

Midline Survey Report-

August 2018

From Baseline to Midline:

**Effects of Increasing Access to Menstrual Health Information
among Adolescents in 15 Rural Schools in Jinja and Mayuge
Districts.**



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AMPLIFYCHANGE

Executive Summary

Background: In Uganda, Menstrual Hygiene and Management (MHM) among adolescent girls in primary and secondary schools is fraught with considerable stigma and discrimination. With support from AmplifyChange, Community Concerns Uganda (CCUg) initiated a 1 year MHM project in 15 primary and secondary schools in Jinja and Mayuge districts in July 2017.

The main objective of the project was to increase access to information about menstrual health among adolescent girls aged 10-17 years in 15 rural primary and secondary. The intended outcomes of the project were to increase access to MHM among 1,100 adolescent girls, establish 15 health clubs in 15 schools, increase access to MHM resources (reusable sanitary pads) among 1,100 adolescent girls, train 400 male peer mentors and 500 parents to actively support girls' access to MHM information and services. The midline survey was therefore conducted to assess the achievements reached against the indicators set a year ago.

Methodology: The midline survey adopted the same methodology as that utilized during the baseline survey so as to ensure comparability of data and results. However, the baseline survey involved 18 schools and intervention was conducted in 15 schools. Therefore, data and results compared in this report is for only 15 schools that participated in the project.

A mixed study design was used employing both qualitative and quantitative methods of data collection. The survey included 1,079 adolescent girls and boys aged 9-17 years and 8 key informants (Senior Women Teachers and School Administrator). A total of 927 adolescents girls were included in the survey through a simple random sampling method where blind folded research assistants used a lottery method to randomly select names of girls from a list provided by teachers. Purposive sampling was used to select key informants and 152 students who were included in the Focus Group Discussions (FGDs) were randomly selected by research assistants. Primary data collection was through the use of pretested semi-structured questionnaires, interview guide and FGD guide. The same tools were used during the baseline.

Results: A summary of result compared with set milestones.

Milestones	Results achieved
Milestone 1: 1,100 adolescent girls aged 9-17 years reached for Menstrual Health and Management services such as human rights awareness and Menstrual health information.	1,780 adolescents aged 9-17 years were reached
Milestone 2: 15 health clubs formed in 15 schools (10 in primary and 5 in secondary) and furnished with Information and Education Materials (IEC) materials for Menstrual Hygiene and Management.	15 health clubs formed in 15 schools and furnished with Information and Education Materials (IEC) materials for Menstrual Hygiene and Management.
Milestone 1: 1,100 adolescent girls reached for Menstrual Health and Management resources and are able to use the products (re-usable sanitary pads).	875 girls trained in production and use of homemade reusable sanitary pads
Milestone 2: 75 teachers trained in the provision of culturally sensitive and gender appropriate information about menstrual health, such as production of homemade re-usable sanitary pads.	63 teachers trained in the provision of culturally sensitive and gender appropriate information about MH, such as production of homemade reusable sanitary pads.
Milestone 1: 400 male peer mentors trained through workshops on menstrual health and hygiene and are engaged and actively support girls' access to Menstrual Health and Management information and services.	1,228 male peer mentors trained through workshops about MHM and are engaged in actively supporting girls' access to MHM resources.

Milestone 2: 500 parents (both male and female) educated about menstrual health and management through PTA meetings, engaged and actively support girls to access Menstrual Health and Management Information and produce re-usable pads.

830 parents from 9 schools were engaged to support MHM for their adolescent girls.

Conclusion: The project had meaningful impact among project beneficiaries and findings showed notable changes in knowledge and perception of adolescents towards MHM. Furthermore, the project was able to improve access to sanitary pads, which helped to reduce the number of girls who miss school due to menstruation and subsequent days missed due to issues related to menstruation.

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List of Abbreviations

CCUg	: Community Concerns Uganda
FGD	: Focus Group Discussions
IEC	: Information, Education and Communication materials
MHM	: Menstrual Hygiene and Management
MoES	: Ministry of Education and Sports
MoU	: Memorandum of Understanding
NGO	: Non-Government Organization
NSM	: Not Started Menstruation
PTA	: Parents-Teachers' Association
SM	: Started Menstruation
SMT	: Senior Man Teacher
SRGBV	: School Related Gender Based Violence
SRHR	: Sexual Reproductive Health and Rights
SPSS	: Statistical Package for Social Scientists
SWT	: Senior Woman Teacher

Acknowledgement

I am grateful to school administrators, teachers, parents and students of the 15 schools in Jinja and Mayuge districts who participated in this project for their cooperation and support during implementation. Special thanks go to the thousand girls and boys who volunteered to participate in this survey.

I am also thankful to AmplifyChange for the support provided towards reducing stigma and discrimination associated with MHM among adolescents through implementation of this project.

I appreciate the tireless efforts of several CCUg staff and volunteers who participated in this project during several stages of its implementation such as Baife Charles, Mirembe Shakira, Nabirye Justine, Nakirya Brenda Doreen, Namwase Grace, Bandoga Lionel, Ekapolon Job and Kizza Ivan Tony.

Lastly, I recognize the efforts of the all the hired research assistants in collecting good qualitative and quantitative data for the organization during the baseline and midline surveys.

Nangulu Michael



Programs Director

1.0 Introduction

The ability to manage one's menstrual health with adequate knowledge, safety and dignity without stigma is an essential human right. However, in Uganda, many girls are subjected to discrimination and face stigma due to stereotypes and misconceptions developed from misinformation, harmful cultural beliefs and gender inequality.

1.1 Background of the Project

With support from AmplifyChange, CCUG initiated a project to improve menstrual health and management among adolescents aged 9-17 years in August 2017. The major aim of the project was to increase access to menstrual health information among adolescents aged 9-17 years in 15 rural schools in Jinja and Mayuge districts.

According to a baseline survey¹ conducted by CCUG in 2017 among 1,102 pupils in 18 schools in Jinja and Mayuge districts, most adolescents had poor knowledge about menstruation. Nineteen percent of adolescent girls aged 10-14 had never heard the word menstruation, 55.9% did not know how women/girls undergo menstruation, and 94.5% did not know the source of menstrual blood, while 30.6% of girls and most boys in Focus Group Discussions (FGD) believed that menstruation is a disease/curse.

The major sources of information about menstruation were senior women teachers (SWT) (32%) and mothers (31.9%). Besides providing inadequate and incorrect information to adolescent girls, mothers and teachers were an indirect source of self-stigmatizing beliefs and views about menstruation.

Most girls (39.9%) were using pieces of cloth to manage menstrual flow. Other materials used included sanitary pads, cotton wool, homemade reusable pads, reusable pads donated by NGOs, 2 panties, toilet paper, sitting in the sand and local herbs. More than half of adolescent girls (58.3%) rated the pain they experience during menstruation from 5-10, 1 being the lowest and 10 being the highest.

There were perceptions among some girls (28.1%) that sex cures painful periods and that menstruation means that a girl is ready for marriage (18.1%).

Most schools (15 out of 18) did not have washrooms where girls could change pads and clean themselves during menstruation. A considerable number of girls (11.8%) were not cleaning themselves, while (15.6%) were not changing pads during menstruation.

Less than half (41.6%) or 4 out of every 10 adolescent girls missed school due to menstruation. The number of days missed ranged from 4 to 20 with an average of 9.3 per term or 3.1 days per cycle and a standard deviation of 2.5. The major causes of absenteeism included inadequate sanitary pads (57.7%), stigma associated with menstruation (43.5%), lack of a place to change and clean (34.2%) and pain associated with menstruation (21.5%).

Most girls (59.3%) who missed school due to menstruation were concerned that it had an impact on their academic performance. Based on the above background, CCUG initiated several interventions as detailed below.

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

1.2 Project Interventions

1.2.1 Training Peer Mentors and Teachers

A total of 1,228 peer mentors and 63 teachers were trained in the provision of culturally sensitive and gender appropriate information about menstrual health and production of reusable sanitary pads.

1.2.2 Sexuality education with emphasis on MHM

A total of 105 sexuality education sessions with emphasis on pubertal changes and MHM were conducted in the 15 participating schools. Altogether, 2,813 adolescents aged 9-17 years were reached, including 1,780 girls (65%) and 1,033 boys (35%).

1.2.3 Formation of health clubs

A total of 15 health clubs (1 per school) were formed for dissemination of Information, Education and Communication (IEC) materials and provision of support concerning menstruation. Each club was provided with 2 Menstrual Hygiene and Management Tool Kits, a Reader for Learners manual by the Ministry of Education and Sports (MoES).

1.2.4 Engaging Parents to Support adolescents in MHM

We engaged approximately 830 parents from 9 schools to and called upon them to be actively involved and provide support towards proper MHM for their adolescent girls.

1.3 Survey Objective

The midline survey was conducted to monitor the progress of the Menstrual Health Project against indicators and milestones set. The baseline survey was conducted in August 2017.

Table 1: Project Indicators and Milestones

Indicators	Milestones
Greater access to SRHR services/ information/ products for marginalised groups	Milestone 1: 1,100 adolescent girls aged 9-17 years reached for Menstrual Health and Management services such as human rights awareness and Menstrual health information.
	Milestone 2: 15 health clubs formed in 15 schools (10 in primary and 5 in secondary) and furnished with Information and Education Materials (IEC) materials for Menstrual Hygiene and Management.
Increased range (i.e. # of different types) of SRHR services (including information and products)	Milestone 1: 1,100 adolescent girls reached for Menstrual Health and Management services and are able to use the products (re-usable sanitary pads).
	Milestone 2: 75 teachers trained in the provision of culturally sensitive and gender appropriate information on menstrual health, such as production of homemade re-usable sanitary pads.
Men and boys increase their engagement to actively supporting SRHR	Milestone 1: 400 male peer mentors trained through workshops on menstrual health and hygiene and are engaged and actively support girls to access Menstrual Health and Management information and services.
	Milestone 2: 500 parents (both male and female) educated on menstrual health and management through PTA meetings, engaged and actively support girls' access to Menstrual Health and Management Information and re-usable sanitary pads.

