

Endline Survey Report

**November
2019**



Executive Summary

Background: The ability to manage one’s menstrual health with adequate knowledge, safety and dignity and without stigma is an essential human right. However, in low-income settings like Uganda, inadequate Menstrual Hygiene and Management (MHM) is a cause of absenteeism from school among girls. With support from Associated Country Women of the World (ACWW), CCUG initiated a project to improve safety, dignity and privacy during menstruation in 3 rural primary schools in Jinja and Mayuge districts. The overall aim of this project was to reduce stigma and discrimination associated with menstruation among adolescent girls aged 9-17 years in rural primary schools in Jinja and Mayuge districts. The desired project outcomes included improved safety, dignity and privacy of 750 girls during menstruation, and improved self-esteem and confidence among 500 adolescent girls in 3 rural primary schools in Jinja and Mayuge districts. The endline survey was conducted to assess the impact of the project by comparing current survey responses to those collected a year ago.

Methodology: The endline survey adopted the same methodology as that utilized during the baseline survey to ensure comparability of data and results. The survey was based on a descriptive study design with both quantitative and qualitative methods of data collection. A total of 196 adolescent girls and 4 teachers were included in the survey using a lottery and purposive sampling methods. Permission and informed consent was sought before data collection was done. The initial data collection was through the use of a pretested semi-structured questionnaire and interview guide. The same tools were used during the baseline. Collected quantitative data was entered into Statistical Package for Social Scientists (SPSS Version 22), where it was cleaned and analyzed using descriptive analysis. Qualitative data was analyzed through thematic analysis.

Results: Summary of results and changes attained

| Results Achieved | Changes Attained | | |
|---|---|----------|---------|
| | | Baseline | Endline |
| 6 Washrooms constructed in 3 primary schools and equipped with water, soap and disposable buckets for used pads. Average use of washrooms is 5-30 girls per each schooling day. | Access to washrooms | 38.1% | 100% |
| | Access to water | 73.6% | 94.8% |
| | Safety of place used during menstruation | 21.7% | 98.5% |
| 3 School sanitation management committees formed comprised of 7 members (2 Parents on the PTA, 2 students, 1 school administrator, and 2 teachers—1 Senior Woman and Senior Man teachers respectively.) | Privacy of place used during menstruation | 26.3% | 92.3% |
| | Girls who changed pads at least 2 times during menstruation in an ordinary day in their last cycle. | 68% | 85.7% |
| | Girls who cleaned their genitals during their last period as they changed pads at school | 29.9% | 95.9% |
| 18 sessions conducted in 3 schools, 6 sessions per school (2 sessions each term per school) about menstruation and rights related to menstruation. | High self-efficacy rates | 24.1% | 61.7% |
| | Moderate to severe anxiety associated with menstruation | 78.9% | 37% |
| 15 sessions conducted in the 3 schools, 5 sessions per school about self-esteem and confidence. | Girls who experienced moderate to severe stigma associated with menstruation | 72.2% | 7.1% |
| 6 teachers trained in the biology of menstruation, menstruation, and health, abnormal menstruation, irregular periods and rights related to menstruation. They were also trained in the provision of support to adolescent girls during menstruation. | Missed school during menstruation due to lack of a place to clean and change | 29.4% | 13.4% |
| | Average number of days missed | 2.4 | 1.7% |
| | Missed lessons during menstruation due to lack of a place to clean and change | 33% | 1.5% |
| | Missed meals during menstruation due to lack of a place to clean and change | 39.7% | 5.1% |
| | Missed tests/exams during menstruation due to lack of a place to clean and change | 34% | 3.1% |

Conclusion: The project had significant impact on MHM among adolescent girls in the 3 schools contributing to remarkable changes in Self-efficacy, anxiety and stigma associated with menstruation. Besides, the project was able to increase access to safe, private and accessible washrooms which tremendously improved on MHM among adolescent girls. This helped to reduce on the number of adolescent girls who miss school, lessons, exams/tests, meals and engaging in co-curricular activities due to lack of a place to clean and change during menstruation.



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List of Abbreviations

| | |
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| ACWW | : Associated Country Women of the World |
| CCUg | : Community Concerns Uganda |
| GAD | : Generalized Anxiety Disorder |
| GES | : Generalized Self-Efficacy Scale |
| MHM | : Menstrual Hygiene Management |
| SMT | : Senior Man Teacher |
| SWT | : Senior Woman Teacher |
| SPSS | : Statistical Package for Social Scientists |
| SE | : Self-Efficacy |
| SGBV | : Sexual Gender-Based Violence |
| SMC | : School Management Committee |
| SRGBV | : School-Related Gender-Based Violence |
| PTA | : Parent-Teacher Association |

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Nangulu Michael



Programs Director

1.0 Introduction

The ability to manage one's menstrual health with adequate knowledge, safety and dignity without stigma is an essential human right. However, in low-income settings like Uganda, inadequate Menstrual Hygiene and Management (MHM) is a cause of absenteeism from school among girls. This endline survey is a follow-up to a baseline survey conducted between November 2018 and January 2019¹ in 3 rural primary schools in Jinja and Mayuge district. The survey focused on the impact of sanitary facilities on anxiety associated with menstruation, Self-Efficacy (SE) associated with menstruation, school attendance, and stigma associated with menstruation.

1.1 Background of the Project


With support from Associated Country Women of the World (ACWW), CCUg initiated a project to improve safety, dignity and privacy during menstruation in 3 rural primary schools in Jinja and Mayuge districts. The project started with a baseline survey in 2018 among 200 menstruating girls and 3 Senior Women Teachers (SWTs).

According to the initial survey findings, just over three-quarters of adolescent girls rated the sanitary facilities used at home and school during MHM as inadequate/poor. The major sanitary facilities used at home during menstruation were toilets (48.5%) and bathrooms (23.4%). Less than half of respondents (46.9%) were utilizing the available sanitary facilities for MHM in their schools which included girl's latrines (33.5%) and safe places (13.4%). In the face of inadequate and poor sanitary facilities at school and at home, 31 girls (or 16%) were changing sanitary pads from the bushes near or around their schools. Inadequate and poor sanitary facilities at home and school led girls to engage in poor menstrual hygiene practices. More than half (70.6%) changed pads less than 3 times in a typical day during their last period while (70.1%) did not clean their external genitalia or take a bath before changing pads at school.

The majority of adolescent girls (75.9%) had low Self-Efficacy (SE) associated with menstruation which indicated that many of the respondents believed that they lacked the ability, confidence and or resources to adequately manage themselves during menstruation. Nearly all (144 or 99.3%) girls who had a low SE score reported that the available sanitary facilities at school for MHM were inadequate. Most respondents who had periods within 2 weeks before the survey were experiencing some form of anxiety (moderate to severe) as reported by 78.9% of girls. Generally, girls who had experienced menstruation within 2 weeks of survey had higher anxiety levels than those who did not have periods within 2 weeks of the data collection. The average anxiety scores for girls who had not experienced periods 2 weeks before the survey was 7.25 while that of girls who experienced periods 2 weeks prior to the survey was 11.8.

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

¹ <http://www.communityconcernsug.org/wp-content/uploads/2017/03/CCUg-Impact-of-Sanitary-Facilities-on-MHM-Baseline-Survey-January-2019.pdf>



lesson per cycle. Nearly 4 of every 10 girls (39.7%) missed meals provided at school due to inadequate sanitary facilities for MHM. The number of days missed ranged from 1 to 15 with an average of 2.3 or 0.76 meals per cycle. In addition, just over 3 out of every 10 girls (34%) missed tests or exams due to poor sanitary facilities. Altogether, 55 girls missed tests and 13 missed exams. The average number of tests missed per pupil was 1.8 per term.

More than half (51.5%) reported that inadequate menstrual facilities at school were negatively affecting their academic performance. The majority of girls (80%) who participated in the study were experiencing some form of stigma associated with inadequate sanitary facilities. Poor location of safe places and poor teacher practices with regard to supporting menstruating girls contributed to external stigma associated with menstruation. Moreover, the inability of menstruating girls to frequently clean and change pads or changing pads without washing external genitalia due to poor sanitary facilities at home/school made them feel dirty, ashamed, and caused discomfort and social isolation. Furthermore, continued encouragement of girls by SWTs to believe that degrading, belittling and sexually offensive abuse they experienced from male teachers and boys during menstruation were to be expected and normal led to internal stigma, low self-esteem and increased anxiety.

1.2 Project Interventions

1.2.1 Construction of Washrooms

In each of the 3 selected schools, 2 washrooms were constructed equipped with water, soap, and buckets for disposing of used pads. For every school, washrooms were connected to a polyethylene tank (with a capacity of 1,000 litres) with a gutter system attached to the roof to harvest rainwater for use in times when there is a water shortage.

1.2.2 Formation of School sanitation management committees

After construction and handover of the washrooms, school sanitation management committees were formed in the 3 schools. The main goal of these committees is to ensure proper management of the washrooms while advocating for better sanitary materials and facilities for adolescent girls during menstruation. The sanitation committees are comprised of 7 members (2 parents on the PTA, 2 students, 1 school administrator, and 2 senior teachers - both a Senior Woman and a Senior Man teacher).

1.2.3 Sexuality education with an emphasis on MHM

A total of 18 sexuality education sessions with an emphasis on MHM were conducted in the 3 beneficiary schools. Over 1,200 adolescents aged 9-17 years were reached. The sessions on menstruation centered on basics of menstruation, including hygiene management, and rights related to menstruation.

1.2.4 Self-esteem and confidence building

Fifteen sessions were conducted about self-esteem and confidence, 5 sessions per school. Under this topic, students were educated on the types of self-esteem, the factors that influence it and how adolescents can build their self-esteem and confidence. In addition, students were also taught about self-awareness which included how to identify emotions, tips on anger management, self-perception, strengths, weaknesses and self-efficacy.

1.3 Other non-planned activities

These were activities that were not planned as per the project work plan but were conducted due to findings from the baseline survey. These 2 activities were funded through in-kind support and generous donations from Ruth Circle of Solebury United Methodist Church, Pennsylvania—U.S.

1.3.1 Training in production of reusable sanitary pads

This activity was funded by the Ruth Circle of the Solebury United Methodist Church, Pennsylvania which contributed funds that bought materials to conduct the training in the 3 schools. Altogether, 98 students and 9 teachers were trained in the production of reusable sanitary pads, including how to wash and maintain hygiene while using them. The Ruth Circle also donated money used to purchase reusable sanitary pads to donate to the schools after the trainings.

1.3.2 Training teachers on MHM

According to the baseline survey, 80% of participants were experiencing some form of stigma associated with inadequate sanitary facilities. SWTs and SMTs were reported as not only sources of stigma but frequently told adolescent girls that the demeaning, belittling, degrading and sexually offensive abuse they experienced from boys and male teachers was “normal”. SWTs who are supposed to provide support and guidance to adolescent girls during menstruation were destroying girls’ self-esteem as they occasionally directed them to accept/allow stigma experienced from boys and male teachers.

Based on the above findings, 6 teachers (3 SWTs and 3 SMTs) were trained about the biology of menstruation, hygiene management, health issues associated with menstruation including abnormal menstruation and irregular cycles, and rights related to menstruation.

2.0 Survey Implementation

The endline survey was conducted to monitor the results of the Sanitary Facilities for Proper Menstrual Hygiene in Rural Primary Schools project and measure progress against the specific indicators and milestones set for the initiative. The baseline survey was conducted between November 2018 and January 2019.

Table 1: Project Objectives and Indicators

| Objective | Planned Activities | Output Indicator |
|--|---|---|
| To improve the safety, dignity, and privacy of 750 girls during menstruation in 3 rural schools in Jinja and Mayuge districts. | Activity 1: Construction of 6 Washrooms in 3 rural primary schools equipped with water, soap, mirrors and disposable buckets for used pads. | Indicator 1: 6 Washrooms constructed in 3 primary schools and equipped with water, soap and disposable buckets for used pads. |
| | Activity 2: Formation of 3 School sanitation management committees to advocate for better sanitary materials and facilities for adolescent girls during menstruation from different stakeholders and concerned parties | Indicator 2: 3 School sanitation management committees formed comprised of 7 members (2 Parents on the PTA, 2 students, 1 school administrator, and 2 teachers—1 Senior Woman and 1 Senior Man teachers respectively). |
| Improve the self-esteem and confidence among 500 adolescent girls in 3 rural primary schools in Jinja and Mayuge districts. | Activity 3: Raise awareness of rights related to menstruation among adolescent girls, boys, teachers as a way of correcting misinformation, negative attitudes and beliefs. | Indicator 1: 18 sessions conducted in 3 schools, 6 sessions per school (2 sessions each term per school) on menstruation and rights related to menstruation. |
| | | Indicators 2: 15 sessions conducted in the 3 schools, 5 sessions per school on self-esteem and confidence. 6 teachers trained in the biology of menstruation, menstruation, and health, abnormal menstruation, irregular periods and rights related to menstruation |



2.1 Project and Survey Objectives

2.1.1 Purpose of the project

To reduce stigma and discrimination associated with menstruation among adolescent girls aged 9-17 years in 3 rural primary schools in Jinja and Mayuge districts.

