



Is menstrual hygiene management an issue of school absenteeism: A case of selected school in Lusaka

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Abstract

Menstruation is one of the most important and inevitable changes that occur in girls during their adolescent years. Menstrual hygiene is fundamental to the dignity and wellbeing of women and girls; and an important part of the basic hygiene, sanitation and reproductive health services to which every woman and girl has a right. The study sought to investigate the menstrual hygiene management and school absenteeism among school going teenage girls in Lusaka. The study was conducted from September 2014 to June 2015 covering five schools: two primary schools and three secondary schools. A total of 200 school girls, 5 head teachers, 25 parents and 20 female teachers were interviewed. Primary data was collected through focus group discussions and in-depth interviews. Simple Random sampling was used to select the sample. Results from the study indicated that 98.4% of the respondents understood menstruation as the shedding of blood from the uterus lining. Several traditional norms and beliefs, socio-economic conditions and physical infrastructure could/ did influence the practices related to menstruation as well as school attendance. 32.8% of the respondents reported that menstrual problems interfered with school performance while 93.6% and 66.7% of the respondents reported that menstrual problems led to low concentration in school and missing of lessons, respectively, which led to poor school performance. 79.6% of the respondents indicated that they had learnt about menstrual health and hygiene at school. The study revealed that most schools lacked good facilities to support menstruating girls and this has continued keeping girls away from school. Furthermore, the findings revealed that 20.4% of the teenage girl's lacked knowledge on how to manage hygiene during menstruation while at school. In addition to facing long-standing social stigmas attached to menstruating bodies, many became isolated from family, friends and their communities, and often missed school or even drop out completely. The majority of girls felt shy or stressed at school during menstruation and participated less or even absent themselves. Girls felt stigmatized when their uniforms were soiled as a result they shunned school. There were no private rooms for changing soiled sanitary towels. In addition, the method of disposing sanitary towels was poor, it made girls feel unsafe as to who would touch their soiled sanitary towels . There is need to

Is menstrual hygiene management an issue of school ... Christine B Sakala & Thankian Kusanthan provide good facilities and services that support menstrual hygiene management to encourage the girls to attend school during the menstruating periods.

KEY WORDS: Menstruation, Hygiene Management, School Absenteeism

Introduction: Menstruation is part of the female reproductive cycle that starts when girls become sexually mature at the time of puberty (Judith, 2010). It is a natural process that signifies physiological development of an adolescent girl. WHO-UNICEF (2012) defined Menstrual Hygiene Management (MHM) as the absorption of menstrual blood onto clean material which can be changed in privacy. The menstruation period usually lasts for an average of five days, but may vary from three to over seven days. The duration and heaviness of a period influences its management, menstrual products used and frequency of change. It also incorporates the availability of soap and clean water; to wash re-usable sanitary materials and the body, as well as a suitable place of disposal for used materials a mean of 13 years (Guya et al, 2014; Donimirski, 2013). Adolescents enter puberty unprepared and the information they receive on menstruation. Menstruation is a natural process and begins to occur in girls between the ages of 9 and 16 years with and is often selective and surrounded by taboos (UNESCO, 2014).

Guya et al. (2014) reported that MHM is practiced differently in accordance with the cultural, social, educational and economic status of the community. In low income settings poor MHM can cause absenteeism from school and this is important as lack of education may decrease future career prospects for girls. Globally about 52% of the female population is of reproductive age, meaning menstruation is part of their normal life and menstrual hygiene is therefore, an essential part of basic hygienic practices (House et al., 2012). Crofts and Fisher (2012) reported that 200 million menstruating females suffer from poor MHM in low-income countries. Young girls in developing countries often receive minimal instruction on menstrual hygiene management because menstruation is seen as a taboo by many communities which makes it extremely difficult for adolescent girls to acquire the necessary information and support from parents and school teachers (Guya et al., 2014).

Menstrual hygiene management in school children has been recognized as having a serious impact on school attendance. Menstruation can cause discomfort and high incidences of pain for a majority of women. It can also cause shifts in mood, depression, vomiting, pyrexia, endometriosis, hemorrhage, migraines, anemia and fibroids (Guya et al., 2014; Donimirski, 2013). Bhatti and Fikree (2002) and Dalton (1964) observed that poor management of menstruation can result in health problems such as infections of the urinary or reproductive tracts. Besides the health problems due to poor hygiene during menstruation, the lack of or inability of acquiring facilities and appropriate sanitary products due not being able to afford them may push menstruating girls to temporarily or sometimes permanently drop out of school, having a negative impact on their right to education.