2.0 Methodology

The midline survey employed the same methodology as the one utilized during the baseline so as to enable comparability of results.

2.1 Survey Design, Setting and Population

A descriptive cross-sectional study design employing both qualitative and quantitative methods of data collection was used. The population included 15 schools selected from a pool of 18 schools, which were included in the baseline. In all the 15 schools included in this survey, project interventions were conducted between August 2017 and August 2018.

2.2 Sampling Size and Sampling Procedure

Table 2: Distribution of sampled respondents

S/N	Name of School	Sample Size at Baseline			Sample Size at Midline		
		SM ²	NSM ³	Total	SM	NSM	Total
1	Baitambogwe Secondary School	63	6	69	86	-	86
2	Baitambogwe Primary School	36	53	89	53	6	59
3	Bukaleba Primary School	14	41	55	15	17	32
4	Hillside Secondary School	60	-	60	53	-	53
5	Muguluka Primary School	21	29	50	24	29	53
6	Mulingirile Primary School	13	31	44	20	27	47
7	Mutai Primary School	27	0	27	34	16	50
8	Nalinaibi Primary School	9	20	29	18	20	38
9	Nsozibiri Primary School	33	35	68	51	-	51
10	Nsozibiri Secondary School	35	0	35	14	18	32
11	Ntinkalu Primary School	35	63	98	30	61	91
12	St. Matia Mulumba Primary School	37	38	75	44	24	68
13	St. Patrick Primary School	34	5	39	46	29	75
14	Wabulungu Primary School	80	-	80	68	42	110
15	Wakitaka Primary School	50	53	103	40	42	82
	Total	547	374	921	596	331	927

A total of 927 adolescents aged 9-17 years were included in the midline survey; of which 596 (64.3%) had started menstruation while 327 (35.7%) had not started menstruation. The difference between the baseline and midline study population was 6 respondents.

In addition, a total of 15 Focus Group Discussions (FGD) involving 152 adolescents (80 (52.6%) girls and 72 (47.4%) boys) were included in the study. Furthermore, 8 key informants (Senior Women Teachers and School Administrator) also participated in the Midline survey.

² SM - Started Menstruation

³ NSM - Not Started Menstruation

Like the Baseline, the Midline Survey used a simple random sampling method where blind folded research assistants used a lottery method to randomly select names of students provided by teachers. Purposive sampling was used to select key informants in the form of Senior Women Teachers (SWT) and school administrator.

Additionally, the 152 students who were included in the FGDs were randomly selected by research assistants.

2.3 Survey Instruments and Data Collection Methods

1. A semi-structured questionnaire used during the baseline was slightly modified before being used for the midline survey. The modification done did not have substantial effects on data collection so as not to allow comparability. The questionnaire was translated into Lusoga for easy comprehension by students who had limited understanding of the English language. The questionnaire was pretested a second time before being used in the study. Data was collected by trained research assistants who administered the questionnaire during face-to-face interviews with respondents.

Two different questionnaires were used – one for respondents who had started menstruation and another for those who had not started menstruation. The same questionnaires were utilized during the baseline survey.

2. A key informant guide designed during the baseline survey to collect qualitative data from SWT, SMT, school administrators and parents through oral method was used with very minimal modifications. The collected data was recorded verbatim using an audio recorder.
3. A FGD guide designed during the baseline survey was used to collect data from male and female adolescents. There was slight modification in the questions to match the sex⁴ of respondents.

2.4 Data Management and Analysis

A total of 10 research assistants were trained for 1 day. About 90% of them had collected data for the baseline and were conversant with the study tools.

For each day of data collection, respondents were briefed on the data collection process. After administering the survey tool on respondents, researchers checked the questionnaires for completeness and often probed for more information where some questions required additional information.

Collected data was coded and stored in spring files according to school and type of questionnaire used (for those who had started menstruation and those who had not).

Data was later entered into the Statistical Package for Social Scientists (SPSS version 22), where it was cleaned and analyzed using descriptive statistics.

Qualitative data was first transcribed verbatim and then rechecked by re-listening to the audio data while re-reading the transcripts at least 5 times before it was thematically analyzed. A master sheet was developed for each group (teachers, adolescent girls and boys), which was used to establish meanings associated with the data. At this stage, coding was done to identify the key issues raised in comparison with quantitative data obtained from adolescent girls. The data is presented through direct quotations/narrations.

⁴ The baseline survey did not include FGD among adolescent girls.

2.5 Ethical Considerations

CCUg had memorandums of Understanding (MoUs) with the 15 schools where data for the midline survey was collected. However, additional ethical clearance was sought from school administrators at least 2 weeks before the data collection process. Furthermore, respondents received explanation about the purpose and nature of the data collection exercise, confidentiality of the information provided and the voluntary nature of their participation as was detailed in the MoUs. Verbal consent was sought from teachers and students before collecting data from them.

2.6 Disseminations of Baseline Survey Findings

All 15 participating schools received a copy of the baseline report showing their school results. Discussions were held with SWT/SMT and school administrators on the implications of the report on MHM in their schools and feasible actions taken. All schools lacked credible data about MHM and its impact on school attendance among adolescent girls as explained by one of the school administrators.

There are several ways that girls manage menstruation in this school; but for your own information, I want to inform you that some of those ways, we came to know about them after Community Concerns Uganda coming to work with us. We did not know about them before, for example the making of reusable pads using home based materials..... we also did not know the impact of menstruation on the girls, we did not have such information. But when they came, gave us a report and we discussed it, we learnt a lot about our school and there are changes that we have initiated based on that report.' (Head Teacher: Interview IV- Primary school)

3.0 Key Findings

This section presents the key findings of the midline survey. The findings are organized according to demographic data, menstrual health knowledge, perceptions towards menstruation, stigma associated with menstruation, practices related to menstruation and its impact on school attendance.

Comparisons are made with the baseline survey findings of the 15 schools which participated in the project. This implies that there are slight changes in the statistics quoted in the baseline survey when compared to the report which is published on our website (<https://www.communityconcernsug.org/wp-content/uploads/2017/03/CCUg-MHM-Baseline-Survey-Report-August-2017.pdf>.) because it instead contained information for 18 schools. Three schools were dropped after the baseline and interventions were not conducted there because the project was planned for 15 schools.

3.1 Demographic Characteristics of Respondents

Table 3: Age and Class of respondents

Category	Baseline		Midline	
	Frequency (n=921)	Percentage (%)	Frequency (927)	Percentage (%)
Age				
9 years	11	1.2	12	1.3
10 years	59	6.4	47	5.1
11 years	95	10.3	69	7.4
12 years	111	12.1	123	13.3
13 years	206	22.4	177	19.1
14 years	178	19.3	242	26.1
15 years	118	12.8	152	16.4
16 years	74	8.0	71	7.7
17 years	69	7.5	34	3.7
Class				
Primary Three	20	2.2	18	1.9
Primary Four	125	13.6	77	8.3
Primary Five	202	21.9	180	19.4
Primary Six	280	30.4	330	35.6
Primary Seven	88	9.6	149	16.1
Senior One	40	4.3	93	10.0
Senior Two	43	4.7	58	6.3
Senior Three	123	13.4	19	2.0
Senior Four	-	-	3	0.3

According to the study findings, the highest number of respondents (26.1%) were age 14 with a mean age of 13 years (Standard deviation of 1.8). In the baseline survey, most adolescent girls (22.4%) were age 13 years and the average age was 13 years (Standard deviation of 1.9).

As regards to class of study, for both surveys, the majority of students surveyed were studying in primary six; 30.4% for the baseline and 35.6% for the midline, showing that there were no meaningful changes in the demographic data of respondents included in the baseline and midline surveys and comparisons made between the results for the two surveys are valid.

3.2 Menstrual Health Knowledge

Table 4: Hearing about Menstruation and source of information

Category	Baseline		Midline	
	Frequency (n=921)	Percentage (%)	Frequency (927)	Percentage (%)
Hearing about Menstruation				
Yes	768	83.4	853	92.0
No ⁵	153	16.6	74	8.0
Age of girls who had never heard about menstruation	(n=153)		(n=74)	
9 years	-	-	08	10.8
10 years	30	19.6	17	23.0
11 years	44	28.8	28	37.8
12 years	22	14.4	06	8.1
13 years	55	35.9	13	17.6
14 years	02	1.3	02	2.7
Source of information⁶ about menstruation	(n=221 ⁷)		(n=257 ⁸)	
Mother	58	26.2	32	12.5
Sister	51	23.1	40	15.6
Aunt	11	5.0	4	1.6
Grand mother	02	0.9	1	0.4
Female friend	38	17.2	12	4.7
Uncle	01	0.5	-	-
Senior Woman Teacher	30	13.6	43	16.8
Senior Man Teacher	02	0.9	-	-
Others	28	12.7	43	16.8
Staff from CCUG	-	-	81	31.6
Being taught about menstruation before menarche	(n=768 ⁹)		(n=853)	
Yes	498	64.8	752	88.2
No	270	35.2	101	11.8

The midline survey found that an overwhelming majority (853 or 92%) of respondents had previously heard about menstruation while (8%) had never heard about it. As compared to the baseline, there has been an increase of 11% among girls who heard about menstruation from 768 to 853. For both surveys, the average age of girls who had never heard about menstruation was 11 years. Nearly a third (31.6%) of girls who had not started periods heard the word menstruation from CCUG staff.

⁵ Some girls had never heard about the word menstruation because they did not participate in the baseline while others were not reached during project intervention because school administrators refused project staff to educate them with the assumption that they were too young to be taught about menstruation.

⁶ This was the first source of information on menstruation for girls who had not started periods.