2.1.2 Project Objectives

1. To improve the safety, dignity, and privacy of 750 girls during menstruation in 3 rural schools in Jinja and Mayuge districts.
2. To improve the self-esteem and confidence of 500 adolescent girls in 3 rural primary schools in Jinja and Mayuge districts.

2.1.3 Objective of the endline survey

The survey aimed at assessing the impact of adequate sanitary facilities on the Menstrual Hygiene and Management (MHM) of adolescent girls in 3 rural primary schools in Jinja and Mayuge districts. The survey focused on the impact of sanitary facilities on anxiety associated with menstruation, self-efficacy associated with menstruation, school attendance and stigma associated with menstruation. This survey is a follow-up to an earlier baseline conducted in 2018 as a way of assessing the progress of the project against its intended objectives. Therefore, study findings will be compared with baseline survey findings to establish any differences which might have been brought about by the interventions conducted.

2.2 Research Questions

In order to make a good comparison of the study findings with those attained with the baseline survey, the endline survey sought to assess the following questions as per the main variables assessed during the baseline.

1. What is the impact of sanitary facilities on MHM among adolescent girls in 3 primary schools in Jinja and Mayuge districts?
2. What is the impact of sanitary facilities on Self-Efficacy associated with menstruation among adolescent girls in 3 primary schools in Jinja and Mayuge districts?
3. What is the impact of sanitary facilities on anxiety associated with menstruation among adolescent girls in 3 primary schools in Jinja and Mayuge districts?
4. How do sanitary facilities for MHM affect girls' school attendance and perceived academic performance in 3 primary schools in Jinja and Mayuge districts?
5. How do sanitary facilities for MHM impact the stigma associated with menstruation among adolescent girls in 3 primary schools in Jinja and Mayuge districts?
6. What are the ways of improving MHM in the 3 primary schools in Jinja and Mayuge districts?

2.3 Survey Methodology

The endline survey employed the same methodology as the one utilized during the baseline to enable the comparison of results.

2.3.1 Survey Design, Setting and Population

A descriptive cross-sectional study design employing both qualitative and quantitative methods of data collection was used. The setting included 3 schools that were included in the baseline. In all 3 primary schools included in this survey, project interventions were conducted between November 2018 and October 2019.

2.3.2 Sample Size and Sampling Procedure

Table 2: Distribution of Sampled respondents

| S/N | Name of School | Sample Size at Baseline | Sample Size at Endline | Difference |
|-----|----------------------------------|-------------------------|------------------------|------------|
| 1. | Wabulungu Primary School | 77 | 79 | 2 |
| 2. | St. Matia Mulumba Primary School | 68 | 56 | 12 |
| 3. | Nalinaibi Primary School | 49 | 61 | 12 |
| | Total | 194 | 196 | 2 |

Table 2 above shows that Wabulungu had a slightly higher sample size as compared to the other 2 schools, which could be due to the fact that the school has the biggest population of adolescent girls—an estimated 800. Both St. Matia and Nalinaibi had a difference in sample size of 12 pupils. As per the sampling, there were no major differences in the sampled pupils per school hence the comparability of results can be validated.

2.3.3 Survey Instruments and Methods

There were no significant changes made in the study instruments used during the baseline and the endline surveys. A questionnaire with structured questions was formulated to assess the impact of sanitary facilities on Menstrual Hygiene and Management (MHM), Self-Efficacy (SE), anxiety, stigma, and school attendance. Most of the questions had 1-6 point scale responses. The questionnaire was translated into Lusoga for easy comprehension by pupils who had limited understanding of the English language.

Although there was a review of the questionnaire to establish if it could be used to answer the research questions, there were no significant modifications made. Additionally, for assessing SE and anxiety, universal data collection tools such as the Generalized Self-Efficacy Scale (GES) and the Generalized Anxiety Disorder (GAD)-7- item scale (as utilized during the baseline) were used with slight modifications.

For qualitative data from teachers, a key informant guide formulated and used during the baseline line survey was slightly modified to track changes brought about by the construction of the sanitary facilities and the several health education sessions conducted on MHM, self-esteem and confidence building. The collected data was recorded verbatim using an audio recorder.

2.3.4 Data Management and Analysis

Collected quantitative data was checked for completeness and coded after each day of data collection. It was later entered into the Statistical Package for Social Scientists (SPSS version 22), where it was cleaned and analyzed using descriptive statistics. Collected qualitative data was transcribed verbatim and 10 transcripts were developed from

the audio interviews conducted among the 6 pupils and 4 teachers. After the transcription, the audio interviews were re-listened to while re-reading the transcripts to ensure that the transcribed data revealed the true account of the verbal and nonverbal details of the interviews conducted.

Later, the transcripts were read twice to derive meanings and patterns associated with the data by two project staff. Coding was used to identify the most interesting features associated with the data with respect to already developed variables/themes (MHM, anxiety, self-efficacy, stigma associated with menstruation and school attendance and menstruation). For each of the themes, a detailed analysis of the data was conducted to add meaning and understanding to the quantitative data.

2.3.5 Ethical Issues

The same ethical clearance which was sought before the initiation of the baseline was again used for the endline survey. This included ethical clearance from the district authorities and signing memorandums of understanding with the 3 schools, part of which involved ethical clearance to collect data for the baseline survey. In addition, informed consent was sought from teachers and pupils before collecting data from them. In addition, they were assured of utmost confidentiality of information provided as the team stressed that the data collected was only going to be used for report making purposes.

3.0 Survey Findings

This section presents the key study findings according to the objectives and research questions of the survey. Results are arranged in sequence, starting with demographic data, and continuing to sanitary facilities at school for MHM, self-efficacy associated with menstruation, anxiety related to menstruation, the relationship between school attendance and available sanitary facilities, and the relationship between sanitary facilities and stigma. Comparisons are made with the baseline survey findings as obtained from the 3 schools in January 2019.

3.1 Demographic Characteristics of respondents

Table 3: Age, class and having someone to speak with about menstruation

| Category | Baseline | | Endline | |
|---|-------------------|----------------|-------------------|----------------|
| | Frequency (n=194) | Percentage (%) | Frequency (n=196) | Percentage (%) |
| Age | | | | |
| 11 years | 03 | 1.5 | - | - |
| 12 years | 42 | 21.6 | 9 | 4.6 |
| 13 years | 50 | 25.8 | 84 | 42.9 |
| 14 years | 67 | 34.5 | 71 | 36.2 |
| 15 years | 18 | 9.3 | 29 | 14.8 |
| 16 years | 11 | 5.7 | 03 | 1.5 |
| 17 years | 03 | 1.5 | - | - |
| Class of study | | | | |
| Primary Three | 07 | 3.6 | 31 | 15.8 |
| Primary Four | 15 | 7.7 | 14 | 7.1 |
| Primary Five | 77 | 39.7 | 71 | 36.2 |
| Primary Six | 95 | 49.0 | 80 | 40.8 |
| Having someone comfortable to discuss with issues related to menstruation | | | | |
| Yes | 172 | 88.7 | 173 | 88.3 |
| No | 22 | 11.3 | 23 | 11.7 |

According to the study findings, the highest number of respondents (42.9%) were age 13 with a mean age of 13.6 years (Standard deviation of 0.8). In the baseline survey, most adolescent girls (67 or 34.5%) were age 13 years and the average age was 13.5 years (Standard deviation of 1.2).

Regarding the class of study, there was little difference between the baseline and endline surveys. During both, most respondents were studying in primary six (49% during the baseline and 40.8% during the endline).

During the baseline, the majority of adolescent girls (88.7%) reported having someone comfortable to talk to about issues related to menstruation while for the endline, it was a slightly lower number (88.3%). The above results show that there were no meaningful changes in the demographic data of respondents included in the baseline and endline surveys and comparisons made between the results for the two surveys are valid.

3.2 Available sanitary facilities for MHM at school

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

Table 4: Accessibility to latrines and their safety

| Category | Baseline | | Endline | |
|--|-------------------|----------------|-------------------|----------------|
| | Frequency (n=194) | Percentage (%) | Frequency (n=196) | Percentage (%) |
| Separate latrines for boys and girls | | | | |
| Yes | 148 | 76.3 | 196 | 100 |
| No | 46 | 23.7 | - | |
| Whether latrines have doors and locks (148) | | | | |
| Yes | 53 | 35.8 | 196 | 100 |
| No | 95 | 64.2 | - | - |
| Whether there is water and soap near the latrines (194) | | | | |
| Yes | 93 | 47.9 | 179 | 91.3 |
| No | 101 | 52.1 | 17 | 8.7 |
| Whether respondents feel the school latrines offer privacy and safety | | | | |
| Strongly Agree | 06 | 3.1 | 80 | 40.8 |
| Agree | 76 | 39.2 | 108 | 55.1 |
| Not Sure | 10 | 5.2 | 03 | 1.5 |
| Disagree | 87 | 44.8 | 03 | 1.5 |
| Strongly Disagree | 15 | 7.7 | 02 | 1.0 |

The endline survey found that all (100%) pupils reported that they have separate latrines for boys and girls.

When asked whether the latrines had doors and locks, all (196 or 100%) respondents reported that they had doors and locks which could be attributed to efforts by the school administration to improve sanitation and hygiene in the school. Noteworthy is that CCUG recommended that as part of the construction of the washrooms, school administrators should improve the safety and privacy of the latrines by inserting locks and doors.

Furthermore, there was an increase in responses related to the availability of water and soap nearby or within the latrine premises, from 93 (or 47.9%) who agreed during baseline to 179 (or 91.3%) during endline. This is most likely attributed to the fact that the constructed washrooms have outside water taps that pupils can use after using the latrine.

As compared to the baseline where 82 respondents (or 42.3%) felt that the school latrines offer privacy and safety, there has been an increase of 129% to 188 respondents (or 95.9%) by endline. This suggests that adolescent girls utilize the latrines more than before, due to the fact that they offer privacy and safety – some of which could be related to installing locks and a door in two schools.

Table 5: Pupil to Latrine ratio in the 3 schools

| School | Nalinaibi Primary School | | Wabulungu Primary School | | St Matia Mulumba Primary School | |
|-----------------------------------|--------------------------|---------|--------------------------|---------|---------------------------------|---------|
| | Baseline | Endline | Baseline | Endline | Baseline | Endline |
| Number of latrine Stance | 6 | 6 | 8 | 4 | 6 | 4 |
| Latrines with doors | 3 | 4 | 4 | 4 | 4 | 4 |
| Latrines without doors | | | 4 | 4 | 2 | 2 |
| Latrines with doors without locks | 2 | 2 | 3 | 3 | 4 | 2 |
| Latrines with doors with locks | 1 | 3 | 3 | 4 | - | - |

In Nalinaibi Primary school, out of the 6 latrine stances for girls, 3 had doors while the other 3 did not have doors. Of the 3 stances that had doors, only 1 had a lock serving approximately 300 girls. The latrine to girl ratio was 1:50, which is 10 girls above the number recommended by the Ministry of Education and Sports. ***There was improvement in the latrines of Nalinabi Primary School by the endline, where the school administration inserted locks to 2 doors and 1 door to 1 stance.***

In Wabulungu Primary school, out of the 8 latrine stances for girls observed, 3 did not have doors while 5 had them. Of these, 3 latrine stances did not have locks serving approximately 800 girls. The latrine stance to the girl ratio was 1:100. ***Although the school administration inserted locks on 1 latrine stance door to improve safety and privacy, there was reduction of latrine stances from 8 to 4. By endline, 4 stances were indicated as “unusable” due to their lack of doors and pits were nearing fill-up, making them dangerous for use by pupils. This implies that the current latrine to girl ratio increased from 1:100 by baseline to 1:200 by endline.***

For St. Matia Mulumba Primary School, of the 6 latrines serving an estimated 300 girls, 2 stances don’t have doors and 4 have doors without locks. The latrine to girl ratio was 1:50. ***By endline, 2 stances had caved in and could not be used by pupils, increasing the latrine to girl ratio from 1:50 to 1:75.***

In all 3 primary schools, none had the recommended stance to girl ratio by the Ministry of Education and Sports. Moreover, in Wabulungu and St. Matia Mulumba Primary Schools, the number of latrine stances for girls has reduced over the 1-year period, going from from 8 stances to 4 and from 6 to 4 respectively. Both school administrators requested that as part of project continuation, CCUG should include girls’ pit latrines construction, at least a 4 stance latrine for each of the schools. This they explained will improve on general sanitation and hygiene and improve on retention of girls in schools.

