of age while 3 (30%) girls did not provide a response.

Of the 10 respondents who were

married, 3 or (30%) said their partners are 24 years old.

**Figure 2: Primary occupation of respondents (n=20)**



The majority of out-of-school girls (16 or 80%) were unemployed, although a few (4 or 20%) were businesswomen.

### 4.1.2 Demographic Data of Girls with Disabilities

**Table 4: Class, responsible person, and type of disability**

Class of study	Frequency (n=20)	Percentage (%)
Primary 3	1	5
Primary 4	6	30
Primary 5	4	20
Primary 6	5	25
Senior 1	3	15
Senior 2	1	20
<b>Individual respondent lives with</b>		
Mother and father	3	15
Mother	9	45
Grandmother/father	8	40
Aunt	1	5
<b>Type of disabilities respondents were living with</b>		
Visual impairment	8	40
Hearing Impairment	3	15
Cognitive disability	5	25
Albinism	1	5
Short stature	1	5
Physical disability (Impaired functioning of a limb)	2	10

Less than a third (6 or 30%) of respondents were studying in primary 4.

Most respondents (9 or 45%) were living with their biological mothers, while 1 (5%) was living with her aunt.

Regarding the type of disability that respondents were living with, most (8 or 40%) were living with visual impairment while 1 (5%) was living with Albinism.

## 4.2 Menstrual Health Knowledge

Under this section, the survey sought to understand the knowledge of respondents about the meaning, implication, cause, source, duration, and results of poor MHM.

### 4.2.1 Knowledge of Girls Who Have Started Menstruation

Findings in this section are disaggregated according to in-school girls without disability, in-school girls with disabilities and out-of-school girls.

**Table 5: Hearing about menstruation**

Hearing about menstruation	Frequency (n=1,435)	Percentage (%)
Yes	1,319	91.9
No	116	8.1
Age of girls who had never heard about menstruation		
9 years	04	3.4
10 years	16	13.8
11 years	24	20.7
12 years	37	31.9
13 years	26	22.4
14 years	06	5.2
15 years	02	1.7
16 years	01	0.9

with a standard deviation of 1.3.

The majority (1,319 or 91.9%) had heard of menstruation<sup>3</sup> although a considerable number 8.1% (or 116) had never heard of it.

Of the 116 girls who had never heard of menstruation, 31.9% (or 37 students) were 12 years old. The mean age of girls who had never heard of menstruation was 11.8

**Table 6: Age and being taught about menstruation pre-menarche**

Age at which respondents started menstruation	Frequency (n=1,015)	Percentage (%)
6 years	01	0.1
8 years	11	1.1
9 years	21	2.1
10 years	32	3.2
11 years	143	14.1
12 years	285	28.1
13 years	281	27.7
14 years	175	17.5
15 years	52	5.1
16 years	10	1.0
17 years	01	0.1
Whether respondents were taught about menstruation pre-menarche		
Yes	724	71.3
No	291	28.7
Source of knowledge about menstruation pre-menarche (n=724)		
Mother	223	30.8
Sister	92	12.7
Aunt	59	8.1
Grandmother	31	4.3
Female friend	51	7.0
Male friend	3	0.4
Senior Woman Teacher	212	29.3
Senior Man Teacher	6	0.8
Others	62	8.6

Two hundred eighty-five menstruating girls (28.1%) had their first period at age 12, while one (0.1%) had her first period at age 6. The average age for the onset of menstruation was 12.5 with a standard deviation of 1.4.

The majority of respondents (724 or 71.3%) reported that they were taught about menstruation before having their first period.

Of the 724 girls who were taught about menstruation before their first period, 30.8% (or 223) got the information from their mothers. (Some respondents provided multiple sources.)

*Note: Respondents mentioned multiple sources*

<sup>3</sup> This was translated to Lusoga and the agreed words during data collection were omughala okwekontola, omughala okubona omwezi, omughala okutandika ensonga da bakyala, okutandika ekibada, omughala okujja mu June.

According to the qualitative data, almost none of the parents who participated in the survey knew the typical age for onset of menstruation.

Although parents associated menstruation with monthly bleeding, many indicated that it is a natural process that one should just wait and not be prepared for it. Of the parents interviewed, 4 parents with adolescent girls age 10-14 years had never taught them about menstruation because they considered them too young. In addition, the association of menstruation with sexual maturity could have made some parents feel that these children were still too young to experience or be taught about menstruation.

*“Yes, I have one of 12 years but she has not started having periods... I have not educated her about menstruation.” (IDI IV: Female Parent)*

*“I have one of 10 years.....I haven’t started teaching her about menstruation because I see that she is still young.” (IDI XI: Female Parent)*

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It is therefore not surprising that a significant number of adolescent girls’ source of information about menstruation pre-menarche was SWTs. SWTs and SMTs revealed that parents have left the responsibility of teaching their adolescent girls about menstruation to teachers at school — especially SWTs/SMTs. Nearly all SWTs and SMTs reported that they teach adolescent girls and boys about menstruation. However, the majority stated that they start teaching them when they start menstruation and not pre-menarche. Other SWTs who disclosed that they teach about menstruation pre-menarche indicated that they teach girls aged 12 years or older, leaving out girls who are younger.

*“We teach those who have already begun to understand the process of menstruation...” (IDI XII: SWT—Primary School)*

*“We talk to the ones that have just begun menstruating; they have a fear when they start.....” (IDI XIII: SMT—Primary School)*

*“Menstruation is normal and natural as long as the girl makes 12 or 13 she can start menstruating..” (IDI V: SWT-Primary School)*

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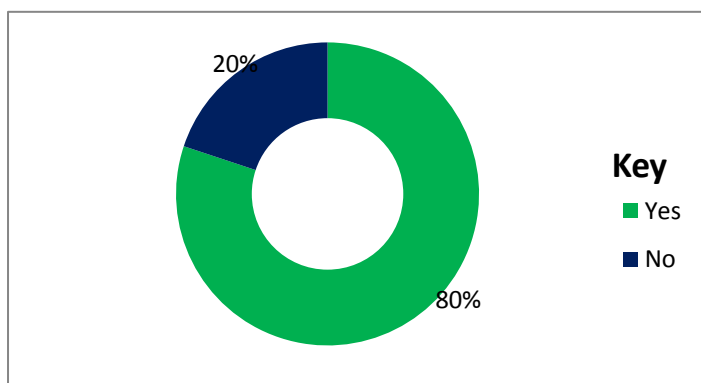
Contrary to what SWTs and SMTs expect, 208 (or 20.5%) girls who had started menstruation revealed that they started before the age of 12, with a rare case of one girl who started at age 6. Information obtained from adolescent girls through FGDs revealed that many of them would have appreciated being educated about menstruation pre-menarche. Respondents suggested that parents and SWTs should teach young girls about menstruation pre-menarche to reduce negative reactions and improve preparation.

*“If you learn about menstrual hygiene early enough, you don’t suffer from negative reactions during your first period” (FGD I: Girls—Primary School)*

*“I think it is important to teach girls before they start menstruation because it prepares one to know what they are about to experience.” (FGD II: Girls—Secondary School)*

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**Figure 3: Whether participants who were not taught about menstruation pre-menarche were taught after (n=291)**



Of the 291 girls who reported that they were not taught about menstruation before their first period, 80.1% (or 233) received education about menstruation after its onset, while a significant number (58 or 19.9%) had never been taught about menstruation.

**Table 7: Reasons, Causes, sources, and duration of menstruation**

Reasons why women/girls menstruate	Frequency (n=1,319)	Percentage (%)
It is a normal	187	14.2
It is healthy	88	6.7
It is natural	258	19.6
It is a sign of maturity/womanhood	303	23.0
It is a curse from God	05	0.4
It is a disease	20	1.5
To clean their bodies	124	9.4
I don't know	352	26.7
Cause of menstruation		
Hormones	173	13.1
Age/maturity	465	35.3
Disease	36	2.7
Curse	19	1.4
Sex	95	7.2
I don't know	523	39.7
Others	40	3.0

Respondents gave multiple explanations for menstruation.

As shown in Table 7, most (352 or 26.7%) did not know why women/girls menstruate.

Likewise, most parents who participated in the study did not know why women/girls menstruate.

Even though most of them indicated that menstruation is normal, none knew the cause of menstruation.

*“I don't know what causes menstruation but nowadays our children start at an early age of ten, twelve so I wonder what causes it.” (IDI III: Female Parent)*

*“Menstruation means that when a woman's time reaches, she has to menstruate though I don't know what causes us to menstruate.” (IDI X: Female Parent)*

In addition, nearly a quarter of respondents (303 or 23%) mentioned that girls/women menstruate as a sign of maturity. Qualitative data showed that there was a general consensus among adolescent boys, girls, SMTs/SWTs and parents that menstruation is caused by maturity and is a sign of womanhood. However, respondents provided varying ages as to when they assume one would become mature and start menstruation, from as little as age 6 up to 45 years of age. Furthermore, 19.6% of adolescent girls stated that women and girls menstruate because it is natural, while 0.4% said it is a curse from God. Related to this view, some parents also stated that women/girls

menstruate because it is God's plan. Like adolescent girls, parents viewed menstruation as a natural process created by God.

*"It is God's timing that when a girl reaches a particular age she is supposed to begin menstruation just like me I started menstruation when I was sixteen years old...(IDI II: Female Parents)*

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With respect to the cause of menstruation, more than a third of respondent girls (523 or 39.7%) did not know its cause. Qualitative data from FGDs found that many girls related the cause of menstruation to one having an unfertilized egg in the uterus. Many girls stated that menstruation is caused by the 'bursting' of an unfertilized egg in the uterus. In explaining this, one SMT noted that adolescent girls don't know the shape or size of the egg which is shed during menstruation. According to him, some girls imagine the egg is the size of that of a hen.

*"...perhaps, what they don't know is the shape and size of the egg. They imagine it looks like the one of a hen." (IDI XIII: SMT—Secondary School)*

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At the same time, qualitative data from boys obtained through 5 FGDs revealed that many of them did not know the cause of menstruation. According to most boys, menstruation is caused by a rupture/injury in the uterus or ovary.

*"Menstruation happens when the uterus has been injured/ruptured..." (FGD II: Boys—Primary School)*

*"The ovaries get broken/knock themselves to cause menstruation."(FDG II: Boys—Primary School)*

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However, the majority of SWTs/SMTs knew hormones to be the cause of menstruation in contrast with what they may be teaching girls/boys.

*"Menstruation is caused due to the hormones when a girl child is growing up she goes into menstruation" (IDI II: SWT—Primary School)*

*"Menstruation is caused by hormones...." (IDI VII: SWT—Secondary School)*

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Despite this, two male teachers confused menstruation with a pregnancy, using words such as gestational period and zygote.

*"...it is a gestational kind of period that happens to a girl child because she has reached certain hormonal levels" (IDI XII: SMT—Primary School)*

*"When the egg is mature, it will be released from the ovary through the fallopian tube ready to be fertilized. This egg/zygote is normally accompanied by blood...."(IDI XIII: SMT—Secondary School)*

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Among parents, none of them knew the cause of menstruation and some suggested educating them about it so as to have a clear understanding of what happens.

*"I don't know the cause of menstruation, but I know that menstruation is an indication that the girl has matured." (IDI XI: Female Parent)*

*"For sure I don't know the cause of menstruation" (IDI IV: Female Parent)*

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**Table 8: Source and duration of a menstrual period**

Source of menstrual blood	Frequency (n=1,319)	Percentage (%)
Anus	66	5.0
Vagina	905	89.1
Uterus	118	8.9
Fallopian tubes	21	1.6
Intestines/Stomach	64	4.9
Nose	6	0.5
I don't know	82	6.2
Others	57	4.3
Duration of a normal menstrual period		
2-7 days	375	28.4
1-3 days	444	33.7
4-7 days	219	16.6
8-10 days	12	0.9
I don't know	148	11.2
Others	121	9.2

As to the source of menstrual blood, nearly 9 out of 10 girls (89.1%) stated that it comes from the vagina.

Similarly, most girls and boys interviewed through FGDs said the source of menstrual blood is

the vagina, anus or private parts. Some boys did not know the source of menstrual blood and one wondered whether a girl/woman experiences a cut that draws blood during menstruation as detailed in the narrative below.

*"...when a girl is menstruating, I keep wondering where the blood comes from without having gotten a cut..." (FGD: Boys—Secondary school)*

Regarding the duration of a normal menstrual period, just over a third of girls (444 or 33.7%) said it ranges from 1-3 days, while 148 (11.2%) did not know. Qualitative data obtained from FGDs among boys showed that a majority of them believed the duration ranges from 1-30 days.

*"I think the normal duration is 1-13 days" (FGD II: Boys—Primary School)*

*".....a normal period lasts 30 days" (FGD III: Boys—Secondary School)*

In the same manner, the majority of SWTs/SMTs interviewed stated that the normal duration of a menstrual period is between 3 and 4 days. Some SWTs confused a menstrual period and menstrual cycle, indicating that a normal menstrual cycle ranges from 3 to 6 days. Two SWTs also explained that if one experiences periods for 3 days and above/below, or 6 days and above, they are abnormal.

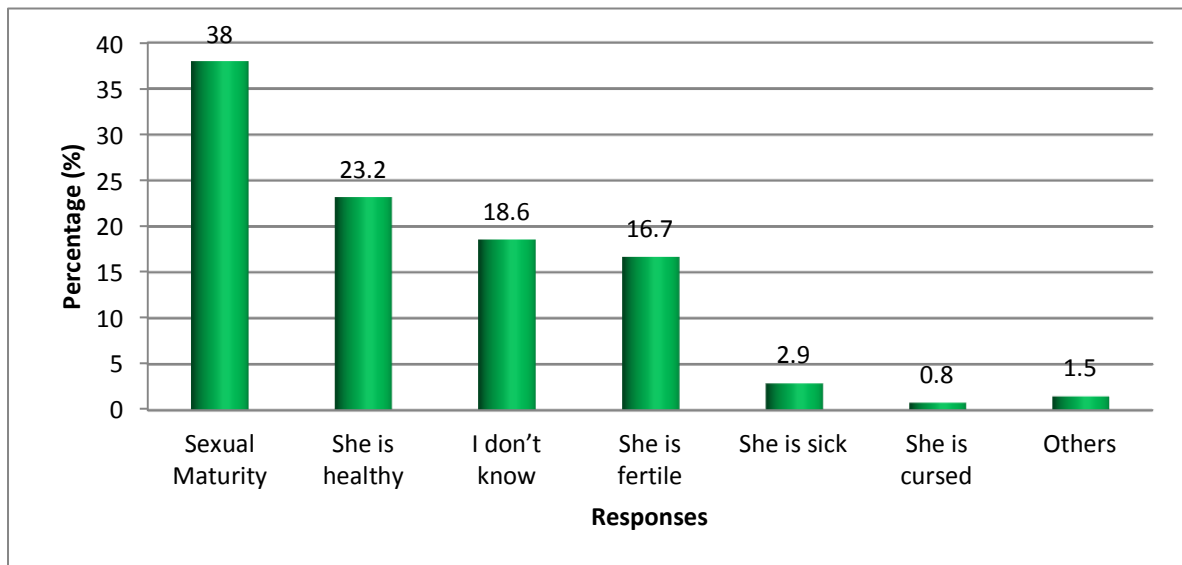
*"A normal person undergoes menstruation for 3 to 5 days." (IDI III: SWT—Primary School)*

*"The normal cycle takes 3-4 days." (IDI VI: Primary School)*

*"...a normal period lasts 3 days, when one goes beyond, that is a problem" (IDI V: SWT—Primary School)*

*"...women/girls undergo a cycle of 4 days. Above 6, it tends to be abnormal, below 3 days; there is an issue." (IDI XIII: SMT—Primary School)*

**Figure 4: Indication of menstruation among girls/women (n=1,015)**



*Respondents had multiple answers*

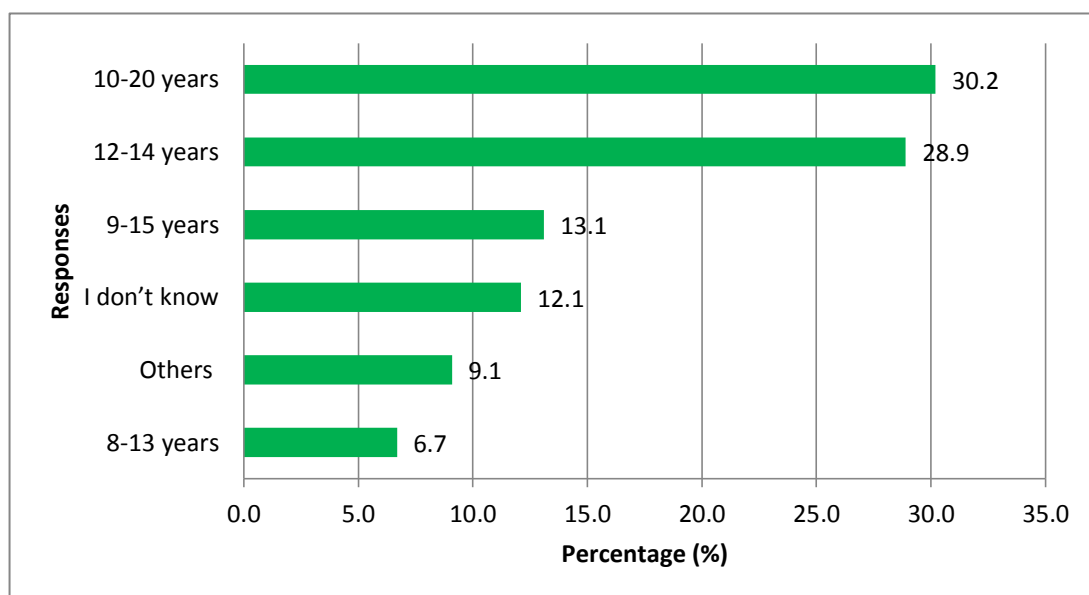
Most respondents (386 or 38%) reported that menstruation means sexual maturity. Related to this, a significant number of adolescent girls (95 or 7.2%) said menstruation is caused by sex. One male participant in one FGD said that the hormones that cause menstruation also make girls desire to have sex.

*“Menstruation is caused by hormones that cause the ovary to release an ova through the fallopian tube...the hormones also cause the girl to have a yearning to have sex with a man at that moment. (FGD IV: Boys—Secondary School)*

Similarly, all 17 parents who participated in the study also mentioned that menstruation is an indication of sexual maturity. Many of them stressed that they caution their adolescent daughters about having sex during or when they start menstruation. Besides, similar messages are also provided by SWTs/SMTs to adolescent girls.

*“...we teach them not to play sex..... that just in case they get involved in sex, they will get pregnant anytime.” (IDI I: SWT—Primary School)*

**Figure 5: Age range in which girls starts menstruation (n=298<sup>4</sup>)**



Ninety respondents (30.2%) stated that girls start menstruation in the age range of 10 to 20 years. In line with this, qualitative findings obtained from FGDs among boys and girls showed that the majority of

<sup>4</sup> This question was only administered to 298 students who had not started menstruation but had ever heard about it.

participants said girls start menstruating in the age range of 9 to 50 years.

*“Girls start menstruation between 10 and 15 years...” (FGD IV: Girls—Secondary School)*

*“They start from 14 years and above.” (FGD IV: Girls—Secondary School)*

*“Menstruation starts by 16 years....” (FGD III: Girls—Primary School)*

*“They start menstruation between 10 and 18 years” (FGD I: Boys—Primary School)*

*“They start from 17 to 45 years” (FGD I: Girls—Primary School)*

**Table 9: Respondents’ understanding of poor MHM**

Practices associated with poor menstrual hygiene management	Frequency (n=1,015)	Percentage (%)
Failure to bathe during menstruation	556	54.8
Failure to change pads	200	15.1
Use of unclean clothes	153	15.1
Not shaving pubic hair	35	3.4
I don’t know	123	12.1
Others	30	3.0
Dangers of poor menstrual hygiene management		
Infections such as UTIs	458	45.1
Bad odour	497	49.0
Itching of private parts	27	2.7
I don’t know	67	6.6
Others	30	3.0

Respondents gave multiple explanations for practices and dangers of poor MHM

More than half of respondents (54.8%) indicated failure to bathe during menstruation was poor hygienic practice while (3.4%) mentioned not shaving pubic hair.

(Respondents provided multiple answers.)

