

Challenges Faced By Girl Child Aged Between 9-18 Years In Menstrual Hygiene In Schools. A Cross-Sectional Study Of Ogur Sub-County, Lira District Uganda.

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Abstract



Background:

Menstruation is a naturally occurring physiological phenomenon in adolescent girls and pre-menopausal women. Menstrual hygiene management (MHM) is the practice that involves women and adolescent girls using clean menstrual management materials to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required, and access to the facilities off used menstrual management materials.

Method:

The research study employed quantitative and simple random sampling techniques from various strata and was carried out for one week from 17th November 2020 to 24th November 2020. A total of 30 pupils were selected, Data was collected on data collection tool and information was presented using descriptive statics in form of tables, pie charts, and graphs.

Results:

The overall results showed in the age group between 14-16 years which had 10(52.6%) the least which had 1(5.2%), of the girls who faced challenges in menstrual hygiene management during school period.

Conclusion:

The high percentage of girls who faced challenges in menstrual hygiene management in school was due unavailability of menstrual hygiene facilities in Ogur primary school and the lack of continuous menstrual health education among girls.

Recommendation:^a

There is a need for menstrual health education among girl children, and provision of required menstrual hygiene facilities at school, public awareness on health-seeking behaviors and hygiene to reduce infections on girl children during their menstruation period. I also recommend further studies to be done in this area to evaluate the current challenges of poor menstrual hygiene among girl children in school.

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1 Background of the study.

Menstruation is a naturally occurring physiological phenomenon in adolescent girls and premenopausal women (Budhathoki *et al.*, 2018). Menstrual hygiene management (MHM) is the practice that involves “women and adolescent girls” using clean menstrual management materials to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required, and access to the facilities to dispose of used menstrual management materials (Budhathoki *et al.*, 2018).

While MH is influenced by women, their role in society their guidance and knowledge and then water sanitation and hygiene (WASH) infrastructure and materials, the achievement of good menstrual health has an impact on general health and well-being education, socioeconomic outcome, dignity, and gender equality. Assuming accessibility and affordability of culturally accepted menstrual health solution and knowledge and enabling girls to adequately manage their monthly period and feel comfortable about it is a wisdom of opportunity to influence the way girls see themselves in society and can empower them to reach their full potential. Schools and education take a key role in girls’ MHM practices. Firstly, they have the opportunity to educate and train girls regarding the proper and safe hygiene practices and more broadly, help support and empower them on to their trajectory into women food and personal development secondly, A lack of infrastructure and support in schools, can jeopardize this development process and make girls abandon education trajectories. Examples are poor quality and the inadequate supply of clean water, the lack of latrines and sanitary infrastructure, and access to adequate sanitary hygiene products, which leave girls with limited options for proper MHM.

As the literature analysis shows, there are several reviews around girls MHM practices (Enzler, 2018). For instance, Bill and Melinda Gates commissioned a holistic overview of the present situation regarding MHM in LMIC including literature programs, stakeholder and actors views. The goal of this review is to identify effective MH practices. The underlying practical rationale is to develop recommendations regarding the design of future interventions in this context. For this purpose, a

selective literature review has been carried out. the databases PubMed and google scholar have been searched using the keywords menstrual hygiene management, menstrual health, menstruation menarche, and adolescence linked to school absenteeism, school attendance, and drop out from June to August 2017.

Menstrual hygiene is vital to the empowerment and well being of women and girls worldwide. It is more than just access to sanitary pads and appropriate toilets though those are important. It is also about ensuring women and girls live in an environment that values and supports their ability to manage menstruation with dignity.