“We now only have 4 stances for girls...the second latrine with another 4 stances has issues. The outer walls have weakened, it is visible that it may cave in anytime, which is a big danger to our girls. So, we stopped them from going there...which means we only have 4 stances serving more than 800 girls...that is nearly 200 girls per stance. The problem comes in those times when there is need to change lessons, where most teachers tell pupils to go to the loos. That is when you see the chaos... I am fearful of what may happen to these girls next year... my humble request is this project continues so that Community Concerns can add us more washrooms and a latrine with at least 4 stances. That will help us a lot... we have tried many times to get support from Mayuge district education office in vain. The situation is worsening, it is appalling, these girls may face sexual abuse in near future due to this, so I just pray that this project is continued to expand support to us...” (Interview IV—School administrator, Primary School)

Table 6: Places that girls use during menstruation

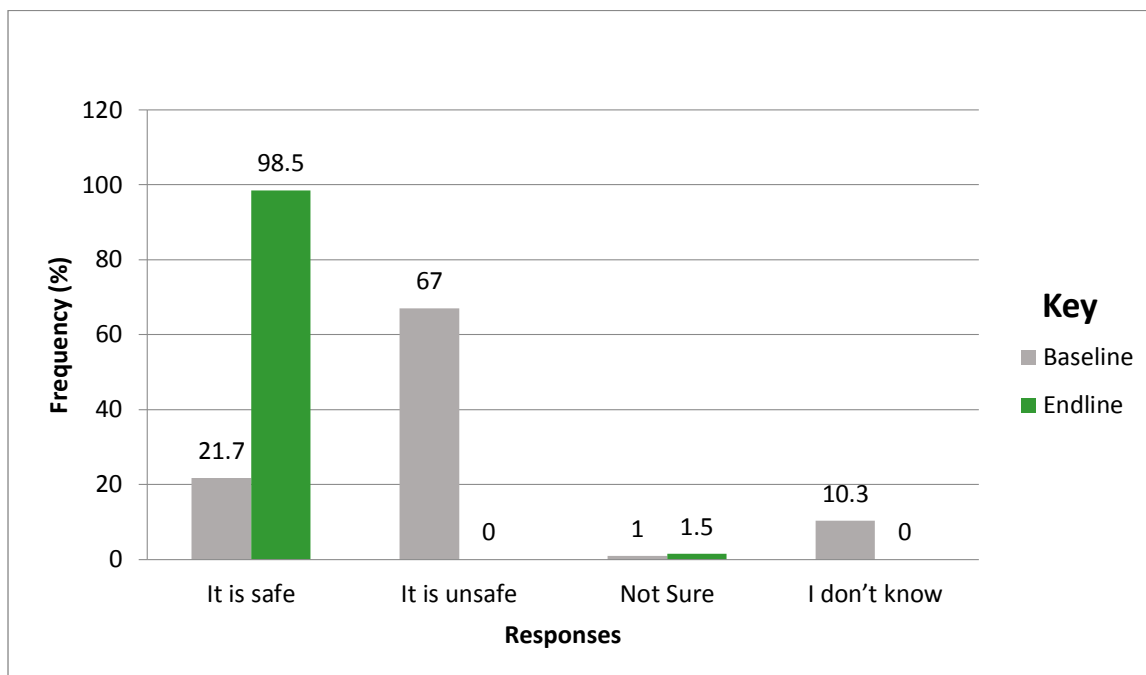
| Category of washrooms | Baseline | | Endline | |
|---|-------------------|----------------|-------------------|----------------|
| | Frequency (n=194) | Percentage (%) | Frequency (n=196) | Percentage (%) |
| Yes | - | - | 196 | 100 |
| No | 194 | 100 | - | - |
| Whether sanitary facilities have access to water to use during menstruation (n=91) | | | (n=196) | |
| Yes | 67 | 73.6 | 186 | 94.8 |
| No | 24 | 26.4 | 10 | 5.1 |
| Frequency of availability of water and soap to use during menstruation (n=67) | | | (n=196) | |
| Water | | | | |
| Everytime | 08 | 11.9 | 122 | 62.2 |
| Most times | 05 | 7.5 | 30 | 15.3 |
| Sometimes | 54 | 80.6 | 44 | 22.5 |
| Soap (n=67) | | | (n=196) | |
| Everytime | 1 | 1.5 | 110 | 56.1 |
| Most times | 02 | 3.0 | 31 | 15.8 |
| Sometimes | 64 | 95.5 | 48 | 24.5 |
| Not at all | - | - | 7 | 3.6 |
| Whether the water is safe for use during menstruation (n=67) | | | n=196) | |
| Clean and safe | 06 | 9 | 189 | 96.4 |
| Unclean and unsafe | 61 | 91 | 02 | 1.0 |
| Not Sure | - | - | 05 | 2.6 |

Study findings above show that all respondents (196 or 100%) reported that they have washrooms at school. As compared to the baseline where all (194 or 100%) reported that they don't have washrooms, this reflects a greater understanding of the availability of the recently constructed washrooms among adolescent girls.

An overwhelming majority of adolescent girls (184 or 94.8%) affirmed that sanitary facilities in the 3 participating schools had access to water for use during menstruation. Of these, the majority (122 or 62.2%) reported that the water is available every time. Compare these responses to the baseline survey findings where less than three quarters of respondents (67 or 73.6%) stated that there was water in the sanitary facilities that they use during menstruation and just over a tenth (8 or 11.9%) affirmed that the water was available every time. Clearly, there has been a significant increase in access to water during menstruation among adolescent girls.

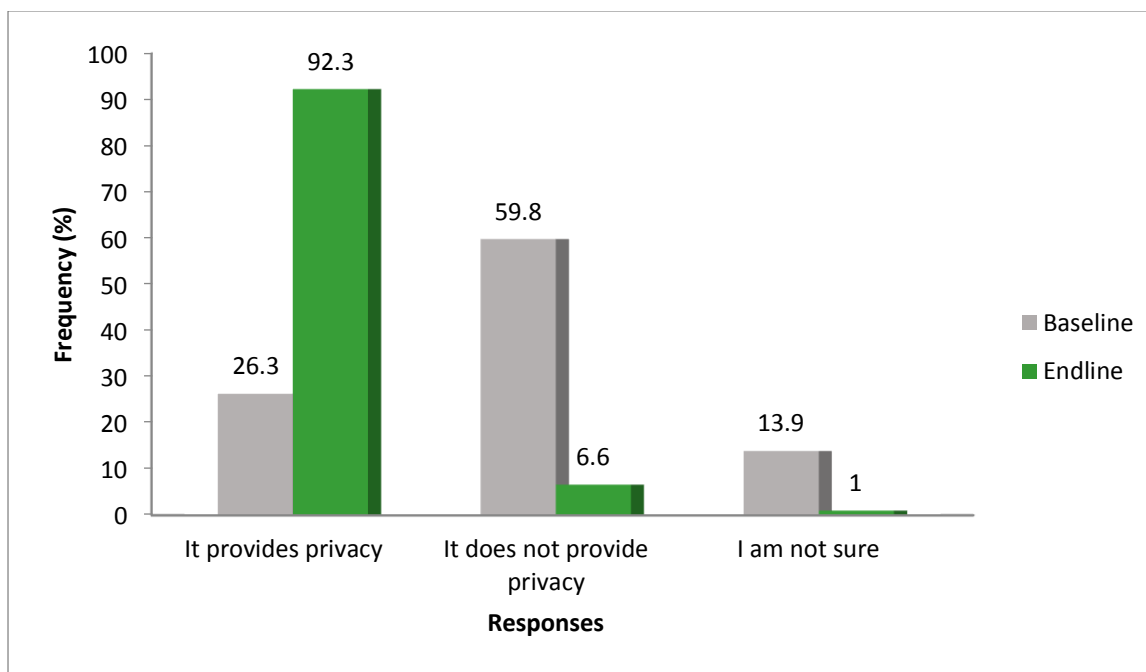
In addition, the findings also revealed that access to soap increased from 1.5% (every time) during the baseline to 56.1% during the endline survey, an increase of 10900%. Furthermore, most study participants (189 or 96.4%) felt that the water is safe for use during menstruation, an improvement of 3,050% in the perception of safety.

Figure 1: Respondents' feelings about the safety of the place used during menstruation at school (n=194 for baseline and 196 for endline)



Nearly all respondents (98.5%) felt that the place used during menstruation at school is safe. As compared to the baseline where the majority of respondents (67%) felt that the place used during menstruation at school was unsafe, there has been a significant improvement in quality of sanitary facilities at the 3 schools.

Figure 2: Privacy provided by sanitary facilities for menstruation at school (For the baseline, n=194 and 196 for the endline)



The highest number of respondents (92.3%) reported that the sanitary facilities at their schools provide privacy. As compared to the baseline survey where only (26.3%) reported that the facilities provide privacy, there have been great improvements in the sanitary facilities in the 3 schools, where the majority of students now feel the constructed washrooms provide more privacy than before.

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

| Whether girls can access sanitary facilities for MHM at school every time they need to | Baseline | | Endline | |
|---|-------------------|----------------|-------------------|----------------|
| | Frequency (n=194) | Percentage (%) | Frequency (n=196) | Percentage (%) |
| Yes | 74 | 38.1 | 196 | 100 |
| No | 120 | 61.9 | - | - |
| Number of times that girls changed pads during menstruation in an ordinary day in their last cycle | | | | |
| None | 12 | 6.2 | 3 | 1.5 |
| 1 time | 50 | 25.8 | 25 | 12.8 |
| 2 times | 75 | 38.7 | 79 | 40.3 |
| 3 times | 48 | 24.7 | 79 | 40.3 |
| 4 times | 8 | 4.1 | 9 | 4.6 |
| 5 times | 1 | 0.5 | 1 | 0.5 |
| Reasons why girls changed pads 2 or fewer times in a typical day during their last period | | n=137 | (n=107) | |
| Inadequate pads | 08 | 11.9 | 42 | 39.3 |
| Lack of a safe and private place to change from at school | 05 | 7.5 | 1 | 0.9 |
| Lack of a safe and private place to change from at home | 54 | 80.6 | - | - |
| Had a low blood flow | - | - | 64 | 59.8 |
| Whether respondents were able to clean their genitalia/bathe during their last period as they changed pads at school | | | | |
| Yes | 58 | 29.9 | 188 | 95.9 |
| No | 136 | 70.1 | 08 | 4.1 |
| Respondents' satisfaction with available sanitary facilities for MHM in their schools | | | | |
| I am satisfied | 48 | 24.7 | 185 | 94.4 |
| I am unsatisfied | 146 | 75.3 | 11 | 5.6 |
| I prefer to clean and change sanitary towels from home than school during menstruation | | | | |
| Strongly Agree | 80 | 41.2 | 47 | 24 |
| Agree | 77 | 39.7 | 7 | 3.6 |
| Disagree | 33 | 17.0 | 46 | 23.5 |
| Strongly Disagree | 04 | 2.1 | 96 | 49 |

All adolescent girls who participated in the study (196 or 100%) said they can access sanitary facilities at school for MHM whenever they need to. When compared to the baseline survey where only (74 or 38.1%) had such access, there has been a significant increase in access to sanitary facilities for MHM in the 3 schools.

Survey findings showed that the number of girls who changed sanitary pads two or fewer times in a typical day during their last menstrual period decreased from 70.7% to 54.6%. Worth noting is that majority of girls (59.8%) who said they change pads two or fewer times in a typical day during menstruation during the endline survey said it was because they had a low blood flow. This suggests that the construction of the washrooms in the 3 schools has considerably increased the number of times that girls change sanitary pads in a typical day during their menstrual periods while at school. Qualitative data from teachers and students also validated the study findings, where they mentioned that girls are now able to change pads during menstruation, which improves personal hygiene and also reduces the risk of infection.