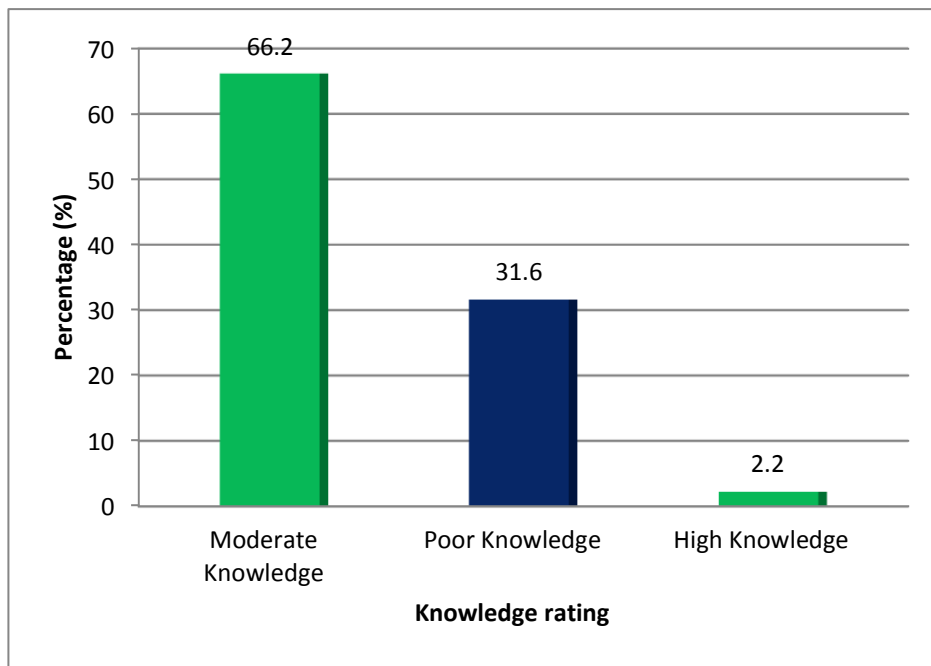
This was also corroborated by

SWTs/SMTs and girls interviewed through FGD, who mentioned that failure to bathe and not changing pads was associated with poor menstrual hygiene. On the dangers related to poor menstrual hygiene management, 497 (49%) mentioned bad odour.

#### 4.2.1 Rating of Knowledge of Menstruation

The knowledge rating of respondents was conducted based on 7 selected questions. The questions were re-coded using a 2 point scale with a minimum value of 1 and a maximum of 2. Responses were computed to get a total range of from 7 to 14. The total value was subdivided into 3 levels; Poor Knowledge (7-9), Moderate Knowledge (10-12), High Knowledge (13-14). A respondent was rated as having poor knowledge if they were knowledgeable about 0-3 of the 7 questions, 4-5 questions (Moderate Knowledge) and 6-7 questions (High knowledge).

**Figure 6: Rating of knowledge about menstruation (n=1,015<sup>5</sup>)**



*71.3% were taught about menstruation pre-menarche.*

*89.3% did not know the cause of menstruation.*

*92.3% did not know the source of menstrual blood*

*69.8% were not aware of the duration of a normal period*

*93.9% were aware of the dangers of poor menstrual hygiene management*

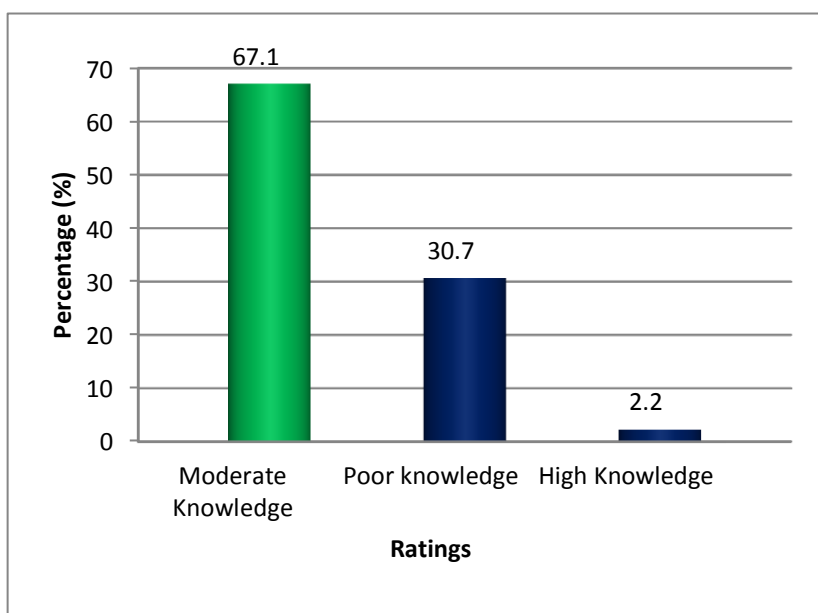
More than half of respondents (672 or 66.2%) were rated as having moderate knowledge of menstruation while 22 (or 2.2%) had high knowledge. Nevertheless, adolescent boys, girls, SWTs/SMTs and parents all had significant knowledge gaps about MHM.

### 4.2.3 Disaggregated Ratings of Knowledge about MHM

This section presents a rating of knowledge about menstruation according to the different categories of girls such as in-school girls without disabilities, in-school girls with disabilities, and out-of-school girls.

#### 4.2.3.1 Knowledge Rating for In-school Girls who Had Started Menstruation

**Figure 7: Rating of in-school adolescent girls who had started menstruation**



*30% of girls had never heard of menstruation and 20% did not know why girls/women menstruate.*

*83.4% did not know the duration of a normal period.*

*20% could not name any sign of menstruation and 95.1% did not know the source of menstrual blood.*

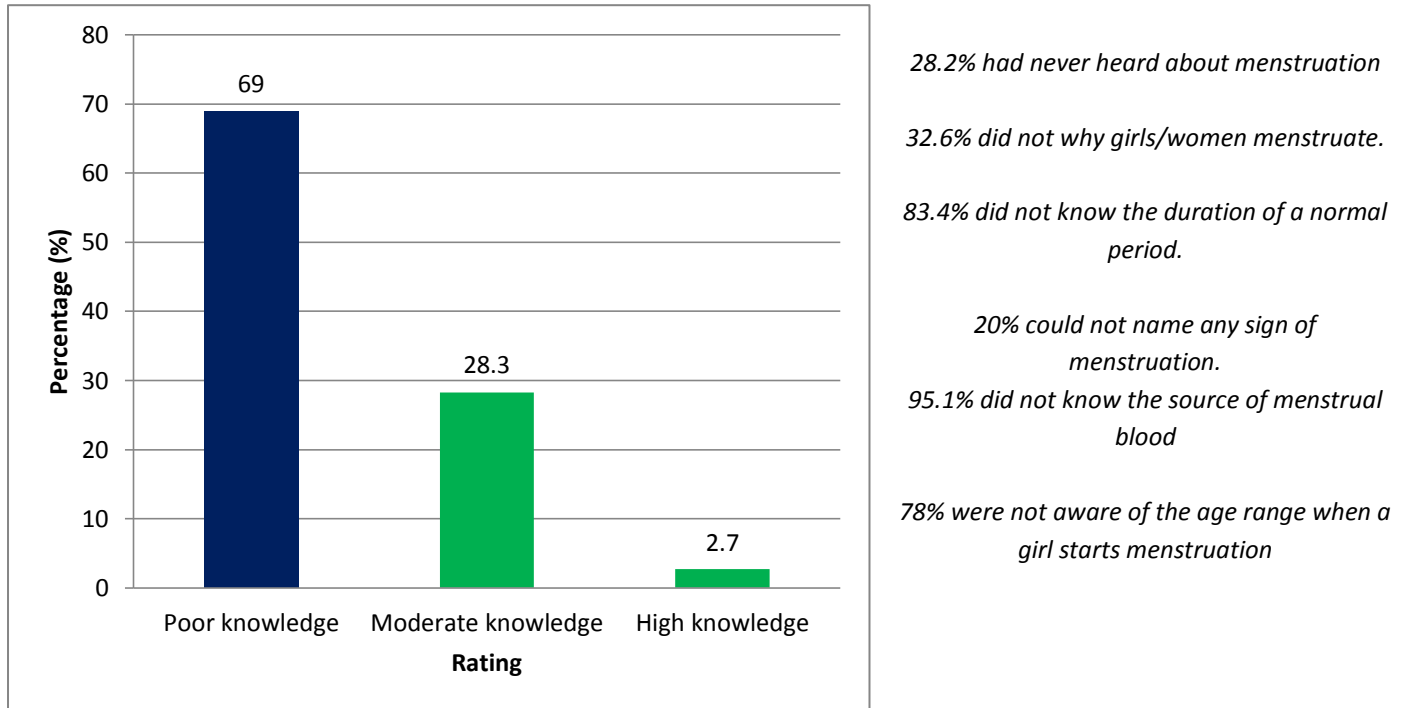
*78% were not aware of the age range at which a girl starts menstruation.*

As presented above in figure 7, the majority of respondents (661 or 67.1%) were rated as having moderate knowledge of menstruation.

<sup>5</sup> This included all girls who had started menstruation; 985 in-school without disabilities, 20 in-school with disabilities, and 20 out-of-school girls.

### 4.2.3.1 Knowledge Rating for In-school Girls Who Had Not Started Menstruation

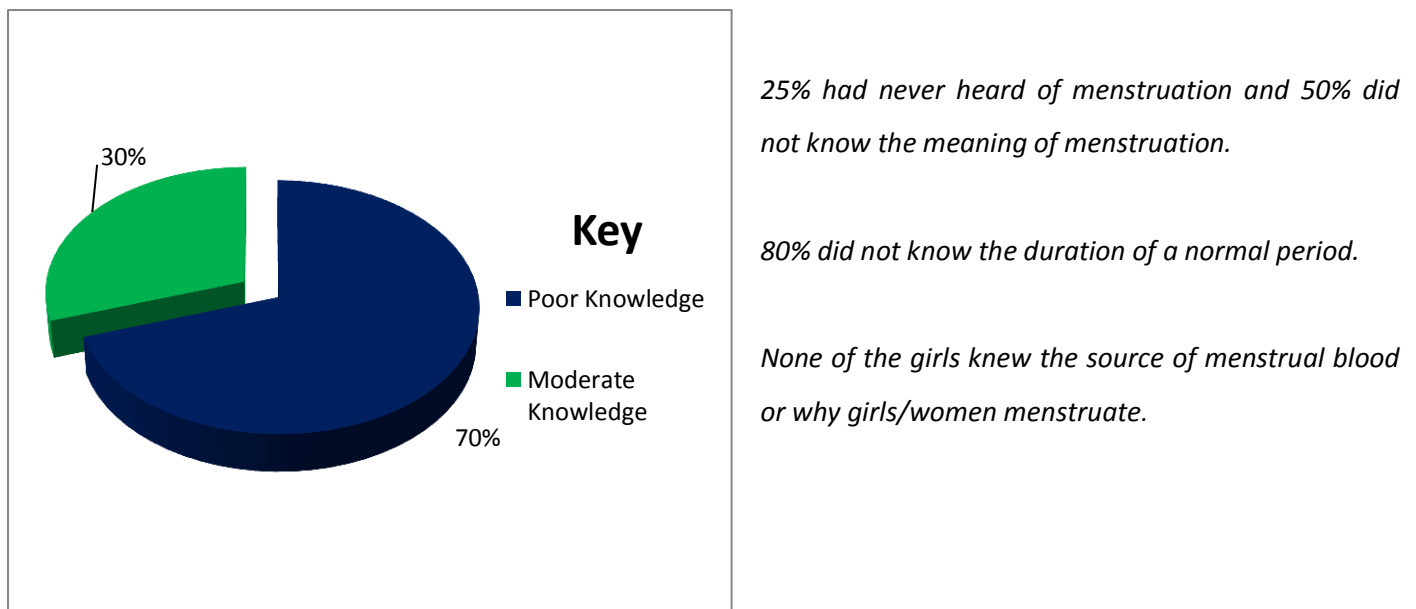
Figure 8: Knowledge rating of in-school girls who had not started menstruation (n=410)



Nearly seven out of every 10 girls who had not started menstruation (283 or 69%) had poor knowledge related to menstrual health and hygiene management.

### 4.2.3.2 Knowledge Rating for Girls with Disabilities

Figure 9: Knowledge rating for girls with disabilities (n=20)



Out of the 20 girls with disabilities who participated in the survey, 14 (or 70%) had poor knowledge of menstruation. As compared to the other groups of respondents, girls with disabilities had relatively lower knowledge levels regardless of the fact they were in-school where SWTs/SMTs are expected to teach about menstruation. One of the main reasons for this relates to communication challenges experienced by parents of adolescent girls with disabilities, many of whom stated that they find it hard to talk to their daughters about menstruation.

***“When she saw blood, she ran to her aunt and told her about it.... and she took care of her. Trust me, you never know what she is going through menstruation....she never tells me about it.” (IDI XV: Female parent with a girl who is deaf and hard of hearing)***

***“.....the first month she did not tell me, the second month I just saw blood....My greatest challenge with her is that she is too quiet.... if you talk to her she just keeps quiet...”(IDI XVI: Female parent with a girl with a cognitive disability)***

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None of the 5 parents/caretakers of girls with disabilities interviewed had taught their daughters about menstruation pre-menarche. Those with daughters had not started menstruation had also not taught them about it despite the fact that they were over 12 years of age. Parents explained that this is because they don't understand the growth patterns of their girls with disabilities.

None of these girls knew the cause of menstruation, and 80% did not know the source of menstrual blood. None knew the normal duration of a menstrual period, and 10% of them associated menstruation with sickness.

***“When she had her first period, she did not understand what was going on...she just felt something unusual when blood was coming out..... she did not speak nor know what was happening because she even touched in the blood and showed me.... (IDI XIV: Female parent with a girl with a cognitive disability)***

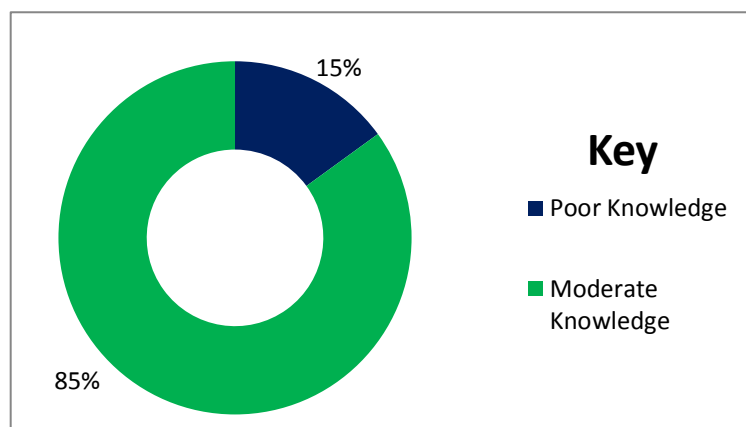
***“When this child started menstruation, I never knew this would happen and I had never seen any signs ...i just saw blood coming out of her.....” (IDI XIII: Female parent with a girl with a cognitive disability)***

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Further, during data collection, SWTs from nearly every school where the study was conducted indicated there were no girls with disabilities in their schools. However, R.As, having been trained about the common types of disabilities, identified them, explained their disabilities to their teachers and interviewed them. Nonetheless, many SWTs often used disrespectful language, belittling and offending them with descriptions such as, “the girl with a crooked hand” to mean a girl with a physical disability, or “the daft girl” to mean one with a learning/cognitive disability, among others. The parents of girls with disabilities also often referred to their daughters using belittling words during interviews, such as “lazy”, “crazy”, “abnormal” and “childish”. Clearly, girls with disabilities receive little or no attention from SWT/SMTs and parents during menstruation.

#### 4.2.3.4 Knowledge Rating for Out-of-school Girls

Figure 10: Rating of knowledge for out-of-school girls (n=20)



None of the girls knew the cause of menstruation  
 90% did not know the source of menstrual blood.  
 None of the girls knew the duration of a normal period.  
 15% associated menstruation with sickness

Of the 20 out-of-school girls who participated in the survey, 17 (85%) had moderate knowledge of menstruation. Though most girls in this group were using family planning methods and could have received health education concerning reproductive health through family planning sessions in health facilities, many had considerable knowledge gaps.

### 4.3 Restrictions associated with Menstruation

A total of 1,319 adolescent girls who had started or heard of menstruation were considered to understand the internal and external restrictions they hold/experience during menstruation. For internal restrictions, 1,319 participants were assessed while external restrictions were measured among 1,015 girls.

#### 4.3.1 Internal Restrictions during Menstruation

Table 10: Internal Restrictions associated with menstruation

Statement	Agree	Not Sure	Disagree
I believe a menstruating woman/girl should not do straining physical work	56.3	2.8	40.9
I believe that women/girls should not discuss menstruation with men/boys	74.8	3.0	22.2
I believe that women/girls should not associate with men/boys during menstruation	67.3	2.6	30.1
I believe women/girls should not enter mosques/churches during menstruation	37.4	4.8	57.8
I think women and girls should not use the latrine during menstruation	14.0	3.8	82.2
I believe women/girls should not cook food during menstruation	25.1	2.8	72.1
I believe women/girls should not engage in sexual intercourse during menstruation	78.7	3.4	17.9
I think women/girls should not fetch water from public water sources (borehole, spring) during menstruation	21.5	4.0	74.5
I believe women/girls should not go to/pass through gardens during menstruation.	30.1	8.6	61.3
I believe that women/girls should not eat or drink cold things during menstruation	32.6	10.2	57.2

According to study results, more than half of the respondents (743 or 56.3%) believed that menstruating women/girls should not engage in strenuous physical work. According to most parents, SWTs and adolescent girls,

girls should not engage in strenuous/heavy work such as lifting heavy things like jerricans, garden-related work or jumping during menstruation. They explained that undertaking such work may cause backache as detailed below;

*"I think a menstruating girl should not do strenuous work like carrying heavy things because the back might pain her."*

*(IDI V: Female Parent of a girl with Cognitive Disability)*

*"...a girl/woman should not engage in strenuous work because this might cause a backache."* (IDI IV: Female Parent)

*"Girls should not lift heavy things like say 2 Jerricans during menstruation."* (FGD IV: Girls—Secondary School)

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Some parents and adolescent girls also believed that carrying/engaging in strenuous activities during menstruation increases menstrual flow.

*"I believe that a woman/girl menstruating should not carry heavy things because it can increase the flow of blood."* (IDI

*II: Female Parent)*

*"One should not lift heavy items.... they say that the menstrual flow becomes heavy."* (FGD VII: Girls—Primary School)

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In addition, survey findings showed that nearly three-quarters of respondents (986 or 74.8%) believed that women/girls should not discuss menstruation with men/boys. Moreover, just over two-thirds of survey participants, (888 or 67.3%) believed that women/girls should not associate with men/boys during menstruation. According to qualitative data from parents, SMTs/SWTs and adolescent girls, menstruating girls are not supposed to closely associate with boys/men because they 'run a risk' of being tempted to have sex — which was described as an abomination by respondents. Other than that, in most FGDs, adolescent girls also explained that being near/associating with a boy during menstruation was sexually tempting as described in the following narrative;

*"We are not supposed to associate with boys because you can develop feelings and you get tempted to have sex."* (FGD

*II-Girls: Secondary School)*

*"During menstruation, we are to avoid associating with boys...because when you are with them, they can tempt you to give in....even if it is your boyfriend, he can end up smooching you and you get sexually aroused. You can end up giving in yet you are not fit for sex action."* (FGD IV: Girls—Secondary School)

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Apart from this, there was a perception among one female parent that associating with boys could cause the start of menstruation. According to her, girls start menstruation early because they often play with boys. Likewise, a substantial number of adolescent girls (95 or 7.2%) said playing sex could cause menstruation.

*"... these days, a girl begins menstruation early if she starts to play with boys"* (IDI XVI: Female Parent with a girl with albinism)

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What is more, there were concerns among two SWTs about girls fearing to associate with boys during menstruation due to sexual violence. An earlier survey<sup>6</sup> conducted by CCUG in 2018 found causes of School-Related Gender-Based Violence (SRGBV) among girls during menstruation in the form of unwanted sexual touches and the use of sexually offensive and abusive words. It is also worth noting that a recent survey conducted by CCUG among 98 students in two secondary schools in Jinja and Mayuge districts found that 32 (56.1%) of the 57 girls who participated had experienced sexual violence in the past 3 terms preceding the survey. The most common experiences included unwanted touches (25.5%), unwanted sexual requests (29.8%), unwanted love/marriage requests (18.4%), someone offering a gift or money to engage in a sexual act (16.3%), being forced to touch another person's private parts (10.3%) or forced to engage in sexual acts such as kissing/having sex (8.1%).

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<sup>6</sup> <http://www.communityconcernsug.org/wp-content/uploads/2017/03/CCUG-MHM-Midline-Survey-Report-August-2018.pdf>

More than one-third of adolescent girls (37.4% or 493) presumed that women/girls should not enter the mosque/church during menstruation. There was an assumption among some adolescent girls that since menstrual blood is 'impure', it is not good to pray or attend prayers from a place of worship such as a mosque during menstruation. They further explained that when a woman/girl goes to the mosque during menstruation, she not only risks making other people 'impure', her prayers are made in vain.

*"During menstruation, a girl is not supposed to go to the mosque. Everything that you have gone to pray for from Allah will be a waste. You have even wasted the 'Swallahs' of all the others who have come to attend the prayers. The Sheik, my parents and madam told us..." (FGD VI: Girls—Primary School)*

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The majority (1,038 or 78.7%) of survey participants believed that women/girls should not engage in sexual intercourse during menstruation. Parents, SWTs/SMTs and girls used words such as "dirty", "abomination" and "dangerous" to describe sex during menstruation. According to many respondents, sex during menstruation may lead to unwanted pregnancy and infections such as Urinary Tract Infections (UTIs).