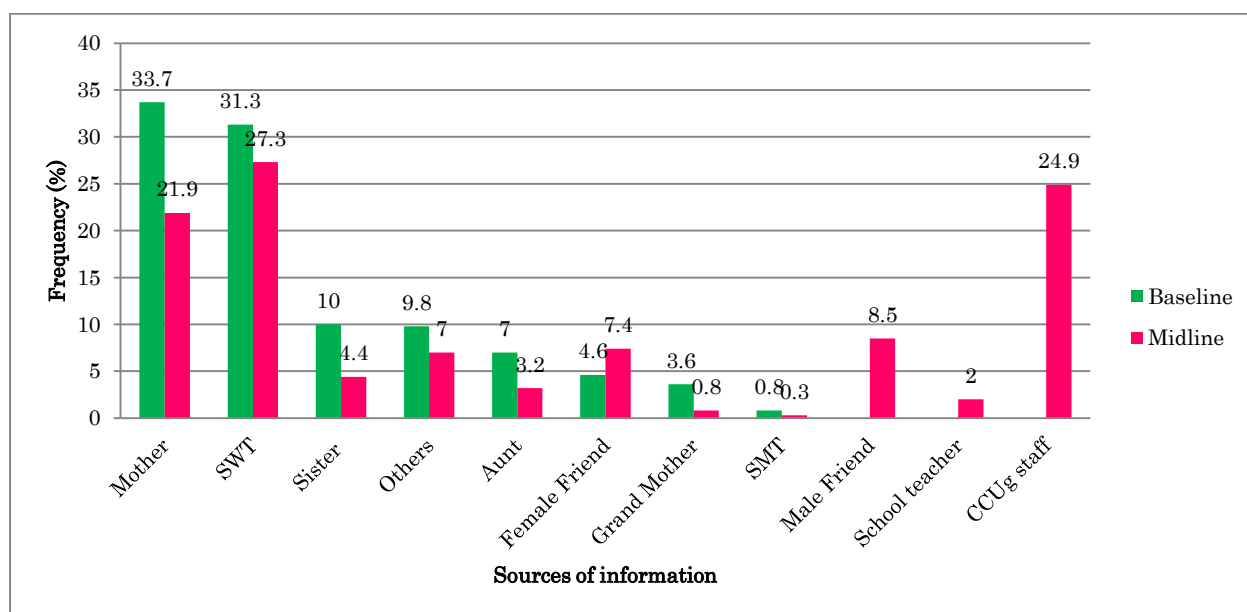
⁷ Girls who had not started menstruation but had heard about it by the baseline.

⁸ Girls who had not started menstruation but had heard about it by the midline.

⁹ Girls who had ever heard about Menstruation

There has been an increase of 51% in the number of girls who were taught about menstruation before menarche from 498 by baseline to 752 by midline.

Figure 1: Source of information about Menstruation (n=498-baseline and 752 for midline).



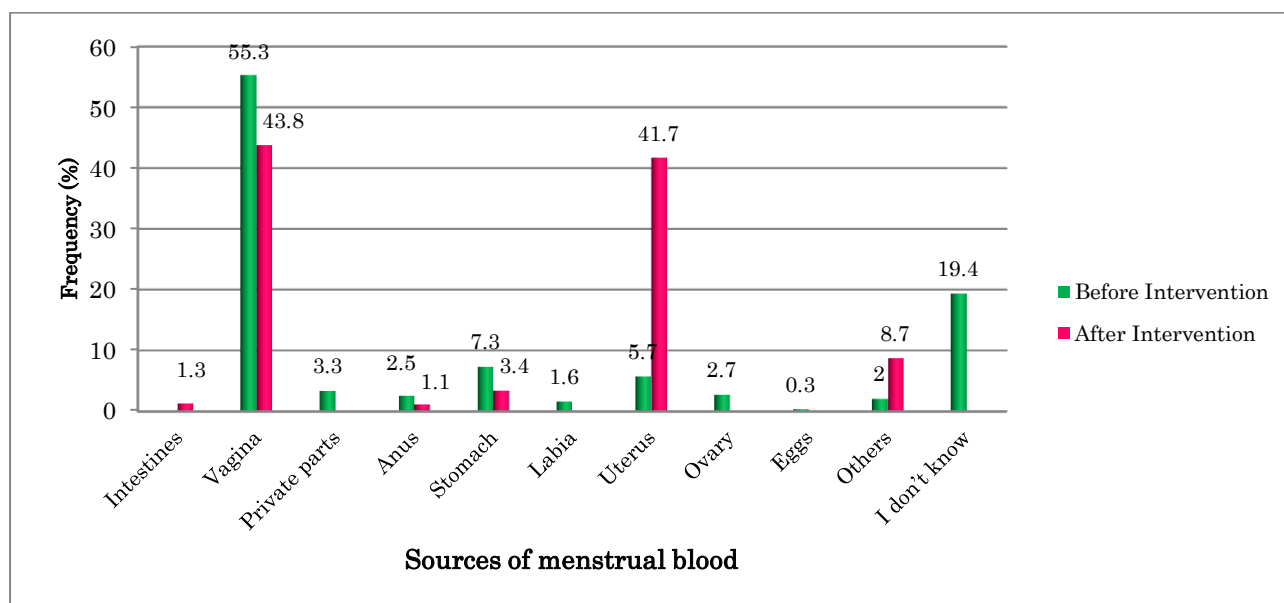
There has been increased variation in the source of information to girls on menstruation before menarche as presented above. By the baseline survey, there were 7 significant sources, namely mother, SWT, sister, aunt, female friend, grandmother and SMT. After the intervention, more sources emerged such as male friend and school teacher. This may imply that the project increased awareness about the need to disseminate information through empowering teachers and boys as sources of information about menstruation.

Table 5: Respondent's knowledge about duration (n=768-baseline, and 853 midline)

Category	Baseline		Midline	
	Frequency (n=768)	Percentage (%)	Frequency (853)	Percentage (%)
Duration of normal menstrual period				
2-7 days	415	54.9	596	69.9
3-5 days	125	16.3	17	2.0
4-8 days	50	6.5	106	12.4
1-4 days	12	1.6	15	1.8
7-10 days	09	1.4	58	6.8
8 days and above	17	1.2	16	1.9
I don't know	129	16.8	45	5.3

A majority of respondents (596 or 69.9%) correctly stated that the duration of a normal menstrual period is 2-7 days. This showed an increase in the number of girls who were aware of the duration of a normal menstrual period from 415 before intervention to 596 after intervention, an increase of 37.1%.

Figure 2: Respondents' knowledge on source of menstrual blood (n=768-baseline and 853 midline)



Midline results found an increase of 709.1% in the number of respondents who correctly answered that menstrual blood comes from the uterus, from 44 during the baseline to 356.

Table 6: Whether menstruation is a normal sexual development stage among women and girls.

	Baseline		Midline	
	Frequency (n=768)	Percentage (%)	Frequency (853)	Percentage (%)
Whether menstruation is a normal sexual development stage among women and girls				
Yes	676	88	789	92.5
No	92	12	64	7.5
Causes of menstruation	(n=221)		(n=257)	
It is natural and biological among women and girls	26	11.8	133	51.8
Disease	31	14.0	2	0.8
Curses	31	14.0	1	0.4
I don't know	102	46.7	70	27.2
Age	2	0.9	32	12.5
Others	29	13.1	19	7.4

Out of 853 respondents who had previously heard of menstruation as of the midline survey, (789 or 92.5%) agreed that it is a normal sexual development stage among women and girls. This was something that teachers attributed to the impact of sexuality education sessions emphasizing menstrual hygiene conducted in their schools. Nearly all agreed that most students now had knowledge that menstruation is a normal biological event.

One of the ways that we have management of menstruation is through sensitization of the girl child, telling the girl child, especially those that have started, that menstruation is normal....it is not a disease; it is not a sickness....it is part of girls and women, as they grow; it is part of the bodily changes. Community Concerns¹⁰ has also helped us in teaching many students about menstruation... (Head Teacher: Interview IV, Primary School)

¹⁰ Most teachers often referred to Community Concerns Uganda as Community Concerns or just Concerns during oral interviews.

Furthermore, there was a general consensus among male participants interviewed through FGD that menstruation is a normal biological event among women and girls. Most of them reported that they started respecting girls who started menstruation in school because they understood that they are growing up normally into women. Others indicated that because menstruation is normal, girls should stay in school and it should not be a cause for them to miss or drop out.

"I now have knowledge.....girls should stay in school because it's normal for all girls and women to go through menstruation." (Male Participant: FGD-VI)

As compared to the baseline, there has been an increase of 16% in the number of girls who know that menstruation is a normal sexual development stage, from 676 or 88% to 789 or 92.5%.

Table 6 also shows that out of 257 respondents who had previously heard about menstruation but not started, just over half (51.8%) were aware that menstruation is natural and biological among women and girls.

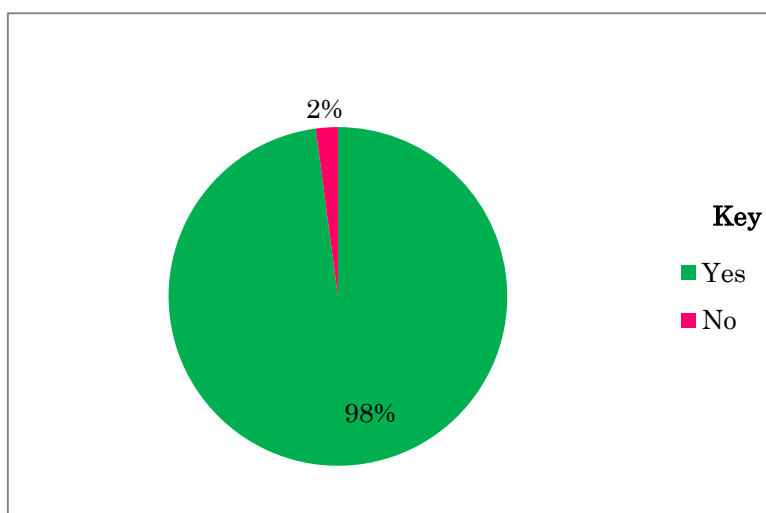
Interestingly, many boys knew that menstruation is normal and natural. It is no wonder that boys were cited as a source of information about menstruation among girls who had not started menstruation as reported on page 8.