Globally at least 500 million women and girls lack proper access to menstrual facilities. Several factors influence difficult experiences with menstruation, including inadequate facilities and materials, menstrual pain, fear or disclosure, and inadequate knowledge about the menstrual cycle

Women and girls in the low-income setting have low awareness of hygiene practices and lack culturally appropriate materials for menstrual hygiene management. Menstruation and associated activities are surrounded by silence shame and social taboos that are further manifested in social practices that restrict mobility freedom and access to normal activities in India and Nepal (Budhathoki *et al.*, 2018). For instance drinking milk, preparing food, interacting with people refraining from performing religious rituals and restrictions found in many cultures.

The material used as absorbents during menstruation in low-income countries including Uganda varies from reusable towels (cloth torn from dresses of women and cotton fabric) to commercially available disposal sanitary pads. Practical, sustainable, and culturally accepted methods are recommended for addressing the menstrual hygiene needs for women in low-income countries Uganda inclusive as girls are affected by poor hygiene management in various schools in Uganda due to low income to facilitate hygienic menstrual management.

Menstrual hygiene needs are not only specific and pressing to girls and women of reproductive age but also require access to the same management of the menstrual period, basic reproductive health right in emergencies the usual lifestyle of affected individuals change and are confronted with additional stress that could worsen their psy-

chological and well-being provision of human requirements such as shelter, food, clean water, and medicines are prioritized, however other needs such as shelter, clean water and medicine are prioritized, however other needs such as safe menstrual hygiene management that can have a profound psycho social impact if unmet are often neglected. However, it is very embarrassing that many undeveloped countries still face a lot of challenges in menstrual hygiene management in schools inclusive Uganda, and public places as well. Especially most schools in Uganda are not standardized with every requirement for managing hygienic menstruation amongst girls who are undergoing such biological happening in school and out those challenges affecting girls who are undergoing menstruation in Ogur and Akano primary schools.

2 Methodology

Study design.

A cross-sectional survey design was used to establish the cause and effect relationship of different variables. The aim for using a cross-sectional survey design was to investigate explain and describe the phenomenon of interest through obtaining different viewpoints relating to objectives.

Both quantitative and qualitative methods of research was used during this study. Qualitative methods was used to generalize the findings of the study instead of the objectives. Quantitative methods was used on other hand to provide factual figures by quantifying the findings. Despite using a quantitative method of research, this study was quantitative in the sense that it aimed at exploring the real situation concerning menstrual hygiene management in the Lira district.

Study population

The study population included girl child pupils and teachers such as senior woman teacher, headmaster or Headmistress of Ogur primary school including parents to give the factors affecting the hygienic menstrual management among girls child in such school.

Study area

Lira district has over 140 government primary schools, Ogur primary schools inclusive, Ogur primary school was a day school with exception of some primary 6 and primary 7 who are boarders in Ogur primary school. Ogur primary school was located in rural area Northern region, Lango sub-

region, Lira district Erute North county in Ogur sub-county Apoka parish and it was founded by church of Uganda. Ogur p/s has a population of 1898 pupils comprised of 948 girls and 950 boys and an average population of 271 and it had a senior woman teacher (2019(c) school guide Uganda limited).

Sample size selection.

The sample included a total of 35 people of which 30 shall be students or pupils from Ogur and 1 senior woman teacher, 1 matron, head teacher, a nurse of the school and some 2 parents from the nearby villages surrounding the school understudy.

Data collection method

The researcher used the interview guide and questionnaires as the data collection tools, interviews were conducted among parents and some teachers as well as pupils. The interviews contained both open and closed-ended questions to collect data concerning the factors affecting effective hygienic menstrual management among girls in schools, (Ogur primary school).

Research tools / instruments

The research used both the questionnaire and interview guides. The self-administered questionnaire consisted of open and closed-ended questions in the English language of factors affecting hygienic menstrual management among girls who have started menstruation most especially when they were at school and during school days.

Quality control

Data reliability

The researcher used a good approach to the respondents to ensure that they give the correct information needed for the study. The researcher also trained a research assistant whom they jointly worked together during data collection to speed up the study.