*"Girls are not supposed to play sex during menstruation because it is dirty" (IDI VIII: SWT--Primary School)*  
*"We are not supposed to have play sex during menstruation because it can increase the bleeding..." (IDI V: SWT—Primary School)*  
*"Not to have sexual intercourse because a girl can get infections and can also get pregnant." (FGD II-Girls: Secondary School)*

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In addition, there were also concerns among some participants (students and some teachers) that sex during menstruation could lead to blockage of the fallopian tubes. They explained that if one engaged in sex during menstruation, there would be reversed blood flow which could lead to the blockage of the fallopian tubes. Furthermore, one participant in a girls' FGD indicated that having sex during menstruation could cause cancer of the cervix.

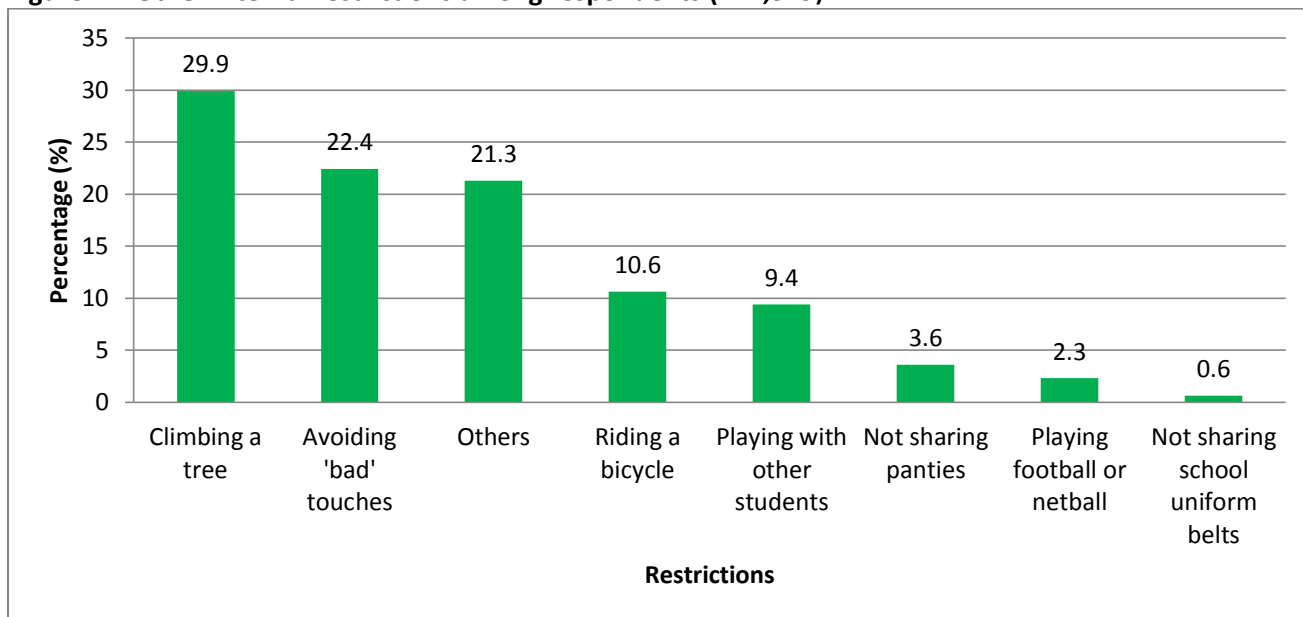
*"...you can end up getting cancer of the cervix if you have sex during menstruation. And if it is unprotected sex, that blood can enter the urethra of the boy and one can get infections. That blood, because of the sexual movements during that action, can end up flowing back to the uterus which causes serious infections.." (FGD IV: Girls—Secondary School)*

*"Not supposed to play sex because that blood can block the fallopian tubes..." (IDI VI: SWT—Primary School)*

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Nearly a third of respondents 430 (30.1%) believed that women/girls should not eat or drink cold things during menstruation. There is an assumption that eating or drinking cold foodstuffs during menstruation reduces menstrual flow and could even result in blood clotting.

**Figure 11: Other internal restrictions among respondents (n=1,319)**



Of the 1,319 respondents who had started menstruation/heard about menstruation, 394 (29.9%) stated that girls should not climb a tree during menstruation, and 295 (22.4%) indicated that girls should avoid 'bad touches' during menstruation. This could be related to fears of sexual violence and engaging in sexual intercourse during menstruation. This could imply that adolescent girls experience sexual violence in form of unwanted sexual touches and are more scared of the vice during menstruation due to several warnings from parents and teachers about the outcomes of sexual intercourse—unwanted pregnancies.

### 4.3.2 External Restrictions

In this section, 1,015 girls who had started menstruation were asked about the things they were not allowed to do during their previous period. These restrictions are divided into; food restrictions, restrictions of movement/association, religious-related restrictions.

### 4.3.2.1 Food Restrictions

Respondents mentioned foods and actions related to food or food crops that they were not allowed to engage in during their previous period.

**Table 11: Menstrual health restrictions related to food**

Restriction	Frequency (n=1,015)	Percentage (%)
Not allowed to pass through a garden of food crops	260	25.6
Not allowed to eat groundnuts/oyster nuts (Kulekula)	276	27.2
Not allowed to eat beans	276	27.2
Restricted from cooking food	207	20.3
Restricted from serving food	89	8.8
Not allowed to engage in fasting	114	11.2
Restricted from eating cassava	50	4.9

Study findings revealed that 27.2% (276) of adolescent girls were not permitted to eat groundnuts/oyster nuts (Kulekula) during their last period. Similarly, an equal number of respondents (276 or 27.2%) stated that they were restricted from eating beans during menstruation. According to adolescent girls, parents restricted them from eating ground/oyster nuts and beans during their previous period due to the assumption that these foodstuffs could increase the menstrual flow.

*“I was restricted from eating nuts especially groundnuts because they increase bleeding during menstruation.” (FGD III: Girls—Primary School)*

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In addition, a considerable number of respondents (207 or 20.3%) said that they were restricted from cooking food during menstruation. Other than that, 8.9% (89) of respondents stated that they were not allowed to serve food at home during menstruation during the period prior to the survey. It should be recalled that a quarter of respondents (25.1% or 331) believed that women/girls should not cook food during menstruation. Therefore, it is not surprising that many were restricted in participating in an activity that they believed should not be done by menstruating girls/women. According to some respondents, there was fear that menstruating girls/women who participate in cooking or serving food may contaminate it with hands that have touched menstrual blood.

*“She should not cook food...” (FGD III: Primary School)*

*“A menstruating girl/woman should not cook because the food will smell that bad odour that comes from her. (FGD VII: Girls—Primary School)*

*“...not to serve food to my father. For me, they just chase me away if I am menstruating.... I should not serve food during menstruation...” (FGD IV: Girls—Secondary School)*

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In addition, one female parent acknowledged restricting her adolescent daughter from cooking, peeling food or washing household utensils during menstruation. Although she was not certain why this restriction should be practiced, she revealed that she was following her grandmother’s directive passed on many years ago. Besides, 2 female parents said they were often worried when they cook food during menstruation because of the fear that they may contaminate it with “dirty” menstrual blood.

*“...it worries me that the food I cook might sell blood.” (IDI II: Female Parent)*

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There were also concerns among some boys in one FGD that cooking during menstruation could endanger the girl’s health. They explained that a girl could experience cramps while cooking and could pour hot foodstuffs on themselves. Similarly, one male parent also had related concerns.

*“They should not cook because a girl can be, for example, holding a hot saucepan and cramps twitch her abdomen, she can end up pouring the hot items on herself. This can be as disastrous for her life as she will require medical attention.”*

*(FGD IV: Boys—Secondary education)*

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According to another male parent, women/girls who don’t keep good menstrual hygiene should not touch, peel or serve food because they are unclean. Besides, there were also concerns about menstruating women cutting meats containing blood due to their similarity with menstrual blood.

*“...but there those who are always dirty, this category of people are not even meant to touch, peel or even serve the food we are going to eat because they are not clean.*

*“Another thing is that they are not meant to cut fish, meat or even touch it in the process of preparing, so you have to delegate a child because those things (blood in meat) resemble their menstrual blood and another thing is that she might have touched in menstrual blood and did not clean herself well so it is not good for her to prepare that sauce.” (IDI VI:*

*Male Parent)*

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Additionally, in an earlier study<sup>7</sup> conducted in 2017 by CCUG, a female parent explained that when a man eats food prepared by a menstruating woman/girl, he may experience trauma.

*“During periods, it is not advisable for a woman/girl to touch food, she may contaminate it with menstrual blood...and if a man/boy realizes that he has eaten food prepared by a woman/girl who is in her periods, he may get*

*traumatized.”(Female parent V)*

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In a similar way, 114 adolescent girls (11.2%) reported that they were not allowed to engage in fasting during their previous period. A significant number of respondents (367 or 25.9%) were Muslims. This survey was conducted between June and July 2019 and the Eid al-Fitr celebration which ended the Muslim month of Ramadan was celebrated in early June. According to qualitative data, girls belonging to the Muslim faith are restricted from fasting because it may increase bodily dehydration and strain the health of the girl.

In addition to this, 50 (4.9%) girls stated that they were stopped from eating cassava during the last period. There is an assumption that eating cassava — especially the raw cassava — could increase menstrual flow and may cause clotting of menstrual blood during menstruation. There was also a belief that eating cassava could lead to the production and/or secretion of more vaginal fluids, which may cause issues for menstruating girls.

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<sup>7</sup> <http://www.communityconcernsug.org/wp-content/uploads/2017/03/CCUG-MHM-Baseline-Survey-Report-August-2017-1.pdf>

### 4.3.2.2 Restrictions of Movement/Association

Respondents discussed activities related to movement/association that they were not allowed to do during their last period.

**Table 12: Responses on restrictions related to movement/association**

Restriction	Frequency (n=1,015)	Percentage (%)
Not allowed to associate with boys	646	64.9
Not permitted to play with boys	46	4.9
Discouraged from sharing clothes including school uniform belts	87	8.6
Restricted from crossing the road	150	15.1
Restricted from going to school	158	15.9
Not permitted to ride a bicycle	582	57.3
Not allowed to move at night	6	0.6
Not allowed to go to places that expose one to a lot of direct sunlight	4	0.4

More than half of respondents (64.9% or 646) said that they were not allowed to associate with boys during their last period. Similarly, 46 (4.9%) respondents stated that they were not allowed to play with boys during menstruation. There were fears among some girls experiencing verbal abuse and violation of their personal privacy during menstruation. Some girls were scared of associating with boys due to fears of them peeping through their skirts/dresses and spreading rumours about them.

*“...because boys are so adventurous, they can look through the middle of your legs and they will get to know that you are in your periods.” (FGD III: Girls—Primary School)*

*“....they can call you annoying names and use silly words of all sorts especially if they have seen or known that you are in your periods.” (FGD III: Girls—Primary School)*

Additionally, many adolescent girls interviewed through FGDs were concerned about associating/playing with boys during menstruation because of the fear of being lured into sex with them. According to SWTs and parents, it is important to restrict girls from associating with boys during menstruation because they may get tempted to engage in sexual intercourse which could lead to unwanted pregnancies.

*“I restrict girls from associating with boys during menstruation...” (IDI III: Female Parent)*

*“As a senior woman teacher, I don’t allow these girls to easily associate/interact with boys during menstruation..” (IDI II: SWT—Primary School)*

Worth noting is that 95 (7.2%) adolescent girls believed that playing sex could cause menstruation. Although 4 students (0.4%) said they play sex during menstruation to reduce menstrual pain, that number is insignificant.

*“...we are not supposed to associate with boys during menstruation because feelings can develop and you get tempted.”*

*(FGD II-Girls: Secondary School)*

*“Girls should not associate with boys during their periods because they can lure one into having sex...” (FGD III: Girls—Primary School)*

*“We should avoid associating with boys during menstruation. Because when you are with them, they can tempt you to give in which can cause infections ...” (FGD IV: Girls—Secondary School)*

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Based on the above, it is likely that some girls who participated in this survey were meek; with limited decision making and critical thinking skills, they could be easily influenced to engage in risky behaviour even if they don't want to do so.

There was a belief among some male participants in some FGDs that menstruation means sexual maturity among girls/women. For this reason, a male participant suggested that girls should be separated from boys because they may 'tempt' them to have sex with them.

*“Yes I would suggest separating boys from girls during menstruation..... because if I get very close to her, she might tempt me to have sex with her and she would get pregnant....”(FGD V: Boys---Primary School)*

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With that in mind, it is clear that some girls restrict themselves from associating with boys due to fears of being lured into sex. When asked about the impact of the challenges faced by girls during menstruation on boys/men, boys in 2 FGDs said girls “make them get erections” and desire to have sex with them. One female parent revealed that men have limited or no reasoning ability when they get an erection, which she gave as a reason for menstruating girls should take caution when in the presence of boys.

*“it is hard to know what happens to men when they have an erection, it seems their thinking/reasoning abilities are switched off...so girls should guard themselves during that period...” (IDI VII: Female Parent)*

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A substantial number of adolescent girls (150 or 15.1%) stated that they were not allowed to cross the road (referring to the main road, including highways) during their last period, although many of them asserted that they did not know the reason for this and claimed that it is part of their culture. Some explained that it is due to fears of sanitary materials falling on the road as they cross.

Many adolescent girls (158 or 15.9%) said that they were not allowed to come to school during menstruation. Even though none of the parents interviewed for this survey reported refusing to allow their adolescent girls to come to school during menstruation, there were great fears and concerns among all parents of girls with disabilities about their daughters being sexually abused during menstruation in or around the schools.

*“Yes I am worried about men raping her and also when she is her periods she just moves aimlessly putting her at great danger....”(IDI V: Female Parent of a girl with Cognitive Disability)*

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Six girls (0.6%) stated that they were not allowed to move at night during their previous period. They reasoned that parents told them that they face a higher risk of being sexually abused if they move at night. Connected to this, one SWT wondered whether there is a relationship between the appearance of the full moon and the start of menstruation among girls in her school as detailed below;

*“When the moon is at full size, many girls in this school start menstruation---- the cases are very many, I wonder why that is so...”(IDI XVII: SWT-Primary School)*

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More than half of menstruating girls (57.3% or 582) stated that they were not allowed to ride a bicycle during their last period. Parents and teachers noted that riding a bicycle during menstruation could lead the sanitary materials used to get out of position or even fall out. Many teachers pointed out that some girls have inadequate knickers, while others said they have ‘loose panties’ which may easily make the pads fall out when riding a bicycle. One Female Local leader recounted a time when she rode a bicycle and the sanitary materials she was using dropped causing her great shame in the community.

*“But, again some of them don’t have knickers...for instance, recently, a 14-year-old girl did not have knickers ....I discovered it when I would always see her tying a sweater around her waist all the time..., I and other teachers contributed money to buy for her some knickers...” (IDI XVII: SWT-Primary School)*

*“... I remember when I was still in school, I was learning how to ride a bicycle and I was already in my periods.... long ago, we never had pads so as I was riding, the cloth dropped from my skirt and I was with my niece.... She asked, “what is that?”...I did not know what to reply... we had an accident after...we fell off the bicycle. I was so ashamed..” (IDI III: Female Local Leader)*

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Based on such experiences, parents and SWTs/SMTs reported restricting girls from riding a bicycle during menstruation. Generally, the majority of girls were scared/restricted from engaging in physical activities such as playing, crossing the road or riding a bicycle among other activities due to fear of pads falling, which could cause tremendous embarrassment.

*“I restrict girls from playing during menstruation because the pads might fall accidentally due to having loose knickers (IDI V: SWT—Primary School)*

*“Girls should not play recklessly during menstruation....because the pad might drop down while you are running and playing around.” (IDI I-Adolescent Girl)*

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Survey findings also revealed that a small number of girls (4 or 0.4%) were restricted from going to places that expose one to a lot of direct sunlight. Just like fire, there was an assumption among some girls that exposing the body to hot things (sunshine and fire) during menstruation may contribute to heavy bleeding. There was also a belief among two male parents that menstruation is some form of illness where a girl/woman is supposed to be treated “delicately”.

*“I think menstruation is like some form of illness, so girls/women should not be exposed to hot environments because they will affect their health.” (IDI XVII-Male Parent)*

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### **4.3.2.3 Religious Related Restrictions**

More than a third of respondents 371 (or 36.6%) stated that they were not allowed to go to the church/mosque during their last period. According to girls in one FGD and two male parents, girls/women belonging to the Muslim faith are not supposed to go for prayers, read the Quran during menstruation or even touch clothes or mats (used during prayers) of others who are going to pray. They explained that during menstruation, a woman is too “unclean, impure and dirty” to engage in prayers. To “cleanse” them, one male parent suggested that women use strong detergents such as Jik and soap as narrated below;

*“When my wife is in her periods, as we are Muslims, she is not meant to wash my clothes because the clothes get cleansed (get wuuzu) each time you go for prayers, and also the mat we use in prayers (omusaalo), she is not meant to sit on it or even touch it....*

*“...to clean them, I think buying them soap and Jik to wash can do because during that period they are too dirty...” (IDI VI: Male Parent)*

Among Christians, one female local leader stated that although the Church allows women to pray freely during menstruation, they are restricted from going to the altar. Like adolescent girls, there was a fear of pads falling as menstruating girls/women engage in praise and worship in church.

*“...the church has simplified things, you can go and pray freely but, you are not allowed to step on the altar. This is because you never know in the process of praise and worship, jumping up and down, you have loose knickers, the pad could just drop down and you get so ashamed..” (IDI III: Female Community Leader)*

### 4.3.2.4 Other External Restrictions

**Table 13: Responses on other restrictions related to menstruation**

Restrictions	Frequency (n=1,015)	Percentage (%)
Not allowed to wash my father’s/male relative’s clothes	449	44.2
Restricted from sitting on a chair	531	52.3
Not allowed to fetch water from the borehole, spring or pond	194	19.1
Discouraged from exposing knickers/panties and or sanitary pads to your father/male relative	49	4.8
Not allowed to throw used sanitary materials in the pit latrine	27	2.7
Not allowed to use of the latrine	86	8.4

Four out of every 10 adolescent girls (449 or 44.2%) reported that they were not permitted to wash their fathers’/male relatives’ clothes. Furthermore, slightly over half of the respondents (52.3% or 31%) said that they were not allowed to sit on a chair. Qualitative data obtained from adolescent girls through FGDs revealed that girls are not allowed to wash their father’s clothes or sit on a chair because of cultural taboos. Students argued that a girl may accidentally leave some traces of menstrual blood on the chair which would be a form of “defilement” to their father.

*“I was not allowed to sit on a chair. When you do so, your father can come and sit on the same chair you have been on and you have maybe left some blood spots. This is a taboo and may cause him [Obuko]” FGD IV: Girls—Secondary School*

However, one female parent reported that when girls sit on the same chair as their father, it is a sign of disrespect, since children and adults had specific chairs that they sat on as per the African Traditional Culture. She further explained that this restriction did not only extend to girls but was also applied to boys. According to her, girls were also not allowed to enter their father’s bedrooms or expose their underwear garments to their male parents as a way of restricting them from developing any sexual interest for their daughters, which could result in incest.