"Menstruation is a natural body change a girl goes through when she is growing, especially when she reaches 9-16 years. (Male Participant: FGD VI)

"I know that menstruation is a period where girls shed blood from their private parts to show that they have started adolescence." (FGD-VIII)

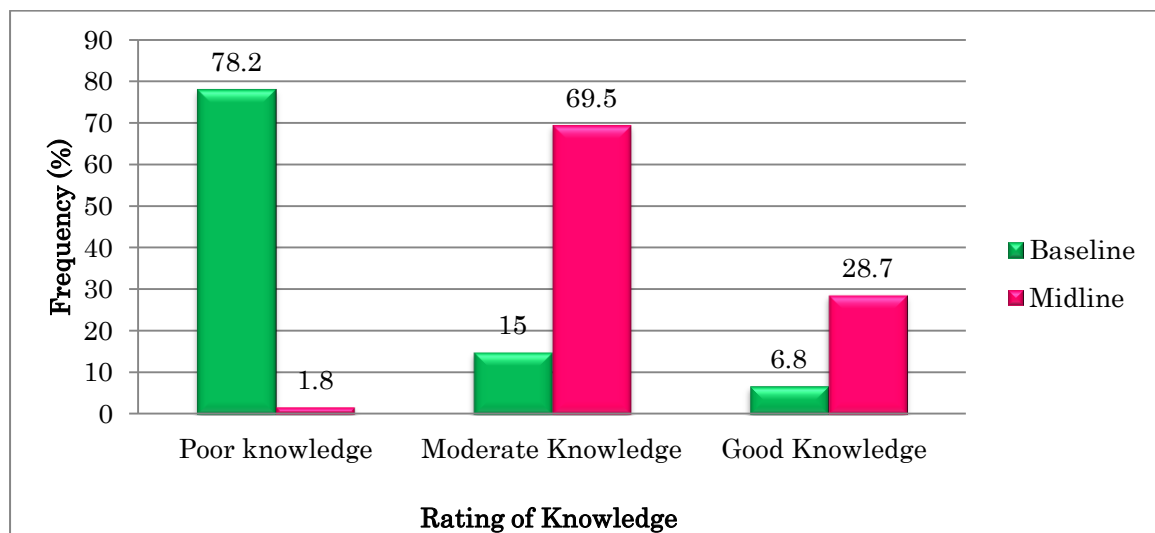
As compared to the baseline where only 26 respondents affirmed that menstruation is caused by hormones, there has been an increase of 411.5% in the knowledge of respondents about the cause of menstruation.

Figure 3: Whether poor hygiene during menstruation causes infections among girls and women (n=853).



Nearly all (98% or 835) respondents agreed that poor hygiene during menstruation causes infections among girls and women.

Figure 4: Ratings of knowledge of respondents on menstruation (n=768-baseline and 853 midline).



As presented above, more than half of respondents (69.5%) were rated with moderate knowledge on menstruation while (28.7%) had good knowledge. When asked about the changes brought about by the project, many teachers reported that it has generally improved the knowledge of girls on menstrual hygiene and management. Others felt that the knowledge has created a sense of togetherness among girls when they experience menstruation. This has also reduced stigma related to menstruation among girls.

“..... the girls have now started developing a sense of knowing that menstruation is part and parcel of their lives, they have now started realizing that. You still find that, when they see a friend with a stained uniform, they now come in and provide assistance which never used to happen in the past, they would look at her, cordon her, isolate her but to date, the girls now come in to give support to that one having that problem.....menstruation” (Head Teacher: Interview IV-Primary School)

“Since the term begun, I have only observed some two who have experienced problems with menstruation....but most of the girls know how to manage their periods.”

(SWT: Interview V-Secondary School)

As compared to the baseline, there has been a tremendous improvement in the knowledge levels of adolescent girls on menstrual health and management from 6.8% to 28.7% among those who had good knowledge.

3.3 Perception towards Menstruation

A total of 853 respondents who had heard about menstruation or had started menstruation were assessed for this section.

Table: Respondents' perception towards menstruation

Statement	Baseline			Midline		
	True	Not Sure	False	True	Not Sure	False
I don't understand how or why girls/women undergo menstruation	58.1	11.7	30.2	29.8	7.7	62.5
It is harmful for a girl/woman if she runs or plays during menstruation	50.8	40.7	8.5	34.7	1.3	64.0
Menstruation means I am ready to start a relationship	20.6	8.1	71.3	12.5	12.5	75.0
Menstruation means I am ready to start sex	14.1	9.8	76.1	8.0	9.2	82.8
Sex cures painful menstruation	25.6	12.5	61.9	16.2	7.0	76.8
You cannot get pregnant if you play sex during menstruation.	22.2	16.6	61.2	13.0	11.5	75.5
Menstruation indicates that I am ready for marriage	19.8	9.8	70.4	10.1	-	89.9
Menstruation is a period of suffering for girls and women	30.5	8.4	61.1	17.1	15.0	67.9
Menstruation is a disease/curse	28.6	9.5	61.9	15.5	15.1	69.4

Study findings above show that (254 or 29.8%) of respondents indicated that they do not understand how or why they girls/women undergo menstruation. This compares to the baseline, where (445 or 58.1%) reported that they did not understand why women/girls have menstruation, reflects an increase in knowledge among adolescent girls on menstruation.

Slightly over a third (296 or 34.7%) of adolescent girls affirmed that it is harmful for girl/women to run or play during menstruation. Although this was a perception held by some adolescent girls and boys, it stems from stigmatizing beliefs passed on by parents and some teachers. There were fears that if a girl plays during menstruation, the sanitary pad may fall and she will get ashamed.

"Menstruation prevents us from playing with others." (: Female Participant-FGD XIII-Secondary School)

"A menstruating girl shouldn't play with any boy or fellow girls because blood might drop." (Male Participant: FGD-XV-Primary School)

"A girl should not play during menstruation.....the pad may come out." (Female Participant: FGD II-Primary School)

There were also concerns among some girls that if they played with boys during menstruation, they would touch them in places where they do not want. Furthermore, many girls who participated in FGD felt that some boys want to get acquainted with them during menstruation, something they do not want and feel uncomfortable about.

Others recounted cases where some boys were abusing their right to privacy by putting small mirrors under their legs when they stand to see what is beneath their thighs.

"Girls should not play; some boys want to familiarize girls, they touch... touch, touch you over and over again even when you do not want." (Female Participant: FGD III-Secondary School)

"We have some funny boys in our class who put small mirrors in our legs so that they see our private parts." (Female Participant: FGD III-Secondary School)

This is a clear example of School Related Gender Based Violence (SRGBV) in the form of unwanted touching and invasion on girls' right to privacy in class.

Overall, in relation to the baseline survey where 389 or 50.8% held the view that it is harmful for girls/women to run or play during menstruation, this reveals a 24% change in perception towards menstruation as a biological event that does not warrant restriction of girls/women to run or play.

When respondents were asked whether they agreed with the statement that menstruation means a girl is ready to start a relationship, one eighth (107 or 12.5%) of adolescent girls agreed. When likened to the baseline survey findings, where (158 or 20.6%) agreed with the statement, it shows a 32% change in perception.

In addition, (79 or 8%) of respondents held the view that menstruation meant one is ready to start having sex. In addition, qualitative data from adolescent girls revealed that some boys request for sex from them during menstruation although majority held the view that girls were not supposed to engage in sexual intercourse during menstruation. This is another example of SRGBV related to MHM reported among adolescent girls.

"There are some boys who even request for sex during menstruation. Whenever they notice that a girl is in her periods, they start requesting for sex from her....it is so annoying" (Female Participant: FGD III-Secondary School).

Surprisingly, 138 (or 16.2%) of respondents concurred with the statement that sex cures painful menstruation. With such a belief, boys are more likely to take advantage of this poor perception to justify why they should have sex with adolescent girls during menstruation.

Nonetheless, nearly all girls and boys interviewed during FGD contradicted with the above statement and indicated that a girl is not supposed to engage in sex during menstruation. They justified that when a girl has sex with a boy during menstruation, she runs the risk of getting pregnant.

"During menstruation, girls should abstain from sex...." (Male Participant: FGD VIII-Primary School)

"I believe that girls should not play sex during menstruation." (Male Participant: FGD IX-Primary School).

"They taught us that a girl is not supposed to have sex during menstruation or else she may get pregnant." (Male Participant: FGD VIII: Primary School)

The fear of being influenced or lied to by boys to have sex during menstruation could have been one of the reasons why some adolescent girls held the view that adolescent boys were not supposed to freely associate with them during menstruation.

"Girls are not supposed to associate with boys during menstruation because a boy may deceive you and you have sex with him which may lead to a pregnancy." (Female Participant: FGD IV: Secondary School)

In comparison with the baseline survey, where 196 (or 25.6%) respondents agreed with the statement, there has been a positive change of 29.5% in perception.

Just over one sixth (146 or 17.1%) of adolescent girls who participated in the midline survey perceived menstruation as a period of suffering for girls and women. Furthermore, 131 (or 15.5%) of respondents thought menstruation was a disease/curse. Compared to the baseline survey findings, where 219 (or 28.6%) respondents perceived of menstruation as a disease/curse, there has been a 40.1% change in perception among adolescent girls. This may be related to increased knowledge about menstruation, where most adolescents now understand that menstruation is a normal biological event among girls and women.

Respondents were asked whether they were proud that they were experiencing menstruation and slightly over three quarters (79%) of girls who had started menstruation said they were proud of it, although some (21%) were not. This was also observed by SWTs who indicated that the project had improved the confidence of adolescent girls during menstruation.

