

# Socio-Cultural Determinants Influencing Menstrual Hygiene Practices Among the School-Going Adolescent Girls in Primary Schools in Namanyonyi Sub County in Mbale District

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## Abstract

**Introduction:** The study “to assess socio-cultural determinants influencing menstrual hygiene practices among the school going adolescent girls in primary schools in Namanyonyi Sub County, Mbale District.”

**Study objectives:** The broad objective of the study was to assess socio-cultural determinants influencing menstrual hygiene practices among the school going adolescent girls in primary schools in Namanyonyi Sub County, Mbale District so as to improve on menstrual hygiene in primary schools and Uganda amongst the adolescent girls. The specific objectives of the study were; to establish menstrual hygiene practices, to establish the level of awareness on menstrual hygiene and to determine the cultural attitudes influencing perception of the adolescent girls in primary schools towards poor menstrual hygiene in Namanyonyi Sub County, Mbale District.

**Study design:** A cross sectional, descriptive study employing qualitative and quantitative methods of data collection like questionnaires and interview guides were used. The study involved a total number of 50 respondents and only simple random sampling procedures/techniques were used to select the study respondents which included heads of senior women teachers and pupils.

**Study findings:** The findings revealed that majority 96% (48/50) of the respondents said that they had ever heard of menstrual hygiene whereas 4% (02/50) said that they have never heard of the menstrual hygiene thus awareness, cultural practices and implementation is poor coupled with low education levels attained

**Conclusion:** There is low level of income because majority were peasant farmers hence, they could at times not be able to afford buying sanitary pads and handling secondary but there is need for improvement on the practices during the menstrual periods. Though most of the girl child knew that keeping them in good state of hygiene, there is still need for improvement on the practices during the menstrual periods which may transfer germs of a given infection. Most of the cultures have not come to realize that it is normal and healthy for woman to menstruate as they go ahead to discriminate those in their periods as the weak and unclean.

**Recommendations:** There is need for collaboration of the school administrations and the parents to promote girl child education, there is need for the school administrations and technocrats of the sub county coming together and design a proper disposal facility for the used up sanitary pads, the school administration together with the senior woman teacher should make sure that the girls during their menstruation are ever availed with all the necessities like detergents, wholesome water, basins, jerry cans among others.

**Index Terms-** Hygiene Management, Mbale, Menstrual; School-going adolescent girls, Socio—Cultural determinants.

## 1.0 Introduction and Background to the Study

### 1.1 Background to the study

According to WSC (2012), every day, 300 million women including school girls experience menstrual flow. Menstrual hygiene is fundamental to the dignity and wellbeing of women and girls thus an important part of basic hygiene, sanitation and reproductive health services for which every woman and girl has a right. However, menstruation is too often seen as a taboo, with many negative cultural attitudes associated with it, including the idea that menstruating women and girls are ‘contaminated’, ‘dirty’ and ‘impure’.

Poor Menstrual Hygiene Management (MHM) in schools has been shown to worry and humiliate adolescent girls and contribute to monthly absenteeism leading to poor performance in schools. This stresses the importance of school toilets which are built to accommodate menstruating girls’ specific needs for privacy, space, washing facilities and correct disposal or cleaning of menstrual pads. An environment where these hygienic needs are met can lead to improved dignity and attendance, thus improving girls’ education and consequently the development of a country (UNICEF, 2010).

Some cultural beliefs about menstruation reinforce gender inequities and have negative impact on the dignity, health and education of women and girls. A number of researches have been conducted and proved that lack of sufficient knowledge on menstrual health management issues is the major causes of all those challenges faced by school girls during their menstruation (UN, 2010).

The current understanding is that menstruation causes girls to be absent from school, and that continued absence leads to dropout and attrition. Studies have shown that girls miss school during their menses, especially when the school lacks WASH facilities necessary to maintain hygiene (Sommer, 2010).

Around 3000 days of menstruation occurs in an average woman's lifetime. During menstruation girls and women face both practical and strategic gender problems. These have negative impacts for their personal lives and development opportunities: restrictions on work and mobility, increased fears and tensions, early marriage, early and premature childbirth and high infant mortality, and potential vaginal infections resulting in the worst case in infertility. In many cultures, the onset of menstruation means coming of age and therefore has big consequences for young girls. Apart from that, there is the hygiene side which if not properly addressed can have horrific consequences (McVeigh E & Guillebaud J, 2008).

One of the impacts is the lower-class attendance of girls during menstruation days and school drop-out at the onset of menstruation. Based on the literature review, surveys show 33%-61% increase in absence due to lack of menstrual hygiene provisions. However, intervention studies show that both insignificant and significant differences in class attendance. The reason behind this may be due to different means of recording intervening factors such as water, sanitation and privacy conditions in primary schools and at home distance to school and attitudes of teachers and parents (Biran, A. et al. 2012).

The best study available from the Ugandan context used both self-recording and teachers' attendance records as well as data on possible intervening factors and did find some significant impacts. There is clearly a need for further action research to validate this data. (MOES, 2012)

Poor menstrual hygiene practices are a major contributor to most of the infections like fungal infections, reproductive tract infections, and urinary tract infection thus school dropout in most primary schools in Uganda (MOH, 2012).

The wide aims of the study in Mbale, Uganda include involving local initiatives to set up a reusable pad making business as a social enterprise. Development partners like Water Aid Uganda, World Vision, Save the Child-Norway among others could be lobbied to support School of Hygiene-Mbale which is a key health training institution in the Eastern Uganda with experience in local community mobilization and implementation of locally adaptable Water, Sanitation and Hygiene (WASH) strategies to develop tools to support schools in form Hygiene and Sanitation Committees, training the local initiative in making of re-usable sanitary pad.

## **1.2 Statement of the Problem**

Poor menstrual hygiene practices in Mbale District are still ranked as a great challenge among the primary school going pupils. District epidemiological survey data (2015), as was in Mbale District where they revealed that poor menstrual hygiene by the primary school pupils is one of the causes of school dropout, early pregnancy, early marriages among others in Uganda where Namanyoyi Sub-County is not exceptional (MOH, 2008).

While the government of Uganda is emphasizing mainly on the promotion of the girl child education as many NGOs like World Vision, Water Aid Uganda etc. have come in with the idea of making pads. In relation to the prevention of adverse effects than its control, primary pupils in Namanyoyi Sub- County still maintain poor menstrual hygiene practices amongst the households and while at school. This has steadily promoted secondary infections like Urinary Tract infections (UTIs), Reproductive Tract Infections (RTIs) among others which still remains a threat and ranked the highest health problem in the most of the primary schools.

However, one still wonders as to why there is poor menstrual hygiene among the adolescent girls in primary schools of Namanyoyi Sub County hence this research is to assess socio-cultural determinants influencing menstrual hygiene practices among the school going adolescent girls in primary schools in Namanyoyi subcounty, Mbale District.

## **1.3 Research Objectives**

### **1.3.1 Broad objective**

The major objective was to assess socio-cultural determinants influencing menstrual hygiene practices among the school going adolescent girls in primary schools in Namanyoyi Sub County, Mbale District so as to improve on menstrual hygiene in primary schools in the district.

### **1.3.2 Specific Objectives.**

The following were the specific objectives which guided the researcher;

1. To establish menstrual hygiene practices among the adolescent girls of primary schools in Namanyoyi Sub County, Mbale District.
2. To establish the level of awareness on menstrual hygiene among the adolescent girls of primary schools in Namanyoyi Sub County, Mbale District.
3. To determine the cultural attitudes influencing perception of the adolescent girls in primary schools towards poor menstrual hygiene in Namanyoyi Sub County, Mbale District.

## **1.4 Research Questions**

The following were the research questions which guided the researcher during the study;

1. What are some of the menstrual hygiene practices among the adolescent girls of primary schools in Namanyoyi Sub County, Mbale District?
2. What is the level of awareness on menstrual hygiene among the adolescent girls of primary schools in Namanyoyi Sub County, Mbale District?
3. How do cultural attitudes influence perception of the adolescent girls in primary schools towards poor menstrual hygiene in Namanyoyi Sub County, Mbale District?