*“...girls are forbidden from washing or going to their father’s bedrooms during menstruation as a safeguarding measure against incest.*

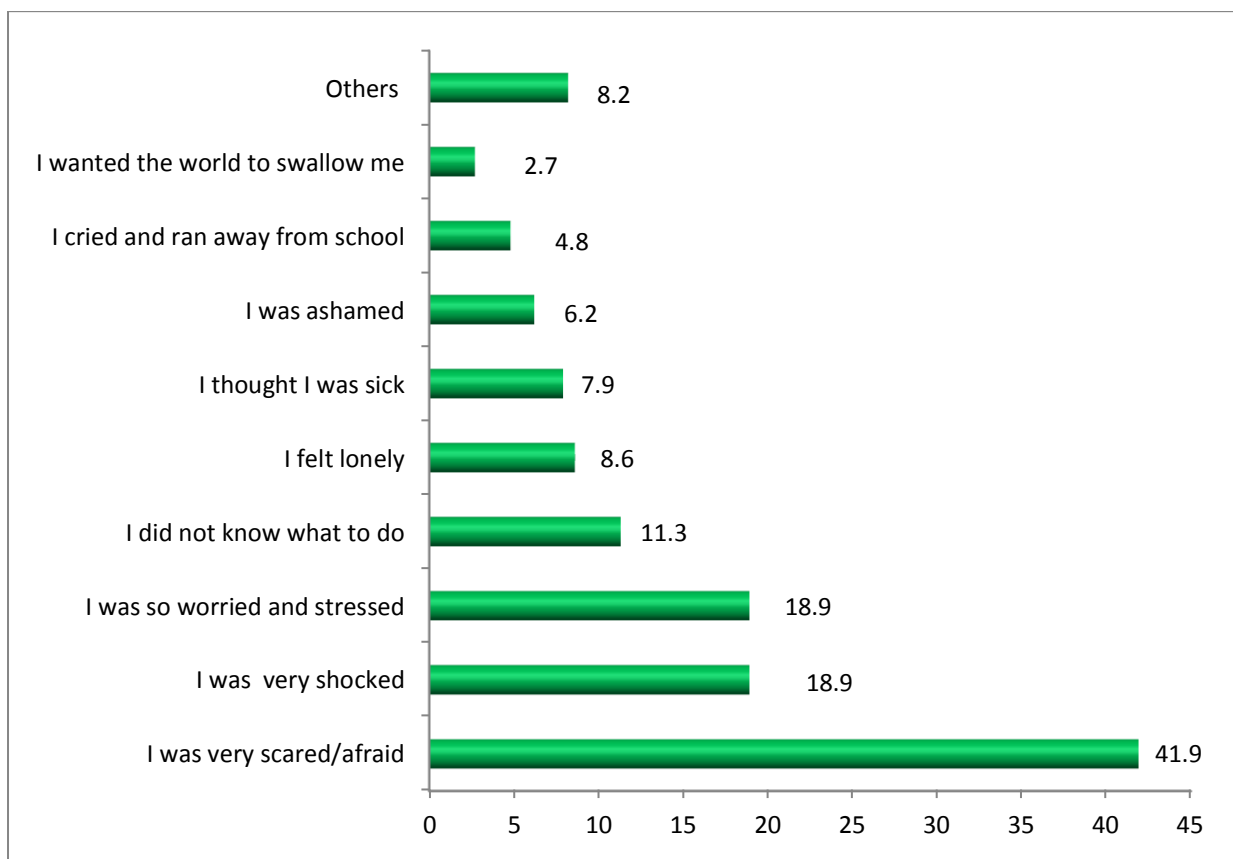
*“..she is not allowed to sit on his chair because it is a way of showing respect to him since the girl is then considered an adult.” (IDI VII: Female Parent)*

A significant number of respondents (86 or 8.4%) said they were not allowed to use the latrine during their last period, and 27 girls (2.7%) were not allowed to throw used sanitary materials in the pit latrine. There was a belief among some girls that one may become barren if they use or dispose of used sanitary materials in pit latrines. In addition, used sanitary materials were equated to “unborn babies” and they stressed that they should be disposed of properly or else one may never produce in the future. Besides, some girls indicated that disposal of used sanitary materials without caution could easily lead one to be bewitched through the use of menstrual blood which could lead to barrenness.

#### 4.4 Experiences of Girls during Menarche

Under this section, 291 adolescent girls who had started menstruation but had not been taught about it pre-menarche were asked about their experiences during their first period. Respondents gave multiple answers.

**Figure 12: Experiences of girls during menarche (n=291)**



Most respondents (122 or 41.9%) who had started menstruation but were not taught about it pre-menarche said they were very scared/afraid when they had their first period. Similarly, girls interviewed through FGDs also recounted experiencing extreme fear when they had their first period. Due to fear, some girls ran away from school while others hid or cried.

*"I was so scared because I had never seen such a thing..."*

*"I experience so much fear, I ran from school to tell my mother..."*

*"...for me I cried, I did not know how to react...." (FGD VII: Girls—Primary School)*

*"I hid from my friends for 3 hours in fear of what had happened to me..." (FGD I-Girls: Primary School)*

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In addition, 55 students (or 18.9%) said they were very shocked when they had their first period. A similar number was very worried and stressed, and 26 girls (8.6%) said they felt so lonely when they had their first period. Likewise, qualitative data obtained from adolescent girls also revealed that many girls were shocked, stressed and got worried when they had their first period. In the same vein, SWTs also reported cases where adolescent girls experiencing menstruation for the first time were shocked and stressed.

*"...because recently, we experienced a situation where a young girl came running from the toilet crying...requesting for help from us...she thought something had bitten her and she had started bleeding. Then, we realized she had started menstruation...." (IDI XVI—Primary School)*

*"...I got so worried because I completely did not know a thing." (FGD VI: Girls—Primary School)*

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#### **4.4.1 Experiences of Girls with Disabilities**

Although the majority of girls who had not been taught about menstruation pre-menarche had negative experiences, girls with disabilities mentioned experiencing more fear and worried more about menstruation than any other category of girls involved in the study. All girls with disabilities (10) who had started menstruation reported experiencing fear and worried that someone would sexually abuse them during menstruation. In addition, girls who had not started menstruation were also scared of not getting someone responsible to care/support them during menstruation. Likewise, the biggest fear of parents with adolescent girls with disabilities was someone sexually abusing their children when they start menstruation or during periods.

*"When she had her first period, I never knew that it would happen; I had not seen any signs of menstruation until I saw blood coming out of her, so I checked her thinking that somebody had raped her but after checking, I realized she had grown up..."*

*"It affected me so much because this child is disabled, how will I be able to take care of her like normal people like us?... so that people are not shocked if she comes home with menstrual blood.....because such a thing is so embarrassing and scary especially among normal people<sup>8</sup>...what about her? (IDI XIII: Female Parent with a girl with a cognitive disability)*

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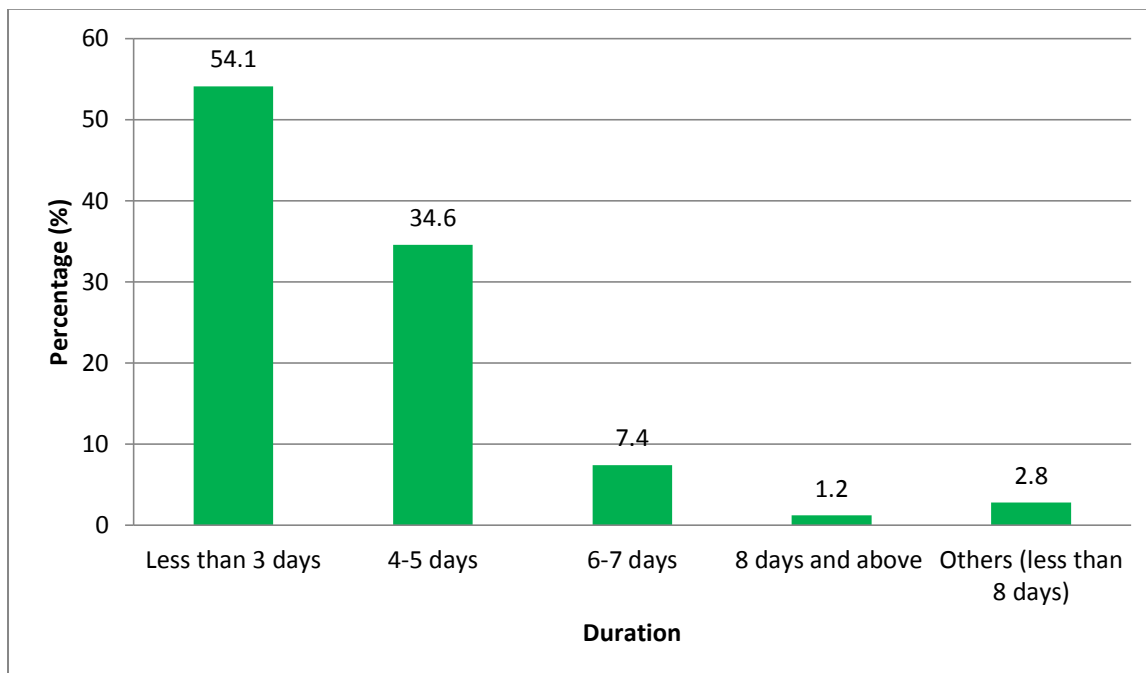
#### **4.5 Experiences of Girls/Female Parents during Menstruation**

This section presents findings related to the duration, symptoms, pain and its management, absorbent materials used and accessibility to convenient places to change and clean during menstruation.

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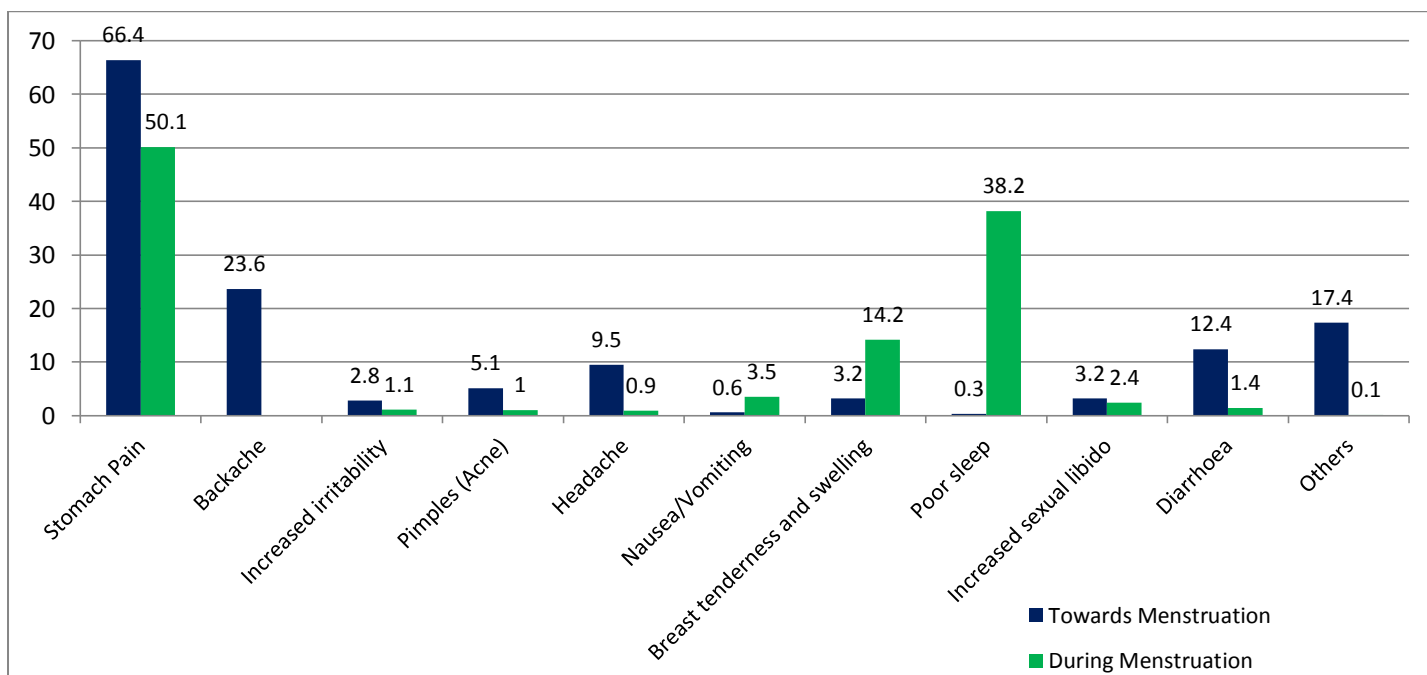
<sup>8</sup> Several parents consistently used words that are offensive in describing their daughters with disabilities.

**Figure 13: Duration of menstrual period among respondents (1,015)**



Just over half of the respondents (549 or 54.1%) reported that their menstrual period usually lasts between 2-3 days while 12 (1.2%) said it usually lasts 8 days or more.

**Figure 14: Experience of respondents towards and during menstruation (n=1,015)**



Survey findings showed that more than half of respondents (674 or 66.4%) usually experience stomach pain prior to the start of their period.<sup>9</sup> During menstruation, half of the respondents (509 or 50.1%) said they usually experience stomach pain. Overall, stomach pain was the dominant sign experienced before and during menstruation among respondents.

<sup>9</sup> There might have been confusion about abdominal and stomach pain due to translation issues (from Lusoga to English and English to Lusoga) during data collection. Besides, adolescent girls might also have confused abdominal pains with stomach pains and vice versa.

Not only that, a substantial number of adolescent girls (240 or 23.6%) said they experience backache during menstruation. Interesting to note is that the majority of adolescent girls, parents, and SWTs believed that engaging in strenuous/heavy work during menstruation could cause backache.

Furthermore, 33 students (3.2%) said they experience increased sexual libido before menstruation while 3.4% (or 34) said they have a heightened libido during menstruation. However, as a majority of girls (1,038 or 78.7%) believed that women/girls should not engage in sexual intercourse during menstruation, it is probably unlikely that respondents translate this sexual desire into action by having sex during menstruation. Nevertheless, a very small number of students (4 or 0.4%) said they play sex to reduce menstrual pain.

**Table 14: Pain rating, management, and type of sanitary materials used**

Average pain experienced during menstruation	Frequency (n=1,015)	Percentage (%)
0	73	7.2
1	187	18.4
2	160	15.8
3	142	14.0
4	101	10.0
5	127	12.5
6	74	7.3
7	51	5.0
8	56	5.5
9	12	1.2
10	32	3.2
Pain Management during menstruation		
Pain killers	500	49.3
Drinking warm water	103	10.1
Exercising	24	2.4
Local herbs	59	5.8
Lying on the stomach	16	1.6
Wrapping a warm cloth around the stomach/abdomen	24	2.4
Nothing	329	32.4
Playing sex	4	0.4
Others	8	0.8
Sanitary materials used during menstruation		
Disposable sanitary pads	643	63.3
Homemade reusable sanitary pads	152	15.0
Commercially sold reusable sanitary pads	79	7.8
Pieces of cloth	132	13.0
Cotton wool	6	0.6
Sponge	4	0.4
Banana fibre	12	1.2
Polythene paper (Kaveera)	4	0.4
Pieces of paper	3	0.3
Others	25	2.5

The highest number of adolescent girls (187 or 18.4%) gave a rating of 1 to the average pain they experience during menstruation. Overall, the average pain experienced by respondents was 3.5 with a standard deviation of 2.5.

Although most respondents rated the pain they experience at low levels, there were some students who might have been experiencing dysmenorrhea.

Regarding management of pain during menstruation, nearly half of respondents (500 or 49.3%) said they use pain killers such as Panadol, Ibuprofen, Diclofenac, and Flagyl (Metronidazole). (Respondents gave multiple answers.)

Although Metronidazole is an antibiotic used to treat protozoal and bacterial infections, most SWTs/SMTs reported giving it out to adolescent girls to manage menstrual pain. Locally, Metronidazole is used in the treatment of diarrhoea and is easily accessible as an Over The Counter (OTC) Drug.

Even if 126 girls (12.4%) said they experience diarrhoea before their period, the increased self-prescription of Metronidazole could cause common side effects such as nausea, abdominal cramps, vomiting, headache, and

stomach upset among others if combined with common foods containing propylene glycols such as ice cream, certain bread and cakes. With this in mind, it is important to note that improper use of Metronidazole could also lead one to develop antibiotic drug resistance.

*"I always give some pain killers to those in pain like Flagyl, warm water and tea..." (IDI VII: SWT—Secondary School)*

*"...we give them painkillers like Panadol and Flagyl during menstruation" (IDI XIV: SMT—Primary School)*

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In addition, one SWT noted that a health worker attached to a health facility near their school health advised them to give girls Flagyl two days before their periods as a way of managing menstrual pain.

*"... yesterday we had a meeting with the girls, a nurse attached to a health centre was here and advised that we should always give girls Panadol and Flagyl 2 days before they start their periods... Using those s drugs, girls will stop getting menstrual pain..." (IDI XVII: SWT-Primary School)*

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Besides, one female participant in a FGD complained about being provided with painkillers that were nearing expiration or had expired, something which may cause major health issues among girls.

*"At our school, some medicines are bought but because, I think, since there isn't a school nurse, the medicines take too long being kept in the tins that by the time you request for some, they are very close to expiry or even expired." (FGD VII: Girls—Primary School)*

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The majority of respondents (63.3%) were using disposable sanitary pads followed by another 15% (152) who were using homemade reusable sanitary pads. Despite the fact that more than half of adolescents were using disposable sanitary pads, many respondents were using more than one kind of sanitary material. This happens in cases where girls have inadequate sanitary pads, have no money to buy extra pads, or when disposable sanitary pads run out of stock at retail shops near their homes/schools.

Notably, 132 girls (13%) were using pieces of cloth, 12 (1.2%) were using banana fibres, 6 (0.6%) were using cotton wool, and 4 (0.4%) were using polythene papers (kaveera) and sponges respectively to stop blood from staining their clothes during menstruation. Like SWTs and SMTs, parents reported that adolescent girls were using unhygienic sanitary materials during menstruation, putting them at risk of infections.

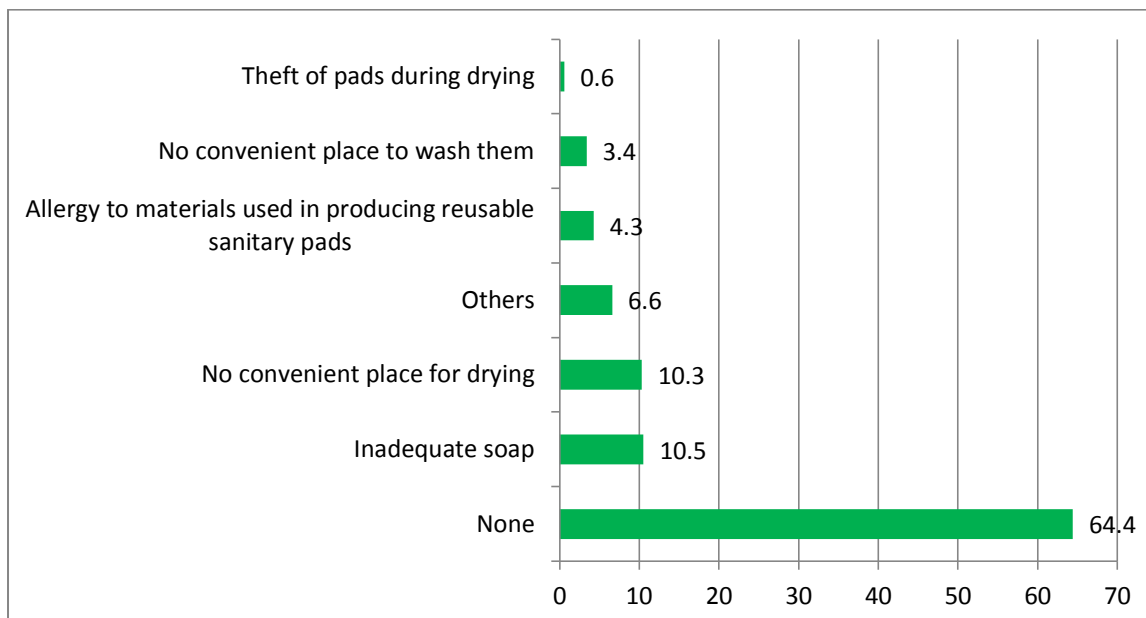
*"Some girls use dirty pads and get infections. (IDI IX: SWT—Secondary School)*

*"Most of the girls don't have what they need to use during menstruation; some use dirty clothes because at times bleeding is abrupt, and there are some parents and children who have never even seen disposable pads or know what it means..." (IDI VIII: Female Parent)*

*"...some girls cannot afford to buy disposable pads...so they use pieces of cloth. But, even the clothes they use are sometimes not clean enough, which causes infections..." (FGD VI: Girls—Primary School)*

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**Figure 15: Challenges faced by respondents who use reusable sanitary pads and pieces of cloth (n=351)**



Adolescent girls who were using pieces of cloth and reusable sanitary pads were asked the challenges they face using sanitary materials. Of the 351 participants who said that they use reusable sanitary pads and pieces of cloth, 37 (10.5%) said they had don't have adequate soap to wash the pads/pieces of cloths and 36 (10.3%) said they have no convenient place for drying the pads/cloths after washing. Although only two parents said they provide soap to their daughters during menstruation, SWTs complained that parents don't provide enough support like soap to their daughters during menstruation.

*“Some of these girls lack soap at home they always ask me to assist them-- IDI V: SWT—Primary School”*

**Table 15: Accessibility to convenient places during menstruation at home and school**

Accessibility to a convenient place to clean and change during menstruation at home	Frequency (n=1,015)	Percentage (%)
Yes	835	82.3
No	180	17.7
Access to a convenient place to clean and change during menstruation at school (n=995 <sup>10</sup> )		
Yes	362	36.7
No	630	63.3
Action taken at school during menstruation in the absence of a convenient place to clean and change (n=630)		
I stay at home	61	9.7
I go to the bush	65	10.3
I don't change the sanitary materials used	205	32.5
Others	299	47.5

A significant number of adolescent girls (180 or 17.7%) did not have access to a convenient place to clean and change at home during menstruation. At school, of the 995 in-school adolescent girls who had started menstruation, 630 (63.3%) reported that their schools don't have access to convenient places for them to clean and change during menstruation. Of these, 205 (32.5%) said they don't change sanitary materials used during menstruation, while 65 (10.3%) said they go to the bush. Coupled with using unclean materials, the lack of “safe”

<sup>10</sup> This includes 985 in-school girls without disabilities and 10 in-school girls with disabilities.

places at schools where girls can go to clean and change pads during menstruation compounds girls' risk of contracting infections due to poor menstrual hygiene practices. This also makes it hard for girls to stay in school during menstruation.

