

**MENSTRUAL HYGIENE MANAGEMENT AND ACADEMIC PERFORMANCE OF
ADOLESCENT GIRLS IN ARUA CITY SCHOOLS: A CASE STUDY OF
ANYAFIYO PRIMARY SCHOOL**

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**A DISSERTATION SUBMITTED TO THE SCHOOL OF SOCIAL SCIENCES IN PARTIAL
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DECLARATION

I, GLORIA MODONG SAMUEL JOEL (S23/ASC/BSW/015), hereby declare that this research study titled "Menstrual Hygiene Management and Academic Performance of Female Students in Arua city schools a case study of Anyafiyo Primary School in Arua City is my original work, conducted in partial fulfillment of the requirements for the award of Bachelor's Degree in Social Work and Social Administration of Uganda Christian University.

I affirm that this research has not been submitted for the award of any academic qualification to any university or other institutions of higher learning. All sources of information and data used in this research have been appropriately acknowledged and referenced. Where necessary, proper citations have been provided to give credit to previous researchers and authors whose work has been referenced or used to support my research findings.


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APPROVAL

This Dissertation was written under my guidance and supervision. It is being submitted for examination for the award of a Bachelor's degree in Social Work and Social Administration of Uganda Christian University with my approval as the Academic Supervisor;

Sign: 

JOHN OMAAL DRABILE

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Date: 24/03/2025

DEDICATION

I dedicate this dissertation to my beloved parents Abui Samuel and Rejoice Sunday for supporting me financially. The report is equally dedicated to my husband Mr. Duku Mike for giving me the insights to study and for the financial, moral and physical support that has made my research possible.

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LIST OF ABBREVIATIONS

WASH: Water Sanitation, and Hygiene

MHM: Menstrual Hygiene Management

UNICEF: United Nations International Children's Emergency Fund

WHO: World Health Organization

CVI: Content Validity Index

FGDs: Focus Group Discussions

P/S: Primary School

GEM: Girl-education Movement

UCU: Uganda Christian University

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ABSTRACT

About 1.8 billion women worldwide are menstruating, with an estimate of about 800 million who lack access to menstrual hygiene materials and adequate facilities for effective Menstrual Hygiene Management. Girls and women within the cycle need easy access to menstrual hygiene materials, general information on good practices and above all supportive environment where they can easily manage their menstrual cycles without fear especially the adolescents in terms of water, sanitation and hygiene (WASH) facilities. The aspect of the menstrual management is so sensitive that needs lots of resource to ensure healthy practice for the betterment of woman's body.

However, it's of great concern that about 52% girls and women lack access to health practice of the (MHM) (World Bank 2022) and it is worst in the low-income countries where a half of the schools lack adequate water, sanitation and hygiene services which are so crucial to enable girls and even the female teachers to manage menstruation. (UNICEF 2015). Therefore, the research aim was to explore menstrual hygiene management on/and academic performance of adolescent girls relating to how menstrual management has contributed to the poor academic performance of the adolescent girls in Anyafiyo Primary School.

Therefore, with basic efforts to create more awareness, information and knowledge on MHM among the adolescent, efforts to ensure better hygienic materials and places and innovative skills on how to use the available materials (Lenia et al 2019). Hence a study to understand the lack of information regarding the menstrual hygiene management among the adolescents leading to their poor academic performance.

CHAPTER ONE

INTRODUCTION

This chapter presents the background of the research study, problem statement, purpose, objectives, and research questions, scope of the study, justification, significance and the theoretical / conceptual frame work of the research.

BACKGROUND STUDY

Menstrual Hygiene Management (MHM) is the absorption of menstrual blood in to clean material which is changed in privacy. It also incorporates the availability of soap and clean water, to wash re-usable sanitary materials and the body, as well as a suitable place of disposal for used materials (WHO-UNICEF, 2012).

Menstruation also known as period, is a monthly regular discharge of blood and mucosal tissue from the inner lining of the uterus through the vagina of a woman following the failure of fertilization to take place (Bigg, 2011).

Menstruation is an important milestone in a girl's transition to womanhood. However, menstruation can place significant obstacles in the way of girls' access to health, education and future prospects, if they are not equipped for effective MHM. Good MHM requires access to necessary resources (for example, menstrual materials to absorb or collect menstrual blood, soap and water), facilities (for example, private place to wash, change and dry re-usable menstrual materials, in addition to an adequate disposal system for menstrual materials), and education about MHM (UNICEF 2012).

Globally, approximately 1.8 billion women experience menstruation, yet an estimated 800 million lack access to essential menstrual products and adequate facilities for effective Menstrual Hygiene Management (MHM). To manage menstruation safely and with dignity, girls and women need easy access to water, sanitation, and hygiene (WASH) facilities, affordable and appropriate menstrual materials, comprehensive information on best practices, and, most importantly, a supportive environment free from embarrassment and stigma.

According to (World Bank 2022). Girls and women globally encounter challenges of more than the basic supply of materials and infrastructures during their menstruation period and its worst in the low-income countries where a half of the schools lack adequate water, sanitation and hygiene services which are so crucial and vivid to enable girls and even the female teachers to manage menstruation. (UNICEF2015). Additionally, many studies have revealed that the inadequate sanitary facilities at schools bear evidence of girls' poor performances that are result of missing classes during their menstruation or even drop out, and other inconveniences caused during the menstruation. However, at the Asia content, basically India, meta-analysis studies show a status of menstruation hygiene among adolescent that a quarter of the girls did not attend school during menstruation because of the lack of adequate toilets. (Van Eijk et al 2016).

Secondly, East African (Kenya, Uganda, Burundi, South Sudan and Tanzania) is a region as well where girls and women do not have adequate Menstrual Hygiene Management with approximately 72% of the population living below \$ 3.10 USD a day and there are many who are bond to culture believe where menstruation and reproductive health are not discussed because they believe menstruation as a taboo. Hence making many women and girls more ignorant and do not understand the reproductive cycles of their bodies and even know much knowledge on how to manage their menstruations.

A recent study in Uganda found that 90.5% of participants failed to meet the criteria for adequate Menstrual Hygiene Management (MHM), highlighting a significant gap in information among women and girls. In urban areas, most girls and women use disposable pads, while those in rural areas rely on homemade materials such as pieces of cloth, toilet paper, mattress stuffing, and other improvised options, including leaves, mud, ash, and dung.

Research also indicates that in rural schools across the East African region, many girls miss classes or drop out due to a lack of knowledge about menstruation and proper hygiene management. This challenge is further compounded by limited access to menstrual materials, inadequate clean water, and a lack of private latrines. Such an unsupportive environment creates fear and discomfort, particularly among school-going

girls, leading to absenteeism as a coping mechanism. Over time, this negatively impacts their academic performance, resulting in poor grades or even school dropouts. According to Kearon (2021), approximately 91% of women and girls in Uganda lack adequate MHM.

Thirdly, Uganda as a country presents no different challenges and issues women and girls undergo in their Menstrual Hygiene Management as other women and girls face in the different parts of the world. 50.7% of the Ugandan population are women having 23.88 million females, Uganda Ministry of Education and Sport in 2015 laid guidelines for actions to respond to girls' needs at schools while in 2017 it was integrated in to the planning and implementation framework for WASH in schools. In continuation, majority of the women and girls in Uganda use homemade alternatives to manage their menstruations. A study commissioned by the Netherlands Development Organization shows that 65% of women and girls in Uganda are unable to fully access and meet their Menstrual Hygiene Management needs, from survey of 140 schools in the country. 70% of the girls mentioned menstruation as hindrance to their academic performance. Research shows that about 77% of girls miss 2-3 days in a month of their school due to menstrual-related challenges, there is always no access to information by women and girls about Menstruation Hygiene Management, lack of access to materials and facilities.