### 1.5 Significance of the Study

Menstrual hygiene is one of the key factors for the good health of women in child-bearing age and it also encourages the school going girl child to study without any embarrassment. Poor hygienic practices in relation to the socio-cultural factors may result into secondary infections. Though measures towards improving menstrual hygiene and prevention of secondary infections due to social cultural factors in the sub county are ongoing, poor menstrual hygiene is still a threat where politicians, civil servants and NGOs are all concerned.

However, this research is aimed at studying socio-cultural determinants responsible for poor menstrual hygiene practices among school going adolescent girls in Namanyoyi Sub-county, Mbale district which will be used by:

First of all, Administrators will be able to set possible measures to improve on the menstrual hygiene practices so as to increase awareness within the community through provision of sanitary pads, sensitization of the girl child on how to maintain hygiene during menstruation and construction of incinerators at schools to ensure proper disposal of the used sanitary pads;

Secondly, the government together with other local authorities will enforce the health standards which will help in the promotion of proper menstrual hygiene thus its improvement among the adolescent girls in primary schools;

Thirdly, it will provide researchers with the literature on menstrual hygiene practices so as to help them carry out their research on a given topic in line with poor menstrual hygiene practice.

### 1.6 Study scope

This included content scope, geographical scope, respondent scope and time scope.

#### 1.6.1 Content scope

Poor menstrual hygiene practices were the major problems in primary schools, its effective and proper management would crucial as it may improve the health of the adolescent primary school going pupils for their betterment.

#### 1.6.2 Geographical scope

The study took place in Namanyoyi Sub County, Mbale District which is located in the Eastern region of Uganda.

#### 1.6.3 Respondents' scope

A total of 50 respondents were selected for the study under topic of socio-cultural factors responsible for the poor menstrual hygiene practices among the school going adolescent girls in primary schools in Namanyoyi Sub County, Mbale District.

#### 1.6.4 Time scope

The research study took a period of one month i.e. August 2023.

#### 1.6.5 Study limitations

The researcher faced the following challenges:-

The first challenge was inadequate funds to facilitate transport to long distances covered searching for data, the second challenge was concealing of the information by some respondents which made data collection difficult, it also affect the quality of the data analyzed; and lastly, was the lack of enough attention given to the researcher during the data collection period by the school administrators concern, However, the researcher and his Assistants were able to overcome these by involving the local community leaders, and organizing engagement meetings with school heads.

## 2.0 Literature Review

This section gives related literature to the study in relation to the specific objectives guiding the research study.

### 2.1 Menstrual hygiene practices

As a girl progresses from puberty into womanhood, RTIs potentially triggered by poor MHM could affect her reproductive health. Urinary tract infection (UTI) is the most common type of infectious disease in community practice as a study conducted to determine the prevalence of community acquired-UTI in rural Odisha showed that prevalence of UTI in females was 45.2%. Urinary tract infections are believed to be among the most common form of infection in girls and women of menstruating age and this is held to be due to unhygienic practices (*Das .P, 2015*).

Only 36.95% of the girls were aware of menstruation before menarche. The major source of information about menstruation for them was found to be their mothers. More than three fourth of the girls in the study were not aware of the cause and the source of the bleeding. A majority of them had knowledge about the use of sanitary pads. The mean age of menarche in the study subjects was  $12.85 \pm 0.867$  years; sanitary pads were used by 49.35% of the selected girls. The practice of the use of old clothes was reported in 45.74% of the subjects. Satisfactory cleaning of the external genitalia was practiced by 33.85% of the girls. Three fourth of the study girls practiced various restrictions during menstruation. Some menstrual hygiene indices have shown a significant difference in the rural and urban girls (*Das PK, 2008*).

In Kampala—About 61 per cent of girls miss school annually due to lack of menstruation hygiene facilities in their primary schools, experts have revealed. According to UNICEF survey report conducted in 10 districts between 2012 and 2013, education specialists said girl pupils miss one to three days of class per month, which translated into 8 – 24 days per year. Mr. Kimeze. W (UNICEF) said silence over the matter needs to be broken so that girls are relieved of the psychological challenges that block them from attending classes during the time of transformation. (*Shabibah. N, 2014*).

## 2.2 Level of awareness on menstrual hygiene

Awareness regarding the need for information about healthy menstrual practices is very important. It is essential to design a mechanism to address and for the access of healthy menstrual knowledge and hygiene as there is a strong need to address issues like the restrictions which are imposed on or practiced by the adolescent school girls in the rural and urban areas. Considering the lesser use of sanitary pads by the urban and rural adolescent girls, there is a need to mobilize adolescent girls to use sanitary pads. (*Subhash B.T. et al, 2011*).

Afripads Uganda supported the campaign by donating 2000 sanitary pads, 2000 underwear and 2000 Girl talk Booklets that have relevant information about menstruation which girls can use to learn more about the basic details on menstruation matters and how to manage different situations thus creating awareness among the adolescent girls in primary schools in Eastern Region Uganda (*USAID, 2016*).

School dropout for girls in low-income settings increases when they reach puberty. Previously overlooked menstrual-related concerns are increasingly recognized as factors that contribute to this. However, research into the impact of unmet menstrual needs on girls' education remains scarce. The dearth of studies about menstrual hygiene management (MHM) and the impact of unmet menstrual needs is particularly striking given the relevance of the topic to numerous fields, such as WASH (water, sanitation and hygiene), humanitarian relief, and human rights. (*Boosey.R., 2014*).

In Mbale, World Vision conducted a training session about menstrual hygiene hence creating awareness and made the following key recommendations; Follow up with senior women teachers in all the schools that we trained to monitor if the post training materials that were left for the schools are being used by the club members to knit pads and Club patrons should be encouraged to support the club members to teach their fellow students on what they learnt as they are important for peer to peer support. A club day once a month in schools for knitting practice and teaching others on MHM (*WAF, 2016*).

## 2.3 Cultural attitudes influencing perception

In India, adolescence in girls has been recognized as a special period which signifies the transition from girlhood to womanhood. Menstruation is generally considered as unclean in the Indian society. Isolation of the menstruating girls and restrictions being imposed on them in the family, have reinforced a negative attitude towards this phenomenon. Several studies have reported restrictions during the daily activities. Apart from these, they believe in specified taboos at menarche and menstruation (*Subhash B Thakre, 2010*).

The subject of menstruation, however, is too often taboo, and has many negative cultural attitudes associated with it, including the idea that menstruating women and girls are 'contaminated', 'dirty' and 'impure'. Women and girls in rural settings and in particular girls in schools suffer most from stigma and lack of services and facilities to help them cope with the physical and psychological pains they undergo during their menstrual periods (*SNV, 2012*).

Some of the problems they face are: inadequate preparations for young girls not yet experiencing menstrual hygiene, lack of or inadequate water to clean and wash the body, lack of materials for managing menstrual hygiene, no private space and wash rooms and inappropriate facilities for disposal of materials for those who have used pads (*MOES, 2012*).

There is a tendency for girls to associate a variety of negative physical and psychological changes on their body with menstruation as a situation found to be more marked in blacks compared to white girls. This may indicate an imbibition and internalization of cultural myths and stereotypes associated with menstruation in many cultures which undoubtedly influence unhygienic menstrual practices amongst girls in these cultures. Particularly amongst those who had no formal education on reproductive biology (*Dr Echendu D, 2008*).

Faulty perceptions or misconceptions on menstruation and menstrual cycle will lead to faulty menstrual practices. Either of these may engender reproductive health problems in the adolescent, such as dysmenorrhea, gastrointestinal manifestations; depression; and reproductive tract infections which may in turn cause congestive dysmenorrhea (*B. Adinma, 2008*).

## 3.0 Methodology

### 3.1 Study design

The study was cross-sectional and a descriptive study where it covered the menstrual hygiene practices, level of awareness and socio-cultural attitudes and behavior of people because of the large population of Namanyonyi Sub County. The cross-sectional study aimed at quantifying the distribution of variables in the study population and provide information that existed.