*"We actually don't have a safe and private place to go to during menstruation. Even the water supply is sometimes cut off that we end up not having water to use...it is hard to change pads ..."* (FGD VII: Girls—Primary School)

*"At school, we don't have a proper place where we can wash and change pads so that scares me, because I may get infections which forces me to go back home..."* (IDI II: Girl—Primary School)

**Table 16: Inadequate sanitary materials during menstruation in the past 6 months**

Whether respondents have experienced inadequate sanitary materials during menstruation in the past 6 months	Frequency (n=1,015)	Percentage (%)
Yes	528	52.0
No	487	48.0
Reasons for the inadequate sanitary materials during menstruation in the past 6 months (n=528)		
Abruptness of menstruation	155	29.4
Inadequate funds to buy sanitary materials	301	57.0
Stock-out of sanitary pads at local retail shops	09	1.7
Inadequate cloth materials for making reusable sanitary pads	51	9.7
Long-distance to the shop where pads are sold	10	1.9
Others	45	8.5
Actions taken in cases of inadequate sanitary materials during menstruation (n=528)		
Putting on more than one underwear	67	12.7
I used a piece of cloth	236	45.3
I begged from a friend/relative	83	15.7
I did not attend school	13	2.5
Got more pads from the Senior Woman Teacher	94	17.8
Others	39	7.4

(Respondents gave multiple answers.)

Slightly over half of adolescent girls (528 or 52%) reported that they had experienced inadequate sanitary materials during menstruation in the past 6 months. Of these, 301 (or 57%) said they had inadequate funds to buy sanitary materials. It is worth noting that 639 (63%) were using disposable sanitary pads. In addition, 155 girls (29.4%) said they experienced inadequate sanitary materials due to the abruptness of menstruation. This could mean that a considerable number of girls cannot adequately predict the time when their menstrual periods start, which could be due to limited menstrual experience, menstrual disorder and/or limited knowledge.

When asked about the action taken in cases where they experienced inadequate sanitary materials during menstruation, less than half (45.3%) said they use a piece of cloth. This suggests that although most respondents reported using disposable sanitary pads during menstruation, they supplemented with pieces of cloth in cases where menstruation was abrupt or when they could not afford them.

## 4.6 Abnormal Menstruation among respondents

The survey sought to assess menstrual disorders among respondents which included painful periods, bleeding lasting 7 days, and irregular periods (menstruation within 21 days after one's period and taking 35 days without menstruating). To understand menstrual disorders, respondents were asked whether they were using contraceptive/Family Planning (FP) methods.

Survey findings showed that an overwhelming majority (97.7%) of respondents were not using any family planning method while (2.3%) were using the Injecta plan (47.8%), implants (30.4%) and oral contraceptive pills (21.7%). However, the majority of the girls who were using contraceptives were out-of-school girls. Nonetheless, some in-school girls who were using FP reported being forced/forcefully taken to clinics/hospitals and having these administered against their will. Girls who were using family planning methods were between 12 and 17 years old, starting from primary 5. Young girls in primary schools explained that their parents felt taking them for family planning was one way of protecting them against unwanted pregnancies since they had started menstruation. Related to this, two parents of girls with disabilities indicated having an unmet need for family planning services for their daughters as a way of reducing the challenges they go through during menstruation.

*“As a parent what I hoped to be the solution was to take her for family planning because I don't know what would save me...”( IDI XIII: Female parent of a girl with Cognitive Disability)*

### 4.6.1 Painful Periods

Under this section, respondents were asked whether they had experienced painful periods in the past 6 months prior to the survey. This was the period between January and June 2019. (Respondents provided multiple effects of painful periods.)

**Table 17: Painful periods among respondents**

Experiencing painful periods in the past 6 months	Frequency (n=1,015)	Percentage (%)
Yes	280	27.6
No	735	72.4
Other experiences accompanying the painful period (n=280)		
Headache	70	25%
Nausea/vomiting	23	8.2%
Abdominal pain which spreads to the lower back/legs	166	59.3
None	31	11.1%
Duration of the painful menstruation (n=280)		
1 day	85	30.4
2 days	92	32.9
3 days	56	20.0
4 days	15	5.4
5 days	07	2.5
6 days	01	0.4
7 days and above	10	3.6

When asked whether they had ever experienced painful periods in the last 6 months, 27.6% (280) agreed. Of these, 70 also experienced headache, 23 experienced nausea/vomiting and 166 experienced abdominal pain spreading to the lower back/legs. Nearly a third (32.9%) said the symptoms lasted 2 days while 3.6% (10) said it lasted 7 days or more. In light of this, it is evident that a substantial number of adolescent girls were experiencing dysmenorrhea. When asked about the impact of the painful periods on their daily lives, just over a quarter (27.5% or 77) said they were unable to play with their friends followed by another 23.9% (67) who said they are unable to engage in daily household chores, 19.4% (54) who said they are unable to go to school, and 8.2% (23) who said they were unable to walk properly. Forty-one respondents (14.6%) stated that due to painful periods, they find it hard to sit or sleep properly. Qualitative data from adolescent girls through FGD and SWTs also corroborated these results. Clearly, painful periods (dysmenorrhea) among adolescent girls in primary and secondary schools have a far-reaching impact on their lives; including school attendance, engagement in social activities and household chores.

*“During menstruation, I experience so much pain, sometimes I just sleep in class because that is when the pain subsides.*

*So, I cannot be so attentive... which affects my academic performance...” (FGD V: Girls—Primary School*

*“...sometimes, we see girls bleeding while in class and they experience a lot of pain and suffering. So we tell the SWT...”*

*(FDG II: Boys—Primary School)*

*“When you are feeling too much pain, even when the teacher is teaching the most interesting topic, you most times fail to fully concentrate during that particular lesson. Sometimes, you miss tests or perform very poorly on those tests.” (FGD*

*VII: Girls—Primary School)*

Interestingly, of the 280 respondents who said they experienced painful periods, nearly half (115 or 49.3%) reported that painful periods are not normal while others (46 or 16.4%) did not know whether it was normal or not. It is therefore somewhat surprising that the majority of respondents (201 or 71.8%) had not sought medical care/attention regarding painful periods.

## 4.6.2 Heavy menstrual bleeding

Respondents were asked whether they had experienced heavy bleeding lasting more than 7 days, and its impact on daily lives.

**Table 18: Heavy menstrual bleeding lasting longer than 7 days.**

Experiencing heavy menstrual bleeding lasting longer than 7 days in the past 6 months	Frequency (n=1,015)	Percentage (%)
Yes	86	8.5
No	929	91.5
Impact of heavy bleeding lasting more than 7 days (n=86)		
I am unable to go to school	15	17.4
I need to buy/use many sanitary pads/materials	38	44.2
My clothes are often soiled with blood	16	18.6
Others	17	19.8
Whether respondents felt heavy menstrual bleeding lasting longer than 7 days is normal (n=86)		
Yes	30	34.9
No	42	48.8
I don't know	14	16.3
Whether respondents had ever sought medical attention for heavy menstrual bleeding lasting longer than 7 days (n=86)		
Yes	18	20.9
No	68	79.1

Less than a tenth (86 or 8.5%) of respondents reported experiencing heavy menstrual bleeding lasting longer than 7 days in the 6 months preceding the survey<sup>11</sup>. When asked how they were affected by the heavy flow lasting more than 7 days, 44% (38) said they needed to buy/use many sanitary pads/materials, 18.6% (16) said their clothes are often soiled with menstrual blood, and 17.4% (15) said they were unable to go to school. This was substantiated by SWTs who said that girls with heavy bleeding require more pads and sometimes miss school and co-curricular activities.

*“...those girls with heavy bleeding need more pads whereby the pads we provide can’t work for them...so, I advise them to go home.”(IDI II: SWT—Primary School)*

*“...due to having a heavy flow, some girls are unable to participate in activities like playing netball...” (IDI V: SWT—Primary School)*

In addition, one female parent explained that girls with heavy menstrual bleeding also experience fear to go to school because other students may easily notice that blood has stained their uniforms. She narrated an instance where her daughters told about a case where one girl in their school with heavy bleeding was mistakenly thought to be suffering from Ebola and due to shame and fear, she dropped out of school.

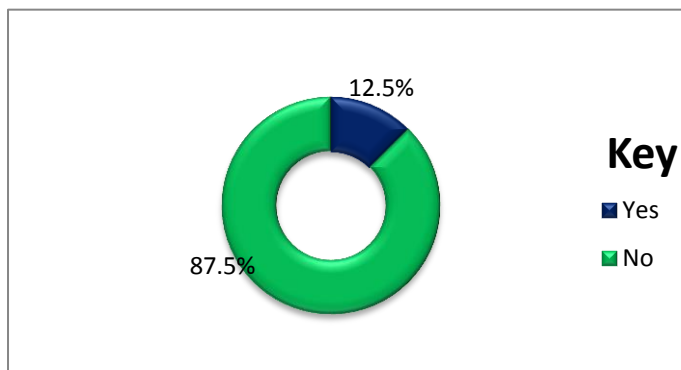
*“...some girls with heavy menstrual bleeding fear to go to school because other pupils may easily notice that they are menstruating. My children one time came back home and told me that they would not go back to school because their friend had a lot of blood on her uniform... and they claimed that she was suffering from Ebola. Since the whole school knew about what happened, she never came back to school.” (IDI I: Female Parent)*

Nearly half of adolescent girls (42 or 48.8%) indicated that menstrual bleeding lasting more than 7 days was not normal while 16.3% (4) did not know. In addition, more than three-quarters of respondents (68 or 79.1%) had never sought medical attention for heavy menstrual bleeding lasting longer than 7 days while 20.9% (18) had previously sought medical attention. Of the 18 who sought medical care, 3 went to a Health Centre II, 7 went to a Health Centre III, 6 visited a clinic/drug shop and 2 went to a hospital.

### 4.6.3 Irregular Periods (More than 35 Days without Menstruating)

Survey participants were asked whether they gone for more than 35 days without menstruating in the past 6 months.

**Figure 16: Irregular periods; 35 days without menstruating (n=1,015)**



A significant number of respondents (127 or 12.5%) reported experiencing more than a 35 day period without menstruating in the 6 months prior to the survey.

Of the 127 girls who went more than 35 days without having a period, (94 or 74%) believed this is normal.

Ninety-eight of these girls (77.2%) had never sought medical attention/care, and 19 (22.8%) sought medical attention from Health Centre II (4), Health Centre III (8), Clinic/Drug Shop (4) and Hospital (3).

<sup>11</sup> This survey was conducted between 18<sup>th</sup> and 27<sup>th</sup> of June 2019. The 6 months referred to here are between December 2018 and May 2019.

#### 4.6.4 Irregular Periods (Menstruation within 21 Days)

A considerable number of respondents (109 or 10.7%) reported experiencing menstruation within 21 days after their last period. In addition, 74 (67.8%) reported that their periods are irregular and unpredictable. However, when respondents were asked if they believed that the irregular periods were normal, 81 of them (74.3%) said no it was not normal. Of 109 girls with irregular periods, 14.6% (16) had sought medical attention/care from Health Centre II (2), Health Centre III (5), Clinic/Drug shop (6) and Hospital (3).

#### 4.6.5 Sleep Deprivation during menstruation

Respondents were asked whether they often experience sleep deprivation during menstruation and of the 1,015 girls who participated in the study and had started menstruation, 188 (or 18.5%) said they experienced a lack of sleep during menstruation. Of those, 53 girls (28.2%) said they get so worried/stressed, 52 (or 27.7%) said they had poor concentration in class, and 32 (17%) said they experience headaches. In addition, 22 girls (11.7%) reported that they experience fatigue due to lack of sleep during menstruation, and 2 (1.1%) said they are unable to engage in household activities because of feeling sleepy.

However, 2 SWTs admitted that they tell and restrict adolescent girls from sleeping at school and encourage them to be active. They reasoned that sleeping while menstruating during the daytime could cause issues with menstrual flow.

*“...girls are not supposed to sleep during the daytime when menstruating... they should not be dormant but rather active...” (IDI IV: SWT—Primary School)*

*“I restrict girls from sleeping and staying in one place for a long time....it can cause some difficulties in the menstrual flow”  
(IDI XI: SWT—Primary School)*

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### 4.7 Menstruation and School Attendance

This section presents findings of the impact of menstruation on school attendance namely, days lost, classroom engagement and missing exams.

**Table 19: Days missed due to menstruation**

Missing school due to menstruation during respondents' last period	Frequency (n=995)	Percentage (%)
Yes	248	24.9
No	747	75.1
Number of days missed (n=248)		
1 day	77	31.2
2 days	66	26.7
3 days	44	17.8
4 days	53	21.5
5 days	3	1.2
6 days	1	0.4
7 days	3	1.2
Reasons for missing school during menstruation (n=248)		
Fear of staining my school uniform	66	26.6
I am afraid of other students making fun of me	16	6.5
Pain associated with menstruation	81	32.7
There is no privacy for girls to wash and change at school	25	10.1
I had nowhere to throw used sanitary pads	1	0.4
I did not have enough sanitary pads	60	24.2
Fear of being sexually abused	2	0.8
Lack of a responsible person to support me	2	0.8
Others	4	1.6

*Respondents mentioned multiple reasons*

Out of 995 in-school girls, 248 (or 24.9%) reported missing school in their last period preceding the survey due to menstruation. Of those who missed school due to menstruation, 66 (26.7%) missed 2 days. The average number of days missed was 2.3 with a standard deviation of 1.3. Nearly a third of girls (81 or 32.7%) missed school due to pain associated with menstruation, and two of the girls with disabilities (0.8%) missed school due to fear of being sexually abused. Qualitative data from adolescent girls, boys, teachers, and parents revealed that girls miss between 1 and 5 days during menstruation. The major causes of absenteeism during menstruation included inadequate pads, heavy menstrual flow, pain and lack of a place to change and clean at school. SWTs reported providing permission to roughly 3 to 20 girls per week.

*"...whenever I come to school, and I don't have where to change the pads from, I just stay home for at least 2 to 3 days."*

*(FGD IV: Girls—Secondary School)*

*"I have a heavy menstrual flow especially the first day, so, I don't come to school for 1 to 2 days usually."* (FGD II-Girls:

*Secondary School)*

*"... they cannot manage to go to school because of the pain. They can miss school for like 3 to 4 days so..."* (IDI XI: Female Parent)

*"I give permission to about 20 girls in a week to go home during menstruation....they miss a lot because they miss 4 days in a month in term they are 12 days missed and term has 79 days so a girl attends only 67 days, not like boys who attend all the days so they can't compete with the boys."* (IDI IX: SWT—Secondary School)

**Table 20: Impact of days missed due to menstruation**

<b>Whether respondents believed days missed due to menstruation affected their academic performance (n=248)</b>		
Yes	149	61.7
No	95	38.3
<b>How days missed due to menstruation impacted on academic performance of respondents (248)</b>		
I miss learning new topics	86	56.2
I miss explanations of old topics	44	28.8
I experience difficulties in copying notes	11	7.2
I miss doing tests	05	3.3
I miss doing exams	10	6.5
<b>Missing exams due to menstruation in the past 3 terms</b>		
Yes	83	8.3
No	912	91.7
<b>Number of exams missed due to menstruation</b>		
1 exam	23	27.7
2 exams	32	38.6
3 exams	7	8.4
4 exams	7	8.4
5 exams	1	1.2
6 exams	13	15.7

Most adolescent girls (149 or 61.7%) who missed school during menstruation believed the days missed affected their academic performance. More than half (56.2%) said they missed learning about new topics while 5 (3.3%) missed tests. When asked whether respondents had missed exams due to menstruation in the past 3 terms, 83 (or 8.3%) said they had done so. (Respondents gave multiple responses.) Of the 83 girls who had missed exams in the past 3 terms due to menstruation, more than a third (32 or 38.6%) had missed 2 exams while one (1.2%) had missed 5 exams. The average number of exams missed in the past 3 terms was 2.8 with a standard deviation of 1.7.

Qualitative data from 5 FGDs for girls and teachers also revealed that menstruating girls miss between 2 to 4 exams due to inadequate pads and menstrual pain.

*“I missed 4 tests and 2 exams this year...” (FGD IV: Girls—Secondary School)*

*“I missed 4 exams because I did not have pads.” (FGD VI: Girls—Primary School)*

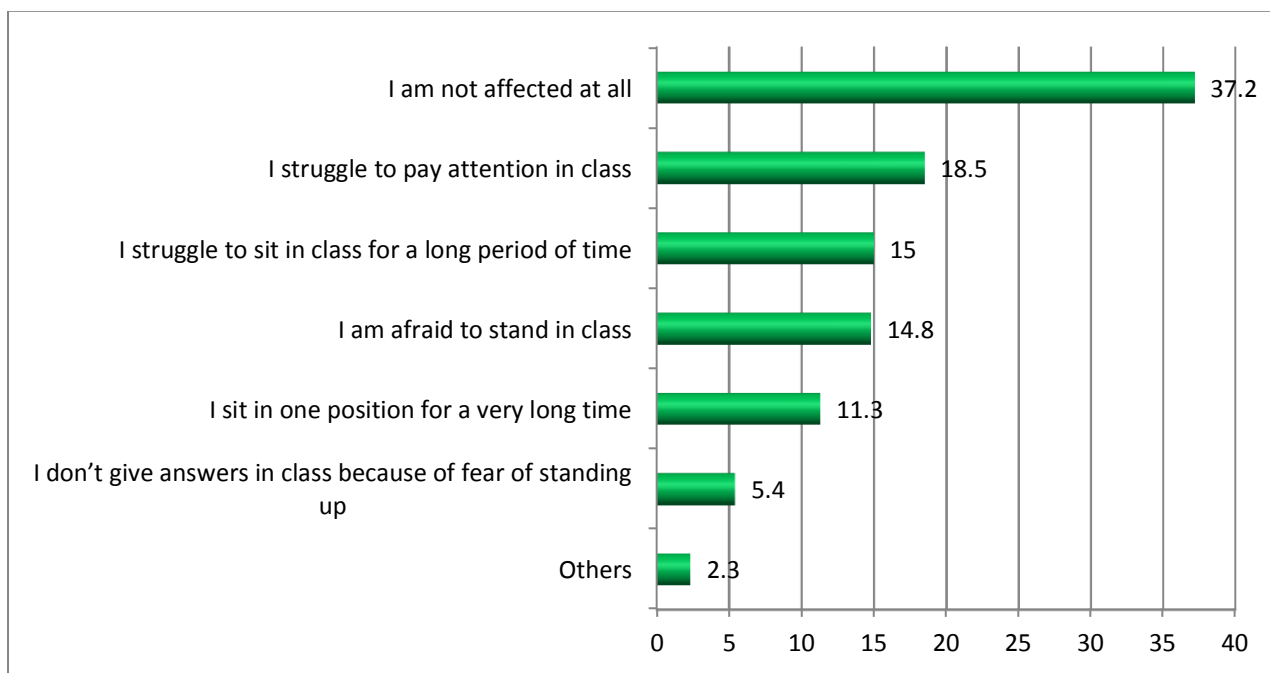
*“I missed 2 exams because of the pain...”-(FGD II-Girls: Secondary School)*

*“About 5% of the girls miss tests and exams during menstruation in this school.” (IDI IX: SWT—Secondary School)*

However, in one school, one teacher explained that they provide tests and exams to girls who miss due to menstruation. Nonetheless, many teachers stated that some girls are not open to them about the challenges they experience during menstruation which implies that some may still miss this chance to do exams.

*“In terms of missing tests or exams, we usually have a provision for those students that have missed. We usually arrange for them the tests or exams separately.” (IDI XII: SMT—Primary School)*

**Figure 17: Impact of menstruation on classroom engagement (n=995)**



A significant number of adolescent girls (169 or 18.5%) said they struggle to pay attention in class during menstruation while (54 or 5.4%) said they don't give answers in class because of fear of standing up. Girls through FGDs and teachers confirmed the results and explained that during menstruation, their attention is taken off the teacher and is centred on their dresses, pain, and discomfort they experience.

*“One can take all the attention from the teacher to themselves. Sometimes you go under the desk. This reduces the attention you pay in class.”(FGD V: Girls—Primary School)*

*“There is that discomfort that comes as a result of periods especially when the teacher chooses you to come and write the answer on the chalkboard, I stay where am sitting and never raise my hand to give an answer.”(FGD VII: Girls—Primary School)*

## 4.8 Other Major Themes from Qualitative Data

Under this section, major themes developed outside the questions as contained in the main questionnaire for adolescent girls are presented. This data is from parents and female local leaders. The major themes developed included inadequate sanitary materials, inadequate knowledge about menstruation, menstrual disorders, the impact of menstruation on the social and economic life of women and menstruation and violence among adolescent girls and women. These themes had sub-themes to give more meaning to specific topics within each area.