“The washrooms have also improved on the hygiene of the students especially when they are in their periods. Before the construction of the washrooms, the students used to spend the whole day without changing their pads because they did not have where to change from but as per now, we can change whenever we feel like.” (Interview III—Adolescent girl, Primary School)

Endline survey results found an increase of 224% in the number of adolescent girls who were able to clean their genitalia/bathe during their last period as they changed pads at school, up from 58 during the baseline to 188 by the endline.

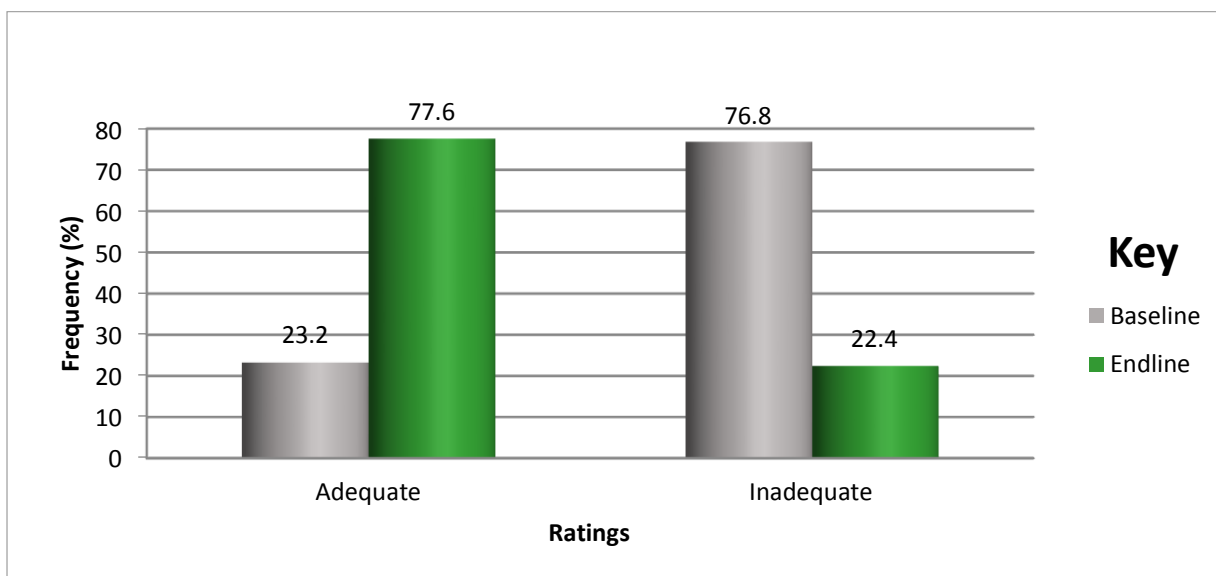
In addition, the number of pupils who were satisfied with the available sanitary facilities for MHM at their schools increased by 285% from 48 at the baseline to 185 by the endline. Likewise, the number of pupils who preferred to clean and change sanitary towels at home rather than at school reduced from 157 (or 80.9%) to 54 (or 27.6%). Qualitative data obtained from adolescent girls also affirmed these findings, where all girls stated that the availability of the washrooms not only enables them to change pads but also bathe and remain clean during menstruation.

“We did not have where to change our pads from before the construction of the washrooms but these days when we go into our periods, we just go to the washroom and find everything; like water and soap, so it is easy to clean ourselves then go back to class. The washrooms have enabled us to always be clean when we are in our periods in a way that when you abruptly start your menstruation while at school, it is easy to clean your uniform, dry it and then again you can put it on.” (Interview I—Adolescent girl, Primary School)

3.2.1 Rating for sanitary facilities used during menstruation at school

The rating for sanitary facilities was based on their accessibility, privacy, safety and accessibility to water and soap. Ratings were binary: either they were adequate or they were not. To be rated as adequate, the girl would have to report that the school has an accessible place, which provides safety and privacy and there is access to water and sanitation in or nearby the area. Ratings were measured using questions that had response ratings from 1-4. For the overall rating, scores were computed through the SPSS to yield a total score that ranged from 11-30, 11 being the lowest and 30 being the highest. The scores were divided into two sections depicting the two possible ratings: Adequate (11-15) and Inadequate (16-30).

Figure 3: Rating for sanitary facilities for MHM at schools (n=194 for baseline and 196 for endline)



The answers of slightly over three quarters (76.8%) of respondents indicated that the sanitary facilities for MHM in their schools were adequate. As compared to the baseline survey where only 23.2% indicated that the facilities were adequate, there has been significant improvement in accessibility, safety, and privacy of sanitary facilities used during menstruation. Be that as it may, teachers and adolescent girls interviewed still felt that the washrooms are inadequate, because of the large number of menstruating girls per day, which results in delays in some girls accessing them, and so leads to fear that they won't be available when they are needed.

“Sometimes many students can have their periods at once so you find that the washrooms become few to accommodate such a big number.” (Interview I—Head Teacher, Primary School)

“The washrooms are few yet the number of menstruating girls is many, so at times it's difficult for all of them to access them...” (Interview IV—Adolescent girl, Primary School)

3.3 Self-Efficacy (SE) associated with Menstruation

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

As the table below shows, significant changes in self-efficacy related to menstruation are reported. These findings are corroborated by qualitative data obtained from teachers which revealed that many girls had improved self-esteem and confidence due to the sessions held and because of the availability of the washrooms. One teacher reported that the project has also developed assertiveness among adolescent girls especially during menstruation, where they are able to speak about menstruation-related issues at will. She also indicated that the project has stirred motivation and love for school among menstruating girls, thus reduced the number of school drop-outs due to menstrual-related issues.

“At least girls have an interest in being at school and are motivated to study ...because they know that they have somewhere to change from privately during menstruation. The girls are also now assertive, especially when they start their menstrual periods. They can freely say it out that they are experiencing menstruation and say they need this or that support than before when they used to fear themselves.” (Interview I—Head Teacher, Primary School)

Table 8: Self-Efficacy associated with Menstruation

| S/N | Statement | Baseline | | | | Endline | | | |
|-----|---|----------------|-------|----------|-------------------|----------------|-------|----------|-------------------|
| | | Strongly Agree | Agree | Disagree | Strongly Disagree | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 1 | I can always manage to solve difficult problems during menstruation if I try hard enough. | 8.9 | 40.8 | 38.2 | 12.0 | 4.6 | 65.3 | 8.7 | 21.4 |
| 2 | If someone opposes me during my periods, I can find the means and ways to get what I want. | 7.3 | 41.9 | 40.3 | 10.5 | 7.7 | 68.4 | 9.2 | 14.8 |
| 3 | It is easy for me to stick to my aims and accomplish my goals during my periods. | 8.9 | 39.3 | 42.4 | 9.4 | 9.7 | 62.8 | 13.3 | 14.3 |
| 4 | I am confident that I could deal efficiently with unexpected events during my periods. | 4.7 | 31.4 | 49.2 | 14.7 | 9.2 | 60.7 | 15.3 | 14.8 |
| 5 | Thanks to my resourcefulness, I know how to handle unforeseen situations during menstruation. | 6.3 | 35.6 | 51.8 | 6.3 | 9.7 | 60.2 | 16.3 | 13.8 |
| 6 | I can solve most problems related to menstruation if I invest the necessary effort. | 6.3 | 30.9 | 49.2 | 13.6 | 10.2 | 60.7 | 17.3 | 11.7 |
| 7 | I can remain calm when facing difficulties during menstruation because I can rely on my coping abilities. | 7.9 | 35.6 | 45.5 | 11.0 | 4.6 | 59.2 | 14.8 | 21.4 |
| 8 | When confronted with a problem related to menstruation, I can always find several solutions. | 3.7 | 34.6 | 55.5 | 6.3 | 7.7 | 63.8 | 14.8 | 13.8 |
| 9 | If I have problems related to menstruation, I can usually think of a solution. | 3.7 | 25.7 | 55.0 | 15.7 | 9.2 | 60.7 | 15.3 | 14.8 |
| 10 | I can always handle whatever comes my way during my periods. | 5.2 | 29.3 | 48.7 | 16.8 | 9.7 | 58.7 | 21.4 | 10.2 |

Study findings presented above show that 170 respondents (or 86.7%) agreed with the statement that they can always manage to solve difficult problems during menstruation if they tried hard enough. When asked whether they could find the means and ways to get what they want if someone opposed them during their periods, 163 (or 83.2%) agreed. On whether it is easy for them to stick to aims and accomplish goals during their periods, just over three quarters (151 or 77.1%) agreed. Slightly over three-quarters of respondents (148 or 75.6%) said they were confident that they could deal efficiently with unexpected events during their periods. The majority of adolescent girls (145 or 74%) stated that they knew how to handle unforeseen situations during menstruation thanks to their resourcefulness.

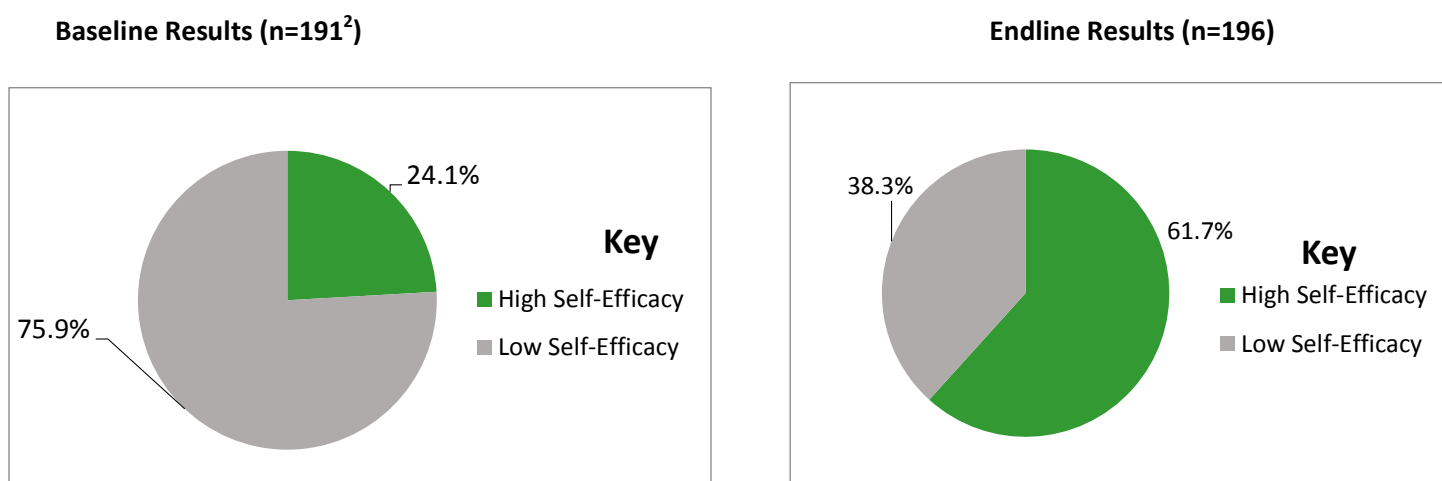
When asked whether they could solve most problems related to menstruation if they invested the necessary effort, 142 (or 72.4%) agreed. The majority of girls (158 or 80.6%) stated that they can remain calm when facing difficulties during menstruation because they can rely on their coping abilities.

Most respondents (152 or 77.6%) also reported that they can always find several solutions when confronted with a problem related to menstruation. When asked If they can usually find a solution if they have problems related to menstruation, 148 (or 75.5%) agreed. On whether respondents can handle whatever comes their way during menstruation, (134 or 68.4%) agreed.

3.3.1 Rating for Self-Efficacy Scale

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

Figure 4: Rating for Self-Efficacy



According to endline survey results, the majority of adolescent girls (121 or 61.7%) had high Self-Efficacy. As compared to the baseline survey where 145 (or 75.9%) had low Self-Efficacy, there has been considerable increase in SE among adolescent girls in the 3 schools. This could be attributed to the decrease of stigma associated with menstruation by 95%, from 72% to 7.1%, and the increase in accessibility to washrooms from 38.1% during the baseline survey to 100% by the endline survey. Accessibility to washrooms tremendously improved personal hygiene management during menstruation among respondents and improved their confidence to remain at school during menstruation. Qualitative data obtained from adolescent girls and teachers revealed that girls have gained more confidence in their ability to manage themselves during menstruation. Having built their capacity to support girls during menstruation through 1-day training, teachers also reported that they continuously help girls with issues related to menstruation, because there is privacy to even conduct demonstrations. Two teachers also stated that they educate young girls on menstruation, including practical aspects of how to wear and wash a reusable sanitary pad.