### 3.2 Study area

The research was carried out in Namanyonyi Sub County, Mbale district which has 6 parishes and 79 villages with three health units.

The main economic activities carried out include crop and livestock farming. There is one government aided secondary school and 15 government aided primary schools within the sub county. The roads leading to and within the sub county is made of tarmac and murrum being dusty during dry season and muddy during rainy season.

### 3.3 Study population

The study population included; Senior Women Teachers, pupils and local leaders from the selected parishes of Namanyonyi Sub County in Mbale District during the researcher’s time of study and participated willingly in the study.

### 3.4 Study variables

**Table 3.1: Showing study variables**

<i>Types of variables</i>	<i>Indicators</i>
<i>Dependent</i>	<i>Poor menstrual hygiene among adolescent girls in primary schools</i>
<i>Independent</i>	<ul style="list-style-type: none"> <li>• <i>Menstrual hygiene practices</i></li> <li>• <i>Level of awareness on menstrual hygiene</i></li> <li>• <i>Cultural attitudes influencing perception</i></li> </ul>

*Source: Researcher, 2018*

### 3.5 Sampling design

This included; sampling technique, sample size and sampling methods. The sampling design was random sampling and included the following; sample size, sampling technique and sample method.

#### 3.5.1 Sampling techniques.

The community was sampled according to menstrual hygiene practices, level of awareness on menstrual hygiene and cultural attitudes influencing perception by use of simple random technique in which all members had equal chances of participating in the study and this method involved lottery method.

#### 3.5.2 Sample size

A total of 50 respondents were approached for the study in regard to Menstrual hygiene amongst adolescent girls in primary schools in Namanyonyi Sub County, Mbale District.

From Kish and Leslie (1965) formula

$$n = \frac{Z^2PQ}{e^2}$$

Where; n = Sample size  
 Z = confidence level  
 P = Prevalence  
 e = Estimated error  
 Q = 1 –P

$$Z=1.96, P=0.034, Q=1-P, e = 0.05$$

$$n = \frac{1.96^2 \times 0.034 (1-0.034)}{0.05^2}$$

$$n = \frac{3.8416 \times 0.034 \times 0.966}{0.0025}$$

$$n = \frac{0.1262}{0.0025}$$

$$n = 50.48$$

$$n \approx \mathbf{50 \text{ respondents}}$$

This number had been chosen as the sample size because factors like, resources and time for data collection, analysis, processing, presentation and other necessary work for the success of this research study were put into consideration.

**Table 3.2: Showing demographic data for the respondents according to their title**

<i>Categories</i>	<i>Estimated number</i>	<i>Sample number</i>
<i>Health workers</i>	<i>31</i>	<i>04</i>
<i>VHTs</i>	<i>158</i>	<i>10</i>
<i>Primary pupils</i>	<i>400</i>	<i>26</i>
<i>School administration</i>	<i>80</i>	<i>10</i>
<b>Total</b>	<b>500</b>	<b>50</b>

*Source: Researcher, 2023*

### **3.5.3 Sampling methods.**

The simple random sampling method was used. In this method, pieces of papers were written, folded, placed in a box and shaken randomly. The pieces of the paper were rolled and poured for the respondents to pick at random. On unfolding the pieces of paper, each respondent was required to reveal the number written on the folded papers in respect to where the research study commenced.

This method was used in order to pick respondents to participate in the study hence no biasness.

### **3.6 Data collection methods.**

The methods that were used to obtain information during the study were interviews and questionnaires.

#### **3.6.1 Interview method**

This involved face to face interaction with the respondents by the researcher in order to get firsthand information about the study and hence information got was kept with confidentiality and the respondents were assured.

#### **3.6.2 Questionnaire method**

This involved the use of open ended and close ended questions which were typed on the paper and distributed to the respondents with clearly set instructions. This helped the researcher to receive information with cheap administration and without biasness.

### **3.7 Data collection tools**

The data collection tool that was used to collect data included; questionnaire which was used during the research study conducted in Namanyonyi Subcounty, Mbale district.

#### **3.7.1 Questionnaire**

This tool involved typed questions on the paper which included; open ended and close ended questions which were distributed to the respondents with clearly set instructions as this eased the research study hence without biasness (see a copy in **Appendix III**).

### **3.8 Data collection procedure.**

This involved the use of an interview schedule which was designed with guiding questions. The researcher used the guiding questions to carry out the conversation with the clients (respondents) to get information and new ideas. The data got was summarized and a report written following the findings.

### **3.9 Data quality control.**

This was done to ensure quality work by pretesting where it was carried out in Namanyonyi Sub County Headquarters to detect the availability and reliability of research tools.

### **3.10 Data processing, analysis and presentation.**

Data was processed by coding and editing, the processed data was analyzed by computers and the report was kept in SOH library, Namanyonyi Sub County offices and in personal computers. The analyzed data was presented in form of statements, tables and charts.

### **3.11 Ethical consideration**

The presentation of a research proposal to the supervisor laid a foundation to seek for permission from the research supervisor and the Principal, School of Hygiene-Mbale for introduction letter to the study area.

Approval by ADHO Maracha District, Senior Assistant Secretary and Local Council Leaders prior to the open research procedure with reference to the introduction letter.

There was a proper explanation to the participants and respondents in trace of consent and a promise to uphold the message with dignity, privacy and high degree of confidentiality.

### 3.12 Project management

This research study was managed by the Research from School of Hygiene Mbale and three (3) research Assistants.

#### 3.12.1 Work plan

This enabled the researcher to work within the specified time and perform the planned activities as in **appendix V**.

#### 3.12.2 Budget

It provided the researcher with the sources of funds to perform his activities and below is an attachment of a detailed budget in **appendix VI**.

#### 3.12.2 Administration and monitoring

The School Supervisor and Researcher were involved as their roles were discussed below;

**Table 3.3: Shows responsible persons and their roles**

<i>Responsible persons</i>	<i>Roles</i>
<i>School Supervisor</i>	<ul style="list-style-type: none"><li>• <i>Supervises student's work</i></li><li>• <i>Approves report work of the researcher</i></li><li>• <i>Guide on proposal writing</i></li></ul>
<i>Researcher</i>	<ul style="list-style-type: none"><li>• <i>Training of Research Assistant</i></li><li>• <i>Formulating research questions</i></li><li>• <i>Collection and analysis of data</i></li></ul>

*Source: Researcher, 2023*

### 3.13 Dissemination of results

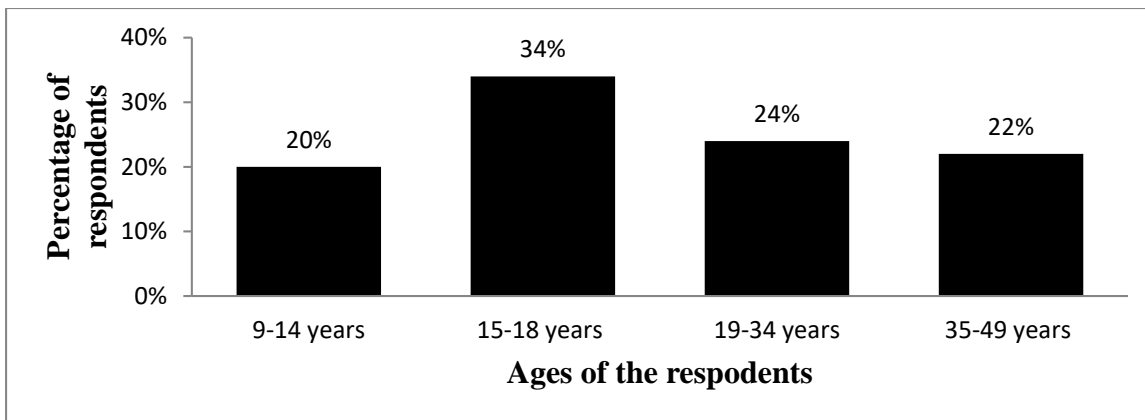
Results were disseminated to the community and the local leadership, and the District Health Office-Mbale.

## 4.0 Results

Below are the detailed findings of the respondents where the study was undertaken and the results are presented in both figures and tables as shown.