“The project has helped girls to become confident. Those who used to be shy, now at least they are not, they feel comfortable to say that they are not the first or the last ones to undergo menstruation. Now they see it as a normal thing among women and girls.” (SWT: Interview VI, Secondary School)

3.4 Stigma Associated with Menstruation

The midline survey sought to measure the stigma associated with menstruation experienced by adolescent girls in primary and secondary schools.

3.4.1 Internal Stigma Associated with Menstruation

Table 7: Responses about internal stigma among adolescent girls

Statement	Baseline (n=547)			Midline (n=596)		
	True	Not Sure	False	True	Not Sure	False
I feel dirty during menstruation because I lack sanitary materials to use.	60.9	37.8	1.3	30.2	0.5	69.3
I am embarrassed to speak about menstruation with anyone	52.3	45.9	1.8	45.6	-	54.4
I believe girls should not discuss menstruation with boys/men	74.6	21.9	3.5	34.7	-	65.3
If you go to the garden or climb a tree during menstruation, crops/fruits will die.	35.6	41.0	23.4	23.5	12.6	63.9
Girls should not use the latrine during menstruation because they may become barren	16.6	68.4	15.0	9.2	6.9	83.9

Of the 596 participants who were included in the midline survey and had started menstruation, 180 (or 30.2%) reported that they feel dirty during menstruation because of a lack of sanitary pads. As compared to the baseline, where 333 adolescent girls (60.9%) felt the same way, this shows a reduction of 45.9% in the number of adolescent girls who feel dirty during menstruation due to lack of pads. This suggests that the training and ability of adolescent girls to make reusable pads increased access to menstrual health resources like pads, which improved hygiene during menstruation. This was also observed by teachers who felt that the production of reusable pads has even reduced absenteeism.

“Most of them use local pads now....these are pads that girls sew by themselves.” (SWT: Interview I- Primary School)

Fewer than half of adolescent girls (272 or 45.6%) indicated that they were embarrassed to speak about menstruation with anyone. And, slightly over a third (207 or 34.7%) of respondents believed that girls should not discuss menstruation with boys/men. Compared to the baseline survey, this shows a positive meaningful change in belief of 49.2% from 408 (74.6%) to 207 (34.7%) after intervention.

Although teachers also reported that girls are becoming more comfortable speaking, discussing and seeking support for issues related to menstruation, they also revealed that shyness is still a big problem.

“Girls are shy, they fear to tell teachers that they are menstruating.” (Female Participant: FGD IV- Primary School)

“Like the two I talked about, they feel shy when they get that problem¹¹...they are around 14 years.” (SWT: Interview V-Secondary School)

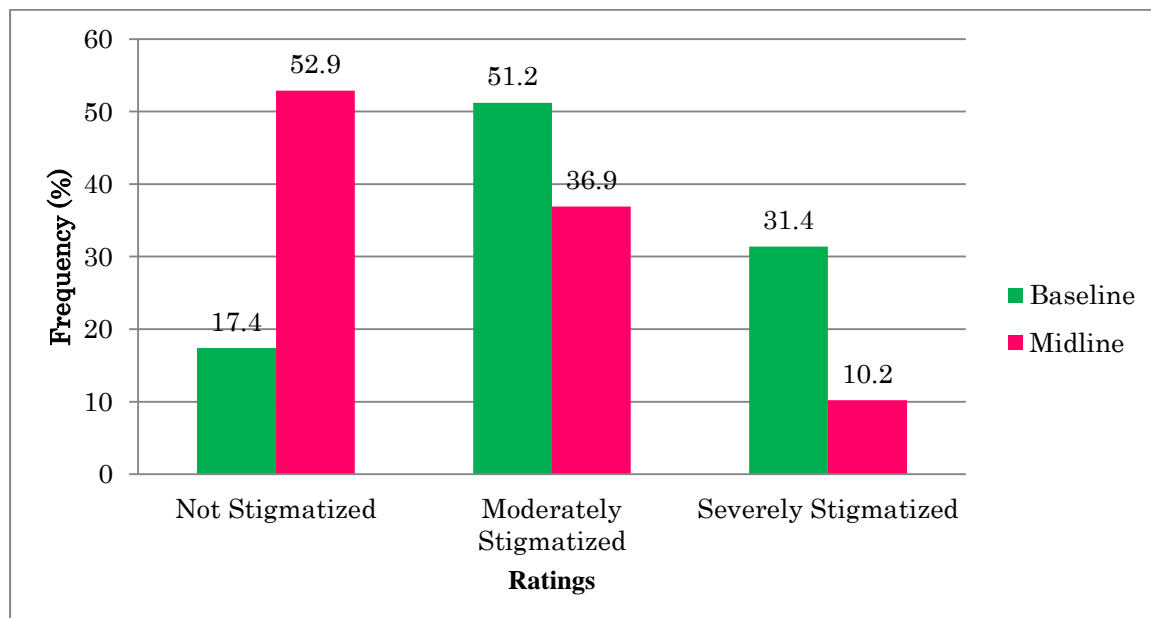
Similarly, boys also felt that one of the biggest problems facing girls was low self-esteem which made them feel shy about issues related to MHM even if some boys were ready and willing to support them.

“Girls shouldn’t be shy during periods; they should seek support....”

This could be due to the fact that issues related to MHM are held as sacred and secret among many societies in Uganda, including among the Basoga, the dominant tribe in the intervention areas.

3.4.1.1 Rating of Internal Stigma associated with menstruation

Figure 5: Rating for Internal Stigma experienced by adolescent girls (n=596)



Just over half of respondents (315 or 52.9%) did not hold internally stigmatizing beliefs and perceptions about menstruation. This compares to the baseline survey, where only 95

¹¹ Although teachers were trained about MHM and use of culturally sensitive language, two teachers interviewed for this survey consistently referred to menstruation as ‘that problem’.

(17.4%) of respondents were not holding internally stigmatizing views – a considerable reduction in internal stigma among adolescents aged 9-17 years participating in the project.

3.4.2 External Stigma Associated with Menstruation

Students were asked about the ways that they have been treated differently by their fellow students in school, teachers, parents and other community members during menstruation and their responses are presented below.

Table 8: External stigma experienced by respondents

Statement	Baseline (n=547)		Midline (n=596)	
	True	False	True	False
Some students don't want to associate with me during menstruation	25.8	74.2	21.0	79.0
Male students tease me during menstruation	24.9	75.1	21.0	79.0
I am not allowed to use the water source during my periods	21.8	78.2	17.1	82.9
I am not allowed to fetch firewood or cook during menstruation	22.3	77.7	17.3	82.9
I fear to stand up and give an answer in class during menstruation because of worries of leakage and pain.	40.8	59.4	30.0	70.0
Some students and teachers say abusive words about my body during menstruation	14.6	85.4	10.1	89.9

A substantial number of respondents (125 or 26%) reported that some students don't want to associate with them during menstruation. Furthermore, 124 adolescent girls (21%) reported that male students tease them during menstruation, while 60 girls (10.1%) stated that some students and teachers say abusive words about their bodies during menstruation. Qualitative data obtained through FGD among girls from 3 primary schools showed that teachers were using sexually offensive words to describe girls in class during menstruation. Girls reported that male students took advantage of this and carried on from where the teachers had stopped to tease and abuse them outside class.

"Teachers in our school abuse girls using big words. One can say, look at that girl with big breasts....., you, you are too old for this class, you should get married! Or, you girl who is stinking menstrual blood, come here." (Female Participant: FGD III-Primary School).

"When they abuse you, you feel so ashamed and wish the ground could swallow you...you may even plan to escape from school; because, later, boys take off from their words to abuse you the more..... especially during menstruation." (Female Participant: FGD IV-Primary School)

Furthermore, two female project staffs also reported a case when a young boy in 1 primary school described them using sexually abusive words. When they reported the case to the school administration, teachers were not so much surprised about his use of such sexually abusive words which could indicate he was modeling what was being done by some teachers in the school.

In addition, adolescent girls interviewed through FGD also reported that some male teachers are very harsh to them when they seek support or request for permission to go home to clean or change pads during class time, even when the schools do not have a washroom or a designated place to clean and change. They also stated that they are given severe punishments when they miss lessons or classes due to menstrual health issues.

"Some students are scared to speak with the teachers, so you are caned when you start menstruation. There are even those who are scared and can just tell someone else to request the SWT.....just that we do not have a changing room....but if we had, it would be easier." (Female Participant: FGD XIII-Secondary School)

Additionally, project staff also reported severe opposition from both male and female teachers in 4 schools during implementation. The teachers felt that menstrual hygiene and management in rural schools is not a big issue that should even be prioritized. In some cases, they refused project staff to educate younger girls-especially those who had not started menstruation because they thought that this would make them sexually active.

Apart from that, girls also noted that parents instruct them not to associate with boys/men during menstruation. There is an assumption that when a menstruating girl/woman associates with a boy/man, there is a danger of contaminating the boy/man with menstrual blood because it is assumed to be unclean and impure. Not only that, parents – specifically mothers – were the main source of information about menstruation during the baseline survey and they not only provided incorrect information but also sustained menstrual health stigma and discrimination among adolescent girls.

"Parents tell us not to associate with boys during menstruation because they may touch us." (Female Participant: FGD-Interview IV-Primary School)

"My mother also refuses me to go and fetch water during menstruation." (Female Participant: FGD XII-Primary School)

"At home, my mother refuses me to cook food; to go to the garden, to only do light things. She also refuses me to drink or eat hot things like food, because she thinks this will increase the menstrual flow." (Female Participant: FGD II-Primary School)

In contrast, adolescent boys interviewed through FGD felt that it is very wrong for girls not to associate with them during menstruation. They were very empathetic and wondered what kind of parents advise their daughters to isolate themselves during menstruation.