THE BACKGROUND OF THE SCHOOL.

Anyafiyo Primary School is a government-aided primary school located in Arua Hill, Arua District, Uganda. The school was established in 2002 and serves the local community by providing primary education. It currently employs between 16 to 25 staff members, reflecting a medium-sized team for the region.

The school has also participated in community initiatives, such as the launch of the Women, Adolescents, and Youth Rights and Empowerment (WAY) program. During this event, students from Anyafiyo Primary School performed edutainment activities, highlighting their engagement in social causes and youth empowerment programs within the district.

According to Lenia et al. (2019), girls use pads and homemade materials such as cloth and cotton wool for menstrual management. However, as organizations withdrew support for menstrual materials and education, newly menstruating girls were left without guidance, despite their poor and dependent conditions. Many adolescent girls face challenges such as long distances to school, lack of proper sanitation facilities, limited access to clean water, and no privacy for washing reusable pads. As a result, many stay home during their menstrual cycles, leading to reduced school attendance and poor academic performance.

1.3 PROBLEM STATEMENT

Menstrual hygiene management (MHM) remains a critical and neglected issue in Uganda, posing significant challenges to the education and well-being of female students. Research shows that 28% of Ugandan schoolgirls miss school during menstruation, translating to a loss of 48-60 learning days annually, largely due to the lack of access to proper menstrual hygiene products, inadequate sanitation facilities, and persistent stigma (Boosey et al., 2014; Hennegan & Dolan, 2020).

The situation is further exacerbated by insufficient school infrastructure. In Uganda, less than 50% of schools have proper washrooms for girls, and many schools lack functional water, sanitation, and hygiene (WASH) facilities. Additionally, only 20% of schools have hand washing facilities, making menstrual management even more challenging (IRC, n.d.).

For most girls, sanitary pads are unaffordable due to widespread poverty, forcing them to use alternatives like rags, paper, or leaves, which are often unhygienic and uncomfortable. This contributes to low self-esteem, reduced participation in class, and absenteeism. Furthermore, 79% of Ugandan women and girls report experiencing menstrual pain, yet only 28% have access to pain relief services, which hinders their ability to focus on education (IRC, n.d.; Hennegan et al., 2019).

Cultural taboos and stigma surrounding menstruation worsen the issue by creating an environment where menstruation is seen as shameful. This prevents girls from openly

discussing their challenges and seeking support. Schools play a significant role in MHM education, yet only 30 of 120 teachers surveyed had received MHM training, leaving a significant gap in awareness and support for students (IRC, n.d.).

If these issues are not urgently addressed, they will continue to undermine the academic performance and future opportunities of female students. In Uganda, menstrual hygiene challenges are a significant contributor to school dropouts among adolescent girls. According to the Ugandan Ministry of Education and Sports, around 23% of girls drop out of school annually due to a lack of access to proper menstrual hygiene management facilities and products (UNICEF, 2021). Many girls, especially in rural areas, face difficulties managing menstruation due to inadequate water, sanitation, and hygiene (WASH) facilities at schools. This results in absenteeism, and repeated absences often lead to permanent dropout.

1.4 PURPOSE OF THE STUDY

The purpose of this study is to investigate how menstrual hygiene management affects the academic performance of female students at Anyafiyo Primary School in Arua City, Uganda, with the ultimate goal of recommending possible solutions to improve educational outcomes and promote gender equity in learning environments.

1.5 OBJECTIVEES

1. To assess cases of menstrual hygiene among the female pupils at Anyafiyo primary school.
2. To assess how menstrual hygiene practices affect adolescent girls' ability to attend school regularly and participate fully in educational activities in Anyafiyo Primary School.
3. To identify any barriers related to menstrual hygiene management that may hinder adolescent girls' access to education and academic success in Anyafiyo Primary School.

1.6 RESEARCH QUESTIONS

1. What are the incidents related to menstrual hygiene among female pupils at Anyafiyo Primary School?

2. How do menstrual hygiene practices, or the lack of pads affect adolescent girls' school attendance and participation in educational activities at Anyafiyo Primary School?

3. What are the barriers related to menstrual hygiene management that may hinder adolescent girls' access to education and academic success in Anyafiyo Primary School?

1.7 SCOPE OF THE STUDY

1.7.1 Content Scope

This study will specifically focus on examining how menstrual hygiene management (MHM) affects the academic performance of female students. It will explore factors such as access to menstrual products, availability of sanitation facilities, cultural attitudes toward menstruation, sensitization, and their influence on school attendance, participation, and performance.

1.7.2 Time Scope

The study will analyze data from the past four academic years (e.g., 2021-2024) to identify trends and patterns. Additionally, the fieldwork and primary data collection will occur over a six-month period during the 2024 academic year.

1.7.3 Geographic Scope

The research will be conducted at Anyafiyo Primary School, located in Arua City, Uganda. This school is representative of the challenges faced by female students in similar rural and semi-urban schools across Uganda and the research will also look their parents.

1.8 JUSTIFICATION OF THE RESEARCH

This study is necessary because menstrual hygiene management (MHM) has a profound impact on the education of female students, yet it remains a largely neglected issue in Uganda, particularly in rural areas like Arua City. The research addresses critical gaps in understanding and intervention for several reasons:

Educational Barriers for Girls: Studies show that poor MHM contributes significantly to absenteeism among schoolgirls. Approximately 28% of girls in Uganda miss school during menstruation due to inadequate access to sanitary pads, water, and private spaces, leading to a loss of up to 60 learning days annually (Hennegan & Dolan, 2020). Without intervention, these absences lower academic performance and increase dropout rates, perpetuating gender disparities in education.

Inadequate School Infrastructure: Most primary schools in Uganda lack proper WASH (Water, Sanitation, and Hygiene) facilities. With less than 50% of schools offering adequate washrooms for girls and toilet-to-pupil ratios often exceeding national standards, managing menstruation becomes a significant challenge (IRC, n.d.). This research will provide evidence for improving such facilities to create a more supportive learning environment.

Health and Dignity of Girls: Many girls rely on unsafe, unhygienic materials like cloth or leaves during menstruation due to the high cost of sanitary pads. This not only affects their health but also undermines their confidence and ability to participate in class. By highlighting these challenges, the study will advocate for affordable and accessible menstrual products.

Cultural and Stigmatic Barriers: Cultural taboos around menstruation perpetuate silence and stigma, leaving girls unprepared and unsupported. This creates mental and emotional stress, further hindering their ability to concentrate and perform well academically (Boosey et al., 2014). The study will raise awareness and promote dialogue to break these taboos.

Policy and Advocacy Gaps: There is limited empirical data on MHM's impact on academic performance in Uganda. This research will fill this gap, providing actionable insights to inform policies and interventions aimed at improving menstrual hygiene and supporting girls' education.

1.9 SIGNIFICANCE OF THIS STUDY

This study on menstrual hygiene management (MHM) and academic performance shall contribute significantly to the existing body of knowledge in education, public health, and social development, particularly within low-resource settings like Arua City.

First, the study advances understanding of the interplay between menstrual hygiene and educational outcomes among adolescent girls. By highlighting specific challenges, such as absenteeism due to inadequate menstrual hygiene facilities, the research provides empirical evidence on how MHM directly affects attendance, class participation, and academic achievement. According to Sommer and Sahin (2013), inadequate facilities and stigma around menstruation remain key barriers to girls' education, particularly in developing countries. This study adds to this discourse by focusing on a specific context in Anyafiyo Primary School offering localized insights that can inform targeted interventions.