Menstrual hygiene is fundamental to the dignity and wellbeing of women and girls and an important part of the basic hygiene, sanitation and reproductive health services to which

every woman and girl has a right. However, issues surrounding menstrual hygiene management combined with limited access to information at home and in schools have continued to be silent. In many curricula, there is emphasis on the reproductive process but not on the practical issues. This has resulted in many girls having very little knowledge about what is happening to their bodies when they are menstruating and how to deal with it. Coupled with persisting taboos, girls' capacity to manage their periods is affected by a number of other factors, such as limited access to affordable and hygienic sanitary materials and disposal options leaving many to manage their menstruation in ineffective, uncomfortable and unhygienic ways. These problems are further exacerbated by insufficient access to safe and private toilets, lack of clean water, and hygienic detergents for washing hands. These conditions cause menstruating girls to often feel ashamed and embarrassed during that period. In Zambia, menstrual hygiene management serves as a barrier to school going teenage girls. Even though menstruation is a natural process, it is associated with misconceptions, malpractices and challenges (Tegegne and Sisay, 2014).

The silence and secrecy surrounding menstruation has continued to harbor knowledge in menstrual hygiene management worldwide. This lack of education on menstruation can lead to bad Menstrual Hygiene Management (HHM) which in turn can cause absenteeism from school. Kirk and Sommer (2006) in their study state that in much of Asia and Sub-Saharan Africa, girls' level of knowledge and understanding of puberty, menstruation and reproductive health are very low. In addition, Creswell and Plano-Clark (2015) further stated in their study that in many low and middle-income countries, girls lack accurate information and resources and facilities for effective Menstrual Hygiene Management. Consequently, they are likely to miss school or to struggle to concentrate and participate in lessons when they are menstruating. Furthermore they observed that the girls who are unable to manage their menstrual hygiene at school risked missing a substantial proportion of their education and fell behind, which could lead to them dropping out of school altogether. This has negative consequences for the girls and others, because educating a girl has significant benefits for her family, community and country. The current research suggests that girls are not very knowledgeable about menstruation, and that menstrual education continues to provide girls with mixed messages, such as menstruation is a normal, natural event, but it should be hidden (Wershler, 2015).

In India, a study of awareness regarding safe and hygienic practices amongst school going adolescent girls in the rural area of Wardha District was conducted. The study showed that the majority of the girls received the information regarding menstruation from their mothers (41%), followed by the media (24%) and friends (19%). Of the girls who developed genital tract infections, 66% used clothes while 37% girls did not disclose about their menstruation. However study showed that most of the participants had poor knowledge regarding menstrual hygiene and physiology, as it is infrequently discussed at homes or at schools. Some of the girls, who reported to have received information from their mothers, did not have complete and accurate information. This signified the lack of knowledge and hesitation of parents to talk about reproductive health with their children.

Keerti and Pravin (2011) conducted a comparable study in Ethiopia to assess how much knowledge pupils had on menstrual hygiene management. It was found that the knowledge of the respondents about menstrual hygiene management was very high and that school teachers were the primary source of information. To the contrary, in Egypt there is a lack of information about the knowledge and attitude of adolescents regarding menstruation. Many girls have little or no information about normal and abnormal menstruation (Sharma and Gupta, 2003). However Houston et al. (2006) reported that twice as many African–American adolescents felt unprepared and did not receive information about menarche.

Similarly in Nepal, studies conducted by Narayan (2001) stated that menstruation, though a natural process has often been dealt with secrecy in many parts of Nepal. A further study by Water Aid (2009) also stated that a great deal of women and girls had scant knowledge which was informed by peers and female family members. Young girls were generally told nothing about menstruation until their first experience. Similarly, in Bangladesh, McPherson and Korfine (2004) in their study stated that menstruation was still regarded as unclean or dirty in Bangladesh society because of various myths, misconceptions and restrictions practiced during menstruation.

A study conducted by Pillitter (2012) revealed that girls reported the lack of opportunities that they had, either at school or in the private space, to learn about puberty or menstruation as menstruation was considered “strictly secret”. This therefore meant that they did not feel they were able to discuss it with their friends or family. They further indicated that lack of information meant they did not understand their menstruation and how best to manage their menstrual hygiene. This lack of knowledge on menstruation amongst girls has been further demonstrated by other studies in low-income settings. For instance, a study conducted in Nigeria, Kano, examined the knowledge and practices of adolescent school girls around menstruation and menstrual hygiene and found that there was a lack of knowledge amongst girls who had reached the menstrual age. Similarly, Sommer (2009) points out that the fact that some girls in rural Tanzania were afraid to tell their mothers they had started menarche, because they thought they had been cursed or had a disease. This highlighted how frightening menstruation was for them especially that they had not been educated about it..