### 4.8.1 Inadequate Sanitary Materials

Like adolescent girls, female parents narrated experiencing limited access to sanitary materials during menstruation. Lack of money to consistently buy disposable sanitary pads was the main reason for the limited supply of sanitary materials. This was further explained by one male parent who said that some male partners don't provide sanitary pads to their female partners. Parents used words such as “difficult”, “hard”, “challenge” and “expensive” to explain cases where they are unable to buy pads. In the face of insufficient pads, parents were also using pieces of cloth to stop menstrual blood from staining their clothes. Inadequate sanitary pads were cited as a source of shame among

female parents, who felt that if they were also trained on how to make reusable sanitary pads, they would be able to improve their accessibility to adequate sanitary materials during menstruation.

*“The pads I use right now are disposable and expensive so if I learn how to make the reusable pads, I will be using those pads and stop buying these ones.” (IDI IV: Female Parent)*

*“I also face the same challenges of limited pads... sometimes I might not have money to buy the pads...”-- IDI II: Female Parent*

*“At times I also lack what to use during my periods because of money and at times you can get these periods when you don’t have pads and life become difficult...”( IDI VII: Female Parent)*

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## **4.8.2 Inadequate Knowledge about Menstruation**

Survey findings revealed major knowledge gaps among parents about menstruation. For instance, out of the 17 parents, only one knew the correct age range in which girls start menstruation. Because of this, many parents delay teaching their girls about menstruation pre-menarche, leading them to have negative experiences when they have their first period. Parents also lacked knowledge about the cause of menstruation, attributing it to God, and one male parent wondered what causes menstrual pain. One parent suggested that CCUG get someone to educate them about Premenstrual Syndrome (PMS) so as to clearly understand their experiences when they start.

*“It would be great if you got someone knowledgeable to educate us about menstruation; like those signs so that what happens to us like the pains and other things do not sound new to some women...because some women get these symptoms and fear a lot about what is happening to them. (IDI VII: Female Parent)*

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In regards to parents of girls with disabilities, many lacked knowledge about the growth pattern of their daughters and were shocked or could not believe that their daughters had started menstruation, even though they had. Nearly all of them suggested that they are educated on menstruation and how to support/care for girls with disabilities during menstruation.

## **4.8.3 Menstrual Disorders**

The most common menstrual disorders reported among parents included heavy bleeding lasting more than a week, irregular periods within 21 days and dysmenorrhea. Parents narrated that heavy bleeding and severe pain negatively affect their daily work. One participant said she is unable to engage in household chores like fetching water during menstruation because of the pain and heavy flow. Another participant recounted seeing other women in the community with heavy bleeding who have blood-stained clothes

*“...I have a heavy flow during menstruation with a lot of pain, so am unable to do housework like carrying the Jerricans of water during menstruation.” (IDI II: Female Parent)*

*“Women face different challenges during menstruation; I have seen some women here who have too much bleeding to an extent that the cloth she wears easily gets stained with blood in a very short period of time.” (IDI I: Female Parent)*

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Not only that, but parents also reported experiencing irregular periods in less than 21 days. However, there was limited probing done to ascertain whether female parents with menstrual disorders were using family planning methods.

*“Another challenge is that at times I can menstruate twice a month and also the pain associated with menstruation like the abdominal pain and back pain.” (IDI VII: Female Parent)*

*“I hear some say that they can have their periods today then they bleed for 3 days then after that she can skip like 5 days then again starts menstruating.” (IDI VIII: Female Parent)*

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One local leader indicated that men like women with normal periods. To her, men often conclude that a woman with abnormal menstruation is unhealthy.

*“...men also wish to get women who are going through normal periods; if she doesn't go through normal menstruation, they conclude that my wife has health issues...”(IDI III: Female Local Leader)*

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Two female parents who had reached menopause reported experiencing bleeding and abdominal pain and they did not know why they were undergoing these symptoms.

*“...I stopped menstruating, however, I just have abdominal and stomach pain.....I don't know what causes it...”(IDI X: Female Parent)*

*“...I reached menopause, but, I sometimes bleed...” (IDI IX: Female Parent)*

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#### **4.8.4 Impact of Menstruation on the Social and Economic Life of Women**

The majority of parents attested to the fact that menstruation contributed to negative social and economic effects in respondents' lives. Female parents disclosed that menstruation affected their social interaction with their friends. Due to the fact that some parents were experiencing heavy bleeding, respondents spoke about times when they did not have adequate sanitary materials, which not only limited their physical movement but also caused them shame when their clothes were stained with menstrual blood.

*“About socialization, if you do not have enough pads you cannot fit in well amongst your friends and if you sit in a place, you can fail to stand up, so you wait for all your friends to leave before you also leave.” (IDI VII: Female Parent)*

*“... during menstruation, I don't interact with my friends, those days are skipped ...” (IDI VIII: Female Parent)*

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For some female parents, there were concerns about engaging in household chores such as cooking during menstruation. Two respondents pointed out worries related to cooking food during menstruation. This stems from the assumption that menstrual blood is “dirty” and may contaminate food when a menstruating woman prepares or serves food.

*“...in my own thinking, I feel menstruation has affected my cooking.... I do cook, but I feel like being in prison, it worries me that the food I cook might smell of menstrual blood” (IDI II: Female Parent)*

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In addition, some female parents detailed marital problems they experience during menstruation. They stated that due to experiencing abnormal periods (periods within 21 days), they are unable to enjoy their conjugal rights. Three parents further explained that abnormal bleeding causes misunderstanding and conflicts among married women, where their partners think they are just denying them sex and may not necessarily be in their periods.

*“It is a challenge like to some of us who are married; it brings misunderstandings in the marriage for example when you menstruate twice in a month or you bleed for long, the male partner may think that you don’t just want to have sex with him.”(IDI VII: Female Parent)*

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For other parents, the abnormal menstrual bleeding could be confused for marital infidelity. Parents explained that when women with irregular periods frequently deny their partners sex due to bleeding, suspicions of cheating may crop in. One local leader elaborated and said that irregular bleeding that leads to denial of sex could lead the male partner to cheat on his wife with a house girl.

*“The male partner might be denied conjugal rights due to a woman having excessive bleeding and irregular periods... if a woman gets irregular periods which makes her deny sex to her partner frequently, he might think that she is cheating on him or is receiving bad advice from other women” (IDI II: Female Local Leader)*

*“Yes, it used to happen in that he wanted to have sex with me during menstruation, you know some men want to do things even when you are in your period....even when I told him I was in my period, he thought that you are lying...so we got a misunderstanding” (IDI IX: Female Parent)*

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Although the majority of women indicated that the primary economic activity they engage in is not affected during menstruation, some women were affected. Two female parents who might have been experiencing dysmenorrhea revealed that the severe pain they experience during menstruation limits their ability to engage in economic activities. A local leader explained that severe menstrual pain and bleeding negatively affect the economic activities of women in her village.

*“About the primary economic activity, it is a challenge whereby that pain we experience during menstruation can make you fail to engage in something which generates income...”(IDI VII: Female Parent)*

*“...there are some women in this village who have businesses... so menstruation affects them because they feel a lot of pain...during that time; they fail to attend to their businesses on those particular days. Then other women with continuous bleeding feel uncomfortable and I doubt if they can even leave their houses to engage in economic activity.”  
(IDI VIII: Female Local Leader)*

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#### **4.8.5 Menstruation and Violence among Adolescent Girls and Women**

Under this theme, there were three sub-themes that included fears among girls and parents, domestic violence among women and early marriages connected to menarche.

##### **a) Fears**

This theme is subdivided into two sub-themes namely fears of sexual violence and fear of abduction.

Nearly all parents with adolescent girls with disabilities were concerned about their daughters being raped. They used words such as “fear”, “worried” “and “concerned” to describe the trepidation they were experiencing about their daughters being sexually abused. Of the 5 parents with girls with disabilities, 4 were afraid their children would be raped by boys/men in the community. For 3 parents, the fear started the moment their daughters had their first period (based on the premise that menstruation is associated with sexual maturity) while for other parents, the fears were there before. One parent recounted a case where young men in her village tried to sexually abuse her daughter with a cognitive disability. She also narrated that when her daughter had her first period, she was scared that she had been raped.

*“Even when I used to send her to collect water from the well, some men had put me on pressure because they tried to rape her... they would chase away the young girls and leave her isolated—alone so that they can use that opportunity and take advantage of her... so I decided to stop sending her to fetch water. Those men did not stop at the well, whenever I go to the garden and she is left home alone, somebody would come home and try to sexually abuse her....so, my biggest challenge is those village men who want to rape my daughter.” (IDI XIII: Female Parent with a girl with a Cognitive Disability)*

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Parents also narrated their fears of their children getting pregnant and contracting Sexually Transmitted Infections (STIs) such as HIV/AIDS. Nearly all parents felt that due to the fact that their daughters were living with disabilities, they were susceptible to being targeted and taken advantage of. This fear was exacerbated by poor communication between some parents and their daughters, where some parents felt that their daughters are “big-headed”, “stubborn” and “lazy”. They were concerned that even after being warned to take caution; their daughters do not heed their advice.

*“I have that fear; I keep on wondering sincerely, can’t boys get her one day and get her pregnant during menstruation...”*  
*(IDI XVI: Female parent with a girl with Albinism)*

*“When she started her periods, I was worried that men would rape and get her pregnant.... up to now it worries me that she can be impregnated.” (IDI V: Female Parent girl with a cognitive disability)*

*“Of course you have to worry about it most times, because she is in a very vulnerable situation and susceptible to being sexually abused which will lead to pregnancy” (IDI XVII: Female parent with a girl with a cognitive disability)*

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Most female parents with adolescent girls wanted their adolescent girls (with disabilities or not) to start using family planning methods as a way of reducing their chances of getting pregnant. However, two parents of girls with disabilities wanted their children to start utilizing family planning as a way of reducing fear and the challenges they go through in supporting them during menstruation.

*“Yes, I still have the same solution because I am waiting for doctors to come to our village so that I take her for family planning because there is no way I could keep her away safe from men.”*

*(IDI XIII: Female parent with a girl with a cognitive disability)*

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Other than that, one parent of a girl with albinism was concerned and worried about her daughter being abducted/kidnapped. Due to the perception that one could attain riches from the organs of a person living with albinism, she was afraid that her daughter could be kidnapped and her organs harvested for ritual purposes related to one attaining riches.

*“As a parent, I have fear that my daughter may be kidnapped due to the perception that one could use an albino to get riches... but all in all, I leave everything to God because is He is the one who gave her to me.” (IDI XIV: Female Parent with a girl with Albinism)*

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## **b) Domestic Violence among women**

The marital misunderstandings as earlier discussed also included domestic violence, as reported by female local leaders. According to them, the main causes of domestic violence associated with menstruation are menstrual disorders and poor menstrual hygiene among some women. They explained that when some women experience

prolonged bleeding during menstruation and deny their husbands sex, they start relationships with house girls, which not only causes great misunderstandings but leads to violence in homes.

*“Violence in homes can sometimes happen; a husband at home can cheat on his wife with a house girl if his wife keeps on having longer periods; this will prompt him to sleep with the house girl or may even get the house girl pregnant, which leads to violence in the home” (IDI-I: Female Local Leader)*

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By the same token, poor menstrual hygiene among some women was noted as a cause of domestic violence among couples in some villages. According to one local leader, some women are unhygienic during menstruation which causes quarrels and fights in the home. Interesting to note, is that many respondents who participated in this survey believed that girls/women are dirty during menstruation due to the assumption that menstrual blood is “impure” and “dirty”.

*“We have experienced such cases [domestic violence associated with menstruation] here, we have resolved several fights between women and their husbands; we intervene and counsel them. With such cases, couples easily get back and even the women improve on their hygiene during menstruation...” (IDI IX: Female Local Leader)*

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### **c) Menstruation and early marriage among adolescent girls**

Local leaders reported that adolescent girls in their villages are being married off the moment they start menstruation. Due to the assumption that menstruation means sexual maturity, some girls are married off with the understanding that they are sexually mature. One local leader reported about a man belonging to the Tablic Muslim sect who married off 3 of his daughters because he did not want them to have their first period from his house as detailed below;

*“I had a Tablic man in this village who would not allow his daughters to start menstruation from his house. Whenever he assumed that they were about to start menstruation, he would marry them off to begin periods from other houses. He married off the first girl, then the second girl, but, when he wanted to marry off the third girl, his wife protested and condemned him. They fought...there was violence because this girl was performing well academically....anyway, later they separated...the girls were so young...” (IDI III: Female Local Leader)*

*“...it [the practice of marrying off girls at a young age when they have just started menstruation] is common here because when a girl menstruates, there is a supposition that she is mature, so they can either escape or disappear from home and go somewhere else.” (IDI IV: Female Local Leader)*

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## **4.9 Impact of Poor MHM among Girls/Women on Boys/Men**

Adolescent boys in 6 FGDs and 2 male parents were asked whether the challenges that girls/women face during menstruation affect them in any way. Survey findings showed that of the 6 FGD, participants in 4 groups said they are affected when girls experience challenges during menstruation. Boys narrated that when girls experience challenges like inadequate pads or pain during menstruation, their interaction with them becomes limited at school, which negatively impacts their association with them as friends.

*"Some girls in our class are scared of speaking with us which affects our interactions.." (FGD IV: Boys—Secondary education)*

*"It is hard to interact with her...basically, you can find it hard to associate with her." (FGD III: Boys—Primary School)*

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Adolescent boys also revealed that they are unable to consult girls in matters related to academics due to fear of shame and shyness. According to them, menstruation cuts off the social support they attain from academically bright girls.

*"It impacts me in the way that when she is menstruating, due to the challenges that girls face, I sometimes feel shy to interact with her...because I may feel ashamed asking her about the challenges she is going through then...so I feel shy to go for consultations and explanations." (FGD IV: Boys—Secondary School)*

*"If she is menstruating and you need her to explain to you something related to academics when you go to her, other boys start saying offensive words like [he has gone to the girl smelling menstrual blood]. So, it is hard or nearly impossible for her to support you academically during menstruation." (FGD II: Boys—Primary School)*

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For two participants in 2 FGDs, the impact is felt if and when the menstruating girls are close to them, for example, if the menstruating girl is a sibling or a girlfriend. Even if most boys and girls held the view that menstruating girls should not associate with boys, generally, some boys were empathetic to girls in relation to the challenges they go through during menstruation.

*"It affects me if she is my sister....and every month she misses some lessons due to menstruation." (FDG III: Boys—Primary School)*

*"It affected me....when my girlfriend started menstruation at school, my friends often came and told me, your girlfriend is bleeding, can't you do something, can't you buy her pads....I got ashamed in the eyes of my friends..." (FGD IV: Boys—Secondary School)*

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Aside from the above, both male parents who participated in the survey pointed out that they are greatly affected when girls/women experience challenges during menstruation. They equated the girls/women to their daughters/female partners and indicated that when they have a challenge like inadequate pads or use dirty clothes during menstruation and contract an infection, as breadwinners, they are negatively affected. As parents, they revealed that they care about the menstrual needs of their daughters/female partners. One male parent intimated that he often supports his wife during menstruation as revealed in the following narrative:

*"I feel that if she is in her periods and engages in cooking, it may be straining for her...so for that case, I come and support her to cook.....it affects me in the sense that if she gets any infection due to poor hygiene, I am the one to fork out funds to cater for her." (IDI XVII-Male Parent)*

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## **4.10 Relationship between Variables**

### **4.10.1 Relationships between restrictions and school attendance**

Under this section, cross tabulation and bivariate analysis were used to assess the relationship between different variables of interest. These include restrictions and school attendance during menstruation.

**Table 21: Relationship between missing school and being restricted to attend school during menstruation.**

Restricted from attending school * Missing School Cross tabulation				
Count		Missed school due to menstruation		Total
		Yes	No	
Restricted from attending school	Yes	74	84	158
	No	174	663	837
Total		248	747	995

Out of 158 students who said they were not allowed to come to school during menstruation, nearly half 74 (or 46.8%) missed school during menstruation. Of these, 13 missed 1 day, 22 missed 2 days, 19 missed 3 days, 18 missed 4 days and 2 missed 7 days. And, of 248 students who said they missed school during menstruation, 74 (29.8%) had been restricted from attending school during menstruation. Twenty-eight girls who were not allowed to come to school during menstruation also missed exams in the past 3 terms prior to the survey. Of these, 4 girls missed 1 exam, 16 girls missed 2 exams, 4 girls missed 3 exams, 2 girls missed 4 exams while 2 girls missed 6 exams

**Table 22: Relationship between being restricted from attending school and missing school during menstruation.**

Pearson Correlation coefficient			
		Restriction	Missed school during menstruation
Restriction	Pearson Correlation	1	.220**
	Sig. (2-tailed)		.000
	N	995	995
Missed school during menstruation	Pearson Correlation	.220**	1
	Sig. (2-tailed)	.000	
	N	995	995

\*\* Correlation is significant at the 0.01 level (2-tailed).

Further analysis of the relationship using bivariate analysis (Pearson rank correlation) revealed a significant relationship between being restricted from attending school and actually missing school during menstruation ( $r=.220^{**}$  P-value <0.05). In fact, being restricted from attending school during menstruation contributes to non-attendance during menstruation by 22%.

**Table 23: Cross tabulation showing the relationship between being restricted from associating with boys/men during menstruation and missing school**

Restricted from associating with boys/men * Missing school during menstruation Cross tabulation				
Count		Missed school during menstruation		Total
		Yes	No	
Restricted from associating with boys/men	Yes	190	456	646
	No	58	291	349
Total		248	747	995

Of 646 students who said they were not allowed to associate with boys/men during their last period, 190 (29.4%) missed school during menstruation. And, of the 248 students who missed school during their previous period, 190 (76.6%) had been restricted from associating with boys/men during menstruation. As regards to missing exams, 47 girls who were forbidden from associating with boys/men during menstruation said they missed exams in the past 3 terms ranging from 1 to 6. Six girls missed 1 exam, 17 girls missed 2 exams, 6 girls missed 4 exams, 4 girls missed 4 exams, 1 girl missed 5 exams and 13 girls reported missing 6 exams.

**Table 24: Relationship between being restricted to associate with boys/men and missing school during menstruation.**

Pearson correlation coefficient			
		Restricted from associating with boys/men	Missed school during menstruation
Restricted from associating with boys/men	Pearson Correlation	1	.141**
	Sig. (2-tailed)		.000
	N	995	995
Missed school during menstruation	Pearson Correlation	.141**	1
	Sig. (2-tailed)	.000	
	N	995	995

\*\* . Correlation is significant at the 0.01 level (2-tailed).

There is a significant positive relationship between girls being restricted from associating with boys/men during menstruation and the actual absence from school during menstruation ( $r=.141$ ,  $P\text{-value} < 0.05$ ). This shows that not allowing girls to associate with boys/men during menstruation contributes to girls missing school during menstruation by 14%.

**Table 25: Relationship between not being permitted to cross the road and missing school during menstruation**

Not permitted to cross the road * Missed school during menstruation Cross tabulation				
Count		Missed school during menstruation		Total
		Yes	No	
Not permitted to cross the road	Yes	44	106	150
	No	204	641	845
Total		248	747	995

Of 150 adolescent girls who reported that they were not permitted to cross the road during their last period, 44 (29.3%) missed school during their previous period. And, of the 248 girls who said they missed school during their last period, 44 (or 17.7%) also indicated that they were restricted from crossing the road during their last period. Further cross tabulation showed that 38 girls who were not permitted to cross the road during menstruation missed between 1 and 6 exams in the 3 terms preceding the survey. This implies that limiting girls' movement by restricting them from crossing the road due to fears of the pads falling partly contributes to their school absence and missing exams.

Besides, there was a positive relationship between being forbidden to sit on a chair during menstruation and missing school during menstruation. Of 531 girls who said they were forbidden from sitting on a chair during menstruation, 154 (or 29%) missed school during menstruation. And, of 248 girls who missed school during menstruation, 154 (or 62%) had been forbidden to sit on a chair during menstruation. Of the 154 girls, 38 also missed exams in the past 3 terms. Eleven missed 1 exam, 8 missed 2 exams, 2 missed 3 exams, 4 missed 4 exams, 1 missed 5 exams and 12 girls missed 6 exams.

Basing on the above, it is clear that several external restrictions related to menstruations interact to limit girls' school attendance and the undertaking of exams at school.

## 4.10.2 Relationship between abnormal menstruation and school attendance

**Table 26: Painful Menstruation and School attendance**

Painful menstruation * Missed school during menstruation Cross tabulation				
Count				
		Missed school during menstruation		Total
		Yes	No	
Painful menstruation	Yes	101	179	280
	No	147	568	715
Total		248	747	995

Of 280 adolescent girls who reported that they experienced painful periods, 101 (36%) missed school during their previous period. And, of the 248 girls who said they missed school during their last period, 101 (or 40.7%) also indicated that they experienced painful periods within the 6 months preceding the survey. Forty-three girls missed 1 day, 32 missed 2 days, 16 girls missed 3 days, 9 girls missed 4 days, 1 girl missed 5 days and 1 missed 7 days. This implies that painful menstruation among adolescent girls is a contributor to school absenteeism.