"It's very bad for girls to be refused to play with boys because this will isolate them and they will feel bad. For instance, sir, if you were a girl, would you be fine with that action of isolation or refusing you to play with your friends during menstruation? Of course not, so it's very bad to isolate girls during menstruation." (Male Participant: FGD VIII-Primary School)

"Me, I believe it's not appropriate to isolate or stop girls from doing some things at home during menstruation... because she might even run away from home and never to come back. If you are a parent and you do that, you should apologize immediately to her since periods are normal. (Male Participant: FGD VII-Primary School)

Boys also recounted times where girls used abusive words towards their fellow girls during menstruation.

"Yes I have ever seen that situation; some fellow girls treated her with shame, calling her all sorts of names. So, we came to her rescue and told them to stop abusing her. Then, we escorted her home to change her pads and uniforms, then we came back to school." (Male participant: FGD XV-Primary School)

What is more, key informants also described the gender imbalance among teachers in some schools, where female teachers were very few, making it very hard for them to provide the necessary support to girls during menstruation.

"In this school, they are many male teachers as compared to the female teachers, so at times they feel ashamed to approach a male teacher, because we are only 3 female teachers among 19 teachers. So

they get that problem of shame, when they are in classes, they cannot approach those male teachers for menstrual related support.” (SWT: Interview III-Primary School).

With such gender imbalance among teachers in some schools and external stigma from parents, girls indicated that it was nearly impossible to report cases where teachers or male students engaged in sexual harassment during menstruation.

Yet, the National Strategic Plan on Violence against Children in Schools (2015-2020) by Ministry of Education and Sports (MoES) places teachers at the forefront of the protection of both male and female students in schools. Despite this, these actions by some teachers are also a violation of their Teacher’s Code of Conduct and they not only made it difficult to reduce stigma associated with menstruation; they in fact encourage and sustain gender-based violence among adolescent girls in and around schools.

Yet, SRGBV has far reaching effects on the children’s wellbeing; affecting their physical and emotional wellbeing with long term psychological effects, which may be carried into their adulthoods and is a predictor of future gender based violence towards women and girls. SRBGV not only affects girls’ school attendance, it also leads to poor performance and is a cause of school dropout.

Be that as it may, as part of the compilation of this report, CCUg staff made smaller reports per school. Some of these reports were presented and discussed with school administrators including SWT/SMT and among the most significant issues discussed were SRGBV cases reported by adolescent girls. Teachers and school administrators corroborated what was reported by the students and committed themselves to immediately investigate and punish perpetrators of the SRGBV among girls.

Aside from that, table 8 also shows that 102 (or 17.1%) of adolescent girls indicated that they were not allowed to use the water source (tap, borehole, spring) during menstruation while 103 (or 17.3%) stated that they are not allowed to fetch firewood or cook during menstruation. Adolescent boys validated these claims and stated that they had personally witnessed such cases.

“Me, I have seen that treatment, she was told that when you bend, blood will start coming and contaminate the food being cooked. (Male Participant: FGD V: Primary School)

“I have seen that treatment, she was told never to fetch water because blood might start oozing and pollute the water.” (Male Participant: FGD V: Primary School)

A considerable number of female students (179 or 30.0%) revealed that they fear to stand and give an answer in class during menstruation because of leakage and pain. Although there was a general consensus among teachers that the project had increased access to sanitary pads among adolescent girls, some still held internally stigmatizing views and continued to use poorly absorbent materials during menstruation. Besides, teachers also reported that some parents are not providing the needed support to their adolescent girls during menstruation. Therefore, there were calls among teachers for parents to provide their children with sanitary pads if they can afford or if not to buy them materials so that the SWT teach them how to make the reusable ones.

“.....parents should provide their children with sanitary pads; the materials to make the local ones or those who can buy can buy for their children, if they can afford to buy.” (SWT: Interview VIII-Primary School)

A slight reduction of 16% was noted among girls who feared to stand up and give answers in class during menstruation because of worries of leakage and pain – 179 in the midline (30%) as compared to 215 in the baseline (39.3%).

With the above in mind, a considerable number of adolescent girls (159 or 27.1%) also mentioned that their parents do not allow them to wash their father’s clothes during menstruation, while 130 or 21.8% said their parents and other community members do not allow them to enter the Church or Mosque during menstruation. Clearly, stigma and discrimination associated with menstruation have both cultural and religious sources, and many key actors will need to be engaged to have a uniform impact in the reduction of stigma in and around schools.

Above all, the project significantly reduced internal stigma associated with menstruation among adolescent girls, even though changes in external stigma were minimal. Emerging SRGBV as perpetuated by teachers and adolescent boys, if not handled properly, threaten to erode substantial gains achieved by the project in reducing stigma associated with menstruation.

3.5 Practices related to Menstruation

Table 9: Absorbent materials used during menstruation

Adolescent girls were asked the kind of materials they use to keep menstrual blood from staining their uniforms during menstruation and the following were their responses.

Material used	Baseline (n=547)	Midline (n=596)
Disposable sanitary pads	37.9	36.9
Pieces of cloth	38.8	34.6
Cotton wool	11.0	0.3
Homemade reusable pads	7.5	22.8
Reusable pads donated by NGOs	2.0	4.5
Two panties	1.6	0.7
Local herbs	0.2	0.2
Sit in the sand	0.5	0.2

The most frequently used absorbent during menstruation reported by adolescent girls was disposable pads (220 or 36.9%) followed by pieces of cloth (206 or 34.6%) then homemade reusable pads (135 or 22.7%). As compared to the baseline survey, there has been a shift in the use of absorbent materials; a slight reduction in the use of pieces of cloth from 38.8% to 34.6%, and 37.8% to 36.9% for disposable sanitary pads. There was a major increase in the use of reusable pads from 7.5% to 22.7%. Teachers explained that the shift in preference for the homemade reusable sanitary pads is related to ease of production and low cost.

“Ever since they (CCUG staff) came.... because they taught them how to make the... those local pads, it has helped girls to stay in school, because at least those sanitary pads which are local are safer than the disposable pads, because they made many pads, they can carry some and then request the girls in boarding to help them change and wash them when they are full....and they are not expensive, they can easily wash them and then dry them other than those that are bought from the shops.” (SWT: Interview III-Primary School)

Notwithstanding the above, teachers were also concerned about the lack of support from parents towards ensuring proper menstrual hygiene and management among adolescent girls. According to them, even though female students had learnt about the production of

reusable sanitary pads, some parents were not being supportive towards their daughters during menstruation.

“..... you will find a child menstruating and a parent gives her a very dirty cloth to pad herself, for example other day, I was interviewing them, I wanted to look at the reusable sanitary pads, Some of them were smelling which means the parents do not encourage their children to have proper hygiene during menstruation....even drying the sanitary pads, sometimes when they come back home, they are not dried properly...possibly, it could be one of the reasons which they smell.” (Head Teacher: Interview IV-Primary School)

3.5.1 Enabling school environment for MHM

Table 10: Washroom, bathing and disposal of used pads

Availability of Washrooms in schools	Frequency (n=15)	Percentage (%)
Available	3	20
Not available	12	80
Whether available washrooms are equipped with water, soap and changing dresses (n=3)		
Yes	03	100
No	-	
Where respondents dispose used sanitary pads at school (n=596)		
Latrine	514	86.2
Rubbish pit	45	7.6
Throw in the bush	23	3.9
Take home	14	2.3

Although the baseline survey found 3 schools with washrooms with water, soap and changing dresses, the midline found 2 schools with similar facilities.

However, teachers in 8 additional schools reported that their schools provide a separate room for girls to clean and change during menstruation. Nonetheless, the rooms do not have water and soap and students fetch the water from a different place.

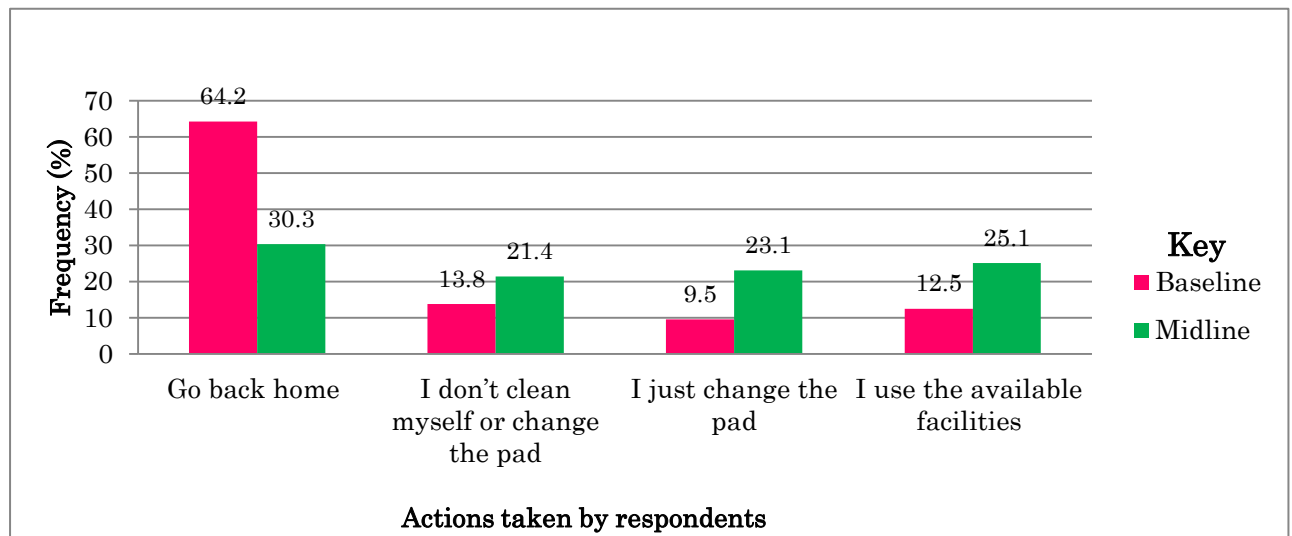
“We help them in case they have been stained with blood, we take them to the counseling room where there is water, soap, basin and a uniform to change. So that uniform, she uses it and after she is done with her periods, she washes it and brings it back.” (SWT: Interview I-Primary School).