### 4.1 Socio-demographic information

**Figure 4.1.1: Distribution of respondents by age**



*Source: Researcher, 2023*

From the figure above, majority 34% (17/50) of the respondents were in the age bracket of 15-18 years, 24% (12/50) were 19-34 years, followed by 22% (11/50) who were 35-49 years and lastly 20% (10/50) who belonged to the age bracket of 9-14 years.

### 4.1.2 Marital status

**Table 4.1.1: Distribution of respondents by marital status**

Marital status	Frequency (n = 50)	Percentage (%)
Single	24	48
Married	23	46
Widowed	02	4
Divorced	01	2
	<b>50</b>	<b>100</b>

5.0

*Source: Researcher, 2023*

From the table above, majority 48% (24/50) of the respondents were single, 46% (23/50) were married, followed 4% (02/50) who were widowed and then lastly 2% (01/50) was divorced.

### 4.1.3 Occupation

**Table 4.1.2: Distribution of respondents by occupation**

Occupation	Frequency (n=50)	Percentage (%)
Peasant	17	34



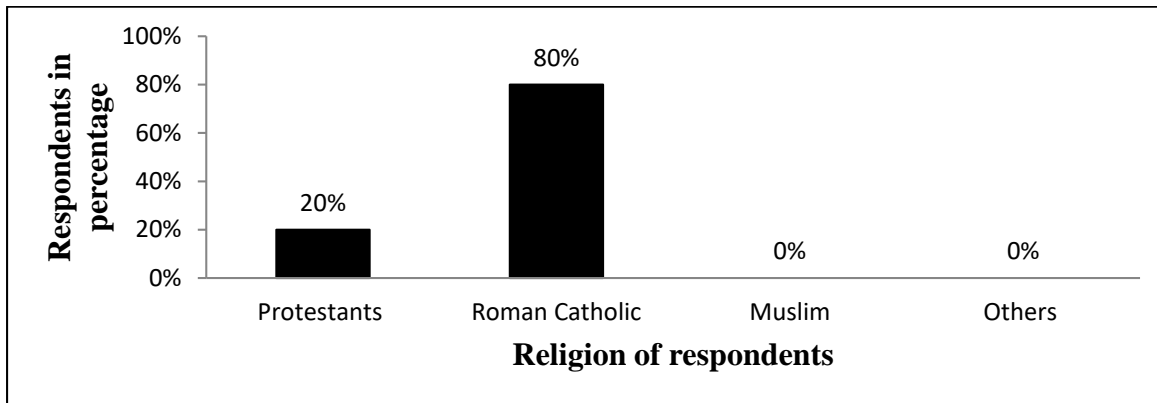
Employee	12	24	6.0
Business men	03	6	7.0
Others	18	36	8.0
<b>Total</b>	<b>50</b>	<b>100</b>	<b>9.0</b>

Source: Researcher, 2023

According to the table above, majority 36% (18/50) of the respondents being interviewed belonged to other categories of people like the pupils, elderly among others, 34% (17/50) were peasants, followed by 24% (12/50) who were employees and the lastly 6% (03/50) being business men.

#### 4.1.4 Religion

Figure 4.1.2: Distribution respondents by religion

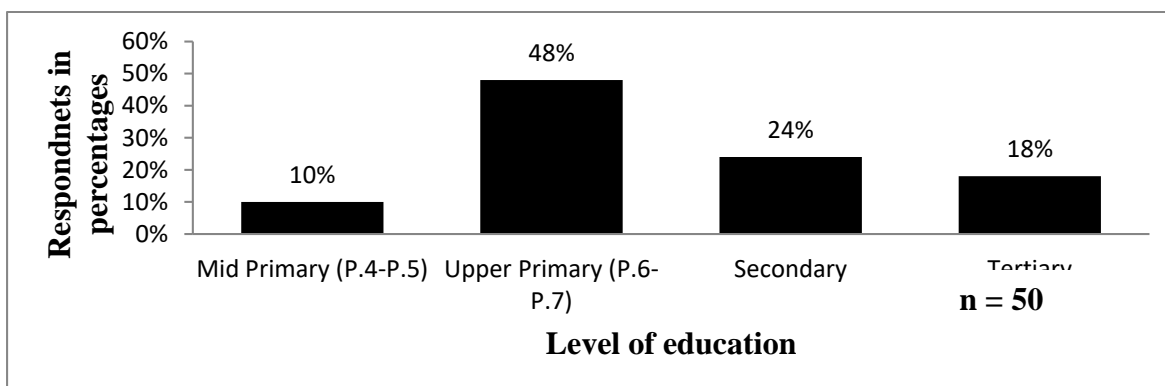


Source: Researcher, 2023

As shown in the figure above, majority 80% (40/50) of the respondents were Roman Catholics and the least 20% (10/50) of the respondents were Protestants

#### 4.1.5 Education level

Figure 4.1.3: Distribution of respondents by education level attained



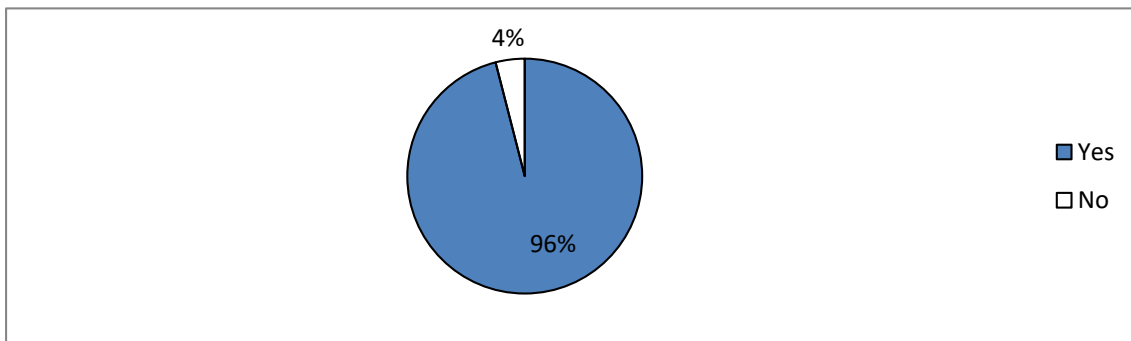
**Source: Researcher, 2023**

From the figure above, majority 48% (24/50) of the respondents had attained up to upper primary (P.6-P.7), 24% (12/50) attained up to Secondary, followed by 18% (09/50) who had attained up to Tertiary and lastly 10% (05/50) belonged to the Mid Primary (P.4-P.5).

**4.2 Menstrual hygiene practices**

This section presents to you the hygiene practices done during menstruation amongst the adolescent girls in primary schools in Namanyonyi Sub County, Mbale District.

**Figure 4.2.1: Shows the percentage proportion of respondents who have ever heard of menstrual hygiene practices.**



**Source: Researcher, 2023**

From the figure above, majority 96% (48/50) of the respondents said that they had ever heard of menstrual hygiene whereas 4% (02/50) said that they have never had of the menstrual hygiene. This implied that most of the respondents were aware on the way to go about menstrual hygiene.