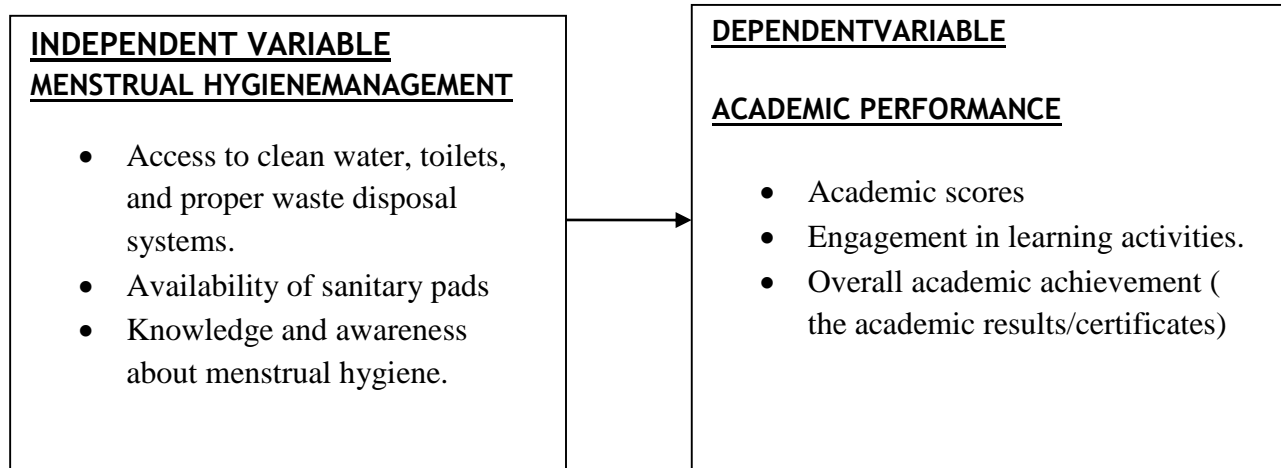
Second, the research provides a practical framework for addressing menstrual hygiene-related barriers in schools. It emphasizes the need for a holistic approach that includes improving school infrastructure, providing access to affordable menstrual products, and reducing stigma through education and awareness campaigns. Such recommendations align with the findings of UNESCO (2019), which stress that comprehensive menstrual hygiene programs can significantly improve school attendance and academic performance.

Third, the study contributes to policy development. By identifying gaps in menstrual hygiene management within the school, it underscores the need for institutional support, including government-led initiatives to provide free sanitary products and establish menstrual hygiene policies in schools. These insights support the global call for education policies that integrate MHM as a fundamental component of gender equality in education (Sommer et al., 2016).

Lastly, the study enriches theoretical perspectives by applying frameworks such as Maslow's hierarchy of needs and the capability approach to MHM and education. It demonstrates how meeting basic needs like access to sanitary products enables girls to

reach their academic potential, reinforcing the relevance of these theories in real-world educational challenges.

16 1.10 CONCEPTUAL FRAMEWORK



The above conceptual framework was derived from the research objectives.

17 1.11 THEORETICAL FRAMEWORK

One theory that clearly explains menstrual hygiene management (MHM) is the Ecological Systems Theory by Urie Bronfenbrenner (1979). While originally designed to explain human development within environmental contexts, this theory has been adapted to explain the complex interplay of factors influencing MHM.

Application to menstrual hygiene management (MHM);

1. **Microsystem:** This level involves immediate environments like family, peers, and schools. For MHM, it considers how parents, teachers, and peers directly influence a girl's access to menstrual products, support, and education.

Example: A girl's ability to manage her menstruation at school may depend on the availability of sanitary facilities and her teacher's understanding of her needs.

2. Mesosystem: This level examines the interactions between different Microsystems. For example, the relationship between home and school environments can determine whether girls receive consistent support for menstrual hygiene.

Example: Schools with strong parent-teacher collaboration may ensure that girls are provided with sanitary products or receive education on menstrual health.

3. Exosystem: This refers to external environments that indirectly influence MHM, such as policies, community norms, and media representations.

Example: National policies on providing menstrual products in schools or media campaigns challenging menstrual stigma impact a girl's ability to manage menstruation.

4. Macrosystem: This encompasses overarching cultural, societal, and economic factors, such as gender norms and the stigma surrounding menstruation.

Example: In many societies, menstruation is still a taboo subject, affecting how openly girls can seek support.

5. Chronosystem: This layer considers changes over time, such as the evolution of public awareness or technological advancements in menstrual products.

Example: Increased awareness and innovations, such as reusable menstrual pads, have improved MHM for girls in rural areas.

Why Ecological Systems Theory is relevant

The Ecological Systems Theory explains how different levels of influence individual, family, institutional, societal, and policy shape a girl's ability to manage menstruation effectively. It provides a holistic framework to address challenges and develop multi-layered interventions that tackle both practical and systemic issues in menstrual hygiene management.

CHAPTER TWO

LITERATURE REVIEW

2.0. INTRODUCTION

This chapter presents a review on the study objectives. Explaining each objective differently.

To assess incidents about menstrual hygiene among the female pupils at Anyafiyo primary school.

To assess how menstrual hygiene practices affect adolescent girls' ability to attend school regularly and participate fully in educational activities in Anyafiyo Primary School.

To identify any barriers related to menstrual hygiene management that may hinder adolescent girls' access to education and academic success in Anyafiyo Primary School.

2.1. Incidents about menstrual hygiene among the female pupils at Anyafiyo primary school.

According to Sahiledengle B et al (2022) Adolescent girls face several challenges relating to menstruation and its proper management. Lack of adequate sanitary products, inadequate water supply, and privacy for changing sanitary pads continue to leave adolescent girls with limited options for safe and proper menstrual hygiene in many low-income settings, including Ethiopia. These situations are also compounded by societal myths, stigmas surrounding menstruation, and discriminatory social norms.

Several factors affect adolescent MHM experiences, including inadequate WASH facilities and lack of separate toilets with doors that can be safely closed in schools, unavailability of means to dispose of used sanitary pads and water to wash hands, lack of absorbent materials, fear of blood leaking, menstrual pain, and inadequate knowledge towards the menstrual cycle and its management were key challenges that adolescent girls face in maintaining their menstrual hygiene in a private, safe and dignified manner. In developing countries, the problem of menstrual hygiene gets

worse, as adolescent girls can face significant challenges in managing their menstruation, particularly when attending school. Girls' inability to manage their menstrual hygiene in schools results in school absenteeism, resulting in poor school performance, drop-out, and reduced educational attainment. In some instances, girls were obliged to carry soiled absorbents back home in schools that did not have waste disposal facilities and separate toilet facilities for female students. A growing body of evidence shows that considerable school absenteeism due to menstruation among adolescent girls was a frequent phenomenon in many low and middle-income countries. Besides, lack of clean, safe, functional, private, and gender-specific WASH facilities in school settings and poor access to sanitary materials was also associated with poor MHM among adolescent girls.

According to Hennegan (2016) Menarche is a natural physiological process and a sign of good physical health, yet despite these many girls, especially in lower- and middle-income countries (LMICs), start their menstruation unprepared for managing their periods and unsure of when and where to seek help. Most adolescent girls turn to their mothers or other female confidantes to learn about menstruation, but these female confidantes themselves may be misinformed and uncomfortable in discussing sexuality, reproduction and menstruation. Addressing knowledge gaps is important as shame; emotional distress and poor menstrual hygiene management (MHM) have been associated with a lack of knowledge. While most adolescent girls turn to their mothers or other female confidantes to learn about menstruation, these female confidantes may themselves be misinformed or uncomfortable in discussing sexuality, reproduction and menstruation. Knowledge gaps in relation to menarche are important; however, with studies suggesting where girls feel unprepared for menarche, they are more likely to experience distress at menarche compared with those who feel well-prepared and experience more painful menstrual symptoms.