Moreover, according to Nafisa and Musa (2010), majority of them had fair knowledge of menstruation, although deficient in specific knowledge areas. Most of them used sanitary pads as absorbent during their last menses changed menstrual dressings about 1-5 times per day and three-quarter increased the frequency of bathing. In Malawi the girls also reported various cultural beliefs that informed the way they managed their menstrual hygiene. The reported beliefs included that their menarche marked the end of their childhood, their menstrual cloths and blood cannot be viewed by anyone, and that sex can act as a cure to menstruation. These beliefs are compounded by the lack of information and education available (Pillitter, 2012). However, a study conducted by Muthali (2006) also agreed with the studies of other scholars that the situation in Zambia on menstruation like in most African countries is still treated as a taboo in many cultures. This study was therefore

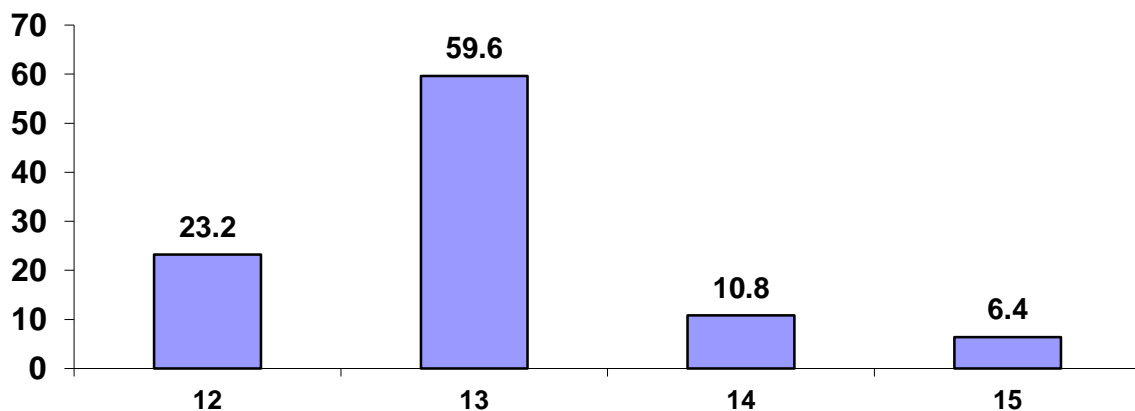
undertaken to investigate the menstrual hygiene management and school absenteeism among school going teenage girls. This study will contribute to the evidence about the link between school absenteeism and menstrual hygiene management.

Methodology: The study used mixed method approach, cross-sectional in nature and used both qualitative and quantitative method. The study was conducted in two schools in Lusaka province. The population of the study comprised of female pupils, female senior teachers, head teachers and parents. Simple random sampling was used to select the pupils and this is the basic sampling technique where a group of subjects is selected for the study from a larger group of the population. Each individual in this case was chosen entirely by chance and each member of the population had an equal chance of being included in the sample. Girls were sampled from their respective grades starting from grade 7 to 12 but only those that were already attending their menses were selected. The sample consisted of 250 participants out of which 200 were pupils from five selected schools, 40 from each school. In addition, in-depth interviews were conducted with 5 head teachers; 5 focus group discussions were conducted with 8 girls from each school; and semi structured interviews were administered to the rest of the respondents. Data from the instruments used was analyzed from the emerging themes of the study objectives. To guarantee the validity and reliability of the results, the researcher ensured that the instruments of data collection were piloted and reviewed by research experts. The data was categorized using codes. Quantitative data was analyzed using Statistical Package for Social Sciences (SPSS) version 16.0.

Ethical consideration: The respondents were assured that all the information they were to give would be treated with utmost confidentiality as it could only be used for academic purposes. Forms were handed out to the parents/guardians who agreed to let their daughters participate in the study. Before embarking on the FGDs, each participant was given a Participant Information Sheet for perusal. Those who agreed to participate were given Informed Consent Forms both in writing and verbally. They were asked to sign the FGDs Binding Form, which requested them to respect the confidentiality of the other respondents. The participants were informed that participation in the study was voluntary and that they were free to withdraw at any time, without giving any reasons or explanations and without repercussions. Furthermore, the participants were informed that a recording device would be used for data collection and they were assured that the recording was entirely for the purpose of verifying the information they provided.