² Although 194 girls participated in the survey, 3 girls were below 12 years, hence not eligible to be administered with the GSE Scale.

“Before the washrooms were constructed, the students used to fear themselves when they were in their menstrual periods because they did not have where to change from. But now, they are more confident... they have also learned how to maintain hygiene during menstruation because they have a place equipped with water and soap, where they can clean themselves.” (Interview II: SWT, Primary School)

In addition, CCUG conducted several self-esteem and confidence-building sessions among more than 1,200 adolescent girls in the 3 schools, which could also have had a positive impact on their self-esteem, self-efficacy and overall confidence levels.

“The project has helped to increase the self-esteem and confidence of the girls; now they no longer fear to come to school during menstruation. They are confident that when they start periods, they can go to the washrooms and clean themselves.” (Interview III—SWT, Primary School)

3.4 Anxiety among respondents

Under this section, results for anxiety among girls who had periods within 2 weeks before the survey are presented. Altogether, 100 girls answered yes when asked whether they had experienced periods in the two weeks before the survey. Only these 100 girls are presented for anxiety associated with menstruation, although the survey assessed anxiety scores for 196 girls.

3.4.1 Anxiety associated with Menstruation

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

Table 8: Anxiety associated with menstruation (n=100³)

| S/N | Item | Baseline | | | | Endline | | | |
|-----|---|------------|--------------|-------------------------|---------------------|------------|--------------|-------------------------|---------------------|
| | | Not at all | Several Days | More than half the days | Nearly all the days | Not at all | Several Days | More than half the days | Nearly all the days |
| 1 | I felt nervous or anxious during the last menstrual period | - | 15.6 | 56.6 | 24.8 | 67.0 | 25.0 | 6.0 | 2.0 |
| 2 | I was unable to stop or control worrying during the last menstrual period | - | 39.4 | 42.2 | 18.3 | 52.0 | 44.0 | 2.0 | 2.0 |
| 3 | I worried too much about different issues related to menstruation during my last period | - | 26.6 | 53.2 | 20.2 | 74.0 | 23.0 | 2.0 | 1.0 |
| 4 | I had trouble relaxing during my last period | 8.3 | 75.2 | 15.6 | 0.9 | 66.0 | 28.0 | 6.0 | - |
| 5 | I was so restless during my last period that it was hard to sit in one place | 13.8 | 53.2 | 28.4 | 4.6 | 67.0 | 30.0 | 3.0 | - |
| 6 | I was easily annoyed and irritated during my last period | - | 37.6 | 47.7 | 14.7 | 72.0 | 22.0 | 6.0 | - |
| 7 | I was afraid during my last period as though something horrible was going to happen. | - | 33.0 | 43.1 | 23.9 | 69 | 19.0 | 12.0 | - |

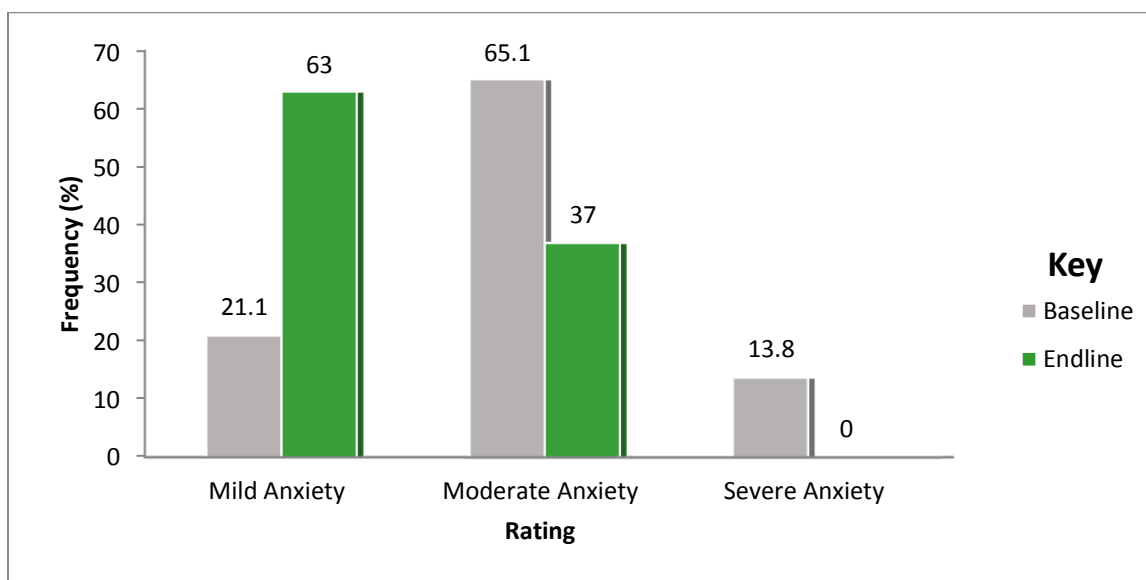
³ 96 girls were not included under this section because they had not experienced menstrual periods in the 2 weeks preceding the survey.

Study findings showed that the majority of respondents (67 or 67%) said they did not at all feel nervous or anxious during the last menstrual period. In addition, just over half of pupils (52%) reported that they were able to stop or control worrying during the last menstrual period. Additionally, a great majority of respondents (74%) indicated that they did not worry too much about the different issues related to menstruation during their last period.

When asked whether they had trouble relaxing during their last period, the majority of pupils (66%) said it never occurred at all. On whether respondents were restless during their last period or that it was hard to sit in one place, the majority respondents (67%) said it never occurred at all. When asked whether study participants were easily annoyed and irritated during the last period, 72% stated that it did not occur at all. Likewise, most respondents (69%) said they never felt afraid during their last period as though something horrible was going to happen.

Rating for Anxiety associated with menstruation

Figure 5: Results for Anxiety rating among respondents (Baseline=109⁴, endline=100)



Endline survey results showed that the majority of adolescent girls who had had periods in the 2 weeks before the survey (63 or 63%) had mild anxiety and (37%) had moderate anxiety. When compared to the baseline survey where 78.9% had moderate anxiety and/or severe anxiety, the project has clearly had a positive impact, reducing anxiety associated with menstruation by 53%. Qualitative data obtained from teachers also corroborated the quantitative findings. Teachers noted that girls were less fearful, had less anxiety and had gained confidence in managing their periods. They explained that the washrooms have considerably improved personal hygiene management during menstruation among girls, thereby reducing fears related to not changing pads, not cleaning themselves and having to study in blood-stained uniforms.

⁴ During the baseline survey, 109 girls reported experiencing menstrual periods 2 weeks preceding the survey. Although both surveys assessed all the girls for anxiety, emphasis was put on girls who had experienced periods 2 weeks before the survey.

“You can quote me twice on this.... I am not just praising Community Concerns on this... but the changes related to menstruation amongst girls in this school are visible...they are no longer scared, anxious or fearful of the days when they start their periods. They are assured that there will be water and soap in the washroom for them to clean and change. So, this project has been very helpful...” (Interview IV—School administrator, Primary School)

3.5 Impact of sanitary facilities on stigma associated with menstruation

Table 9: Sanitary facilities and stigma associated with menstruation

| S/N | Statement | Baseline (n=194) | | Endline (n=196) | |
|-----|---|------------------|-------|-----------------|-------|
| | | True | False | True | False |
| 1 | I feel dirty during menstruation at school because I am unable to clean and change pads | 64.4 | 35.6 | 26.5 | 73.5 |
| 2 | I feel ashamed during menstruation because I am unable to clean and change during menstruation at school | 56.2 | 43.8 | 26.5 | 73.5 |
| 3 | I often feel discomfort during menstruation because we do not have a place to change and clean at school. | 61.9 | 38.1 | 17.9 | 82.1 |
| 4 | Because we do not have a place to clean and change in this school, I feel menstruation is a period of suffering for girls. | 59.3 | 40.7 | 14.3 | 85.7 |
| 5 | I fear to participate in class activities during menstruation because I am unable to clean and change pads at school | 65.5 | 34.5 | 11.7 | 88.3 |
| 6 | I fear to associate with other students during menstruation because I am unable to clean and change pads at school | 63.9 | 36.1 | 14.3 | 85.7 |
| 7 | Some pupils tease me during menstruation because I am unable to clean and change pads at school | 36.1 | 63.9 | 10.7 | 89.3 |
| 8 | Some pupils don't want to associate with me during menstruation because I am unable to clean and change pads at school | 30.4 | 69.6 | 5.6 | 94.4 |
| 9.A | Some pupils say abusing words about my body during menstruation because I am unable to clean and change pads during menstruation. | 20.1 | 79.9 | 4.1 | 95.9 |
| 9.B | Some teachers say abusing words about my body during menstruation because I am unable to clean and change pads during menstruation. | 16.5 | 83.5 | - | 100 |

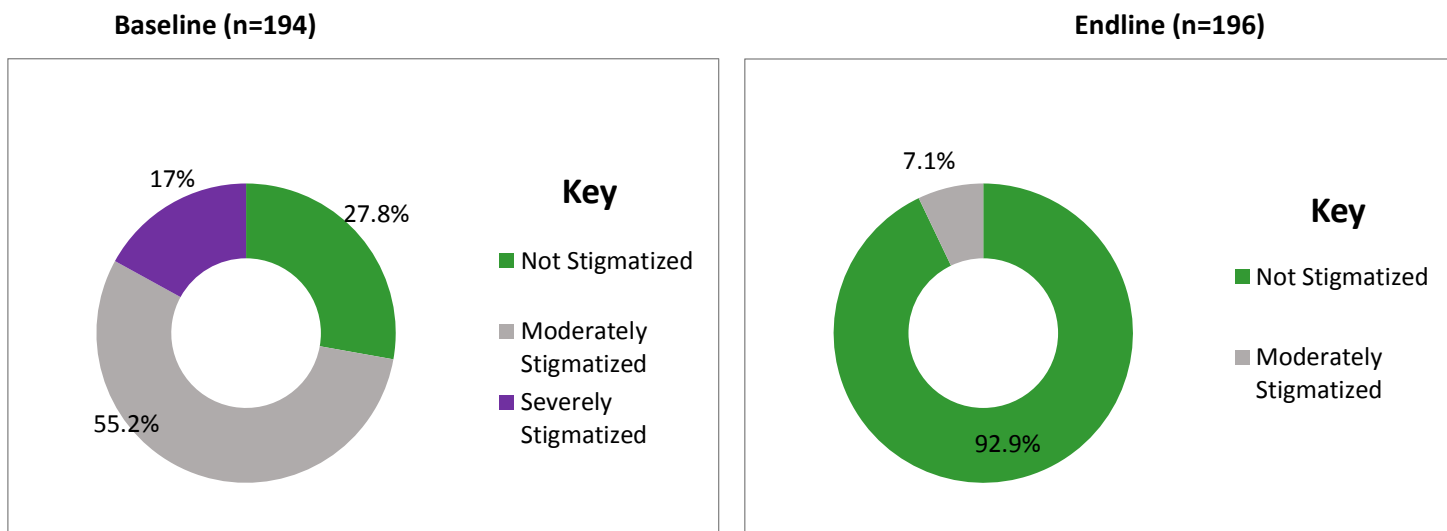
The endline study findings presented above show major improvements in the experience of stigma during menstruation. Only 26.5% of respondents said they feel dirty during menstruation at school because they are unable to clean and change pads vs. 64.4% during the baseline. 26.5% said they feel shame during menstruation compared to 56.2% during the baseline. Similarly, while 61.9% of respondents said that they often feel discomfort during menstruation during the baseline study, only 17.9% agreed with that statement in the endline survey. In the endline study, only 28 respondents (or 14.3%) likened menstruation to a period of suffering because they are unable to clean and change, vs. 59.3% that expressed this sentiment during the baseline study. Only 23 girls (or 11.7%) in the recent study said that they are afraid to participate in class activities during menstruation because they are unable to clean and change pads at school vs. 65.5% during the baseline study. And, when asked whether respondents are afraid to associate with others during menstruation because they are unable to clean and change pads at school, only 14.3% agreed vs. 63.9% in the earlier survey. Twenty-one students (or 10.7%) reported that some pupils tease them during menstruation in the endline study compared to 36.1% in the baseline study.