Inadequate knowledge and understanding of menstruation are of concern because these can be harmful to adolescents' mental and physical health. Where adolescent girls have knowledge gaps related to menarche, and their menstrual cycle, they can experience feelings of shame and distress. The stigmatized nature of menstruation and taboos

around discussing sexuality and the need for concealment can also lead to girls internalizing menstrual stigma. Knowledge gaps can prevent effective Menstrual Hygiene Management (MHM), defined as women and adolescent girls using clean menstrual management material to absorb or collect blood, that can be changed in privacy as often as necessary during the menstrual period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials. Suboptimal MHM is associated can cause genital discomfort, irritation, rashes, and bruising during menses due to the quality of menstrual materials or not changing menstrual pads frequently enough. Poor MHM practices are also associated with increased risk of reproductive and urinary tract infections, cervical cancer and adverse pregnancy outcome.

Additionally, inadequate MHM practices are linked to reduced academic performance and school attendance, with potential impacts on longer term socio-economic outcomes and overall poor quality of life. Even where females have a good understanding of MHM, they may lack access to the facilities and products needed to maintain MHM, such as clean, private toilets, water and clean, reliable materials to absorb menses. Lack of access to feminine hygiene products, female-friendly toilets, safe water and sanitation and soap as well as painkillers, can also act as barriers for females attending school while menstruating.

In a research study conducted by Sivakami M et al (2019) Lack of menstrual knowledge, poor access to sanitary products and a non-facilitating school environment can make it difficult for girls to attend school. A survey was carried out in India showing more girls were informed about menstruation before menarche in model schools (56%) than in regular schools (36%). Girls reported menstruation affected school attendance (6% vs 11% in model vs regular schools respectively) and concentration (40% vs 45%) and was associated with pain (31% vs 38%,) and fear of stain or smell (11% vs 16%). About 45% of girls reported using disposable pads in both model and regular schools, but only 55% and 29% of pad-users reported good disposal facilities, respectively. There were many cases associated with lower absenteeism and inadequate sanitary facilities with higher absenteeism during menstruation. Menstrual hygiene education, accessible sanitary

products, pain relief, and adequate sanitary facilities at school would improve the schooling-experience of adolescent girls in India hence the records of the poor grades were as well associated to absenteeism during menstruation.

Tegegne KT et al (2014) Adolescence in girls has been recognized as a special period marked with the onset of menarche. Even though menstruation is a natural process, it is associated with 20 misconceptions, malpractices and challenges among girls in developing countries. However, much is not documented; school-absenteeism and dropout are a common problem among girls in rural Ethiopia. Focusing among school girls, this study has examined knowledge about menstruation, determinants of menstrual management and its influence on school-attendance in Northeast Ethiopia. In the studies done, the mean age at menarche was 13.98 years. About 51% of girls had knowledge about menstruation and its management. Only a third of the girls used sanitary napkins as menstrual absorbent during their last menstruation. More than half of the girls reported to have been absent from school during their menstruation period. Those who did not use sanitary napkins were more likely to be absent from school (95%). Fifty eight percent of girls reported that their school-performance had declined after they had menarche. In addition, the qualitative study indicated that school-dropout was common among girls who experienced teasing and humiliation by classmates when their clothes were stained with blood as they do not use sanitary napkins.

According to Abu and Alma (2022) during the menstrual period they are number of hygiene practices carried out including wear lightweight, breathable clothing (such as cotton underwear) change your menstrual products regularly, keeping genital area clean, using unscented toilet paper, tampons, or pads, drink enough liquids and other. However, most societies consider menstruation and menstrual blood as taboos and impure. Such consideration prevents many adolescent girls from proper health education and information related to menstrual health, which forces them to develop their ways of managing the event. In a study done, only 37.7% continuously used sanitary pads. Among the cloth users, nearly three-fourths reused cloths, and about 57% used water and soap to wash them. About 49% changed menstrual absorbent, and 44% washed their genitalia three times daily. About 41% used water only to wash genitalia,

and 55% buried sanitary materials under the soil. Around 36.9% of the girls practiced badly, 33.4% fair, and 29.7% good menstrual management. Although there are some cases of sanitary pad use, still menstrual hygiene management is unhealthy in most cases in the above study it traces that mothers and other female relatives are the primary sources of information on menstruation; however, they provide very little information, which is often misconceptions, whereby affecting adolescent girls' response to menstrual management. Studies show that unhealthy practices of menstrual management among adolescent girls are highly prevalent in Bangladesh. Globally, poor menstrual management affects girls' school attendance and academic progress through psychological like discomfort, high stress, fear of leakage of menstrual blood, and fear of leaving signs of menstrual blood inside the school 21 latrine and physical for example Dysmenorrheal, Headache, and excessive bleeding and others factors.

In addition, According to estimates of the United Nations Children's Fund (UNICEF), about one in ten school-age African girl didn't attend school during menstruation or dropped out at puberty due to lack of cleanliness and separate toilet facilities for female students at schools. A study done in Kenya showed that the girls had faced difficulty to manage their menstrual periods at school due to lack of adequate privacy and sanitary facilities. In some schools which did not have waste disposal facilities, girls were obliged to carry soiled absorbents back home. As a result girls preferred to stay at home during their menstruation period. Several studies documented that menstruation related problems, had affected more than a third of student's class concentration, participation, socializing with friends, test-taking skills and homework task performance. Dysmenorrheal was significantly associated with school absenteeism and decreased academic performance, sports participation, and socialization with peers hence all of the above create more academic gap among the girls than the boys and poor grades.

A study conducted in Ethiopia showed (92%) students were aware of menstruation before menarche, their utilization of sanitary napkins was low at 37.6% and a significant proportion, 62.4% were using rags and pieces of cloth. Urban-rural disparity in access to sanitary napkins indicated that, 37.1% of urban girls used sanitary napkins while only

1.6% of rural girls used this product. Sanitary napkins use was limited due to access and financial constraints. Due to menstruation related problems, 43% - 50.7% of students were absent from school, ranging from one day to four days. About 90% of students reported that their school did not have a separate sanitary facility for females and about 43% of informants were obliged to have missed school during their menstruation days.

Lacks of separate facilities were also related with a high rate of female school dropouts in Oromia (65%) and Amhara (33%) regional states of Ethiopia. Moreover, students had a difficulty of attending class attentively due to menstrual related problems such as pain and fear of sudden menstrual blood leakage, as they did not use proper sanitary napkins. About 39% of respondents perceived that menstruation had affected their academic performance or rank negatively when compared to their rank before menarche. They also had discomfort and shame sitting beside male students in the class.

2.2. How menstrual hygiene practices affect adolescent girls' ability to attend school regularly and participate fully in educational activities in Anyafiyo primary school.

According to Anbesu (2023) Menstrual hygiene management (MHM) practice is described as using clean menstrual management material, washing the body as needed with soap and water, and having access to facilities to dispose of used materials. Worldwide, inappropriate management of menstruation affects girls and women in developing countries. In developing countries, approximately 12.3% to 75% of girls cannot access or afford clean sanitary materials, and they use low-quality products such as new or old clothes, cotton wool, toilet paper, underwear alone, and sponges.

According to a United Nations International Children Emergency Fund (UNICEF) report, 10% of school-age African girls do not attend school during menstruation. A study performed in five sub-Saharan African countries showed that the majority of adolescent girls reported a lack of safe, private, clean toilets and washing facilities at schools. A review of the literature showed that factors associated with poor menstrual hygiene practice were lack of access to clean and effective absorbents, facilities to change,

disposal of absorbents, soap, water, and privacy. In addition, consideration of menstruation as a taboo leads to fear and shame in discussions with other families and reduces young girls' knowledge about menstrual hygiene practices. Even adult women may not be aware of the biological factors of good hygienic practices and may reduce their menstrual hygiene practices.