Analysis of Findings: The results of the study shows that majority (35.2%) of the respondents were aged 17 followed by those aged 14 (19.2%). Respondents aged 16 comprised of 18.8% of the responses. The remaining 13.6%, 7.6% and 5.6% of the responses represented the respondents who were aged 13, 15 and 12 respectively. When the respondents were asked to state the age at which they started menstruating (Figure 1), it was found that 58% of the respondents reported starting menstruating at the age of 13 while 23% of the respondents started at the age of 12. 12% and 7% of the respondents reported that they started menstruating between 14 and 15 years, respectively.

Figure 1. Age at which started menstruation

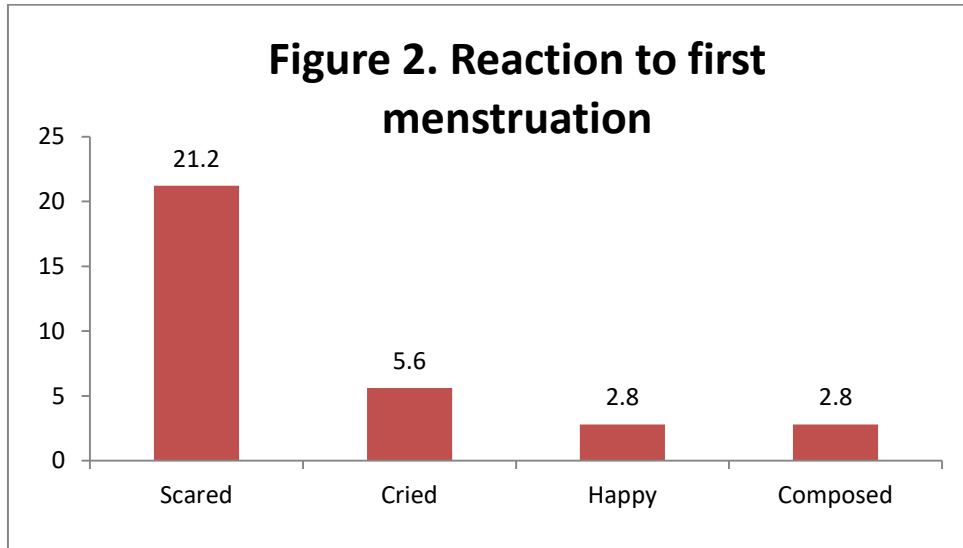


One girl narrated her first experience the first time she attended her menses saying, “I was attending class when I had my first menstruation.... My uniform was stained with blood as I was not ready and had only underwear. I had nothing to use (no sanitary napkins). I went home running ahead of the student’s in order for me not to be seen by anyone. At home, I was afraid of being noticed by my family; especially my father. I thought it would offend them and I quickly rushed in the house and changed my uniform without them noticing it”

Another girl also narrated her experience saying; “During my first menstruation I was shocked and embarrassed. Generally, whenever I have it, I think that I am below humans, depressed, eh ... I hate being female; I assumed it as a disease.....”

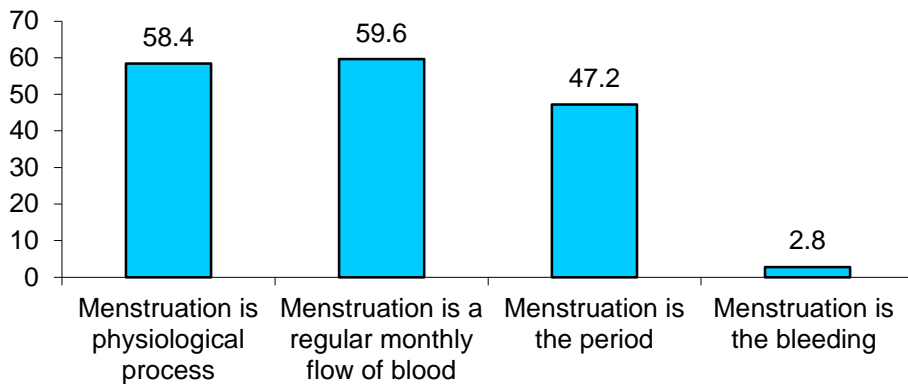
However in terms of the respondents’ awareness of the duration for a normal period, the study found that most of the respondents reported that they know the normal duration of the period. In terms of awareness of the normal menstrual cycle, most of the respondents in the study reported that they were aware of the normal menstrual cycle while a few of the respondents were not. The qualitative data had also documented that girls in this study had poor knowledge regarding menstruation and its management. The majority of girls felt shy or stressed at school during menstruation and participated less, or even shunned themselves from classes.