“So when they get that problem, they come to me, so I am now like their mother. I provide the sanitary pads, we have the basin, we have spare clothes that we give to them during menstruation, so they change and they cannot be easily identified when they are in their periods. I have a room for the SWT...so they come to this room.” (SWT: Interview V-Secondary School)

Most respondents (86.2%) stated that they dispose of used sanitary pads in the school latrines. The remainder said they throw them in the rubbish pits (7.6%) or the bush (3.9%).

Figure 6: Actions taken in absence of washrooms in schools (Baseline-464, Midline-402).

Adolescent girls were asked about the actions they undertake during menstruation in the absence of washrooms in their school and their responses are presented below.



There have been changes in actions taken by adolescent girls in the absence of washrooms. Less than a third (30.3% or 122 girls) reported that they go back home during menstruation because of lack of a safe place to change and clean during the midline as compared to 298 or 64.2% who indicated that they do so during the baseline. This suggests that the support provided in some schools without washrooms has a positive impact of reducing absenteeism among girls during menstruation.

In some boarding schools without washrooms, students are sent to their dormitories to clean and change pads during menstruation.

“...we also have a challenge of lack of a changing room for girls, instead they are sent back to the dormitory to change their pads.” (Male Participant: FGD VI-Primary School)

3.6 Menstruation and School Attendance

Study participants were asked about the number of days that they missed school last term and the reasons why. The responses are presented in table below.

Table 11: Responses on impact of menstruation on school attendance

Whether respondents missed school in their last period	Baseline (n=547)		Midline (n=596)	
	Frequency	%	Frequency	%
Yes	229	41.9	129	21.6
No	318	58.1	467	78.4
Number of days missed due to menstruation last term	(n=229)		(n=129)	
1 days	-	0.0	-	0.0
2 days	-	0.0	-	0.0
3 days	-	0.0	34	26.4
4 days	6	2.6	1	0.8
6 days	16	7.0	73	56.6
7 days	17	7.4	2	1.6
8 days	54	23.6	4	3.1
9 days	66	28.8	11	8.5
10 days	13	5.7	4	3.1
11 days	7	3.1	-	0.0
12 days	31	13.5	-	0.0
14 days	6	2.6	-	0.0
16 days	5	2.2	-	0.0
20 days	8	3.5	-	0.0
Reasons for missing school during menstruation	(n=229)		(n=129)	
Inadequate pads	121	52.8	62	48.1
Lack of a place to change pads and clean myself	40	17.5	20	15.5
Pain associated with menstruation	52	22.7	54	41.9
Stigma associated with menstruation	93	40.6	62	48.1
Inadequate pads and knickers	15	6.6	-	0.0
Mother refused me to go to school during my periods	-	0.0	9	7.0
Had nowhere to throw used pads	-	0.0	10	7.8

The information presented above shows that 129 girls (21.6%) missed school due to menstruation at the time the midline was conducted. The days ranged from 1-10 and the majority of respondents (73 or 56.6%) missed 6 days. The average number of days missed was 5.7 (with a standard deviation of 1.9). The mean number of days missed per cycle was 1.9 days per student.

All key informants who participated in the survey revealed that the project had had a positive impact among girls in reducing the number of students who miss school due to menstruation. According to them, the project had increased access to sanitary pads, reduced stigma and encouraged girls to attend school because they now view menstruation as normal among women and girls.

"In fact, most of girls have now known that menstruation is normal and when they use the pads, they normally come to school, the do not normally miss school like those days when they did not have pads."

(SWT: Interview II-Secondary school)

"At first, before the start of this project, most of the girls did not want to come to school during menstruation because they did not have what to use. But at least, absenteeism has reduced because they now have access to reusable pads." (SWT: Interview I-Primary School)

As compared to the baseline, where 229 (41.9%) of adolescent girls missed school due to menstruation, there has been a considerable reduction in the number of girls who miss school due to menstruation – from 4 out of 10 to 2 out of 10 students. The number of days missed also decreased, from 3.1 to 1.9 days per cycle per student.

"Community Concerns has come in and helped us in this school, the total number of girls is now more than that of boys, so the cases of girls who miss school due to menstruation is now small, they are not that significant. Right now, about 1-2 out of every 10 girls miss school during menstruation." (Head Teacher: Interview IV-Primary School).

".....out of every 10 girls, about 2 miss 2-3 days of school during menstruation." (SWT: Interview I: Primary School)

Others key informants felt that the project had notably reduced their school expenses. They stressed that they now spend less money on buying emergency sanitary pads than before.

".....we used to spend so much money on buying of disposable pads but now that Community Concerns came in and taught them how to make pads using the local materials, the expenditure by the school to buy the pads has also reduced." (Head Teacher: Interview IV-Primary School)

Yes, there is change..... because before, many girls used to come and request for sanitary pads during menstruation. Now, only a few do. They were taught how to make their own pads and now a girl can make her own pad and be with it. But before, we used to get challenges, many girls used to come requesting for pads, every now and then, you would hear, madam, I am in my periods, help me with some pads....., madam, I am in my periods, help me with pads. But, now, not many come, there is a great improvement. (SWT: Interview VIII-Primary School)

The major causes of days lost due to menstruation were inadequate pads and stigma associated with menstruation (62 or 48.1%). According to teachers, parents are not taking responsibility to help their children with materials such as sanitary pads and soap during menstruation.

"Parents should provide enough materials to their children during menstruation....because you cannot dwell on the support of the school to provide all the materials to girls during menstruation, for example enough pads. Something else, parents should also provide soap to girls, sometimes, you can find some households where they are unable to afford soap and a girl is unable to bathe with soap during menstruation hence developing a foul smell because they do not have adequate facilities for proper menstrual hygiene and management." (SWT: Interview I-Primary School)

".....also from home, the parents do not care for them....you see a girl not feeling comfortable in class, they fear. Parents should provide girls with sanitary pads; the materials to make the local ones or those who can afford can buy for their children." (SWT: Interview VI-Secondary School).

Others reasons why girls miss school during menstruation included pain associated with menstruation (54 or 41.9%) and lack of a place to change and clean (20 or 15.5%). Surprisingly, 9 girls (7%) reported that their female parents refuse to allow them to come to school during menstruation. This could be due to negative cultural norms and perceptions concerning socialization during menstruation among adolescent girls. It is worth noting that many girls intimated that their parents do not allow them to socialize with boys/men, cook at home, or wash their fathers' clothes among things during menstruation.

It is also clear that apart from not providing enough support to their daughters during menstruation, some parents severely restrict their adolescent daughters from associating with other people during menstruation, which negatively affects their school attendance as affirmed by a female respondent during a FGD.

"At home, my parents refuse me to come to school during menstruation." (Female Participant: FGD III-Secondary School)

3.7 Ways of Improving Menstruation

Survey participants were asked to suggest ways of improving MHM in and around schools. Many ways were suggested by adolescent girls, boys, teachers and school administrators and key findings are presented below

Table 12: Suggestions on improving Menstruation

Suggestions	Frequency (n=853)	Percentage (%)
Provision of disposable sanitary pads	348	40.8
Construction of washrooms equipped with water and soap	97	11.4
Provision of supplementary uniforms	12	1.4
Educating both boys and girls about menstruation	136	15.9
Training girls about production of reusable pads	206	24.2
Provision of pain killers	22	2.6
Others	68	8.0

Less than half of respondents (348 or 40.8%) suggested that schools/government and other concerned stakeholders should provide disposable sanitary pads, while 206 (or 24.2%) suggested training girls in the production of reusable pads. By contrast, teachers and school administrators suggested that instead of the government providing disposable sanitary pads, they should provide materials to schools to produce their own sanitary pads. There were also calls for the continuation of the project, while expanding to communities around the schools so that female parents can also learn how to produce their own pads. This was based on the premise that if they learn how to make their own pads, they will be in a better position to support girls with clean and durable materials to use in production of reusable pads.

"I pray that this project continues, so that if possible, they can also teach communities near schools about menstruationso that our parents can also understand more about menstruation. If possible, so that more people in the community can know more on how to make their own pads. Even if, our trained children from school go out and train more people in the community; they teach their sisters, others, their parents, but in case the project is extended into the communities, it can be very impactful because even female parents can also help us to not only teach about menstruation but also train more children on production of reusable pads." (SWT: Interview I-Primary School)

"These students had sessions last year about the production of making sanitary pads, so the government could help and provide materials so that students are able to make the reusable pads, children can also become teachers to their sisters, they cannot sit on that information, they can help the whole family...instead of Community Concerns coming back to teach every now and then, they become teachers to their friends." (SWT: Interview V-Secondary School)

Other key informants suggested that CCUG extends the project into the community so that parents are also taught about menstruation so as to reduce stigma associated with menstruation.

“Maybe possibly, Community Concerns needs to extend this project to the community, so that the parents also know, as you teach, they are also educated about menstruation, such that they can also own these issues concerning these children. These parents need to be taught about menstruation so that they change their attitude and provide more support” (Head Teacher: Interview IV-Primary School)

Adolescent boys interviewed through FGD also added that because disposable sanitary pads are more expensive to sustain in the long run, the project should continue training more girls about production of reusable pads which are cheaper and more sustainable.

“I do believe that disposable pads are very expensive basing on status of girls in these rural schools, so I suggest that the project should continue teaching girls how to make reusable pads to help them stay in school.” (Male participant: FGD VI-Primary School)

Furthermore, adolescent girls (136 or 15.9%) suggested educating both boys and girls on menstruation. Teachers also felt that there is need to continue the project to educate more boys and girls about menstruation and improve their knowledge.

“I would like to appreciate the great work done by the Community Concerns...because they have helped these children a lot, to learn how to make the sanitary pads because they cannot afford to buy them. But, they should continue with this project so that more girls and boys are taught about menstruation. Me as a SWT cannot provide much education to the whole school.” (SWT: Interview III-Primary School)

There were also calls for training more teachers and school administrators about MHM so as to enable them to provide the needed information and support to girls during menstruation.