Poor menstrual hygiene practices have many consequences, including exposing adolescent girls and women to reproductive organ and urogenital infections, psychosocial stress, and reduced opportunities for accessing school and jobs. Studies have revealed that many school girls suffer from concentration and limited participation during class times due to discomfort and dishonor during menstruation.

According to Deriba (2022), in society, menstruation is viewed as something contaminated or dirty. Adolescent girls, especially those in rural areas, face poor menstrual hygiene management practice in developing countries. Although menstruation is a normal process, it is regarded as too taboo and many negative cultural attitudes associated with it, such as the idea that menstruating women and girls are contaminated, dirty, and impure. Research reported that menstruating girls face shame, fear, confusion, and poor MHM due to inadequate information, absence of social support, ongoing social and hygiene taboos, and lack of water, sanitation, and waste disposal facilities in school environment. Schools in developing countries lack adequate facilities for water, sanitation, and hygiene (WASH) facilities which contributes to poor menstrual hygiene practices for girls.

Lack of basic knowledge and MHM can lead to urinary tract infection, stress, early, and unwanted pregnancy, all affecting girl's health. Girls may be absent, less attentive at school during menstruation due to a lack of WASH facilities or lack of support from the school community, affecting educational performance or work performance, affecting economic opportunities. When taboos and myths prevent menstruating women and girls from full participation in society, gender equality cannot be guaranteed. Furthermore, inability to develop markets for quality menstrual materials can affect sustainable consumption and production patterns. Lack of access to clean and effective absorbents,

lack of access to soap and water, lack of privacy, inadequate facilities to change, clean and dispose of absorbents are some of the challenges associated with effective MHM. Menstrual hygiene practice is influenced by different factors, including age, educational status of adolescents, educational status of adolescent's father and mother, family size, residence, living arrangements, family monthly income, lack of WASH facilities, lack of latrine privacy, knowledge of women about menstruation and fearing of teasing by boys. Different studies were conducted on the topic of knowledge and practice of menstrual hygiene in Ethiopia through collecting data from only menstruating women. However, good MHM needs the collaboration of at least teachers and girls themselves. To obtain rich information about MHM, it is important to include teachers, girls, and observe WASH facilities during data collection.

Majeed et al (2022) Studies show that more than 50% of girls follow unsatisfactory MHM in LMICs, with rural areas having a higher percentage than urban areas. Efficacious MHM requires access to clean absorbents and facilities for changing, cleaning or disposing of them as required, and soap and water for cleansing the body and the absorbents used during menstruation. Hygiene-related practices during menstruation can lead to an increase in the risk of developing reproductive tract infections. Although menstruation is a normal part of life, and it is associated with several myths and misunderstandings that might negatively affect health. Menstruation is still seen as something repulsive or dirty in Indian society. MHM is a severe problem in India for school-aged teenagers due to a lack of safe, sanitary facilities and limited or no sanitary hygiene products. As a result, many girls drop out of school due to a shortage of menstrual hygiene products and service.

Sahiledengle (2022) globally, at least 500 million women and girls lack adequate facilities for menstrual hygiene management. Lack of WASH (water, sanitation, and hygiene) facilities, particularly in public places, such as in schools and workplaces, can pose a major obstacle to women's and girl's menstrual hygiene. Also, societal myths and stigmas surrounding menstruation, discriminatory social norms, cultural taboos, poverty, and inadequate basic services often cause adolescent girl's menstrual hygiene needs to go unmet. Several factors affect adolescent MHM experiences, including

inadequate WASH facilities and lack of separate toilets with doors that can be safely closed in schools, unavailability of means to dispose of used sanitary pads and water to wash hands, lack of absorbent materials, fear of blood leaking, menstrual pain, and inadequate knowledge towards the menstrual cycle and its management were key challenges that adolescent girls face in maintaining their menstrual hygiene in a private, safe and dignified manner (Eijk 2016) .

In developing countries, the problem of menstrual hygiene gets worse, as adolescent girls can face significant challenges in managing their menstruation, particularly when attending school (Sommer et al 2023). Girls' inability to manage their menstrual hygiene in schools results in school absenteeism, resulting in poor school performance, drop-out, and reduced educational attainment. In some instances, girls were obliged to carry soiled absorbents back home in schools that did not have waste disposal facilities and separate toilet facilities for female students. A growing body of evidence shows that considerable school absenteeism due to menstruation among adolescent girls was a frequent phenomenon in many low and middle income countries (Mohammed 2020). Besides, lack of clean, safe, functional, private, and gender-specific WASH facilities in school settings and poor access to sanitary materials was also associated with poor MHM among adolescent girls.

2.3. What are the barriers related to menstrual hygiene management that may hinder adolescent girls' access to education and academic success in Anyafiyo primary school?

Pednekar (2022) half of the world's populations are women and women have specific needs to manage the menstrual cycle during their lifetime (Asumah 2022). Women need to use products/ materials to absorb the menstrual blood and prevent the outflow during menstruation. Menstrual product is a material that a girl/woman uses to manage her menstrual blood, which should be safe, accessible, and affordable and ensure dignity. To manage the monthly bleeding, girls and women use distinct types of products available in the market depending on the accessibility and affordability of the products (Ha MAT et al 2022). The safety and dignity of using these products are secondary as many women are still unable to even access the products in remote

locations. On average, women use 6-8 sanitary napkins per cycle generating approximately 125 kg of menstrual waste during the menstruating period. Each used disposed menstrual pad takes 500 to 800 years to decompose, as 90% of the menstrual pads are made of plastic. A study conducted in Australia found that women faced logistical challenges related to using menstrual products, including secrecy around purchasing sanitary items, high financial costs, and sufficient female-friendly infrastructure (e.g., working toilets, accessible disposal facilities, privacy) (Krusz et al 19). Women face difficulties accessing menstrual products to manage their periods and were most affected during the pandemic as they could not go out and buy or obtain menstrual pads, especially women who have been using disposable menstrual pads. Menstrual hygiene is a global social and public health concern and must be addressed. Studies suggest a need to create awareness and sensitize people about sustainable consumption's social and economic impact and environmental implications.

Sommer et al (2016) A lack of adequate guidance, facilities, and materials for girls to manage their menstruation in school is a neglected public health, social, and educational issue that requires prioritization, coordination, and investment (Sommer 2015). A body of research has documented menstruating girls' experiences of shame, fear, and confusion across numerous country contexts and the challenges girls face attempting to manage their menstruation with insufficient information, a lack of social support, ongoing social and hygiene taboos, and a shortage of suitable water, sanitation and waste disposal facilities in school environments. The accruing evidence reveals the gender discriminatory nature of many school environments, with female students and teachers unable to manage their menstruation with safety, dignity, and privacy, negatively impacting their abilities to succeed and thrive within the school environment.

Freeman MC et al (2012) Growing evidence suggests the gendered impacts of inadequate WASH facilities in LMIC schools influence the participation of girls. Much of the MHM research, conducted across sub-Saharan Africa, Asia, and South America, has concentrated on understanding girls' experiences of the onset of menstruation and the

subsequent WASH 26 challenges they face managing their menstruation in school. Girls have indicated receiving inadequate guidance prior to their first menstrual period and experiencing fear, shame, and embarrassment managing menstruation, particularly while in school (McMahon SA 2011). Studies have shown girls lack water, soap, privacy, and space to change; adequate time to manage their menses comfortably, safely, and with dignity and hygienic sanitary products and sometimes underwear. The latter lack may increase girls' vulnerability to coercive sex and subsequent sexual and reproductive health harms to obtain money to buy sanitary products. Female schoolteachers in many contexts also struggle to manage their menstruation comfortably and privately in schools and may be hard to retain in the absence of adequate WASH.