The percentage of respondents who reported on their first reaction when they started menstruating is presented in Table 4.3. The results from the study revealed that 5.6% cried while 21.2% of the respondents reported that they were scared. 2.8% of the respondents reported that they were happy while 2.8% of the respondents reported that they were not. On the other hand, 55% of the respondents reported that they were composed while 45% of the respondents reported that they were not.



When the respondents were asked to state what they knew about menstruation, it was found that 59.6% of the respondents reported that it is a regular monthly flow of blood while the other 47.2% of the respondents reported that menstruation is the period. The remaining 58.4% stated that menstruation is normal growth (figure 3).

Figure 3. Knowledge about menstruation



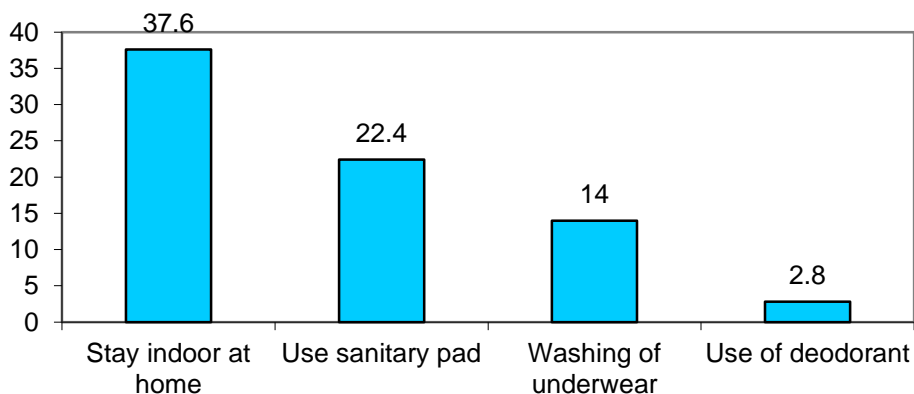
The focus group discussions and in-depth interviews revealed that most girls had no prior knowledge about menstruation and its management. As a result they reported to have been faced with different psychological and emotional problems, including being shocked, scared and the feeling of shame. They also reported that they were reserved to communicate issues (having menstruation) with anybody. Misconceptions about menstruation, such as being dirty and considering it as unhealthy situation, were common.

“I was attending class when I had my first menstruation.... My uniform was stained with blood as I was not ready and had only underwear on. I had nothing to use (no sanitary napkins). I went home running ahead of the students’ in order not to be seen by anyone. At home, I was afraid of being noticed by my family; especially my father. I thought it would offend them and I quickly rushed in the house and changed my uniform without them noticing it” (FGD participant).

“During my first menstruation I was shocked and embarrassed. Generally, whenever I have it, I think that I am below humans, depressed, eh ... I hate being female; I assumed it as a disease.....”(FGD Participant)

The percentage of respondents who reported on the kind of self-care practice during menstruation is shown in Figure 4 were 37.6% of the respondents reported staying indoors at home as a practice during menstruation; 22.4% of the respondents reported using sanitary pads as a practice during menstruation while 2.8% of the respondents reported that they use deodorants. The other 14% reported they wash their under wear as a practice. The percentage of respondents who reported on the reasons for such self-practices are presented in Table 20 were 34.8% of the respondents reported that they practiced such practices in order to prevent infections while 15.6% reported that they practiced those self-practices in order to avoid body odor. On the other hand, 8.4% of the respondents reported that they practiced those self-practices in order to promote health and 11.2% and 8.4% of the respondents indicated that financial constraints, busy schedules, and ill health were the reasons for self-practices, respectively.