“As school administration, we really need more training to provide support to girls during menstruation..... I also think that all the teachers should be taught about menstruation so that they talk about it during their lessons in class.” (Head Teacher: Interview IV-Primary School)

4.0 Discussion

The purpose of this survey was to assess the impact of the MHM project among adolescents aged 9-17 in primary and secondary schools in Jinja and Mayuge districts. The major areas assessed included knowledge, perception, stigma and its impact on school attendance.

Key findings show that there have been significant increase in the knowledge, changes in perception and reductions in stigma associated with menstruation. Furthermore, survey findings show that the number of girls and days missed due to menstruation have reduced significantly when compared to baseline survey findings.

4.1.1 Knowledge and Perception of Menstruation

The number of adolescent girls who have heard the word “menstruation” increased from (766 or 83.4% to 853 or 92%) while the number of girls who were taught about menstruation before menarche increased from 498 (or 64.8%) during the baseline to 752 (or 88.2%) at the time of the midline survey.

There was also an increase in the number of adolescent girls who knew that a normal menstrual period lasts between 2-7 days from 415 or 54.9% during the baseline to 596 or 69.9% during the midline.

There was a tremendous increase in the percentage of adolescent girls who knew that menstrual blood comes from the uterus from 44 or 5.1% during the baseline to 356 or 760% during the midline.

Among adolescent girls who had previously heard of menstruation, the percentage of girls who knew that menstruation is a normal sexual development among women and girls increased from 676 (or 88%) at the time of the baseline to 789 (or 92.5%) by the midline.

Overall, the project considerably improved on the knowledge of adolescent girls and boys regarding menstrual hygiene and management. As a result, there was meaningful change in the perception of adolescent girls towards MHM.

4.1.2 Stigma Associated with Menstruation

Despite the fact that the project reduced internal stigma associated with menstruation among adolescent girls, there were minimal changes in external stigma reported by project beneficiaries. The reduction in internal stigma could be related to increased knowledge among adolescents on MHM. Having been the major source of information for adolescent girls during the baseline survey, the influence of female parents continued to be felt even after project intervention, as they restricted their female children from socializing, playing or even engaging in household chores during menstruation. Furthermore, the emerging SRGBV among girls in form of use of sexually offensive words, unwanted touches and unwanted sexual requests during menstruation among teachers and male students made it more difficult to reduce external stigma associated with menstruation.

4.1.3 Practices related to Menstruation

With training in the production of reusable pads, there was shift in the absorbent materials used during menstruation among project beneficiaries. There was a slight reduction in the use of pieces of cloth from 38.8 to 34.6% and disposable sanitary pads from 34.6% to 37.8%. Likewise, there was crucial increase in the use of reusable sanitary pads from 7.5% to 22.7% by the midline. Additionally, schools became more responsive regarding MHM among adolescents during the intervention by designating specific rooms to enable cleaning and changing of pads during menstruation. Besides, trained adolescent boys became more responsive and empathetic towards adolescent girls during menstruation and not only sought to provide support but emerged as a new source of information about MHM.

4.1.4 Menstruation and School Attendance

The project had a meaningful impact on school attendance among adolescent girls during menstruation. The number of girls who miss school due to menstruation dropped from 229 (41.9%) during the baseline to 129 (21.6%) during the midline. Not only that, the number of days lost due to menstruation also reduced from 3.1 days per cycle per girl to 1.9 days per cycle per girl. This was credited to increased knowledge of MHM and access to reusable sanitary pads.

4.1.5 Ways of improving Menstrual Hygiene and Management

Although the majority of adolescent girls suggested that the government and other concerned stakeholders provide disposable sanitary pads to improve access, all teachers proposed continuation of the project with increased training in the production of reusable sanitary pads. There were also calls by teachers and school administrators to expand the project to communities in and around schools to educate parents about MHM in order to encourage them to provide needed support to their children during menstruation.

There was a general appeal among teachers, adolescent boys and girls for construction of washrooms and provision of changing uniforms in schools to enable girls to easily clean and change pads during menstruation.

4.2 Limitations

4.2.1 Limitations of the study

1. Low literacy rates among both male and female adolescents were encountered during data collection, especially when collecting data using semi-structured questionnaires. Research assistants therefore used translated (Lusoga) questionnaires to conduct interviews. In addition, some teachers found it difficult having an interview in English. Researchers therefore encouraged them to use Lusoga, a language that they were more conversant using.
2. Due to the fact that SWT and SMT selected a pool of students from which researchers used a lottery method to select respondents, there may have been a selection bias.
3. There could have been a moderate bias due to differences in style and personality of researchers during FGD conducted among adolescent boys and girls.

4.2.2 Challenges faced during project implementation

1. Although the project staffs were supposed to participate in at least 20 PTA meetings in 15 schools; teaching and encouraging parents to be more responsive towards the MHM of their adolescent children, some schools never organized any PTA meetings during the time the project was implemented (1 year). This came to light late in the project, when we found that some of these schools had not held PTA meetings for the past several years – even though they had signed MoUs with CCUG indicating that they would do so during the project implementation period. This reduced the number of parents educated and engaged to be more supportive of their children’s MHM.
2. In 4 primary schools, there was opposition toward implementation of the project from some teachers and school administrators with the assumption that educating adolescent boys and girls about menstruation was going to make them “spoil” (make them more sexually active). Even though project staff showed them MoU detailing the nature and purpose of the project, and IEC materials made by the Ministry of Education and Sports, they still felt that the targeted adolescents were too young. In addition, in some other schools, teachers – especially male teachers – felt that MHM was not a priority worth addressing.
3. In nearly all schools, many students experienced difficulties in sewing. Although the needles used were the common needles used in major households in Busoga, many students did not know how to properly use them. This delayed the training sessions and increased the materials utilized in demonstration. In addition, there was limited support provided by parents and some schools in providing sewing materials to use during further trainings. In 5 schools, SWT decried the lack of materials to continue training more adolescents in the production of reusable sanitary pads.

4.3 Conclusion and Recommendation

4.3.1 Comparison of Indicators and results achieved

Table 13: Comparison of Indicators and results achieved

Indicators	Milestones	Results achieved
Greater access to SRHR services/information/products for marginalised groups	Milestone 1: 1,100 adolescent girls aged 9-17 years reached for Menstrual Health and Management services such as human rights awareness and Menstrual health information.	1,780 adolescents aged 9-17 years were reached
	Milestone 2: 15 health clubs formed in 15 schools (10 in primary and 5 in secondary) and furnished with Information and Education Materials (IEC) materials for Menstrual Hygiene and Management.	15 health clubs formed in 15 schools and furnished with Information and Education Materials (IEC) materials for Menstrual Hygiene and Management.
Increased range (i.e. # of different types) of SRHR services (including information and products)	Milestone 1: 1,100 adolescent girls reached for Menstrual Health and Management resources and are able to use the products (re-usable sanitary pads).	875 girls trained in production and use of homemade reusable sanitary pads
	Milestone 2: 75 teachers trained in the provision of culturally sensitive and gender appropriate information about menstrual health, such as production of homemade re-usable sanitary pads.	63 teachers trained in the provision of culturally sensitive and gender appropriate information about MH, such as production of homemade reusable sanitary pads.
Men and boys increase their engagement to actively supporting SRHR	Milestone 1: 400 male peer mentors trained through workshops on menstrual health and hygiene and are engaged and actively support girls' access to Menstrual Health and Management information and services.	1,228 male peer mentors trained through workshops about MHM and are engaged in actively supporting girls' access to MHM resources.
	Milestone 2: 500 parents (both male and female) educated about menstrual health and management through PTA meetings, engaged and actively support girls to access Menstrual Health and Management Information and produce re-usable pads.	830 parents from 9 schools were engaged to support MHM for their adolescent girls.

Based on the above achievements and key findings, the MHM project conducted in 15 primary and secondary schools had meaningful impact among project beneficiaries. There were notable changes in knowledge and perception of adolescents towards MHM. Furthermore, the project was able to improve access to sanitary pads, which helped to reduce the number of girls who miss school due to menstruation and subsequent days missed due to issues related to menstruation.

Therefore, there is need for more efforts by CCUG and other concerned stakeholders to educate more boys and girls about menstruation with emphasis on girls who have not started menstruation. In addition, further engagement of parents, teachers, and school administrators while educating them about menstruation should be conducted to encourage

them to support adolescent girls during menstruation. This will make the current project impact more pronounced and sustained in and around schools.

CCUg should work with the schools where SRGBV was identified as well as seeking support from different partners to conduct detailed studies and interventions about it. Likewise, more studies are needed about MHM in primary and secondary schools so as to create evidence based research and encourage evidence informed policy making about MHM among adolescents.

4.3.1 Lessons Learnt from the Project

1. With enough education/training and encouragement, adolescent boys and male teachers are formidable partners in reducing stigma associated with MHM among adolescent girls.
2. Provided with credible research-based evidence, primary and secondary schools will slowly but steadily act on menstrual health issues raised in their respective schools.
3. Educating adolescents on MHM should not be a one-off activity. Adolescents need ongoing education and support from different significant people in their lives to counter the myths and misconceptions they often come across.
4. Without proper engagement and sensitization of key actors (parents, teachers, school administrators and local leaders) on MHM and its impact on school attendance and overall retention of the girl child in school, there will be opposition and limited support provided to related projects aimed at ensuring proper MHM in and outside of school.
5. When working with institutions of learning like primary and secondary schools, it is important to engage school management committees, all vital school administrators and teachers to garner the desired support to effectively implement a project in the school.
6. Without including cultural and religious leaders, projects aimed at reducing stigma associated with MHM face difficulties, as many stigmatizing and discriminating practices associated with menstruation are largely related to religion and culture. Health education and the availability of sanitary pads without an enabling environment may not necessarily reduce the school days lost due to menstruation or eliminate the stigma associated with it.