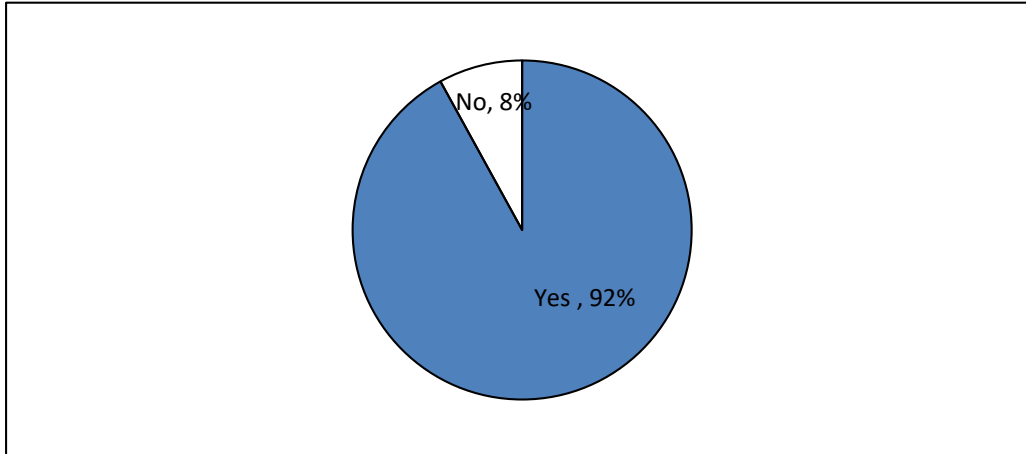
**Table 4.2.1: shows what the adolescent girls were using when in their menstruation periods.**

Substance used	Frequency (n = 50)	Percentage (%)	
Sanitary pads	35	70	10.0
Pieces of cloths	05	10	11.0
Others	10	20	12.0
<b>Total</b>	<b>50</b>	<b>100</b>	

**Source: Researcher, 2023**

From the table above, majority 70% (35/50) of the respondents were using sanitary pads, followed by those who were using other materials and the least 10% (05/50) used pieces of cloths.

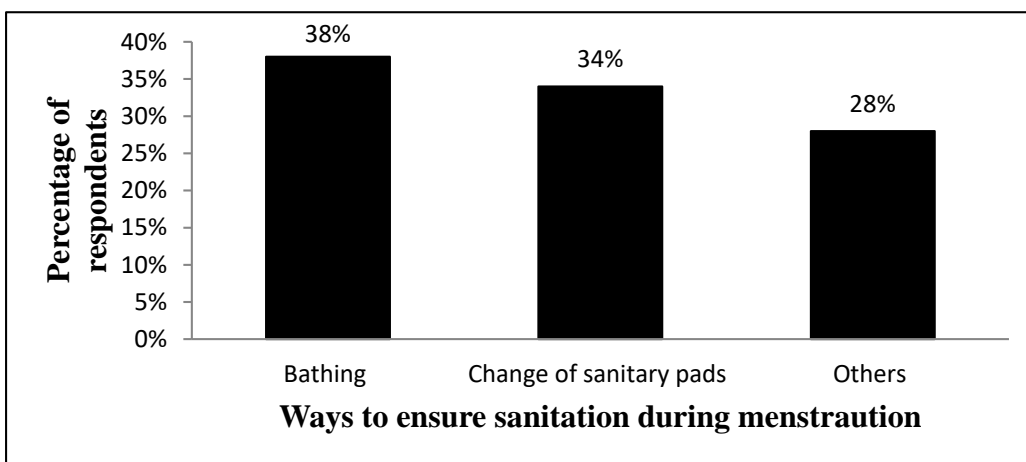
**Figure 4.2.2: Shows how respondents ensured sanitation during menstruation period**



*Source: Researcher, 2023*

As shown in the figure above, 92% (46/50) of the respondents said that they ensured sanity whenever they were in their menstruation periods while 8% (04/50) said that they did not mind of sanity during their menstruation periods.

**Figure 4.2.3: Shows how respondents ensured sanity during menstruation period**



*Source: Researcher, 2023*

According to the figure above, majority 38% (19/50) of the respondents said that they do bath, followed by 34% (17/50) who said that they ensure sanity by change of the sanitary pads and lastly 28% (14/50) said other means through which they ensure sanity during menstruation.

**Table 4.2.2: shows the times the adolescent girls change their sanitary pads during menstruation**

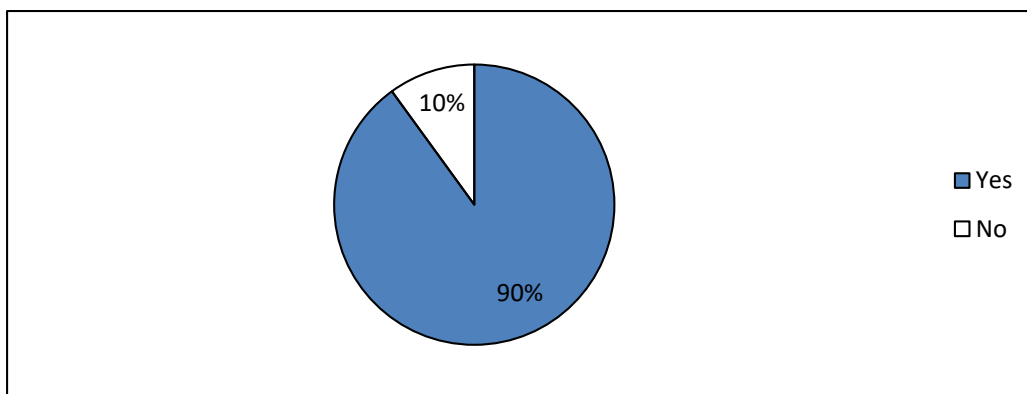
Substance used	Frequency (n = 50)	Percentage (%)
Once	03	6
Two times	08	16
Three times	32	64
Others	07	14
<b>Total</b>	<b>50</b>	<b>100</b>

From the table above, majority 64% (32/50) of the respondents said that they changed their sanitary pads three times during the menstruation, 16% (08/50) who said that they changed twice a day during their menstruation period, followed by 14% (07/50) who said others like depending on the flow of blood and the least 6% (03/50) who said that they changed their sanitary pads once in a day. This implied that majority of the respondents were ensuring sanity of the highest degree.

### 4.3 Level of awareness on menstrual hygiene

The following are the detailed findings on the level of awareness on menstrual hygiene.

**Figure 4.3.1: Shows whether they were aware of menstrual hygiene.**



Source: Researcher, 2023

From the figure above, majority 90% (45/50) of the respondents were aware about the menstrual hygiene while 10% (05/50) of the respondents said that they were not aware of the menstrual hygiene. This implied that majority of the respondents were informed and well educated.

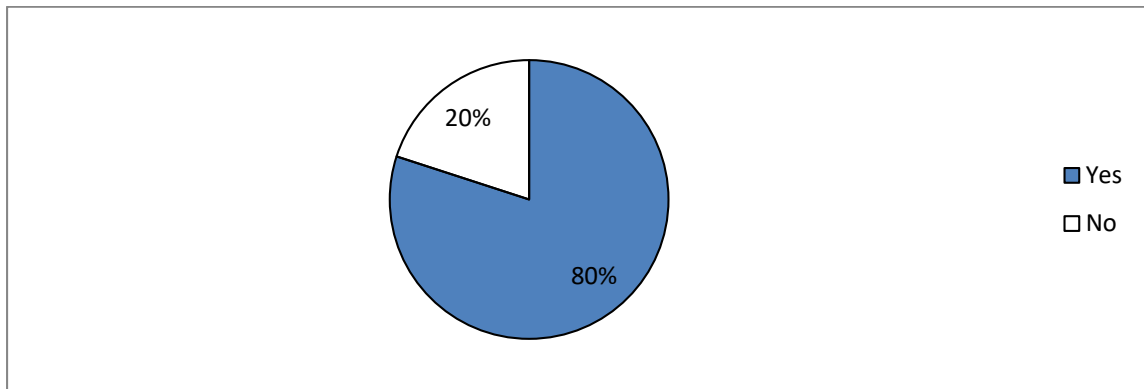
**Table 4.3.1: Shows the sources through which the respondents received information**

Sources	Frequency (n=50)	Percentage (%)
Teachers	21	42
Home	07	14
Radio	03	6
Others	19	38
<b>Total</b>	<b>50</b>	<b>100</b>

*Source: Researcher, 2023*

From the above, majority 42% (21/50) of the respondents got information from the teachers who taught them at school, 38% (19/50) of the respondents were from others like newspapers, magazines, followed by 14% (07/50) who said that they got the information from their mothers and aunts from home and lastly 6% (03/50) said that they got informed from the radio talk shows.