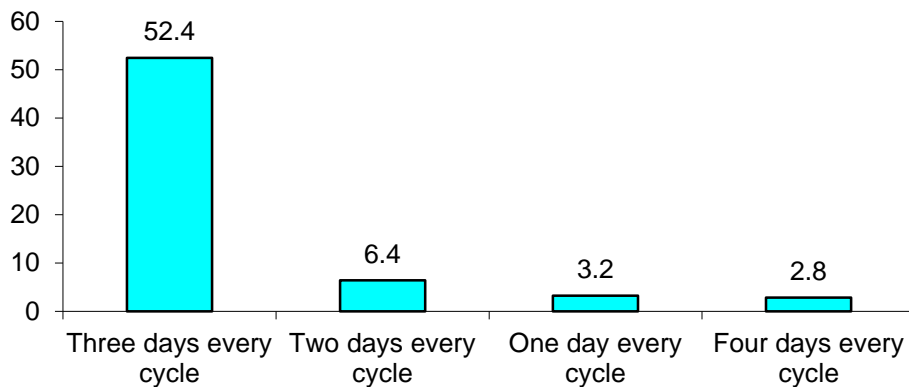
Figure 4. Self care practices during menstruation



Respondents who reported whether they missed classes during menstruation indicated that 88.8% missed while 11.2% did not. The following table, table 5, shows the frequencies of missing classes by respondents. 52.4% of the respondents reported missing class three days every cycle while the 3.2% of the respondents reported that they missed class four

days every cycle. The other 2.8% of the respondents reported that they missed class two days every cycle while 6.4% reported that they missed class one day every cycle. The remaining 34% of the respondents did not respond to the question. When the respondents were asked to state the reason of missing school during menstruation, it was found that 1.6% and 2.8% of the respondents missed classes because the changing rooms were dirty and had no privacy, not feeling well, and embarrassment, respectively. However, 7.2% of the respondents reported that they missed classes because there were no latrines.

Figure 5. Frequency of missing classes



During menstruation days, some girls didn't come to school as their schools are not gender friendly, due to the lack of sanitary facilities to manage their hygiene and underwear or sanitary napkins.

“Eh... in schools, there is nothing totally; i.e., there is no enough and good toilets, water for drinking and washing, soap... sanitary disposal facilities. Eh... there is no underwear and sanitary napkins available for girls. Similarly... there is no private place where girls can change their underwear or sanitary napkins and manage their hygiene while they are in school. Eh... in rural areas; girls did not have sanitary materials and lack of sanitary facilities in schools influence female students' school absenteeism during menstruation days. Eh... fulfilling these gaps in all schools can enhance girl students' school attendance and their academic performance too” (Teacher 1).

From the study, it was found that most (67.2%) of the respondents reported that it does not interfere with school performance while the remaining 32.8% of the respondents reported that menstrual problems interfere with school performance.

All participants perceived that menstruation had an influence on girls' class attendance. During menstruation days students never reported for school or even if they attended, they didn't participate in class activities thinking of the sudden leakage or the pain associated with it. They didn't come to school even if they had an exam or didn't do the test with concentration when menstruation days coincided with exam days. They didn't stand in front

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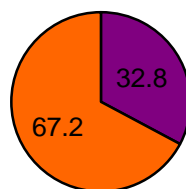
of students to answer questions or to write on the board fearing the sudden leakage of blood and staining of their cloth.

“Eh... since students didn’t know about menstruation and its management...it might be a cause of school dropout and might have influence on class concentration and class participation. For example, if their menstrual period coincided with school days, they might not come to school until the cycle ends because of the fear of mistreatment by others (particularly male) students. In addition to this, they don’t communicate the issue with their teachers rather keep it as their own secret or private issue because of fear of embarrassment” (Teacher 2)

“... During menstruating days, since our attention is disturbed by the thinking of the sudden leakage of menstrual blood and staining of the cloth, we didn’t concentrate our attention in the class. Our attention to education or class is decreased during menstruating days as compared with non-menstruating days” (FGD participant)

When the respondents were asked to explain how menstrual problems interfered with school performance, 93.6% of the respondents reported that menstrual problems led to low concentration hence poor school performance. 66.7% of the respondents reported that menstrual problems led to missing lessons hence leading to poor school performance. It was found that 7.2% of the respondents reported being worried about stains interfering with their school performance (figure 5).

Figure 5. Percentage of those who think that menstrual problems interfere with school performance



Discussion: The study discovered that menstrual hygiene management and school absenteeism has not received much attention. When the respondents were asked to state the age at which they started menstruating, it was found that most of the respondents started menstruating at 13 years while the others started at 12, 14 and 15 years respectively. This entails that most of the respondents had an early onset of menstruation which would be a

result of different factors like diet, genetic makeup and other factors. In terms of knowledge of menstruation before they started, it was found from the study that most of the respondents had knowledge regarding menstruation and its hygienic management. However, access and use of sanitary napkins were very low, especially among girls from rural schools, family of lower income, who live with relatives and less educated families.