Teenagers and young women are frequently related with menstrual issues or abnormalities. Pregnancy, illness, cancer, trauma, hormonal disturbances, mental stress, the environment, excessive physical activity, or nutritional difficulties can all cause menstrual cycle abnormalities (Adam et al., 2009). Heavy periods, non-existent periods, and painful periods are among the problems. Menorrhagia, or heavy menstrual periods, entails more bleeding than usual, with periods lasting 5 to 7 days. Hormone imbalances caused by illnesses, puberty, thyroid disorders, and dietary changes are the most common causes (Brawner et al., 2016).

2.4. Knowledge gap

From the global knowledge of MHM 1.4 billion women menstruate and about 500 million women have challenges in managing their menses especially those in LMIC ranging from lack of knowledge, traditional believes, social economic factors, lack of facilities among others mostly in the rural areas. Although all affords labored by the governments, organizational world, communities and all others concerned bodies to improve MHM among women and adolescents there still remains gaps due to primitiveness, inadequate information, lack of awareness, poor practices, materials lack among others in Anyafiyo primary school. However, this research looks forward to mitigate some of the gaps of the poor practices among the school going adolescent, provision of knowledge, and how to use the available in cases of financial challenges.

When exploring the relationship between menstrual hygiene management (MHM) and academic performance among adolescent girls, several gaps remain unaddressed by prior research that could be included:

1. **Comprehensive Measurement of MHM Impact:** Many studies focus on absenteeism alone without exploring how inadequate menstrual hygiene affects class participation, self-esteem, and exam performance. These nuanced aspects of academic performance should be investigated.
2. **Role of Cultural and Social Norms:** While some research highlights cultural stigmas, there is limited exploration of how specific local beliefs and practices in rural areas like Arua City shape girls' access to and use of menstrual hygiene products.
3. **Infrastructure Gaps in Rural Settings:** Past research often overlooks the variability of WASH facilities between urban and rural schools. A focused study on resource disparities in rural schools, such as Anyafiyo Primary School, is necessary.
4. **Influence of Male Teachers and Peers:** The role of male teachers and peers in shaping girls' confidence and comfort during menstruation has not been adequately explored. Addressing their attitudes and behavior could provide critical insights.
5. **Cost-Effectiveness of Interventions:** Few studies assess the cost-benefit ratio of interventions like free sanitary pads or menstrual hygiene education programs in improving educational outcomes.
6. **Long-Term Effects on Education:** Most research focuses on short-term outcomes, like attendance during menstrual cycles, but neglects to analyze the long-term impact on dropout rates and career aspirations.
7. **Intersectionality of Socioeconomic Factors:** Limited attention has been given to how poverty, family dynamics, and parental education levels interact with menstrual hygiene challenges to influence academic outcomes.

8. Comparative Studies Across Regions: There is insufficient comparative research between regions or schools to understand how unique local factors in areas like Arua City affect MHM and academic performance differently.

By addressing these gaps, the study could provide a more holistic and context-specific understanding of the issue, which can inform more targeted and effective interventions.

CHAPTER THREE

METHODOLOGY

3.0. INTRODUCTION

This chapter presents the methodology to be used for data collection which includes the research design, description of the study area, the target population, sampling procedures, description of research instruments, Ethical consideration. This chapter basically focuses on how information will be obtained from the respondents.

3.1 RESEARCH DESIGN

The descriptive survey research design will be adopted for this study. This is a method of collecting information by interviewing or administering questionnaires to a sample of individuals. It is used to collect information about people's attitudes, opinions, habits or social issues such as education (Fraenkel and Wallen, 1990). The researcher chose this method because it is rapid in data collection and it economical in terms of time and resources, Above all it allows one to study different categories of individuals at the same point in time, in this case the different categories of students. (Bickman Leonard, 1998) Suggests that Descriptive studies can answer questions such as "what is" or "what was", "it was". Therefore, used to determine what relationship there is between the dependent and independent variables.

3.2 Study Population

The target population comprises:

1. Adolescent girls in upper primary classes (P5 to P7) at Anyafiyo Primary School.
2. Teachers who interact with these girls and monitor their academic performance.
3. One health worker and three school administrators who manage hygiene programs within the school.

3.2.1. AREA OF STUDY

The study will focus on Anyafiyo Primary school and the community around. Anyafiyo Primary School is a government-aided primary school located in Arua Hill, Arua District, Uganda. The school was established in 2002 and serves the local community by providing primary education. It currently employs between 16 to 25 staff members, reflecting a medium-sized team for the region. This School was chosen due to its rural-urban mix, representing diverse socio-economic and cultural factors that influence menstrual hygiene practices and academic performance. The school is also accessible for the researcher and provides a relevant setting to explore the impact of menstrual hygiene challenges.

3.3. SOURCES OF INFORMATION

The study will employ both primary and secondary data

Primary data

Primary data are defined as original data collected from the field. These data allow the researcher to control the information provided by the respondents rather than depending on questions and information asked by another party perhaps with quite different intentions. In this study data will be collected through questionnaires which will be administered to the selected students, teachers, and health workers who interact with these students.

Secondary data

Secondary data are those data that are already available. They refer to data which have already been collected and analyzed by someone else for some other purposes. Secondary data will be obtained through written literature from accredited sources.

3.4. POPULATION AND SAMPLING TECHNIQUES.

Population refers to the entire group of individuals that will be needed in the study. (Creswell & Creswell, 2018). Sampling techniques refers to the methods used to select a subset or a sample from a larger population. (Babbie, 2021).

This study will consider a population of 60 Respondents, consisting of adolescent students selected from the classes of P5 - P7. In this study, Adolescence refers the

phase of life between childhood and adulthood, from ages 10 to 19. Most girls get their first period when they're between 10 and 15 years old. WHO, (2014). Girls who lie in this age bracket are in P5, P6 and P7. The study will also consider teachers, and parents to these students and health workers who interact with these students.

The study will consider a sample size of 52 respondents. This sample size was determined by using Krejcie and Morgan Sample Size determination Table (1970).

Table 1: sample size of the study

Class	No of respondents
P5	8
P6	15
P7	21
Teachers	6
Health workers	2

Source: Primary Data

3.4.1. Sampling technique

The study will/shall apply Purposive sampling cluster sampling technique which was used to identify and consider Anyafiyo primary school which is a representative of the target population as well grouping adolescents in the school based on class levels. Purposive sampling (also known as judgmental sampling) is a non-probability sampling technique where the researcher deliberately selects participants or units based on specific characteristics, traits, or qualities that align with the purpose of the study. Etikan, I., Musa, S. A., & Alkassim, R. S. (2016).

The target population for this study is adolescent girls of menstrual age, teachers of adolescent students and health workers who interact with the students. In this qualitative study, using the purposive sampling ensures the researcher get detailed information about the phenomenon based on explanations of their feelings, perceptions, beliefs and others to avoid bias affecting the arguments.

Secondly, Simple Random Sampling was used to randomly select the respondents from the identified clusters of P5, P6 and P7, teachers and health workers. This random selection ensures that each class has an equal chance of being included in the sample, minimizing selection bias and increasing the likelihood of obtaining a representative sample.

3.5. Variables definitions and measurements

The variables refers to the measurable characteristics of factors that can be change or vary.

Dependent variable

- 1) Academic performance

Independent variable

- 2.) Menstrual hygiene Management

Measurement of dependent variable

Academic performance will be measured based on the academic scores, level of engagement in academic activities and general class performance using class final results.