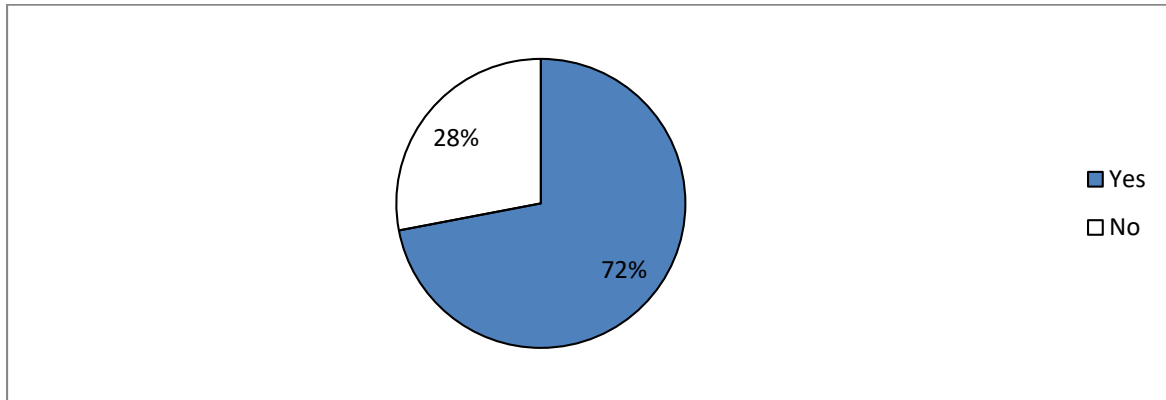
**Figure 4.3.2: Shows percentage of the respondents who knew some of the likely effects due to poor menstrual hygiene**



*Source: Researcher, 2023*

According to the chart above, majority 80% (40/50) said that they were aware of the likely effects due poor menstrual hygiene and mentioned some like candida, fungal infection and bad odor or smell while 20% (10/50) said that they were not aware of the like effects of poor menstrual hygiene. This implied that there is need to sensitize the pupils ensuring that everyone is well versed with menstrual hygiene.

**Figure 4.3.3: Shows the percentage of respondents who knew how to handle likely effects due to poor hygiene in case any.**



*Source: Researcher, 2023*

According to the study findings, majority 72% (36/50) of the respondents said that they knew how to handle likely effects due to poor menstrual hygiene while 28% (14/50) said that they did not know how to handle effects due poor hygiene.

**Table 4.3.2: Shows where the respondents sought for any guidance or treatment in case of any infection during menstruation**

Response	Frequency (n = 50)	Percentage (%)
Hospital	03	6
Health centre	22	44
Clinics	02	4
Senior Women Teachers	06	12
Others	17	34
<b>Total</b>	<b>50</b>	<b>100</b>

*Source: Researcher, 2023*

From the table above, majority 44% (22/50) said that they got medication or guidance from the health centre in case of any infection or effect thus added on that it is so because they get proper guidance on management and treatment, 34% (17/50) said that they got guidance from other sources, 12% (06/50) said that they got from Senior Women Teachers, followed by 6% (03/50) who said that they got from hospitals and the least 4% (02/50) said that they got from clinics.

#### 4.4 Cultural Attitudes influencing perception of adolescent girls in primary schools.

Below were the findings on interviewing the respondents on cultural attitudes influencing perception of the adolescent girls in primary schools as presented in the tables and figures.

**Table 4.4.1: Shows the response in regard to the influence of culture towards poor menstrual hygiene.**

Response	Frequency (N=50)	Percentage (%)
Yes	22	44

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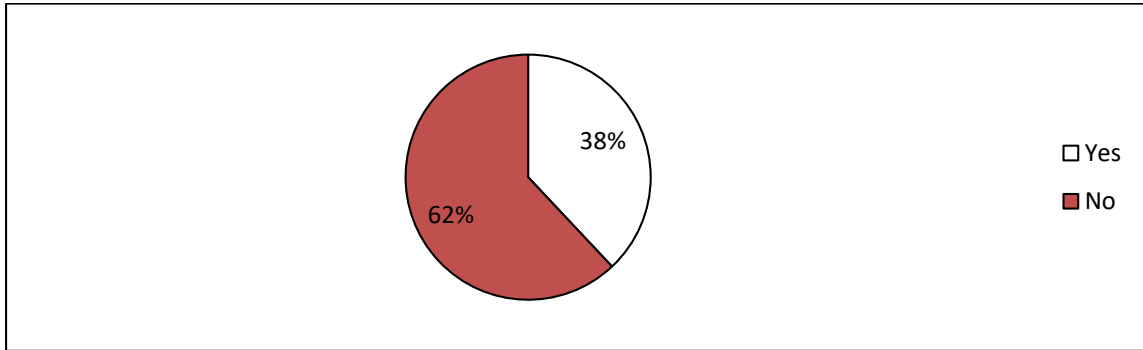
[www.ijsrp.org](http://www.ijsrp.org)

<b>No</b>	28	56
<b>Total</b>	<b>50</b>	<b>100</b>

Source: Researcher, 2023

In accordance to the findings above, majority 56% (28/50) said that culture does not hinder menstrual hygiene whereas 44% (22/50) said that culture to some extent affects menstrual hygiene where some of them mention that if you sit near the river and you are menstruating you will menstruate forever, if you sit on a stone and you are menstruating, you will become barren.

Figure 4.4.1: Shows percentage proportion of respondents whose culture affects those during menstruation.



Source: Researcher, 2023

From the figure above, majority of the respondents said that they did not have any cultural affiliation attached to menstrual hygiene while said that they some cultural practices which hindered those in their menstrual periods like no fasting for those in menstruation for the case of Muslims community and others went further denying those in their periods not to do any cultural performance with a reason that ancestor will not be happy.

## 5.0 Discussion, Conclusions, and Recommendations

This chapter involves description and discussion of the findings in chapter four where the result were organized in according to the categories, also describes the conclusions and recommendations of the findings which gave the way forward.

### 5.1 Discussion

#### 5.1.1 Socio-demographic characteristics.

In regard to data collected, from the figure above, majority 34% (17/50) of the respondents were in the age bracket of 15-18 years which are said to be the most active and growing age which experiences a lot of body changes thus the target population was reached.

Majority 48% (24/50) of the respondents were single 46% (23/50) thus were one of the target population during this study by the researcher since they were the reliable sources of information about the study in regard to menstruation.

Majority 80%(40/50) of the respondents being interviewed belonged to other categories of people like the pupils, elderly among others and peasants this is because they were in a rural setting where farming is the major economic activity hence meaning no proper service delivery in form of sale of sanitary pads.

Majority 48% (24/50) of the respondents had attained up to upper primary (P.6-P.7) thus had some knowledge about the proper management of menstrual periods.

#### 5.1.2 Menstrual hygiene practices

Majority 96% (48/50) of the respondents said that they had ever heard of menstrual hygiene whereas 4% (02/50) said that they have never had of the menstrual hygiene. This implied that most of the respondents were aware of the way of going about menstrual hygiene. The study was also in line with a study conducted by Das PK (2008) which stated that only 36.95% of the girls were aware of menstruation before menarche and yet the major source of information about menstruation for them was found to be their mothers.

Majority 90% (45/50) of the respondents were using sanitary pads, followed by those who were using other materials and the least 10% (05/50) used pieces of cloths. The study findings were also in line with a similar study by Das PK (2008) which stated that the mean age of menarche in the study subjects was  $12.85 \pm 0.867$  years; sanitary pads were used by 49.35% of the selected girls. The practice of the use of old clothes was reported in 45.74% of the subjects.

Majority 92% (46/50) of the respondents said that they ensured sanitation whenever they were in their menstruation periods while 8% (04/50) said that they did not mind of sanity during their menstruation periods. The study findings also complied with the study conducted by Das .P, (2015) who stated that as a girl progresses from puberty into womanhood, RTIs potentially are triggered by poor menstrual hygiene management which in hence could affect her reproductive health. Urinary Tract Infections (UTI) are believed to be among the most common form of infection in girls and women of menstruating age and this is held to be due to unhygienic practices.