In terms of the respondents' awareness of the duration for a normal period, the study found that most of the respondents reported that they knew the normal duration of the period. Furthermore, the majority of the respondents were aware that a normal period occurs every 28 days. In terms of the number of days a female bleeds while on her period, it was found that most of the respondents reported that they bleed for 1- 4 days. The minority of them reported that they bleed 5 days. It was found that girls in the study would miss school because of embarrassment as a result of being seen by other students in a blood stained dress usually as a result of having their first menses at school without prior preparation. Absenteeism from school at least for three days per month was common because of lack of sanitary napkins.

It is clear that the majority of the respondents understood how menstruation is caused. They also knew the normal period as well as the normal cycle. This in turn would actually help the respondents in terms of preparations for the occurrence of the periods. The study found that most of the respondents were aware that engaging in unprotected sexual activities after they had started menstruating could lead to pregnancy. The findings of this study are in agreement with a study by Nafisa and Musa (2010) in Nigeria who documented that the majority of participants in their study had fair knowledge of menstruation, although deficient in specific areas.

The findings revealed that respondents lacked knowledge on how to manage hygiene during menstruation while at school. The study also showed that the majority of girls felt shy or stressed at school during menstruation and participated less in classroom activities or engaged in absenteeism. This finding agrees with that of Kirk and Sommer (2006) whose study established that girls are laughed at when their clothes (uniform) are soiled with blood. This brings about stigma and discrimination which further lead to school absenteeism. Nafisa and Musa (2012) revealed that girls who experienced teasing and humiliation by classmates when their clothes were stained with blood as they did not use sanitary napkins did not feel comfortable to attend classes when they were having their monthly periods.

Over half of the girls had been absent from school during their last menstrual period. Results from the study showed that most of the respondents did not feel comfortable attending school during menstruation. This was one of the major reasons that made female pupils miss classes during menstruation. In a study conducted by Abioye-Kuteyi (2000), girls were less likely to attend school on the days they had their menstruation as compared with other days. School absenteeism during menstruation days was also supported by the

qualitative data as most respondents didn't come to school due to lack of sanitary materials, fearing the sudden leakage of menstrual blood and the mistreatment following the incident.

The qualitative data explained that during menstruation days, students didn't come to school or even if they came to school; they didn't attend class attentively thinking about pain, if there was or whether the blood leaked suddenly. This might have been due to the prevailing knowledge gap or misperceptions of girls. More importantly male students criticism; no school health education program (menstrual hygiene management which could also relate with the school facility and/or school consultancy services) were also factors that contributed to girls absenteeism during days of menstruation. .

This discrepancy could be due to the type of schools and infrastructure (co-education school), lack of proper knowledge as education could not give in all school curriculums or in different school clubs and lack of sanitary materials. In addition, it could be due to differences in age as the study subjects were younger than other subjects attending primary education, i.e., the probability of being empowered or making decisions as well as facing problems might be different. School absenteeism was significantly higher among those who didn't use the disposable sanitary napkins as menstrual absorbent. On the other hand, school absenteeism was significantly high when girls were menstruating in rural areas and lower among those learning in urban areas. This was due to the fact that sanitary towels were readily available in urban areas and also due to the fact that most mothers in the urban setting were elite. School girls who didn't use sanitary napkins were absent from school due to the fear of sudden leakage as male students might mistreat them.

Study results also showed that 86-100% of the respondents reported that they did experience traditional restrictions that are placed upon girls/ women during their menstrual period. When asked to state the traditional restrictions on girls during their menstrual period, it was found from the study that most of the respondents do not face any restrictions. Most of the respondents who agreed to have tradition restrictions had proportions below 15% while the percentage of those who reported to have tradition restrictions was below 15%. This indicated that they were very few girls who face any restriction. The evidence strongly suggests that menstruating girl's miss school mainly due to the lack of facilities at school, but girls prioritized sanitary pads as the top solution to prevent absenteeism. In addition the study revealed that menstruation had an influence on adolescent girls' school performance as over half of the girls reported to have perceived the effect of menstruation on academic performance

Furthermore, when it came to the kind of self-care respondents practiced during menstruation, it was revealed that most of the respondents stay home as a practice during menstruation. The study found out that most of the respondents use sanitary pads as a practice during menstruation while other respondents reported that they use deodorants.