3 Data analysis and processing

Data was analyzed by tabulating the results from questionnaires obtained from teachers, pupils and parents as well based on the response given about the objective of the study. This was carried out by checking the completeness, accuracy, and validity of the answers given by the pupils, teachers, and some parents as well as nurses.

Ethical consideration

The consent of the participants was obtained after explaining the purpose of the study and ad-

dressing any concerns like benefits, harmful effects, and they are required to sign a consent form thereafter.

Study limitations

Poor response and attention from respondents, pretending to be busy was a limitation factor. This was worked on by providing enough information about the study and why it's important for them respond to the questions.

Dissemination of results

The research report was submitted to the school of management and applied sciences of St. Francis School of health sciences – Mukono and a copy to Ogur primary school.

4 DATA ANALYSIS AND PRESENTATION.

As shown in Table 1 above, the age group 14-16 years had the highest number of respondents 15(50%) and the age group 9-11 years 3(10%) and 17-18 years 3(10%) had the lowest number of respondents.

To find out the challenges faced by the girl child in managing menstrual hygiene during the school period.

The specific objective of this study was to find out the challenges faced by girl children in managing menstrual hygiene during school periods.

In this regard, the results obtained are as displayed in table 2 below. Table 2 : shows the age group of girls who faced challenges in managing their menstruation during school period.

The results shown in table 2 above revealed that the age group between 14-16 had the highest number of girls who faced challenges in managing their menstruation during the school period were 10 in number with a percentage of (52,6%).

Impacts of poor menstrual management on the girl child.

One of the specific objectives was to determine the impacts of poor menstrual management on girl children during the school period.

Table above, reveals that the age group between 14 -16 years had the highest number of girls who experienced the impact of poor menstrual management during school period.

5 Discussion, Conclusion, And Recommendations.

6 Discussion of results.

The first objective of this study was to find out the knowledge level about menstruation Management among girl children in school and the analyzed data under this objective revealed the major findings.

The study revealed an overall knowledge level of girls about menstruation management of 15(50.0%). This was due to the continuous health education by their matrons, senior woman teachers, and their parents about good hygiene practices of menstrual management during the school period. The finding correlates with the research done which showed that only 18.12%of responding girls in a trial in Northeast Ethiopia discussed sexual and reproductive health with family members and menstruation and its management was only discussed by 5.39% (Enzler, 2018), and this also agreed with the research done which showed that mothers were mentioned as the main source of information on MHMin in some areas, while in other areas mothers were avoided, and especially grandmothers took the role of advising girls.(McMahon *et al.*, 2011).

The second objective of this study was to find out the challenges in managing menstrual hygiene during the school period and the analyzed data under this study revealed that the number of girls who faced the challenges in managing their menstrual hygiene during the school period was at 10(52.6%). this is due to a lack of clear information about good hygiene practices of menstruation management among girl children in school.

This agreed with what was documented that there was lack of access to menstrual hygiene products was a major challenge facing women and girls in developing countries and was an aspect of water, sanitation, and hygiene that was often overlooked (Challenges facing women and girls in accessing menstrual hygiene products in developing countries, and effective approaches to increasing their access, no date a). Lack of access to menstrual hygiene products can often mean that women and girls have considerable difficulty in going about their lives during menstruation and can be almost entirely restricted to the home, both due to practical reasons and the stigma frequently attached (APHRC,2010). Multiple studies have found that girls in a low-income setting miss or struggle at school during menstruation if it was not possible for them to effectively manage their menstrual hy-

Table 1. shows the demography of girls within menstrual age group.

Variable	Frequency(n=30)	Percentage (%)
Age	3	10
9-11	9	30
12-13	15	50
14-16	3	10
17-18	30	100.0
Total		

Source: primary data 2020

Table 2. Shows the age group of girls who faced challenges in managing their menstruation during school period .