### **5.1.3 Level of awareness on menstrual hygiene**

Majority 90% (45/50) of the respondents were aware about the menstrual hygiene while 10% (05/50) of the respondents said that they were not aware of the menstrual hygiene. This implied that majority of the respondents were informed and well educated. The study findings also complied with that of MOES, (2012) which stated that some of the problems the girls face such as; inadequate preparations for young girls not yet experiencing menstrual hygiene, lack of or inadequate water to clean and wash the body, lack of materials for managing menstrual hygiene, no private space and wash rooms and inappropriate facilities for disposal of materials for those who have used pads.

Majority 42% (21/50) of the respondents got information from the teachers who taught them at school, 38% (19/50) of the respondents were from others like news papers, magazines, followed by 14% (07/50) who said that they got the information from their mother and aunts from home and lastly 6% (03/50) said that they got informed from the radio talk shows. The study findings also relate to WAF, (2016) which stated that in Arua and Maracha Districts, WAF conducted a training session about menstrual hygiene hence creating awareness and made the following key recommendations; Follow up with senior women teachers in all the schools that we trained to monitor if the post training materials that were left for the schools were being used by the club members to knit pads and Club patrons should be encouraged to support the club members to teach their fellow students on what they learnt as they are important for peer to peer support.

Majority 80% (40/50) said that they were aware of the likely effects due poor menstrual hygiene and mentioned some like candida, fungal infection and bad odor or smell while 20% (10/50) said that they were not aware of the like effects of poor menstrual hygiene. This implied that there is need to sensitize the pupils ensuring that everyone is well versed with menstrual hygiene. The study findings were also in line with Das .P, (2015) who stated that RTIs potentially triggered by poor menstrual hygiene management which could affect the girls' reproductive health with Urinary tract infections are believed to be among the most common form of infections in girls and women of menstruating age and this is held to be due to unhygienic practices

### **5.1.4 Cultural Attitudes influencing perception of adolescent girls in primary schools.**

Majority 56% (28/50) said that culture does not hinder menstrual hygiene whereas 44% (22/50) said that culture to some extent affects menstrual hygiene where some of them mention that if you river and you are menstruating you will menstruate forever, if you sit on a



stone and you are menstruating, you will become barren. The study findings also concurred with a similar study of Subhash B Thakre, (2010) which stated that in India, adolescence in girls has been recognized as a special period which signifies the transition from girlhood to womanhood. Menstruation is generally considered as unclean in the Indian society. Isolation of the menstruating girls and restrictions being imposed on them in the family, have reinforced a negative attitude towards this phenomenon. Several studies have reported restrictions during the daily activities. Apart from these, they believe in specified taboos at menarche and menstruation (Subhash B Thakre, 2010).

Majority of the respondents said that they did not have any cultural affiliation attached to menstrual hygiene while said that they some cultural practices which hindered those in their menstrual periods like no fasting for those in menstruation for the case of Muslims community and others went further denying those in their periods not to do any cultural performance with a reason that ancestor will not be happy. The study findings were also found complying with a similar study of MOES, (2012) which stated that some of the problems they face are: inadequate preparations for young girls not yet experiencing menstrual hygiene, lack of or inadequate water to clean and wash the body, lack of materials for managing menstrual hygiene, no private space and wash rooms and inappropriate facilities for disposal of materials for those who have used pads.

## **5.2 Conclusions**

Relying upon the findings and the discussion in relation to the study objectives, the following conclusions were drawn: -

### **5.2.1 The influence of social demographic on poor menstrual hygiene.**

There is low level of income because majority were peasant farmer hence, they could not at times afford buying sanitary pads and handling secondary infection due to poor menstrual hygiene.

Low level of education was the major challenges leading to poor menstrual hygiene and poor skills and knowledge on menstrual hygiene.

### **5.2.2 Menstrual hygiene practices**

Though most of the girl child knew that keeping them in good state of hygiene but there is need for improvement on the practices during the menstrual periods like the use of pieces of cloths which may transfer germs of a given infection.

### **5.2.3 Cultural Attitudes influencing perception of adolescent girls in primary schools.**

Most of the cultures have not come to realize that it is normal and healthy for woman to menstruate as they go ahead to discriminate those in their periods as the weak and unclean. This will keep off those capable of doing something vital and developmental for their own culture.

## **5.3 Recommendations**

From the study, the following recommendations should be considered for effective implementation and promotion of menstrual hygiene and management.

### **5.3.1 Ministry of Health**

There is need for the government to conduct a campaign in order to promote girl child education and gender equity.

### 5.3.2 Mbale District Local Government

Health workers should strengthen male involvement on menstrual hygiene and management through regular sensitization at both home and school visiting that will promote equal participation.

The need for thorough sensitization of the entire community on menstrual hygiene to create awareness.

### 5.3.3 School Management

The school administration together with the senior woman teacher should make sure that the girls during their menstruation are ever availed with all the necessities like detergents, wholesome water, basins, and jerry cans among others.

The senior women teachers should liaise with the school administration and teach girl children on how to make pads out of locally available materials.

There is need for the school administration and technocrats of the sub county coming together and design a proper disposal facility for the used up sanitary pads.

### 5.3.4 Parents

There is need for collaboration of the school administration and the parents to promote girl child education.

### 5.3.5 School children

The school children to observe proper hygiene and regular cleaning during menstruation period so as to prevent secondary infection.

During cleaning process, wholesome water should be used.

## 6.0 Acknowledgements

The Researchers wish to acknowledge the different personalities and stakeholders that provided technical, moral and financial assistance during the study, most especially; School of Hygiene-Mbale, the community and staff of Mbale district health Office, and the participants who volunteered to take part in this study.

## 7.0 Competing Interests

None declared.

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**APPENDIX I: CONSENT FORM**

I fully understand the explanation given by the researcher to me on the area of investigation. I also understand the aim of his research which is to assess socio cultural determinants influencing menstrual hygiene practices among the school going adolescent girls in primary schools in Namanyonyi subcounty, Mbale District. The findings from this study could contribute to the development of strategies targeting the improvement of menstrual hygiene amongst the adolescent girls in primary schools. The researcher regards the proposed study has no risks to the participants and describes the level of risk low.

There will be no incentive for the participants and participation is voluntary. I am fully aware that the information I provide will remain confidential and that my and that my personal detail will be made known. If I agree to respond to the questions contained in the questionnaire, I should do it as fully and objectively as I can by ticking the appropriate box. I am free to withdraw from this study at any time I wish.

For those who are illiterate will be interviewed face to face as the researcher notes.

I therefore:

Agree to take part in the study

Signature.....

Date.....

**APPENDIX III: QUESTIONNAIRES**

This questionnaire is based on the topic “A study to assess socio-cultural determinants on poor menstrual hygiene practices in Namanyonyi Subcounty, Mbale District.

**Instructions**

I am called Ilukor Geresom from School of Hygiene-Mbale conducting a research study on socio-cultural determinants influencing menstrual hygiene practices among the school going adolescent girls in primary schools in Namanyonyi Sub County, Mbale District so as to improve on menstrual hygiene in primary schools and Uganda amongst the adolescent girls.

I humbly request you to voluntarily avail me with true information and all the information gathered shall be kept confidential.

Please fill in the spaces provided or tick the appropriate response(s).

Name of the parish.....Date of interview...../.../20.....

Name of the village.....

Name of the school.....

Respondent number.....

Sign/Thumb print .....

**SECTION A**

Socio- demographic data

1. Age

- a)9-14 years
- b)15-18 years
- c)19-34years
- d)35-49 years and above

2. What is your marital status?

- a) Single
- b) Married
- c) Widowed
- d) Divorced
- e) Others specify.....

3. What is your occupation?

- a) Peasant
- b) Employee
- c) Business person
- d) Others specify.....

4. What is your religion?

- a) Protestant.
- b) Roman Catholic.
- c) Muslim.
- d) Others specify.....

5. What is your level of education

- (a) Mid primary (P.4-P.5)
- (b) Upper Primary (P.6-P.7)
- (c) Secondary.
- (d) Tertiary.
- (e) Others specify.....

**SECTION B: Menstrual hygiene practices.**

Have you ever heard about any menstrual hygiene practices?

Yes  No

If yes mention some of the menstrual hygiene practices.