Measurement of the independent variable

The independent variable will be measured based on factors (dimensions) like:

- Access to clean water, toilets, and proper waste disposal systems.
- Availability of sanitary pads
- Knowledge and awareness about menstrual hygiene.

3.6. Procedure of data collection

The researcher will obtain a letter of introduction from the university to help with introductions to the school authorities. After the construction of instruments, the

researcher will take them for approval to the supervisor and there after they will be taken for pretesting in selected few respondents. The researcher will carry out a pilot run on a participating group in the study. Pretesting helps to know whether respondents interpret phrases and questions as the researcher wants them, it also helps to obtain a general assessment of respondents' ability to perform required tasks (recall relevant information, estimate frequency of specific behaviors) and it also helps to obtain ideas for question wording in case rephrasing of the original statements is needed. The research will then proceed to collect the data.

The primary data on the influence of menstrual hygiene management on academic performance in Anyafio Primary School will be collected using a face-to-face questionnaire administration, where the interviewer presents the items orally to the respondents. Face-to-face questionnaire administration is preferred in this study. The questionnaires will be administered by trained research assistants. During the data collection, participants will be assured of confidentiality of the information they are going to provide. Where more information is needed the researcher will ask clarifying questions.

3.7. DATA COLLECTION INSTRUMENTS

Questionnaire: The study will use a semi-structured questionnaire which are self-administered. The questionnaire will be structured in such a way that as to elicit the view of each students in determining the influence of menstrual hygiene management on academic performance. The questionnaire consisted of two (2) sections A and B. Section A will be made up of the various family background information relevant to the study. Section B will contain items on variables influencing students' academic performance in Anyafio Primary school.

Interviews: The researcher will collect data directly from respondents through in-person meetings, phone calls, or video calls, ensuring in-depth information.

Secondary Data Analysis: The researcher will analyze existing data sources, such as journals and organizational records, to answer research questions. Proper citations will be used to acknowledge these sources.

Observation. The researcher here will involve systematic watching and recording of the behaviors, interactions, feelings and perceptions of the respondents this will be conducted in a naturalistic setting or a controlled environment.

The researcher used a number of instruments for instance notebooks, pens this is to facilitate the process of data collection in the field.

3.8. Data quality/error control

3.8.1. Validity and reliability

Validity refers to the degree to which an instrument measures what it is supposed to be measuring (Polit & Hungler, 1997). Content validity of the research tool will be checked by the researcher's supervisors.

Pre-testing to check reliability of the tool will be done to respondents with similar criteria as the study sample and appropriate justifications will be made where necessary.

A pilot study will be conducted and the study will be tested for reliability coefficient basing on Cronbach's Alpha method for reliability and content validity index (CVI) using the following formulae:

$$\text{CVI} = \frac{\text{Number of items rated relevant}}{\text{Total number of items in question}}$$

(for each construct variable)

To get the reliability index, the mean of Cronbach's alpha coefficient values will be calculated using SPSS.

A mean above 0.6 will confirm that the instruments used are reliable.

Adequate training session will be conducted to five research assistants and they were involved in pre-testing of the tool so as to be familiar with the methods. The training session will include description of the overall study purpose and objectives, data collection methods and probing techniques, sampling and criteria for study participants and procedures for obtaining written consent from the participants or relevant authority.

The principle investigator will be present at the study area during the period of data collection to ensure correct and appropriate procedures are followed and also handling any setbacks that will occur. Data will be cleaned after field work by the principal investigator before entry to ensure missed data are collected and to measure validity.

3.9. DATA PROCESSING AND ANALYSIS.

Data analysis will be conducted using SPSS software. Data will undergo cleaning, coding, and editing to remove apparent errors. Frequency tables will be established for all questions to identify missing information, detecting entry errors, and checking for inconsistencies such as outliers. Quantitative data: data from the questionnaires will be analyzed using descriptive statistics. Inferential statistics will be used to explore relationship between menstrual hygiene practices and academic performance. Qualitative data: data from interviews will be analyzed thematically to identify patterns and key themes. Responses will be coded and categorized to draw conclusions aligned with the research objectives.

3.10. METHODOLOGICAL CONSTRAINTS.

Methodology constraints refer to the limitations or challenges associated with the research methods used in a study. These constraints affect how data is collected, analyzed, and interpreted, potentially influencing the reliability, validity, or generalizability of the findings. They are an essential part of research because they highlight the boundaries within which the study operates and the potential challenges that could arise during the research process.

Sampling Limitations

Non-Representativeness: The study focuses on one school (Anyafiyo Primary School), which may limit the findings to other schools in Uganda or beyond.

Small Sample Size: Resource and time constraints might restrict the number of participants, potentially affecting the reliability of the data.

Data Collection Challenges

Sensitivity of the Topic: Menstrual hygiene is a sensitive issue, and respondents (especially young girls) may feel uncomfortable discussing their experiences, leading to underreporting or biased responses.

Language and Literacy Barriers: Some participants might have difficulty understanding questionnaires or interview questions, requiring translation or further clarification.

Resource Limitations

Financial Constraints: Limited funding might hinder comprehensive data collection, such as acquiring adequate research materials or visiting other schools for comparative analysis.

Time Constraints: Conducting focus group discussions, interviews, and observations within a short timeframe may not allow for in-depth exploration of all aspects.

Reliability of Self-Reported Data

Responses from participants, especially students, may be affected by recall bias or the desire to provide socially acceptable answers. This could compromise the accuracy of the data.

Environmental and Contextual Factors

School Infrastructure: Observations may only capture the state of facilities during the study period, which might not reflect the typical conditions over time.

Cultural Constraints: Societal taboos and stigma surrounding menstruation could restrict open and honest communication during FGDs or interviews.

Data Analysis Constraints

Limited availability of advanced statistical software or tools might hinder detailed analysis of the data.

Qualitative data from interviews and FGDs may require extensive time and expertise for coding and thematic analysis.

Strategies to Mitigate Constraints

Build trust with participants to reduce discomfort.

Use mixed-method approaches to triangulate data and ensure validity.

Seek external funding or resources to address financial and logistical challenges.

Allow adequate time for data collection and analysis.

Train data collectors on cultural sensitivity and ethical considerations.

These constraints and mitigation strategies ensure transparency and provide a clear understanding of the study's scope and limitations.

3.11. ETHICAL CONSIDERATIONS.

This study will be conducted within strict ethical code guiding research of Uganda Christian University, during the development of the proposal, data collection, analysis and the final writing of the proposal, acknowledgement of secondary sources of information through citing will be highly considered to avoid plagiarism.

Informed consent. The respondents will be guided and informed of the purpose of this research that is, for academic purpose only, the reason for this is to enable them provide the data without any suspicion. The aspects to do with honesty, confidentiality, integrity and transparency during data collection and reporting findings will be abided by the researcher in the due course.

Fairness. The respondents will all be treated fairly to avoid discrimination or exploitation in the due course of the research.

CHAPTER FOUR:

STUDY RESULTS, ANALYSIS AND INTERPRETATION.

4.0. Introduction

This chapter presents the analysis and discusses the findings of the study entitled “menstrual hygiene management and academic performance of adolescent girls in Arua City Schools; a case study of Anyafiyo Primary School”. In the presentation of findings; Bar charts, Frequency tables and Percentages were used to explain the findings.

The researcher administered 52 questionnaires from which all 52 were returned although not fully filled by the respondents from which findings are based.

4.1. Response Rate

The researcher targeted a sample size of 52 respondents, from whom 52 respondents were able to fully respond to the questions asked in the data collection instruments giving a response rate of 100%. According to (Mugenda & Mugenda, 2003), a response rate of 50% is adequate for analysis and reporting; a rate of 60% is good and a response rate of 70% and over is excellent. Based on the assertion, the response rate was excellent.