Variable	Frequency (No30)	Number of girls who faced the challenges.	Percentage (%)
Age	3	2	10.5
9-11	9	6	31.6
12-13	15	10	52.6
14-16	3	01	5.2
17-18	30	19	100.0
Total			

Source: primary data 2020

Table 3. showing the impacts of poor menstrual management on girl child

Variable	Frequency (no 30)	Number of girls who experienced the impacts	Percentage (%)
Age	3	2	10.5
9-11 years	9	6	31.6
12-13 years	15	10	52.6
14-16 years	3	01	5.2
17-18 years	30	19	100.0
Total			

Source: primary data 2020

giene (Boosey, Prestwich and Deave, 2014). Safe, accessible menstrual hygiene products have a considerable positive impact on women and girls' occupation, social and educational capacity (APHRC, 2010).

A key barrier to access for girls in that facility where menstrual hygiene products can be changed with dignity are frequently not provided in schools, or teachers may not grant students permission to use them('Bitten by shyness': menstrual hygiene management, sanitation, and the quest for privacy in South Africa, no date). Women and girls who could afford to buy menstrual hygiene prod-

ucts may also be reluctant to do so from shops, which are often run by men, due to stigma (Challenges facing women and girls in accessing menstrual hygiene products in developing countries, and effective approaches to increasing their access, no date b). They may depend on their husband or father to provide them with funds to buy disposable pads, which may be withheld (House *et al.*, 2012). The main menstrual hygiene products currently available are disposable pads, reusable pads, and the menstrual cup. However, the cost of disposable pads often means that they are inaccessible to women and girls in resource-poor set-

tings (Use of menstrual cup by adolescent girls and women: potential benefits and key challenges, no date) (APHRC, 2010). it can also be challenging to ensure a consistent supply of disposable sanitary products in rural areas, particularly those affected by conflict (Menstrual hygiene matters: a resource for improving menstrual hygiene around the world, no date).

The third objective of this study was to find the impacts of poor menstruation management on girl children in school, and under this study, the analyzed data revealed that the highest percentage of girls who experienced the impacts of poor menstruation management was at 10 (52.6%). This was due to poor hygiene facilities at school, and poor design of the toilet, and unavailability of means to dispose of used sanitary pads and water to wash hands. This agreed with the study which was carried out which showed that 7 of the respondents reported do not change at all. And they reported that most of their schools do not have sanitary facilities including changing rooms for girls and clean water and soap for them and this affects their lives while at school and these make them not go to school for some days until their menstruation is over.

7 Conclusions.

The study was intended to determine the challenges faced by girl children aged between 9-18 years in menstrual hygiene management which was having the highest of 10(52.6%) and probably this would have been attributed to lack of hygiene facilities and unavailability of means to dispose of used sanitary pads and water to wash hands and lack of information of good hygiene practices of menstrual management during school period.

Recommendations.

The following recommendations should be taken into consideration.

I recommend that those parents should improve on personal hygiene among the pupils to reduce the challenges faced by girls' children during their menstrual hygiene management; teachers should endeavor to carry out continuous health education on weekly basis on good hygiene on practices on menstrual management during school period.

The school management should make sure that all the menstrual hygiene facilities are present at school to reduce the challenges faced by girl children during their menstrual management.

Though the district health inspector of schools should ensure that all of them should be having all the required menstrual hygiene facilities to reduce the challenges faced by their school girl on menstrual management.

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Definition of terms

Menstruation; is where blood tissues from the uterus of the menstruating girl or woman come out through the vagina.

Menstrual hygiene; is about access to menstrual hygiene products to absorb or collect menstrual blood, privacy to change the materials, and access to facilities to dispose of used menstrual management materials.

Sanitation; is the condition related to clean drinking water and adequate sewage disposal as well as used pads, water, and sanitation hygiene.

Sanitary pads; this an absorbent item worn in the underwear by females who are menstruating bleeding after birth recovering from gynecologic surgery, experiencing a miscarriage or abortion, or in any other situation where it is necessary to absorb a flow of blood from the vagina.

Table 4. References

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