**Table 27: Relationships between heavy menstrual bleeding and school absenteeism**

Heavy menstrual bleeding * Missing school during menstruation Cross tabulation				
Count				
		Missing school during menstruation		Total
		Yes	No	
Heavy Menstrual Bleeding	Yes	47	44	91
	No	201	703	904
Total		248	747	995

Of the 91 girls who said they experienced heavy menstrual bleeding in the past 6 months, 47 (or 51.6%) missed school during their last period. And, of the 248 girls who missed school during their last period, 47 (or 18.9%) also experienced heavy menstrual bleeding the 6 months preceding the survey. Seventeen girls missed who experienced heavy menstrual bleeding missed 1 day, 15 girls missed 2 days, 11 girls missed 3 days, 2 girls missed 2 days and 1 girl missed 7 days. This indicates that there is an association between experiencing heavy menstrual bleeding and missing school during menstruation. In addition

## 4.11 Means of Addressing Challenges Faced by Girls/Women during Menstruation

**Table 28: Means of addressing challenges faced by girls/women during menstruation**

Suggested ways	Frequency (n=1015)	Percentage (%)
Provide disposable sanitary pads	590	58.1
Provide reusable sanitary pads	370	36.5
Construction of safe rooms (washrooms) equipped with water	236	23.3
Educate girls about menstrual health and hygiene management	243	23.9
Ensure an adequate supply of water in the school	7	0.7
Provide training in the production of reusable sanitary pads	145	14.3
Educate boys about menstruation	77	7.6
Train teachers about menstrual health and hygiene management	34	3.3
Provide contraceptives	14	1.4
Provide painkillers	16	1.6
Others	25	2.5

(Respondents gave multiple answers.)

Five hundred ninety respondents (58.1%) suggested providing disposable sanitary pads as a way to address the challenges they face during menstruation. This was followed by 370 (36.5%) who suggested providing them with reusable sanitary pads. However, many teachers felt disposable sanitary pads are expensive to consistently use. Similarly, most parents and 4 local leaders also indicated that they find it difficult to afford disposable sanitary pads for their daughters and for themselves too.

*“Many parents in this village cannot afford to buy the disposable sanitary pads so most of the girls resort to pieces of cloth...” (IDI VII: Female Parent)*

*“The challenge is that many girls in this area have no money to buy for themselves pads because of poverty and deep down in the village there are parents who cannot afford to buy for their children pads.” (IDI IV: Female Local Leader)*

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In addition, a considerable number of adolescent girls (23.3%) suggested the construction of safe places (washrooms) equipped with water. Worth noting is that more than half of respondents (630 or 63.3%) said they don't have access to a convenient place to clean and change during menstruation at school, and most (205 or 32.5%) were not changing sanitary materials used while at school. Furthermore, 65 (10.3%) were going to the bush to clean and change while (61 or 9.7%) stayed at home during menstruation. According to qualitative data obtained from adolescent girls, most girls in 4 FGD also suggested constructing changing rooms at their schools. Some SWT also suggested building washrooms for them because the students lack a safe place to go to clean and change during menstruation, as reported below

*“Building for us changing rooms because there are only 4 latrines for all girls in this school...” (FGD IV: Girls—Secondary School)*

*“I suggest constructing for us safe places because we lack a safe place, I always take girls during menstruation to teacher's houses” (IDI VIII: SWT—PRIMARY SCHOOL)*

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Additionally, 77 students (7.6%) suggested educating boys about menstruation. SMTs/SWTs also mentioned the need to educate boys on menstruation as one way of reducing stigma from them. Teachers affirmed that ignorant boys often laugh at and stigmatize girls during menstruation because they don't know that menstruation is a normal biological event. What is more, data obtained from FGDs of boys showed major knowledge gaps about MHM.

*“...for the case of the boys, they know little about menstruation since they don't go through it.” (IDI IX: SWT—Secondary School)*

*“When the boys don't know, they don't empathize with the girls when they are menstruating. They end up making fun of the challenges they go through...” (IDI XIV: SMT—Primary School)*

*“Boys don't have any knowledge about menstruation because if a girl's uniform is stained, they will still insist, why she is not active and not standing up in class?...the problem is that we don't involve them when educating the girls because me I think they are less concerned about it” (IDI VI: SWT—Primary School)*

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Teachers, therefore, suggested educating boys on menstruation so that they stop laughing at girls during menstruation. They also argued that teaching them about menstruation will make them more empathetic and provide support to girls during menstruation.

*“To improve on the knowledge of boys I think the SMT should teach the boys about menstruation that it’s normal for girls so that they can help girls were needed during menstruation...” (IDI I: SWT—Primary School)*

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To add to the above, 34 students (3.3%) suggested training teachers about menstrual health and hygiene management. Although the majority of teachers stated that they have adequate knowledge about MHM, many had significant knowledge gaps that were contributing to more challenges among adolescent girls. For example, while two male teachers confused menstruation with pregnancy, many more did not know the age range in which girls start menstruation and were therefore not educating girls under age 12 on menstruation pre-menarche, leading to several negative experiences during their first period. At the same time, two SWTs admitted facing challenges while educating girls about menstruation because some students asked them difficult questions about menstruation.

*“The challenges include the questioning process... they sometimes ask difficult questions that I don’t know...” (IDI XI: SWT—PRIMARY SCHOOL)*

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Altogether, four teachers suggested being educated on MHM in order to improve their ability to educate boys and girls on menstruation.

*“We need training about menstruation through workshops...”( IDI VIII: SWT—PRIMARY SCHOOL)*

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Most parents and local leaders who participated in the study also suggested being educated on MHM to be able to provide adequate support to girls in and out of school during menstruation. It should be recalled that mothers (223 or 30.8%) were the major source of information on menstruation pre-menarche as indicated by the menstruating girls involved in this survey. Besides, some female parents also reported getting menstrual-related signs that they don’t understand and requested training on how best to understand them.

*“I think I need to be trained more about menstruation so I can also educate girls on how to manage themselves better...” (IDI I: Female Parent)*

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**Table 29: Sufficiency, knowing more about menstruation and training in the production of reusable pads**

Whether the support provided during menstruation at school is adequate	Frequency (n=995)	Percentage (%)
Yes	497	49.9
No	498	50.1
How the support can be improved	(n=498)	
Provide pain killers	75	15.1
Provide emergency sanitary pads	376	75.5
Construct washrooms with water	92	18.5
Health educate girls about MHM	42	8.4
Others	21	4.2
Whether respondents would want to know more about MHM		
Yes	955	96.0
No	40	4.0
Individual respondents feel should teach them about menstruation		
SWT	530	53.3
SMT	28	2.8
Female Friend	10	1.0
Male friend	3	0.3
Mother	141	14.2
Father	1	0.1
Aunt	25	2.5
NGO staffs	307	30.9
Others	27	2.7
Whether it would be beneficial for respondents to be trained in the production of reusable sanitary pads		
Yes	924	92.9
No	71	7.1

Slightly over half of the adolescent girls (498 or 50.1%) reported that the support they received at school related to MHM is inadequate. In addition, nearly all respondents (955 or 96%) indicated that they would desire to be better educated on MHM. Of these, more than half (53.3%) suggested that they should be taught by SWTs, while (307 or 30.9%) suggested that NGO staff should educate them.

When asked whether it is beneficial for them to be trained in the production of reusable sanitary pads, an overwhelming majority of adolescent girls (924 or 92.9%) agreed. Qualitative data obtained from parents showed that all of them desired to be trained in the production of reusable sanitary pads, whether male or female. Female parents explained that since they come from low-income households, training them will enable them to offload a huge financial burden (buying disposable pads). The survey findings highlighted one of the most neglected issues among rural women — inadequate access to sanitary pads. Parents substantiated that since most interventions are conducted among girls, they will also get an opportunity to gain the skills and knowledge to improve their own MHM.

*“I will get skills and be able to make my own pads to use...” (IDI IV: Female Parent)*

For other parents, training them on how to make reusable sanitary pads would help them teach their children the skill and later, to start producing the pads for them. Many parents reasoned that this will reduce the costs they incur buying disposable pads for their daughters — even with constrained financial resources. This was also affirmed by

local leaders, and SWTs/SMTs, who pointed out that if girls are taught how to make their own pads, it will reduce the problem of inadequate pads experienced by most students who cannot afford disposable pads.

*“...it is important to learn how to make the reusable pads since we are low-income earners and we cannot afford to buy each time our children have periods. So, if I learn, I can just make her a reusable one.” (IDI XII: Female Parent)*

*“It will be good because if she gets the reusable pads, it means money that would have been used to buy disposable ones would go to other important things.” (IDI XVII: Female Parent with Girl with Cognitive Disability)*

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Five parents also suggested that training in the production of reusable sanitary pads should be conducted among both male and female parents. Two parents argued that training both male and female parents would benefit single male parents; while others said teaching male parents would improve the support they provide to their female spouses and daughters during menstruation.

*“Yes it is important in a way that some men do not bother to buy for their wives the pads that is why when a man learns to make a pad it helps him.....if a man learns how to make those pads, it means that your daughters will not struggle again to access pads and in case anyone reaches puberty, you just make and give her. (IDI VI: Male Parent)*

*“It is beneficial in a way that if both of us learn (men and women), there are some families where a primary caretaker is a man so in this instance if he learns, he can make for his daughters when they start puberty.. (IDI VII: Female Parent)*

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There were also suggestions for training the production of reusable sanitary pads as a social enterprise where beneficiaries can earn money from the sale of reusable sanitary pads. All out-of-school girls suggested that CCUG trains them in the production of reusable sanitary pads as a social enterprise that would enable them to earn income since most of them were unemployed. Worth mentioning is that between 2017 and 2018, one adolescent boy in a primary school in Mayuge district, after receiving training by CCUG, took up production of reusable sanitary pads as a source of income, whereby he often sold reusable sanitary pads to adolescent girls and teachers. One female parent also indicated that she could earn income from making reusable sanitary pads, as narrated below;

*... if you learn to make them, it can be a source of income whereby you can sell and get money out of them.-(IDI VII: Female Parent)*

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Other suggestions included collaborating with female local leaders to conduct community dialogues in communities around schools. Local leaders also suggested educating parents through community dialogues on MHM to help reduce myths and misconceptions among both male and female parents. They stressed that this would be vital in improving support for adolescent girls during menstruation.

## 5.0 Discussions

This survey sought to assess the knowledge, restrictions, and experiences of adolescent girls during menstruation. Results reveal that although many students had moderate knowledge, most had significant knowledge gaps concerning menstruation. Students experienced restrictions during their last period, some of which had a considerable effect on their school attendance.

## 5.1 Knowledge of MHM

Even though most girls (71.3%) were taught about menstruation pre-menarche, a significant number (28.7%) were not. Some in-school adolescent girls between 9 and 16 years of age (11.7%) had never heard the word “menstruation”, and many of them did not know the cause of menstruation (89.3%), the source of menstrual blood (92.3%) or the normal duration of a menstrual period (69.8%). Though teachers and some female local leaders attributed the knowledge gaps among adolescent girls to a failure of their parents to teach them this information, survey findings revealed serious knowledge deficits among parents. For example, none of the parents who participated in the survey were aware of the cause of menstruation and many did not know the typical age range during which girls have their first period or why women/girls menstruate. Some female parents even attributed the cause of menstruation to God. A study by Aniebue, Aniebue & Nwankwo (2009) in Nigeria found that high parental education (tertiary level) had a significant influence on menstrual health education among parents. The current study found that most parents had low education levels as reported by their adolescent daughters, with only 31.9% having attained primary education, and 17.4% having no formal education at all. Therefore, it is not surprising that the girls participating in the study had major knowledge gaps concerning menstruation since 30.8% of them stated that their mothers were their primary source of menstrual health information.

Some teachers also had inadequate knowledge of menstruation even though most of them rated their knowledge as high. Most teachers did not know the normal duration of a menstrual period and suggested that when a girl/woman has a period for more than 3 days, then she is “abnormal”. Some male teachers confused a menstrual period with a menstrual cycle, while others used pregnancy-related words such as gestational period and zygote in explaining the meaning of menstruation. Many teachers were not aware of the age range in which girls start menstruation. Teachers reported teaching girls about menstruation when they reach age 12 or older and some were shocked when girls younger than that started menstruation. Furthermore, some teachers reported having inadequate skills and knowledge to educate girls on menstruation and thus requested training for themselves. These findings corroborate results obtained by McMahon et al. (2011) in Kenya, which found that teachers were ill-prepared to teach girls about menstruation because it was not part of their own training. Similarly, in Uganda, although the Ministry of Education and Sports (MoES) recommends educating girls on menstruation, in many schools, the education is delivered after students have already started menstruation (Primary 5 onwards). Moreover, menstruation was not part of the training for many teachers, and a guide by the MoES was only produced about 5 years ago. These findings highlight the need for empowering teachers —both male and female—with reproductive health knowledge and skills to adequately educate and support girls before and after menarche.

Disaggregated survey findings revealed that adolescent boys, like male teachers, have limited knowledge of menstruation. Of the 6 male FGDs, only one participant in one FGD knew that menstruation is caused by hormones. Most boys had knowledge of a few aspects of the biological nature of menstruation (knowing that it is monthly bleeding) without much knowledge of the source, duration, and age at which girls start menstruation. This was also true for the two male parents who participated in the survey. In nearly all FGDs, boys were aware of the challenges, cultural and religious restrictions related to menstruation. Their main source of knowledge about menstruation was male friends and SMTs, even though some received knowledge from informal sources (seeing girls with menstrual

blood at school). Noteworthy is that adolescent girls, parents, and teachers believed that girls should not discuss or associate with boys during menstruation, increasing the secrecy related to menstruation among boys. The results are related to findings by Mason et al. (2017) in their study in India where boys had rudimentary knowledge about menstruation.

Results obtained from in-school girls who had not started menstruation revealed that the majority of them (69%) had poor knowledge of menstruation. Of the 410 girls who had not started menstruation, nearly 3 in 10 had never heard the word “menstruation” and 2 in 10 did not know why girls/women menstruate. In addition, 83.4% did not know the duration of a normal period, 20% were not aware of any sign of menstruation, 95.1% did not know the source of menstrual blood and 78% were not aware of the age at which girls typically start menstruation. Interesting, most girls knew about menstruation from their SWTs and mothers, which underscores the need for better education among these women, since they are themselves unaware of the average age that menstruation usually begins.

Survey results also showed that 70% of girls with disabilities had poor knowledge about menstruation. Of the 20 girls with disabilities, 25% had never heard of “menstruation”, 50% did not know the meaning of the word “menstruation”, 80% did not know the duration of a normal period and none of the girls knew the source of menstrual blood or the reason why girls/women menstruate. This was due to limited knowledge among teachers about the types of disabilities of these students and the support provided to them during menstruation.

In nearly every school, teachers denied that their schools had girls with disabilities. Even when the commonly encountered disabilities were pointed out and explained to them, teachers persisted in using disrespectful language concerning these disabilities. As with the teachers, parents of girls with disabilities also reported having a limited understanding of their daughter’s reproductive health growth and spoke of experiencing communication challenges in talking to their daughters with disabilities. Teachers and parents alike used words such as “girl with a crooked hand”, “daft girl”, “abnormal” and “crazy” among others when describing these girls. Generally, girls with disabilities were a neglected group regarding health education related to menstruation by SWTs and their parents. A related study by Thapa and Muthusamy (2017) in India found that mothers of adolescent girls with disabilities reported experiencing difficulties in communicating with their daughters with intellectual disabilities.

Among out-of-school girls, study findings showed that 85% had moderate knowledge of menstruation. Nonetheless, there were knowledge gaps among girls in this group. For instance, none of the girls knew the cause and normal duration of a menstrual period, 8 out of 10 did not know the source of menstrual blood and 1 out of 10 associated menstruation with a sickness. The source of information on menstruation was varied and included mothers (40%), aunts (15%) and SWTs (15%), among others. Most girls who were utilizing family planning methods were out-of-school girls. Generally, they seemed to have more knowledge about menstruation than any other group of adolescent girls who participated in the survey. This could be related to exposure to reproductive health information through family planning sessions in health facilities.

In summary, the majority of adolescent girls (66.2%) had moderate knowledge of menstruation, which could be related to the fact that in 9 of the 21 schools, CCUg had previously implemented the first phase of this project between 2017 and 2018. These results contrast with those obtained by Chauhan et al., (2018) in South India which

showed that only 35.8% of girls were aware of menstruation. Although the current survey used 7 items to assess menstrual health knowledge and was conducted in both rural and peri-urban areas, Chauhan's study used 4 items and was conducted in rural areas only.

## 5.2 Restrictions Related to MHM

The majority of adolescent girls who participated in the study held cultural and religious beliefs that restricted their movements, association/interaction or food intake during menstruation. The major internal restrictions among respondents included not engaging in strenuous work during menstruation (56.3%), not discussing (74.8%) or associating with men/boys during menstruation (67.3%) and not entering a mosque/church during menstruation (37.4%). Other restrictions included not eating or drinking cold foods during menstruation (32.6%), not fetching water from public water sources (21.5%), avoiding "bad touches" (22.4%) and not engaging in sexual intercourse (78.7%). The major sources of these beliefs were SWTs and mothers, both of whom were the primary sources of information on menstruation among respondents in this survey. Even though girls did not understand the reasons why they practiced some of these restrictions, that they still believed them reveals major knowledge gaps, misconceptions and myths related to menstruation.

A significant number of respondents (25.6%) were not allowed to pass through a garden, 27.2% were not permitted to eat ground/oyster nuts or beans, 20.3% were not allowed to cook food and 8.8% were restricted from serving food. This could be related to a cultural and religious belief that menstruating women are unclean and could contaminate food when they prepare, serve or have any other form of contact with it. Supporting these results, Suneela & Tanu (2018) asserted that girls and women in India believe that menstruating women are unhygienic and could contaminate the food they prepare or handle.

There was also a belief among some adolescent girls that some foods could interfere with menstruation and either increase menstrual flow (ground/oyster nuts, beans, and cassava) or cause blood clotting during menstruation and increase vaginal secretions (cassava). Beans and oyster nuts are a major source of iron vital for replacement of iron lost through menstrual blood while groundnuts, a good source of energy and calcium is important to keep girls energized and reduce some premenstrual symptoms such as moodiness. Therefore, it is absurd that instead, girls were restricted from eating such foods which could help them to manage themselves better during menstruation. Similarly, Kanyadi et al. (2017) in their study found that 37.7% believed certain foodstuffs such as eggs, meat and certain other foods should be avoided during menstruation.

Just over a third of respondents (36.6%) said they were not allowed to go to the mosque/church during their last period. Qualitative data from the girls showed that some were not allowed to pray or read the Quran during menstruation. According to Azeem (2013), although Islam does not consider menstruating women unclean, it treats menstruation as impure for religious-related activities such as going to the Mosque, reading the Quran or even undertaking personal prayers. Likewise, Nechitilo et al. (2016) in their study in Kyrgyzstan found that menstruation girls were restricted from sacred acts such as praying, fasting or touching holy books such as the Quran.

In addition, a significant number of adolescent girls reported experiencing restrictions of movement and association. More than half of menstruating girls (64.9%) were not allowed to associate with boys during menstruation while

4.9% were not permitted to play with boys. Despite the fact that teachers and parents reported restricting girls from associating with boys during menstruation, most of the girls (67.3%) also believed that women/girls should not associate with men/boys during menstruation, suggesting that the restriction was partly self-imposed.

However, it should be noted that some girls were scared of associating with boys during menstruation due to fears of sexual violence (unwanted sexual touches and violation of privacy). Important to remember, is that 22.4% of girls stated that girls should avoid “bad touches” during menstruation. Cross tabulations revealed that more than a quarter (76.6%) of girls who missed school had been restricted from associating with boys during their last period. Bivariate analysis showed a significant positive relationship between girls being restricted from associating with boys/men during menstruation and actually missing school during their last period.

Besides the fear of sexual violence, there was a belief that menstruating girls/women should not easily associate with men/boys because they might pollute/defile them. Qualitative data from a female parent indicated that menstrual blood could defile a man and make him “unclean”. According to his book “Issues of Blood: The Politics of Menstruation”, Law (1990) explained that menstruation taboos require women/girls to always be aware of men/boys when managing their periods. Although many researchers have studied girls’ absence from school during menstruation, little is documented clarifying the impact of internal and external restrictions such as these on school attendance.

Other than that, a significant number of adolescent girls (15.9%) said they were restricted from going to school during their last menstrual period. Even though none of the parents who participated in the survey reported restricting their daughters from attending school during menstruation, they had fears of their daughters being lured into unsafe sex, which was described as some form of abomination among teachers, parents and adolescents alike. In addition, many female parents indicated that they were sometimes unable to provide adequate sanitary pads to their adolescent girls during menstruation, which could have contributed to this restriction. Cross tabulations showed that (29.8%) of girls who missed school had been restricted from attending it during menstruation.