A few girls (11 or 5.6%) revealed that some pupils don't want to associate with them during menstruation because they are unable to clean and change pads at school, and 8 pupils (or 4.1%) stated that some pupils say abusive words about their bodies during menstruation because they are unable to clean and change pads during menstruation. These results are considerable lower than the 30.4% and 20.1% of respondents that stated these

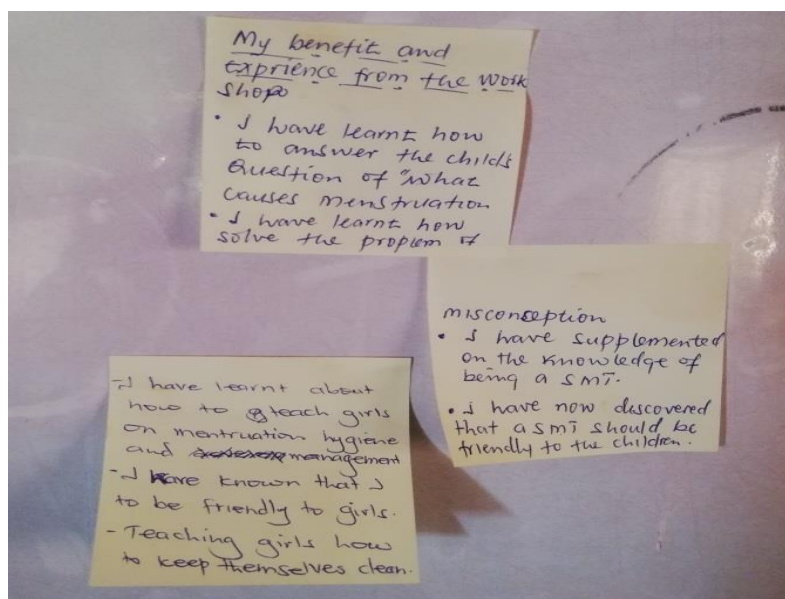
views during the baseline survey. Finally, in the endline study, there were no reports of teachers using abusive or demeaning words to adolescent girls during menstruation among study participants.

3.5.1 Rating of the stigma associated with menstruation

Figure 6: Rating of stigma among respondents (n=194)



As presented above, the majority of respondents (182 or 92.9%) were rated as not stigmatized while (14 or 7.1%) were moderately stigmatized. There has been a tremendous reduction in stigma associated with menstruation, from 140 (or 72.2%) that experienced moderate to severe stigma during the baseline study to 14 (or 7.1%) that experienced moderate stigma by the endline study. These results strongly suggest that training of the 6 SWT and SMTs in their roles and responsibilities for promoting proper MHM, and teaching them the basics of menstruation and myths and misconceptions related to menstruation have had a very positive effect. Feedback from the training revealed that SWTs and SMTs acquired knowledge on how best to support girls during menstruation without stigmatizing them. Worth noting is that teachers were eliminated as a source of stigma and discrimination in the endline survey findings.



When asked how the project has impacted stigma and discrimination associated with menstruation, one teacher stated that it has been a great success in their school. He indicated that the construction of washrooms has significantly reduced stigma and discrimination among girls, and has given them confidence to always remain in school during menstruation.

“With the availability of the washrooms, girls are now clean. They are able to change and bathe during menstruation which reduced cases where they would be abused or discriminated against due to poor menstrual hygiene.” (Interview IV—School administrator, Primary School)

In addition, one teacher also commended CCUG for past efforts made in reducing SRGBV perpetrated by teachers in form of sexually offensive, belittling and demeaning remarks by teachers in classes⁵. He stressed that the meetings held by teachers and CCUG staff helped show the seriousness of the abuse, and enabled the school administration to rein in the teachers who were known to abuse girls during menstruation.

“...the meetings we had about stigma perpetrated by teachers have yielded results. If you analyze the data that the girls have given you, you will be able to see a serious reduction in rates of stigma. We don’t hear those abuses from teachers anymore. Before, they would say those sexually offensive words without due regard to dignity of the girls...when Community Concerns came and they (teachers) saw that this is coming from someone from outside, with evidence documented in a report—they (teachers) realized that they need to change. I think the results will testify that stigma associated with menstruation has reduced in this school.” (Interview IV—School administrator, Primary School)


Other than that, the continued education of adolescent girls and boys about menstruation, while boosting their self-esteem and confidence, could also have contributed to reduced stigma and discrimination associated with menstruation. In addition, qualitative data from adolescent girls showed that the availability of washrooms enables them to always wash their uniforms even when they are stained, and to bathe as needed, enabling them to remain odour free, something which was a major source of stigma, discrimination, and abuse associated with poor menstrual hygiene.

“We use those washrooms in changing the pads and even when you start your periods and your uniform gets stained with blood, you can use the washrooms to clean yourself, bathe and even wash the uniform. This has reduced rates of girls being stigmatized and abused due to bloodstains on their uniform.” (Interview VI—Adolescent girl, Primary School)

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

Respondents were asked whether they missed school, lessons, meals (including breakfast porridge and lunch provided at school), or failed to engage in extra-curricular activities, class exercises, tests or exams due to lack of a place to clean and change during menstruation in their current term. Data collection was conducted towards the end of the third term in November 2019. Results represented in this section show the impact of constructing sanitary facilities on the ability of girls to attend school regularly while eating all meals, engaging in extra-curricular activities and participating in classroom assessment exercises such as tests and exams.

⁵ Between August 2017 and May 2018, CCUG implemented a similar MHM-related project in 15 schools in Jinja and Mayuge districts where baseline/midline (<http://www.communityconcernsug.org/wp-content/uploads/2017/03/CCUG-MHM-Midline-Survey-Report-August-2018.pdf>) surveys found substantial cases of SRGBV in form of unwanted sexual touches, unwanted sexual advances and request, intrusion on privacy, use of belittling, demeaning and sexually offensive words and abuses by both teachers and male pupils and students. Project staff made individual school-related reports and held several meetings with teachers including administrators of several schools and discussed the emerging SRGBV associated with menstruation.



The endline survey results presented below show that only 36 (or 18.4%) adolescent girls continued to miss school in their current term due to lack of a place to clean and change during menstruation. The average number of days missed was 1.7 with a standard deviation of 0.9. This suggests that the recently constructed washrooms are inadequate compared to the current number of adolescent girls in the schools. For example, Wabulungu Primary school has a population of more than 800 girls of which an estimated 400 girls have started menstruation. According to the school SWT, about 20 girls experience periods each school day, making it hard or even impossible to enable proper cleaning, washing and changing of pads by all 20 girls. Nevertheless, as compared to the baseline survey, there has been a substantial reduction in the number of girls who missed school due to lack of a place to clean and change during menstruation from 57 (or 29.4%) to 36 (or 18.4%). The number of days missed was also reduced by half, from an average of 3.4 days to 1.7 days.

Table 10: Sanitary Facilities and School attendance

| | Baseline | | Endline | |
|---|-------------------|----------------|-------------------|----------------|
| Missing school due to lack of a place to clean and change during menstruation in the current term | Frequency (n=194) | Percentage (%) | Frequency (n=196) | Percentage (%) |
| Yes | 57 | 29.4 | 26 | 13.2 |
| No | 137 | 70.6 | 170 | 86.7 |
| Number of days missed | (n=57) | | (n=26) | |
| 1 day | 12 | 21.1 | 14 | 53.8 |
| 2 days | 22 | 38.6 | 06 | 23.1 |
| 3 days | 6 | 10.5 | 05 | 19.2 |
| 4 days | 4 | 7.0 | 01 | 3.9 |
| 6 days | 9 | 15.8 | - | - |
| 8 days | 1 | 1.8 | - | - |
| 9 days | 2 | 3.5 | - | - |
| 17 days | 1 | 1.8 | - | - |
| Missing lessons due to lack of a place to clean and change during menstruation | | | | |
| Yes | 64 | 33.0 | 03 | 1.5 |
| No | 130 | 67.0 | 193 | 98.5 |
| Number of lessons missed | (n=64) | | (n=03) | |
| 1 lesson | 09 | 14.1 | 01 | 33.3 |
| 2 lessons | 37 | 57.8 | 02 | 66.7 |
| 3 lessons | 05 | 7.8 | - | - |
| 4 lessons | 01 | 1.6 | - | - |
| 6 lessons | 07 | 10.9 | - | - |
| 9 lessons | 04 | 6.3 | - | - |
| 12 lessons | 01 | 1.6 | - | - |
| Missing meals at school due to lack of a place to clean and change during menstruation | | | | |
| Yes | 77 | 39.7 | 10 | 5.1 |
| No | 117 | 60.3 | 186 | 94.9 |
| Number of days respondents missed school meals | (n=77) | | (n=10) | |
| 1 day | 36 | 46.8 | 7 | 70 |
| 2 days | 23 | 29.9 | 1 | 10 |
| 3 days | 08 | 10.4 | 2 | 20 |
| 4 days | 01 | 1.3 | - | - |
| 5 days | 06 | 7.8 | - | - |
| 8 days | 01 | 1.3 | - | - |
| 10 days | 01 | 1.3 | - | - |
| 15 days | 01 | 1.3 | - | - |
| Missing tests/exams due to lack of a place to clean and change | | | | |
| Yes | 66 | 34.0 | 06 | 3.1 |
| No | 128 | 66.0 | 190 | 96.9 |
| Number of tests | (n=53) | | (n=6) | |
| 1 test | 34 | 64.2 | 3 | 50.0 |
| 2 test | 12 | 22.6 | 2 | 33.3 |
| 3 test | 1 | 1.9 | 1 | 16.7 |
| 4 tests | 1 | 1.9 | - | - |
| 5 tests | 1 | 1.9 | - | - |
| 6 tests | 3 | 5.7 | - | - |
| 9 tests | 1 | 1.9 | - | - |
| Number of exams missed | (n=13) | | | |
| 1 exam | 12 | 92.3 | - | - |
| 2 exams | 01 | 1.9 | - | - |

Figure 7: Missing extra-curricular activities due to inadequate sanitary facilities (Baseline=194, Endline =196)