What do you use during the menstrual periods?

- a) Sanitary pads
- b) Pieces of cloths
- c) Others (specify).....

Of the answer above, do you always ensure sanity?

Yes  No

How do you ensure proper menstrual hygiene during your periods?

- a) Bathing
- b) Change of sanitary pads
- c) Others (specify).....

How many times do you always change the sanitary pad during the menstrual period?

- a) Once
- b) Two times
- c) Three times
- d) Others (specify).....

**SECTION C: Level of awareness on menstrual hygiene**

Have you ever heard about menstrual hygiene?

Yes  No

If yes, from where?

- a) Teachers
- b) Home
- c) Radio
- d) Others (specify).....

Do you know some of the likely effects of poor menstrual hygiene?

Yes  No

What are some of the likely effects or infections which may arise due to poor menstrual hygiene?

Do you know how to handle effects or infections due to poor menstrual hygiene?

Yes  No

Where do you always seek for guidance or treatment in case of any infection or effect due to poor menstrual hygiene?

- a) Hospital
- b) Health centre
- c) Clinics
- d) Senior women teachers
- e) Others (specify).....

Give a reason for the above answer.

**SECTION D: Cultural attitudes influencing perception of the adolescent girls in primary schools**

Are there any cultural attitudes influencing perception of the adolescent girls in primary schools towards poor menstrual hygiene?

Yes  No

If yes, what are the cultural attitudes influencing perception of poor menstrual hygiene?

Do you have any cultural practices hindering those in their menstrual periods?

Yes  No

What are some of the cultural practices in your area of jurisdiction?

Thanks a lot for your time and co-operation

**APPENDIX IV: WORK PLAN**

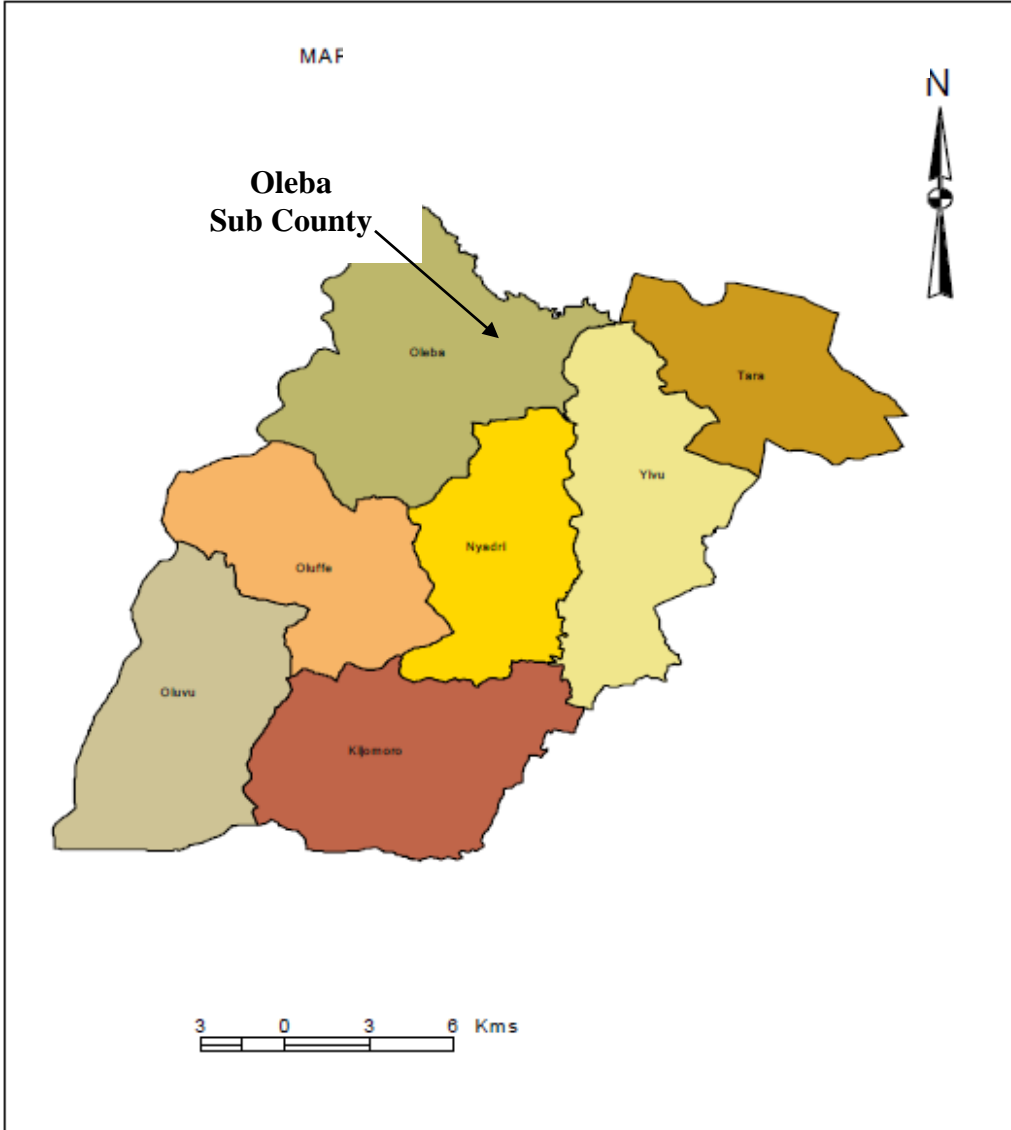
S/N	ACTIVITIES	OBJECTIVES	TIME FRAME								RESPONSIBLE PERSONS	
			N	D	J	F	M	A	M	J		
1	Identification of the research topic	To identify the research topic for the study area										Researcher and research supervisor
2	Proposal writing and submission	To document every plan in action										Researcher
3	Introduction to the necessary authorities	To acquire necessary permission to access the study area through the local authority										Researcher
4	Training of research assistants	To update the research assistant on the basic needs of the project										Researcher
5	Pre-testing of research tools, data collection	To check the feasibility of the tools										Researcher and research assistant
6	Data collection	To gather responses from different respondents										
7	Processing of data	To compute the data into word document										Researcher
8	Data analysis	To present the data statistically										Researcher
9	Report writing and submission of the findings	To appreciate the findings										Researcher

**APPENDIX V: BUDGET ESTIMATE**

No	Item	Quantity/ no	Rate	No. of days	Amount(shs)
	<b>Allowances</b>				
1.	Local Council.1.	10	5000	1	50,000
2.	Research Assistants	2	5000	4	40,000
3.	Photocopying papers	2 reams	16,000	1	32,000
4.	Butcher papers	½ Dozen	8,000	1	8,000
5.	DVDs	2	1000	1	2,000
6.	Pens	1 dozen	12,000	1	12,000
7.	Pencils	1 dozen	1800	1	1,800
8.	Rubbers	1 Packet	1000	1	1000
9.	Sharpeners	1 Packet	1500	1	1,500
10.	Stapling machine	1	3,000	1	3,000
11.	Marker pens	1 Packet	12,000	1	12,000
12.	Envelops	12 Pieces	1000	1	1000
13.	Note books	12	1000	1	12,000
14.	Polythene bags	15	1000	1	1000
	<b>Training</b>				
15.	Venue hire	1	50,000	1	50,000
16.	Supervisor	1	10,000	1	10,000
17.	Research assistants	3	5000	1	15000
18.	Transport				
19.	Supervisor (hire of motor cycle)	1	10,000	1	10,000
20.	Fuel	5 Liters	4,000	12	222,000
	<b>Secretarial Services</b>				
21.	Typing, Photocopying and Binding	@ copies	16800	4	64,000
22.	Data analysis		2	20,000	40,000
23.	Data Entry		10,000	4	40,000
24.	Miscellaneous		50,000		50,000
<b>GRAND TOTAL</b>					<b>594,800</b>



**APPENDIX VI: A MAP OF MARACHA DISTRICT SHOWING OLEBA SUB COUNTY**



### APPENDIX VII: A MAP OF UGANDA SHOWING THE LOCATION OF MARACHA DISTRICT