In addition, about 15% of adolescent girls reported being forbidden to cross the road during menstruation. Cross tabulation found that girls who missed school during menstruation had been restricted from crossing the road during menstruation (17.7%) and sitting on a chair. Likewise, more than half of study participants (57.3%) were not permitted to ride a bicycle during menstruation. Like other physical activities such as playing netball or running, crossing the road and riding a bicycle were associated with loss of the sanitary material being used, which would cause fear and shame among girls.

In summary, several interacting restrictions related to menstruation not only lead to school absenteeism but also cause girls to miss tests and exams. Moreover, these restrictions violate girls’ right to access water and latrines, limit interaction with fellow students (boys), and foods vital in improving their health during menstruation thus worsening proper MHM. This highlights the need for organizations to expand interventions from only pads to tackling other issues like restrictions.

### 5.3 Experiences of Adolescent Girls during Menstruation

Survey findings revealed that a meaningful portion (41.9%) of adolescent girls who had started menstruation but were not taught about it pre-menarche experienced fear, shame, shock, were stressed and worried about their lives when they had their first period. Due to the fact that many SWTs and parents were not aware of the correct age range in which girls start menstruation, there could have been limited education of girls on menstruation pre-menarche. Parental and teacher assumptions that menstruation starts at age 12 or older not only limited education for younger girls but also caused worries among girls who started their first period before age 12. Similarly, a study by Venkatraman and Sheila (2017) conducted through peer review of 81 studies revealed that adolescent girls in LMIC have inadequate knowledge and are unprepared for menarche.

Among girls with disabilities, the experience of their first period was met with fear and worries related to sexual abuse by their parents. Similarly, all adolescent girls with disabilities who participated in the study were afraid that someone would sexually abuse them during menstruation. They also worried about the lack of a responsible person to care for and support them during menstruation. This could be related to limited inclusive sexuality education by teachers and parent which limits their access to comprehensive reproductive health education including MHM information. It may also be due to the fact that when they complain, many girls with disabilities don't get the necessary help. Not only that, the perception that some girls like those with cognitive disabilities are "insane and crazy" and less likely to speak "sense" could make them even more worried and at increased risk of sexual violence without much repercussions among perpetrators.

Despite the fact that most girls rated the pain they experience during menstruation below 5, slightly over a third (34.6%) rated the pain they experience between 5 and 10. Nearly half of respondents (49.3%) said they use painkillers to manage menstrual pain and the major painkillers used included Panadol, Ibuprofen, and Diclofenac. Unfortunately, many adolescent girls and teachers reported using Flagyl (Metronidazole) — an antibiotic, to relieve menstrual pain. Not only does this put girls at risk of common side effects such as abdominal cramps and headaches, gradually, but it will also contribute to antibiotic drug resistance.

The majority of menstruating girls (63.3%) were using disposable sanitary pads to stop menstrual blood from staining their clothes. Other sanitary materials used included homemade reusable sanitary pads, pieces of cloth, banana fibres, cotton wool, polythene papers (kaveera) and sponges, among other materials. Most girls were utilizing more than one kind of sanitary material due to the "abrupt nature of menstruation" and inadequate funds to buy disposable sanitary pads. Parents and teachers affirmed that many girls' were using unhygienic sanitary materials during menstruation, putting them at risk of contracting infections.

Whereas an overwhelming majority of adolescent girls (82.3%) had access to a convenient place to clean and change during menstruation at home, at school, only 36.7% said they had washrooms/safe places. In the absence of convenient places to clean and change during menstruation at school, nearly a third of menstruating girls (32.5%) said they don't change the sanitary materials used, further predisposing themselves to infections such as UTIs. In addition, 10.3% of girls said they go to the bush to change and clean during menstruation, reflecting a high level of

vulnerability to sexual abuse that girls must endure during menstruation. In light of that, it is not surprising that 9.7% said they stay at home during their periods.

Just over half of adolescent girls (52%) said they had experienced a shortage of sanitary pads during menstruation in the past 6 months. This was mainly due to inadequate funds (57%) and abruptness of menstruation (29.4%). In the event that girls lack adequate sanitary materials during menstruation, some may engage in transactional sex to get the required funds to buy sanitary pads, putting them at an increased risk of STIs such as AIDS.

Roughly 2 out of every 10 menstruating girls (18.5%) stated that they experience sleep deprivation during menstruation. When asked how sleep deprivation affects them, 28.2% said they get worried/stressed, 27.7% indicated that they have poor concentration in class, while 17% said they experience headaches. Other effects included fatigue, as reported by 11.7% of respondents, and an inability to engage in household activities because of feeling sleepy (1.1%).

## **5.4 Abnormal Menstruation**

The survey assessed abnormal menstruation among respondents who were not utilizing contraceptive methods. Altogether, only 2.3% of adolescent girls were using family planning methods which included Injecta plan (47.8%), implants (30.4%) and oral contraceptive pills (21.7%). Most girls who were using family planning methods were out-of-school girls. However, there was an unmet need for family planning methods among some parents of girls with disabilities and some adolescent girls who asked CCUG to provide contraceptives to them. Among girls who were utilizing FP methods, some had been forced to use them against their will due to parental fear of unwanted pregnancies.

Nearly 3 out of 10 menstruating girls (27.6%) reported experiencing painful periods in the past 6 months. Of these, 70 also experienced headaches, 23 experienced nausea/vomiting and 166 had abdominal pain spreading to the lower back/legs. Almost a third of girls (32.9%) stated that painful periods lasted 2 days, although 20% said they lasted for 3 days, 5.4% said 4 days, 2.5% said 6 days and 3.6% said they lasted 7 days or more. Most girls who had painful periods were age 14 to 17. A significant portion of adolescent girls admitted to using pieces of cloth during menstruation — which parents and teachers alike indicated could contribute to infections; however, it is unclear whether the painful periods experienced by these girls were due to infections or other causes. The current rate of painful periods (27.6) is lower than the 66.8% rate found in another study conducted among adolescents by Omidvar et al. (2018), although it is within the range of most studies (from 25% to 90%, Daley, 2008).

On how painful periods impacted on their lives, about one quarter (27.5% or 77) said they were unable to play with their friends, 23.9% mentioned that they were unable to engage in daily household chores, 19.3% said they are unable to go to school (while cross tabulations showed that 36% missed school during their previous period) and 8.2% stated that they were unable to walk properly. Some girls (14.6%) said that due to painful periods, they found it hard to sit or sleep properly. Qualitative data from adolescent girls and boys through FGD and SWTs also validated these results. Teachers admitted that under these circumstances, there is nothing much they can do other than to send girls home to receive better pain management. These findings suggest that painful periods have a significant

impact on the daily lives of adolescent girls, corroborating earlier findings by Liliwati, Verna and Khairani (2007) which revealed that dysmenorrhea affected school attendance and classroom engagement.

Survey results revealed that less than a tenth of respondents (8.5%) experienced heavy menstrual bleeding lasting longer than 7 days in the 6 months preceding the survey. Most girls who experienced heavy bleeding (44.2%) said they needed to buy/use many sanitary materials, 18.6% indicated that their clothes were often soiled with menstrual blood and 17.4% were unable to go to school (cross tabulations showed 47 or 51.6%). In line with this, SWTs explained that heavy bleeding among some girls causes them to miss school and co-curricular activities due to the need for more sanitary pads. Interestingly, although nearly half of the girls (48.8%) felt that heavy bleeding lasting more than 7 days was not normal, only 20.9% had sought medical attention from health facilities. Although respondents had common signs resembling menorrhagia, the current study did not undertake elaborate assessments to ascertain the presence of the menstrual disorder.

More than a tenth of adolescent girls (12.5%) who had started menstruation said they had gone more than 35 days without menstruating in the 6 months prior to the survey. Surprisingly, nearly three quarters (74%) believed this was normal, reflecting more knowledge gaps concerning the menstrual cycle. Study results also showed that 10.7% of girls who had started menstruation reported experiencing menstruation within 21 days after their last period in the 6 months before the survey. When asked if they felt the irregular periods were normal, many girls (74.3%) said they believed it was not normal. Irregular periods (within 21 days) could be related to the immaturity of the hypothalamic-pituitary-ovary axis in the first 2 years after menarche. However, infections due to reported use of unhygienic sanitary materials and STIs could also have contributed to the irregular periods among some adolescents.

## **5.5 Menstruation and School Attendance**

Two out of every 10 girls (24.9%) missed school during their last period preceding the survey due to menstruation. Most commonly, girls missed school for 2 days, although the average number of days missed was 2.3 with a Standard Deviation of 1.3. Most girls missed school during their last period due to pain associated with menstruation (32.7%). Other reasons included fear of staining their school uniform, inadequate sanitary pads, lack of a convenient place to clean and change, fear of other students making fun of them, fear of being sexually abused and the lack of a responsible person to support disabled girls during menstruation.

When asked whether the days missed during menstruation affected their academic performance, most (61.7%) said it did and explained that they missed learning about new topics, missed explanations for old topics and also experienced difficulties in copying notes. In addition, nearly a tenth of adolescent girls (8.3%) had missed exams due to menstruation in the past 3 terms preceding the survey. The number of exams missed ranged from 1 to 6, with an average of 2.8 and a SD of 1.7. Furthermore, cross tabulation showed that more students missed exams due to one or interaction of menstrual disorders (painful menstruation and heavy menstrual bleeding) with external restrictions (not allowed to go to school, associate with boys, sit on a chair or cross the road).

Most girls (62.8%) who had started menstruation indicated that the biological event affects their classroom engagement. 18.5% mentioned that during menstruation, they struggle to pay attention in class, 15% said they struggle to sit in class for a long period of time, and 14.8% revealed that they are afraid to stand in the class.

Additionally, 5.4% stated that they don't give answers in class because of fear of standing up. Qualitative data from girls and teachers showed that girls live in fear of shame when they attend class during menstruation. They explained that girls are afraid that their uniforms may be soiled with menstrual blood — something which leads to shame and discrimination. Both girls and teachers revealed that girls with painful periods barely pay attention in class.

Generally, a significant number of girls reported missing school, exams and had poor classroom engagement during menstruation because of a combination of factors such as inadequate pads, pain, lack of a place to clean and change, menstrual disorders and external restrictions.

## **5.6 Menstrual Issues among Female Parents**

Like adolescent girls, female parents too lacked adequate access to sanitary pads during menstruation. Results showed that most parents are small scale farmers, businesswomen and casual labourers, which are low-income occupations. In a largely patrilineal society where most women are illiterate and men are the main breadwinners in a home, female parents faced difficulties in consistently buying disposable sanitary pads for themselves during menstruation. In the face of inadequate sanitary pads, some parents used pieces of cloth. Lack of enough pads was a source of shame and social restriction among some parents.

Survey findings also showed that both female and male parents had inadequate knowledge of menstruation. Many parents had significant knowledge gaps surrounding the cause of menstruation and age range during which girls start periods. This caused some parents to delay educating their daughters aged 12 years and over on menstruation due to the assumption that they were still too young. Inadequate knowledge among parents was partly to blame for the negative experiences among girls during menarche, and the several restrictions which had far-reaching effects on the daily lives of adolescent girls.

In relation to parents of girls with disabilities, most were not aware of the sexual reproductive health growth patterns of their daughters and displayed shock and disbelief when their daughters started menstruation. Generally, parents suggested that they receive education on menstruation so as to clearly understand what they go through and to allow them to provide adequate support to their daughter pre and post menarche.

Some female parents were experiencing heavy bleeding lasting more than 7 days, irregular period within 21 days and painful menstruation. These menstrual disorders had a negative significant impact on their social and economic lives. Besides restricting their movement, causing shame and social interaction, menstrual disorders affected their engagement in income-generating activities because of severe pain and heavy menstrual bleeding. There were also concerns among some parents who experienced cognitive dissonance due to the fact that they participated in cooking during menstruation even though they believed and felt that menstrual blood is dirty and could contaminate their food. In addition, menstruation was also detailed as a source of marital problems, especially among female parents with irregular periods (within 21 days), who are unable to enjoy sex regularly. This was also mentioned as a cause of suspicion and mistrust among some male partners, who confuse the inability to exercise conjugal rights as a sign of infidelity.

In summary, inadequate knowledge of menstruation, limited sanitary materials, menstrual disorders were reported as not only a cause of issues among adolescent girls (pre and post menarche), they also negatively affect the social and economic lives of female parents. This underlines the need to initiate interventions among parents to increase their knowledge of menstruation and access to sanitary materials.

## **5.7 Menstruation and Violence**

There were fears and worries among a majority of parents with adolescent girls with disabilities that their daughters could be raped during menstruation. Due to the perception that menstruation means sexual maturity, they feared that their daughters could be raped, impregnated and/or could contract STIs such as HIV/AIDS. The various disabilities suffered by their children were seen as forms of weaknesses that make them vulnerable to sexual abuse.

Menstruation and its management was considered a source of marital misunderstandings and conflict among parents in some villages. Local leaders revealed that menstrual disorders and poor menstrual hygiene among some women are a cause of cheating and fights among couples, respectively.

Likewise, the start of menarche among adolescent girls contributed to early marriages in some villages as reported by local leaders. Due to the presumption that menstruation means sexual maturity, female local leaders reported that some girls are married off when they start menstruation.

## **5.8 Impact of poor MHM among Boys and Men**

According to most male participants (adolescent boys and male parents), poor MHM among girls contributes to negative social and economic issues among boys/men. Adolescent boys noted that poor MHM among adolescent girls negatively affects their social interactions, limiting the way that they can freely speak with them and makes it difficult or impossible for them to obtain the support they receive from academically bright girls. This is because girls are scared of interacting with boys during menstruation due to fears of leakage and sexual violence (such as unwanted touches, use of sexually offensive words among others). There were also fears among girls of being lured into sex during menstruation, which caused even more fear among parents and teachers.

Poor MHM among girls and women was noted as a cause of concern and worry for male parents. They indicated that when girls and women face challenges such as inadequate pads and use unhygienic materials that cause infections, as breadwinners, they are financially responsible for the treatment of these infections, something which causes financial strain on them.

Whether among girls or women, the impact of poor MHM was also reported to be experienced by boys/men, highlighting the need to involve them too in interventions aimed at improving MHM in and around schools.

## **5.9 Ways of addressing challenges faced by girls/women during menstruation**

Although a majority of adolescent girls (58.1%) suggested providing disposable sanitary pads to them to address the issue of inadequate sanitary materials, many teachers felt they are expensive to consistently use and instead suggested training girls in the production of reusable sanitary pads. Parents and local leaders also asked to be trained in the production of reusable sanitary pads to enable them to make enough pads for themselves and their adolescent daughters.

Furthermore, there were calls by adolescent girls (23.3%) to construct safe places equipped with water in schools. This could have been because a majority of respondents (63.3%) did not have access to a convenient place to clean and change during menstruation at school, and a significant number (17.7%) had nowhere to clean and change during menstruation, even at home.

Some girls (23.9%) also suggested educating girls about menstrual health and hygiene management, and most (96%) indicated that they wanted to know more about menstruation. Similarly, there was a suggestion to educate boys on menstruation, too, as reported by 7.6% of adolescent girls. This could be due to the fact that boys are major sources of stigma and discrimination that girls experience during menstruation in school. Qualitative data obtained from boys revealed major knowledge gaps about menstruation.

There were also calls for training in MHM among local leaders, parents, and teachers so as to equip them with adequate knowledge and skills to better understand what girls/women go through during menstruation and also to provide adequate support to girls during periods.

## 5.10 Survey Limitations

Despite its contributions and elaborative nature, this survey was not without limitations;

1. There was severe opposition among most teachers including the SWT in one school regarding the data collection and eventual implementation of this project in the school. Even after signing a Memorandum of Understanding with CCUG, teachers in this school felt that menstruation is not a priority and that the project was out to make their children sexually perverted. However, later discussions with the school administration revealed that there were management wrangles at the school where teachers are resisting the leadership of the headmaster. Due to the fact that a significant part of project implementation involves the efforts of SWTs/SMTs and other teachers, CCUG decided to cancel the signed MoU and had the school replaced. This explains why the survey was conducted in 21 schools instead of the 20 which was planned.
2. In nearly every school, SWTs and SMTs denied the existence of girls with disabilities. Regardless of the fact that researchers explained the kinds of disabilities to teachers, they often used disrespectful language regarding students' disabilities. In one school, 3 girls with disabilities refused to come to be interviewed due to the fact that their teacher had offended them through the use of disrespectful language. This had a great impact on the number of girls with disabilities who were involved in the survey and limited it to only 20.

Due to the fact that most of the data used in this survey was self-reported without secondary records to back it up, there may have been omissions and exaggerations during data collection. Some adolescent girls were reluctant to provide more information about certain questions, which limited understanding of some aspects concerning restrictions related to menstruation.

Moreover, some girls were scared to answer questions related to their utilization of family planning methods — possibly due to fears that this could be found out by teachers. Even after several assurances from research assistants, some girls consistently provided contradictory information about family planning use, which means that the current number of 23 could have been high. In addition, in two primary schools, two SWTs “taught” some girls about menstruation right before the data collection in a bid to show that their

students were knowledgeable. Researchers were instructed not to interview over 30 students in these 2 schools and 7 surveys were canceled as a result of this bias.

Additionally, the lack of adequate assessment of girls (such as tracking of history and other tests) in relation to some menstrual disorders means that the current survey findings cannot be conclusively taken to indicate that some students or female parents had such disorders (specifically menorrhagia). It is not clear whether parents who were experiencing symptoms of menstrual disorder were utilizing any family planning methods, which are known to lead to such symptoms.

3. There could have been selection bias due to the fact that in some cases, SWTs and SMTs wanted to influence researchers on who to randomly select to be included in the survey. They felt that there was a need to include only girls who had started menstruation or those who they felt were confident enough to answer the questions. However, CCUG supervisors steered clear of their influence and requested them to leave the selection process to the research assistants. Besides, the use of purposive, convenient and snowball sampling procedures could have caused bias and affected the survey findings.

## **6.1 Conclusion and Recommendations**

Restrictions related to menstruation among adolescent girls and women stemming from inadequate knowledge of MHM sustain age-old misconceptions and myths regarding menstruation. Coupled with inadequate sanitary materials and menstrual disorders, restrictions associated with menstruation have far-reaching effects on the daily lives of adolescent girls and women. In addition, inadequate knowledge of MHM and limited support to girls (especially those with disabilities) and women puts them at increased risk of violence in and around schools.

There is a need to overcome knowledge gaps of MHM among adolescent girls — both male and female (in and out of schools), SWTs/SMTs, parents and female local leaders while providing clean and safe alternatives to costly disposable sanitary pads. It is vital to train teachers about disabilities, use of respectful words and how best to support girls with disabilities during menstruation so as to make interventions inclusive.

Female local leaders should initiate and sustain a supportive network against violence related to menstruation among women and adolescent girls.

Further research is needed to establish the prevalence, cause and effects of abnormal menstruation among adolescent girls, in and around schools. There is also need to improve knowledge of menstrual disorders and establish credible referral pathways to adolescent girls to access services as soon as possible.

Besides, organizations working under SRHR with emphasis on MHM should endeavour collection of disaggregated data which is disability inclusive in order to have a better understanding of MHM among the different categories of adolescents, youths and women.

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## Appendix I: List of Schools

S/N	Name of School	Students Sampled	Surrounding Village	Sub County	District
1	Baitambogwe Primary School	59	Bugodi	Baitambogwe	Mayuge
2	Bute Primary School	56	Bute	Baitambogwe	Mayuge
3	Butiki Primary School	42	Butiki Matala	Mafubira	Jinja
4	Buyengo Secondary School	58	Buyengo	Kagoma	Jinja
5	Ikulwe Primary School	50	Katwe	Mayuge Town Council	Mayuge
6	Luubu Primary School	71	Bukatube	Bukatube	Mayuge
7	Luubu Secondary School	70	Bukatube	Bukatube	Mayuge
8	Mugeya Primary School	48	Mugeya	Baitambogwe	Mayuge
9	Mulingirile Primary School	43		Baitambogwe	Mayuge
10	Mutai Primary School	82	Mutai	Kagoma	Jinja
11	Mutai Secondary School	75	Mutai	Kagoma	Jinja
12	Nsozibiri Primary School	40	Nsozibiri	Buwenge Town Council	Jinja
13	Ntinkalu Primary School	143	Ntinkalu	Wairasa	Mayuge
14	St. Andrews Nakabango Primary School	100	Nakabango	Mafubira	Jinja
15	St. Andrews Secondary School	38	Wabulungu/Donga	Magamaga Town Board	Mayuge
16	St. Luke Makembo Primary School	33	Immanyiro/Igunda	Imaniyro	Mayuge
17	St. Patrick Primary School	61	Bukooli	Magamaga Town Board	Mayuge
18	St. Stephen Primary School	58	Kakira Polota	Kakira Town Council	Jinja
19	Waitambogwe Secondary School	59	Lugolole	Baitambogwe	Mayuge
20	Wakitaka Primary School	64	Mauta	Mafubira	Jinja
21	Wansimba Primary School	145	Wansimba	Butagaya	Jinja
	<b>Total</b>	<b>1,395</b>			

## Appendix II: Pictorial Collage for Data Collection Exercise