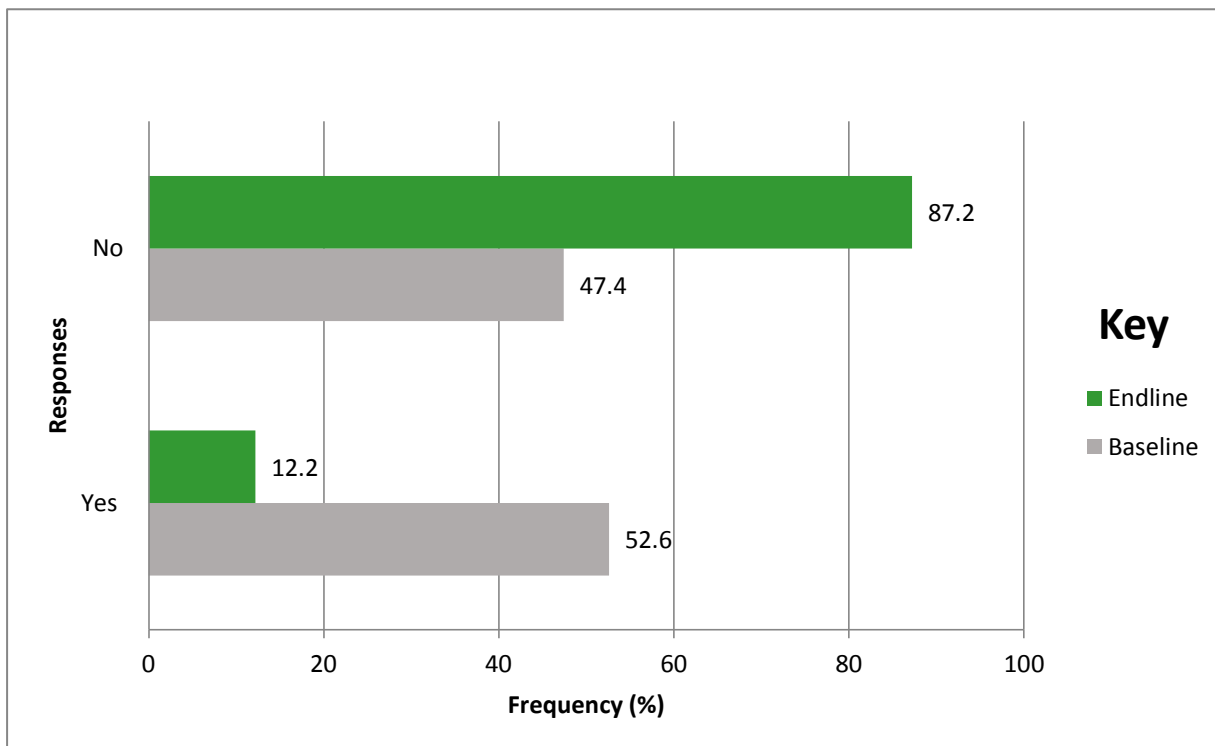
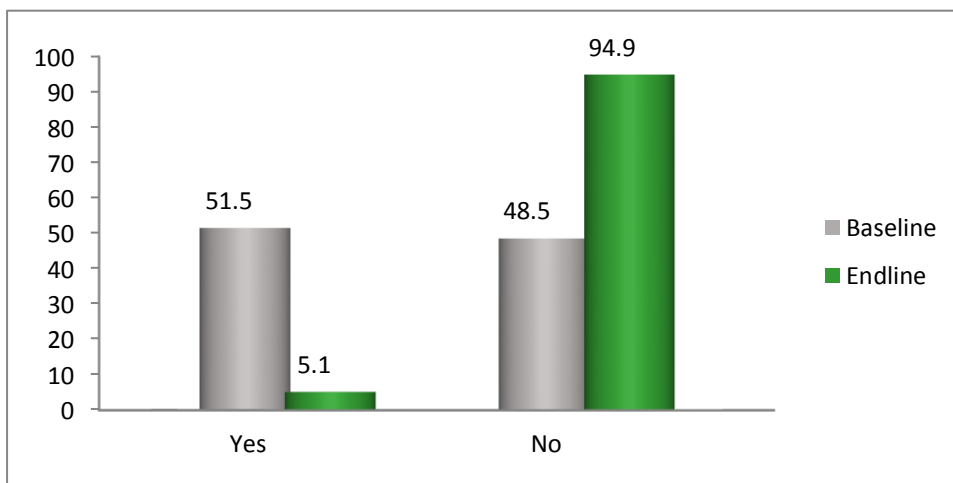


Figure 6 above shows that in the endline survey, most respondents (172 or 87.2%) reported that they did not miss engaging in co-curricular activities during menstruation due to inadequate sanitary facilities. The number of days missed ranged from 1 to 6, with an average of 2.5 per pupil per day with a standard deviation of 1.25. In comparison, the baseline survey showed that only 47.4% of students stated they did not miss engaging in co-curricular activities during menstruation, and where the number of days missed ranged from 1-19 with an average of 3.3 per pupil per day. Clearly, there has been a significant reduction in missed extra-curricular activities, likely due to the new sanitary facilities, from 102 (or 52.6%) in the baseline study to 24 (or 12.2%) in the endline study, a decrease of 76.5%.

Figure 8: Whether the lack of a place to clean and change in schools has affected the academic performance of girls in the current term (n=194 for baseline and 196 for endline).



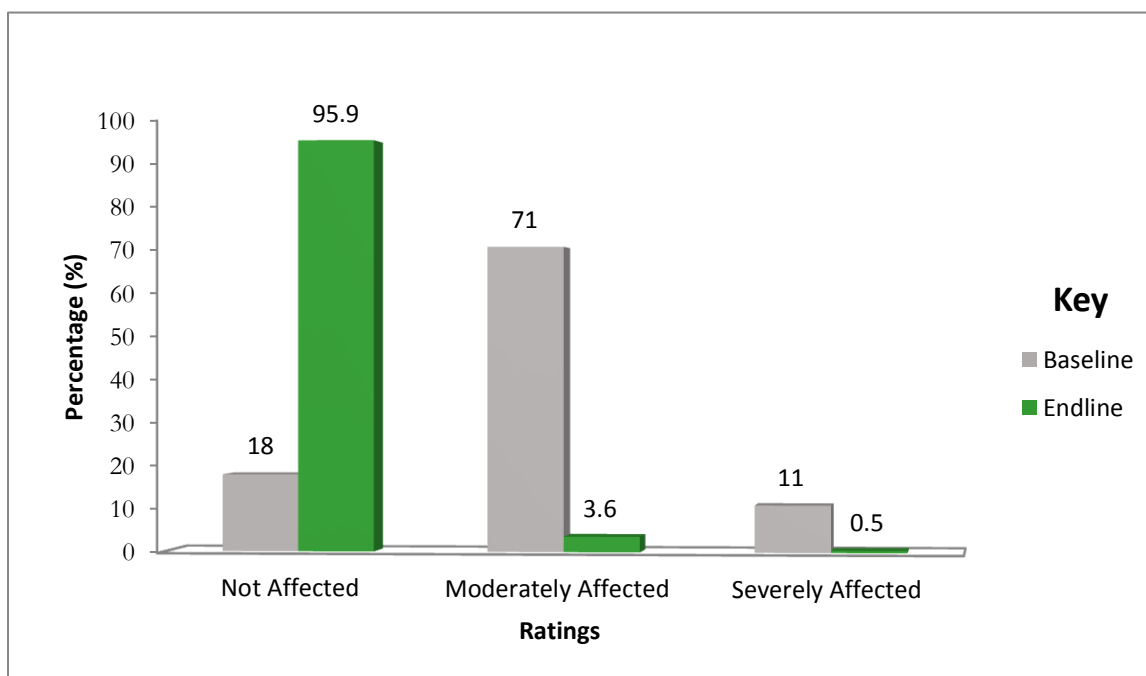
An overwhelming majority of respondents (186 or 94.9%) indicated that the lack of a place to clean and change does not affect their academic performance this term. It appears that the construction of sanitary facilities has reduced the number of girls whose academic performance is impacted by the lack of a place to clean and change during menstruation from 51.5% to 5.1%.

3.6.1 Rating of the impact of sanitary facilities on school attendance

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

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

Figure 9: Rating of the impact of lack of sanitary facilities on school attendance (n=196)



In the endline survey, the school attendance of most respondents (188 or 95.9%) was rated as not affected by the lack of sanitary facilities. This is a major reduction in the impact of sanitary facilities for menstrual hygiene on girls' school attendance, going from 88% in the baseline to only 4.1% in the endline survey, a reduction of 95%. Qualitative data obtained from teachers and adolescent girls corroborated these findings. Teachers and pupils alike

stated that after the construction of washrooms, adolescent girls are now able to easily clean and change pads during menstruation at school. They asserted that this has reduced school absenteeism related to menstruation, where girls no longer miss lessons, tests, meals or participation in extra- or co-curricular activities.

“The washrooms have helped us in a way that when you start menstruating while at school, you just go to the washrooms and clean yourself and after there you go back to the classroom and study... No more missing lessons or school due to being in menstruation.” (Interview V—Adolescent girl, Primary School)

“Right now, the students no longer stay at home because they are in their periods, they do come to school because they have where to clean themselves from.”(Interview III—Adolescent girl, Primary School)

3.7 Ways of improving MHM among adolescents in the 3 primary schools

Based on the qualitative data obtained from 6 adolescent girls and 4 teachers (2 SWTs and 2 school administrators), the major themes developed under this section included a request for the construction of more washrooms, additional training in production of reusable sanitary pads and soap.

Theme I: Construction of more Washrooms and Latrines

When asked about what their students face during menstruation, all the 3 SWTs and 2 girls interviewed highlighted the limited number of washrooms per school. According to them, the current 2 washrooms are inadequate to serve the number of menstruating girls in their schools, causing delays when girls need to clean and change pads and contributed to fear among some girls especially those in lower classes—thinking that they were constructed for adolescent girls in upper primary. Teachers used words such as “congestion”, overcrowded, difficult” to describe the challenge of inadequate washrooms in their schools. They, therefore, recommended that CCUG provide more funds to continue the project and increase the number of washrooms per school as detailed below;

“Since we have a big number of menstruating girls, I recommend that Community Concerns constructs 2 more washrooms because we have some menstruating girls in P.3 but due to the congestion caused by the limited number, they fear to use them to the extent of thinking that they were only constructed for those in primary six and seven.”(Interview III—SWT, Primary School)

In addition, two teachers noted that the project has improved the retention of girls in their schools, while at the same time encouraging the enrollment of more girls, putting a strain on the current 2 washrooms constructed per school. When asked how many girls use the washrooms per day, the number ranged from 5-30, which may make it difficult for certain times when girls from different classes need to use the washrooms at the same time. One SWT recommended construction of at least 4 washrooms for 4 classes (1 per class from P.4 to P.7) where a majority of menstruating girls study from.

“I hope this project could continue and more washrooms could be constructed such that two streams (1 class) could share 1 washroom, from P.3 to P.7, this will reduce on congestion during cleaning and changing pads (Interview I—School administrator, Primary School).

Teachers also requested continued project implementation and expansion to include construction of girls’ latrines in order to reduce the huge stance to pupil ratio among girls in the 3 schools.

Theme II: Training in production of reusable sanitary pads and soap

Although 98 pupils and 9 teachers were trained in the production of reusable sanitary pads through generous donations from members of the Ruth Circle of the Solebury United Methodist Church, in Pennsylvania, all 4 teachers, and 4 girls recommended that CCUG to train more pupils in pad production. Teachers and pupils stressed that their schools have inadequate funds to provide emergency pads for their students. Girls also indicated that their parents are poor and cannot afford to buy disposable sanitary pads for them every now and then. They, therefore, suggested training girls in production of reusable sanitary pads so they can make their own pads using home-based materials.

“Sometimes many girls do menstruate in the same period and you find that even the emergency pads are over and at that particular time, the school cannot afford to buy other pads for them...so training pupils to make their own pads will solve this challenge.” (Interview II—SWT, Primary School)

“There is a need for training of more pupils on how to make the reusable pads. We appreciate that some learned but there is need for more training...” (Interview III—SWT, Primary School)

“...training girls in production of reusable pads because at times when girls go to the senior woman teacher to get the pads, they find when the emergency pads are over.” (Interview III—Adolescent girl, Primary School)

Furthermore, 2 teachers complained about the problem of inadequate soap for use during menstruation among adolescent girls. They narrated that even if the schools through the sanitation committees are making efforts to provide soap in the washrooms, many girls are unable to access soap at home during menstruation. In one school, pupils and teachers complained about community members who were intruding in the school by utilizing and stealing soap from the washrooms.

“...the community around this school is poverty-stricken so at times a girl starts menstrual periods but lacks soap to use which makes them use water only. I recommend that Community Concerns continue with this project and train pupils on how to make soap because soap is also one of the major challenges the pupils are facing.” (Interview I—School administrator, Primary School)

4.0 Discussion

The purpose of this survey was to assess the impact of sanitary facilities on Menstrual Hygiene and Management (MHM) among adolescent girls in 3 rural primary schools in Jinja and Mayuge districts. The major focus of the survey was the impact of sanitary facilities on anxiety associated with menstruation, self-efficacy associated with menstruation, school attendance and stigma associated with menstruation.

Key findings show that there has been a significant reduction in anxiety associated with menstruation and great improvement in self-efficacy associated with menstruation. Furthermore, survey findings also show that the number of girls and days missed due to lack of a place to clean and change at school has drastically reduced when compared to baseline survey findings. In addition, the survey also reveals meaningful gains achieved in reducing stigma associated with menstruation.

4.1 Sanitary facilities for MHM in the 3 schools

The project improved the availability of sanitary facilities for MHM in the 3 schools. All pupils who participated in the endline survey were aware of washrooms used during menstruation in their schools. In addition, 94.8% of pupils reported that the facilities have access to water for use during menstruation; 62.2% and 56.1% reported that the water and soap are available every time. A greater majority of study participants (96.4%) felt that the water is safe for use during menstruation.

Nearly all pupils (98.5%) felt that the place used during menstruation at school is safe and provides privacy (92.3%). This compares to the baseline survey where only 21.7% and 26.3% respectively reported that the facilities for MHM at their schools were both safe and provided privacy. Clearly, there have been great improvements in the sanitary facilities in the 3 schools, and a majority of students are now assured of safety and privacy during menstruation.

There was an increase in accessibility to sanitary facilities for MHM among girls every time they need them from 74 or 38.1% during baseline to 196 or 100% during endline. The number of times that girls changed pads at least 2 times in an ordinary day during their last cycle increased from 132 or 68% to 168 or 85.7%, an increase of 27.3%.