In the study it was revealed that school-performance of girls had declined after they had menarche. In addition, most girls indicated that school-dropout was common among girls who experienced teasing and humiliation by classmates when their clothes were stained

with blood as they did not use sanitary napkins. In contrast to this study, the respondents did not face any form of teasing from their classmates more especially males. However, studies in Egypt by Neamat et al. (2011) showed that aspects of personal hygiene were generally found to be poor, such as not changing pads regularly or at night, and not bathing during menstruation with lack of privacy being an important problem. In contrast to this study, personal hygiene of the pupils during menstruation was better. The variation may be as a result of time, improved technology and communication which might have facilitated easy access to information. Different restrictions were practiced by most of the girls in the present study, possibly due to their ignorance and false perceptions regarding menstruation.

However most teachers reported that they did provide pain killers to their girls if one complained about period pains. In addition, teachers disclosed that sometimes they did provide pads depending on the availability of funds. It was further found from the study that no single pupil dropped out of school due to menstrual related problems. The qualitative data had also documented that girls in this study had poor knowledge regarding menstruation and its management. The findings of this study are in agreement with Adinma (2008) who conducted a study in western province of Zambia and concluded that the participants prior to menarche were ill-informed about their coming of age, as well as being ill-prepared for the physical and mental changes this process brings on. However respondents got the first information from sources which ranged from friends, sisters and grandmother. The study further found that most of the respondents did not change the type of food they consumed during the menstruating period. On the other hand, others took herbs and hot drinks.

In a research for developing Water, Sanitation and Health (WASH) guidelines for schools in Kenya, Greene (2009) identified that girls found menstruation the biggest obstacle for attending school. Afripads (2013) reported that girls miss up to 20% of a school year due to menstruation and by the end of primary school, this can equate to a whole year of school missed. This has consequences on career prospects as reports show that an extra year of primary school education can increase future wage by 10-20% (Herz and Sparling, 2004). According to Sommer (2013) and Crofts (2012), girls in Rwanda, Malawi, Tanzania and Uganda all requested for the manufacture or distribution of cheap disposable pads to help them manage menstruation. Crofts (2012) also reported that girls in Uganda preferred to use disposable sanitary pads if price was not an issue, viewing them as the “modern” way to deal with menstruation. A study in Ghana by Montgomery (2012) showed that after 5 months of providing pads to schoolgirls, attendance increased by 9%.

Study results showed that most of the respondents change sanitary materials twice in a day while other respondents change three times. The other respondents change their absorbent once in a day. The above findings are in agreement with the findings that were noted in various studies such as TeketoKassaw (2012), in which it was revealed that the school-performance of girls had declined after they had menarche. In addition, most girls indicated that school-dropout was common among girls who experienced teasing and

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humiliation by classmates when their clothes were stained with blood as they did not use sanitary napkins.

However, studies in Egypt by Neamat et al. (2011) showed that aspects of personal hygiene were generally found to be poor, such as not changing pads regularly or at night, and not bathing during menstruation with lack of privacy being an important problem. In contrast with this study, personal hygiene of the pupils during menstruation was quiet acceptable. The variation may be as a result of time, improved technology and communication which have facilitated easy access to information. Different restrictions were practiced by most of the girls in the present study, possibly due to their ignorance and false perceptions regarding menstruation. A study done among Nigerian secondary school girls by Adinma and Echendu (2008) revealed that adolescent girls gave different meanings to menstruation and perceived it as a physiological process, and as a release of 'bad blood'. In another study it was viewed as an event that happens to girls during puberty occurring monthly where the body gets rid of spoiled blood. However, girls who had information about menstruation before menarche had a positive attitude (McMahon et al., 2011).

Conclusion: The study found that menstruation had an influence on adolescent girls' school performance as over half of the girls reported to have experienced the effect of menstruation on academic performance. The qualitative data revealed that during menstruation days, students did not come to school or that even if they came to school; they did not attend class attentively thinking about pain or if there was or whether the blood leaked suddenly. This might be due to the prevailing knowledge gap or misperceptions of girls; more importantly male students; and no school health education program (menstrual hygiene management). One strategy to combat this would be to include elaborate curricula for menstrual hygiene education at primary and secondary level so as to enable pupils to receive information about MHM, the biological facts and practical ways of managing blood flow in a hygienic and discrete way since these types of education are significantly lacking in most, if not all schools.

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