The number of adolescent girls who were able to clean their genitalia/bathe during their last period as they changed pads at school increased from 58 or 29.9% to 188 or 95.9%, an increase of 27.3%. Moreover, girl's satisfaction with available sanitary facilities for MHM in their schools tremendously increased from 48 or 24.7% to 185 or 94.4%, and the rating for sanitary facilities also improved from 23.2% who said they were adequate at the baseline to 76.8% by the endline.

Overall, the project considerably improved the accessibility, safety and privacy of sanitary facilities for MHM in the 3 schools and as a result, there are meaningful changes in hygiene management during menstruation among adolescent girls.

4.1.1 Self-efficacy associated with menstruation

Endline findings show that the project had a profound impact on SE associated with menstruation, increasing the confidence and ability of girls to manage themselves during menstruation by 95%, from 24.1% to 61.7%. Qualitative data credited the changes to increased access to washrooms from 38.1% at the baseline to 100% by the endline. In addition, the increase in SE associated with menstruation was also attributed to capacity building conducted among teachers which improved their ability to provide friendly support to adolescent girls during menstruation. Furthermore, self-esteem and confidence building workshops held among adolescent girls also played a big part in increasing the girls' knowledge of menstruation, and how to build their confidence and self-esteem.

4.1.2 Anxiety associated with menstruation

The project had a significant impact in reducing anxiety associated with menstruation among adolescent girls in the 3 schools. The number of adolescent girls who experienced anxiety associated with menstruation decreased by 56.9% – from 78.9% during the baseline to 37% by the endline. Qualitative data from adolescent girls and teachers revealed that girls no longer fear having their periods at school because of the availability of the washrooms equipped with water and soap, and additional support from the SWTs (emergency pads and changing uniforms).

4.1.3 Stigma associated with menstruation

Despite the fact that the project has substantially reduced stigma associated with menstruation among adolescent girls from 92.9% to 7.1%, the emerging problem of inadequate latrines for girls—where some of them share latrines with boys—may worsen current gains achieved and again contribute to SRGBV against girls in the form of sexually offensive words, unwanted sexual touches, unwanted sexual requests, rape and defilement.

Additionally, inadequate latrines for adolescent girls in these 3 schools may also make it hard or even impossible for school sanitation committees to ensure proper maintenance of the constructed washrooms as some girls may be forced to seek refuge in the washrooms; urinating and defecating there, thus making them unfit for use during menstruation.

4.1.4 Menstruation and School attendance

The project was very instrumental in reducing the impact of poor sanitary facilities for menstrual hygiene on girls' school attendance in the 3 schools by 95%. Initially, 159 or 82% of girls missed school due to menstruation, however by the endline, only 8 or 4.1% reported school absences due to menstruation. The number of girls who missed school due to lack of a place to clean and change during menstruation in the current term dropped from 29.4% to 13.2%. In addition, the average number of days missed reduced by half, from 3.4 to 1.7 and the number of girls who missed lessons due to lack of a place to clean and change during menstruation also dropped from 33% to 1.5%. The average number of lessons missed reduced from an average of 2.3 to 1.6. The number of girls who missed meals at school because of the lack of a place to clean and change during menstruation in the current term also dropped from 39.7% to 5.1% and the number of girls who missed tests due to lack of place to clean and change during the previous term also fell from 34% to 3.1%.

4.1.5 Ways of improving MHM in the 3 schools.

Even though the project had considerable impact on MHM in the 3 schools, the majority of teachers and adolescent girls requested that CCUG continue to implement similar projects in order to increase the number of washrooms to accommodate a larger population of girls especially in Wabulungu and St. Matia Primary Schools. Teachers and School administrators also suggested that CCUG expand the project to include construction of girls' latrines in order to reduce the stance to pupil ratio, which are 2-4 times the recommended ratio.

Teachers also suggested that the project be continued and expanded to include training of girls in the production of reusable sanitary pads and soap making. This, they envision, will make utilization of the washrooms effective and make the project more sustainable.

4.2 Limitations

4.2.1 Study Limitations

1. Due to the fact that SWT and SMT selected a pool of students from which researchers used a lottery method to select respondents, there may have been a selection bias.
2. Like the baseline, the endline survey also assessed anxiety associated with menstruation. Due to the fact that the survey was conducted approximately one week before the End of Term exams, some of the pupils'

anxiety could have been attributed to the pending examinations. Current levels of anxiety associated with menstruation may have been lower than those reported at the endline if the survey were conducted earlier in the term.

4.2.2 Limitations faced during project implementation

1. In two schools (Nalinaibi and St. Matia Mulumba Primary Schools), teachers and pupils complained of encroachment by community members who intrude, use and steal soap, basins and buckets placed in the washrooms. Neither of these schools have school fences. Teachers complained that this is making it more expensive for them to ensure the availability of soap in the washrooms during school days.
2. In addition, there were also reports of community members residing around Nalinaibi Primary school using the water from the tank attached to the washrooms, especially during night time. By the time pupils come in the morning, there is inadequate or no water in the tanks for use — especially during water scarcity periods. This has affected the availability of water during periods of water scarcity. Without such a challenge, the responses related to the availability of water in the washrooms might have been higher than the current 62.2%.
3. The caving in of a 2-stance latrine in St. Matia Mulumba Primary School and the weakening of walls of a 4-stance latrine in Wabulungu Primary School increased pressure on the existing washrooms towards the end of project implementation. Because of this, in St. Matia Mulumba Primary School, adolescent girls are sharing latrines with boys—which predisposes girls to School-Related Gender-Based Violence (SRGBV) in the form of unwanted sexual advances, unwanted sexual touches, rape, and defilement among others. Without urgent interventions, inadequate latrines for girls in these 3 schools will erode current achievements gained in reducing stigma related to menstruation and increase cases of SRGBV.

4.3 Conclusion and Recommendations

Based on the above achievements and key findings, the current project conducted in 3 schools in Jinja and Mayuge districts had significant positive impact on project beneficiaries. There were several remarkable changes in Self-Efficacy, anxiety and stigma associated with menstruation. What is more, the project was able to increase access to safe, private and accessible washrooms which tremendously improved MHM among adolescent girls. This helped to reduce the number of adolescent girls who miss school, lessons, exams/tests, meals and engaging in co-curricular activities due to lack of a place to clean and change during menstruation.

However, the recent destruction of girls' latrines in the 2 schools (Wabulungu and St. Matia Primary Schools) not only poses a serious danger to the continued safe use of the constructed washrooms but also predisposes girls sharing latrines with boys to Sexual-Gender Based Violence. Therefore, there is need for continued efforts by CCUG and other concerned stakeholders to not only construct adequate latrines for girls but to also increase the number of washrooms in the 3 schools.

More studies are needed on MHM in primary schools to increase the evidence vital to inform policy makers such as local government district authorities to make informed and sound policies regarding sanitary facilities for MHM in schools.

4.3.1 Lessons learned from the project

1. In order to reduce the stigma associated with menstruation perpetrated by teachers and pupils, it is vital to build teacher capacity and their understanding as to how best to support adolescent girls during menstruation while reducing stigma and discrimination.
2. Construction of washrooms alone without teacher capacity building and increased pupil understanding of menstruation, personal hygiene management and self-esteem may not necessarily reduce the stigma associated with menstruation.
3. The use of a whole school approach—where all the school administrative organs (PTA and School Management Committee) are involved in school-based projects improves coordination, support and effectiveness of the project.
4. Girl's latrines complement washrooms in ensuring proper MHM in primary schools where inadequacy in one could severely affect the use of the other.

4.3.2 Recommendations

1. Seek funding to enable construction of additional latrines and washrooms in the 3 schools.
2. Increase the sustainability of menstrual health facilities and ensure proper hygiene among adolescent girls during menstruation, by supplying water harvesting facilities that promote a continuous supply of water and facilitate planned usage and maintenance.
3. Implement soap making training among adolescent girls which is essential for improving access to soap—a critical component in cleaning and washing during menstruation.
4. Provide additional training in the production of reusable sanitary pads is critical to allow girls to maintain a supply for their own personal use and teachers to keep a supply on hand for emergency use during the school day.

Figure 10: Pictorial Collage of some project activities



Before: A safe room which was used during menstruation in Nalinaibi P/S



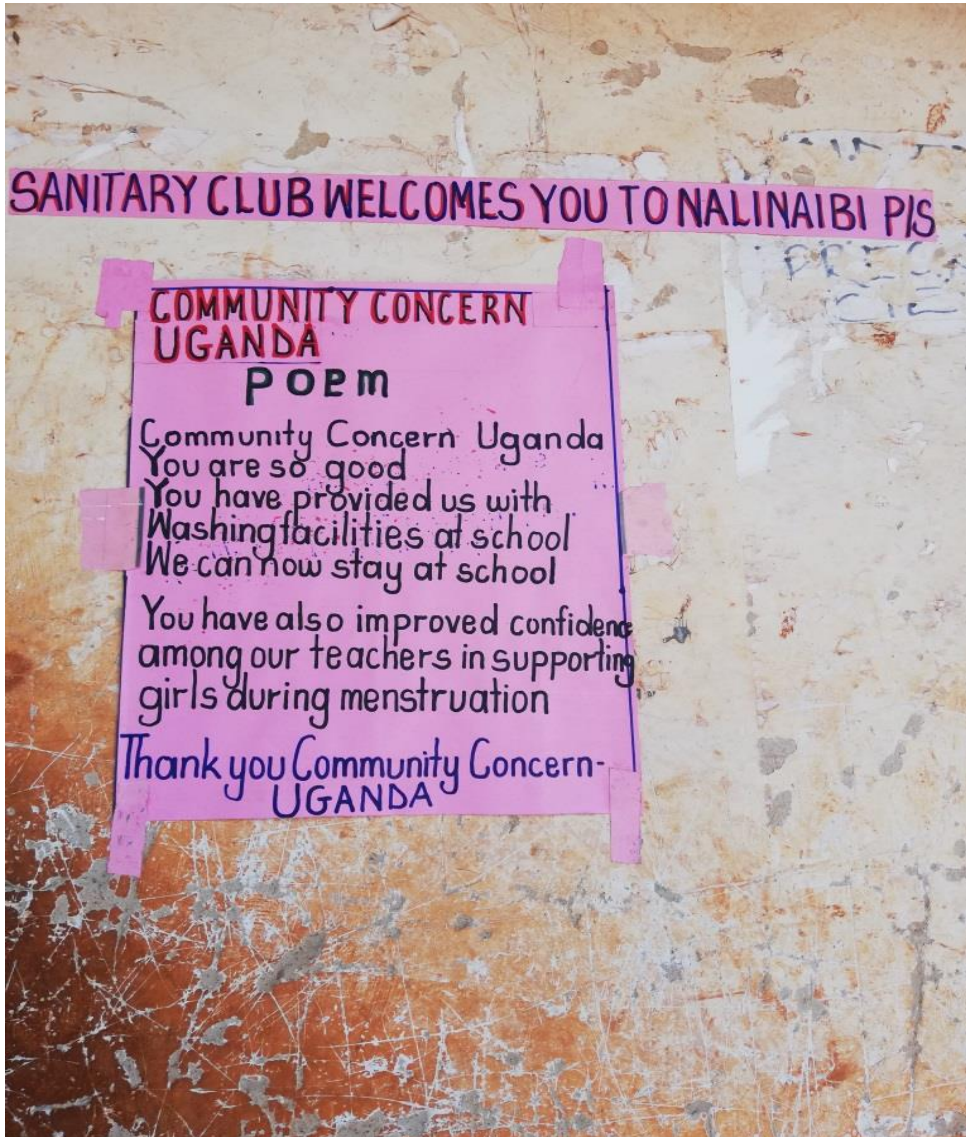
After: Some members of the sanitation committee-Nalinaibi P/S in front of the constructed washrooms



Self-esteem session



Session on Menstruation Hygiene Management



A thank you chart in Nalinaibi Primary School



Pupils of Wabulungu Primary School display pads they had made after the training in how to make reusable sanitary pads.



Teacher training in the basics of menstruation and how best to support adolescent girls during menstruation.



Constructed washrooms in Wabulungu Primary School



The abandoned latrine with weakened walls in Wabulungu P/S
(Current pupil to latrine stance is 1:200)



Current girls' latrine in Nalinabi P/S (Current pupil to latrine stance is 1:50; this latrine is still in use)