4.2. Demographic information

The researcher categorized the respondents into 3 different categories namely; pupils (P.5, P.6 and P.7), teachers (P.5, P.6 and P.7) and medical workers who have interacted with these pupils. The researcher then sought to identify the respondents by their background information which included the pupils’ age, class, knowledge on menstruation and source of the knowledge.

Table 4.1.: Demographic information of the pupils

		FREQUENCY	PERCENT
Age of pupil			
Valid	Below 10 years	3	6.8
	10-13 years	10	22.7
	14-17 years	30	68.2
	Total	43	97.7
Missing	System	1	2.3
Total		44	100.0
Class of pupil			
Valid	Primary five	14	31.8
	Primary Six	11	25.0
	Primary Seven	18	40.9
	Total	43	97.7
Missing	System	1	2.3
Total		44	100.0
Knowledge on menstruation			
Valid	No	2	4.5
	Yes	40	90.9
	Total	42	95.5
Missing	System	2	4.5
Total		44	100.0
Source of information on menstruation			
Valid	Family	19	43.2
	Teachers	21	47.7
	Media	1	2.3
	Total	41	93.2
Missing	System	3	6.8
Total		44	100.0

From table 4.1., Out of the 44 pupils, 3(6.8%) were below 10 years, 10(22.7%) were between the age of 10 -13 years and 30(68.2%) were between 14-17 years. 1(2.3%) pupil did not provide her age. This shows that majority of the pupils who participated in the survey were considerable old enough to have experienced menstruation. The also shows

that 14(31.8%) of the pupils interviewed were in primary 5, 11(25%) were in primary 6 and 18(40.9%) were in primary 7. The researcher considered these classes because the pupils in these upper classes were deemed old enough to have experienced menstruation and hence would be able to support the survey with their experience. This is evident as seen in the table were 40 (90.9%) of the pupils confessed to have knowledge on menstruation as a natural occurring physiological body process while only 2(4.5%) did not know that menstruation is a natural occurring physiological body process. When the pupils were asked how they got to know that menstruation is a natural occurring physiological body process, 19(43.2%) revealed that they learnt from their family members, 21(47.7%) admitted that they learnt from their teachers, while 1(2.3%) learnt from the media. 3(6.8%) students did not reveal how they learnt about menstruation. The above findings indicate that family members and school teachers play a crucial role in educating girl child on menstrual hygiene management at early age as such pupils are still young to have full access to media such as internet.

4.3. Incidence of menstrual hygiene management among the female pupils at Anyafiyo Primary School.

The first objective of the study was to find out the incidence of menstrual hygiene among the female pupils at Anyafiyo Primary School. The respondents were briefed on the term ‘menstrual hygiene Management’ and after understanding the meaning, they were asked to respond, ‘yes’ or ‘No’, on whether their school practices menstrual hygiene management education. The result of this finding is summarized below.

Table 4.3.1. Responses on menstrual management education practice

Variable	Frequency	Percentage
Menstrual Management Education Practice		
No	2	4.5
Yes	42	95.5

Of the 44 respondents, 42 (95.5%) agreed that the school practices menstrual management education while only 2(4.5%) disagreed with this. this shows an over

whelming number of supports in favor of menstrual management education practice hence confirming its incidence in Anyafiyo Primary School.

On the other hand, the respondents categorized as ‘Teachers’ were asked whether they have girls of Menstruation age in their class.

Table 4.3.2. Responses on Menstruation age girls in Anyafiyo Primary School

Variable	Frequency	Percentage
Menstruation Age Girls in School		
No	0	0
Yes	6	100

From the above table, all the teachers 6(100%) revealed that there are menstrual age girls in Anyafiyo Primary School. This proves that the right category of pupils was selected for the study.

The researcher also considered ‘counselling and awareness’ as a variable for tracing the incidence of menstrual hygiene management education in Anyafiyo Primary School. In this case, the teachers were asked whether the school has ‘counselling and awareness’ services to help the girls manage menstrual hygiene. The responses are summarized below;

Table 4.3.3. Responses on counselling and awareness in Anyafiyo Primary School

Variable	Frequency	Percentage
Counselling and awareness services		
No	0	0
Yes	6	100

From table 4.2.3., all the respondents 6(100%) agreed that there is counselling and awareness services for girls undergoing menstruation age in Anyafiyo Primary School. This statistic further confirms the incidence of menstrual hygiene management practice in Anyafiyo Primary School.

The researcher further sought to discover who in particular is responsible for practicing menstrual hygiene management in Anyafiyo Primary School. The pupils were tasked to select among teachers, school clubs, parents and teachers or specify any other option that is not listed.

Table 4.3.4. Summary of responses on practice of menstrual hygiene management education

Variable	Frequency	Percent
Teachers		
No	39	88.6
Yes	3	6.8
Missing	2	4.5
School clubs		
No	38	86.4
Yes	4	9.1
Missing	2	4.5
Both parents and Teachers		
No	6	13.6
Yes	36	81.8
Missing	2	4.5

The above findings in table 4.3.4. reveal that majority of the pupils 36 (81.8%) agree that Both parents and teacher are the responsible persons for practicing menstrual hygiene management in Anyafiyo Primary School, compared to only 4(9.1%) pupils who chose school clubs and 3(6.8%) who selected teachers. However, among the 36(81.8%) includes 2 pupils who selected the options of ‘both parents and teachers’ and ‘others’ but never specified the option.

Also, among the 3(6.8%) pupils who selected teachers, includes 1 pupil who chose both ‘teachers’ and ‘school clubs’. These findings reveal that both parents and teachers

carry the biggest responsibility of practicing menstrual hygiene management in Anyafiyo Primary School.

4.4. Effect of Menstrual hygiene practices on adolescent girls' ability to attend school regularly and participate fully in educational activities in Anyafiyo Primary School.

The second objective of this study was to assess how menstrual hygiene practices affect adolescent girls' ability to attend school regularly and participate fully in educational activities in Anyafiyo Primary School.

Table 4.4.1. Summary of the Effect of Menstrual hygiene practices on adolescent girls' ability to attend school regularly and participate fully in educational activities

VARIABLE	RESPONSE	FREQUENCY	PERCENTAGE
Does menstrual period affect you at school	Yes	1	2.3
	No	43	97.7

Table 4.4.2. How menstrual period affects pupil at school

VARIABLE	FREQUENCY	PERCENTAGE
Pupil feels physically weak or sick	11	25.0
Pupil misses school	8	18.2
Cannot concentrate in school	4	9.1
Feels psychologically affected	20	45.5
reports other effect	2	4.5

4.4.3. Average school days missed due to menstruation/months

VARIABLE	FREQUENCY	PERCENTAGE
1-2 days	15	34.1
3-4 days	20	45.5
5 days and above	8	18.2

4.4.4. Participates freely in P.E. during menstruation

VARIABLE	RESPONSE	FREQUENCY	PERCENTAGE
Does pupil participate freely in P.E. during menstruation	Yes	4	9.1
	No	38	86.4
	Missing	2	4.5

4.4.5. Associates freely with classmates during menstruation

VARIABLE	RESPONSE	FREQUENCY	PERCENTAGE
Does pupil associate freely with classmates during menstruation	Yes	2	4.5
	No	42	95.5

4.4.6. Do other students realize that you are in menstruation?

VARIABLE	RESPONSE	FREQUENCY	PERCENTAGE
Do other students realize that you are in menstruation	Yes	39	88.6
	No	4	9.1
	Missing	1	2.3

4.4.7. Difficulty in concentrating on study activities

VARIABLE	RESPONSE	FREQUENCY	PERCENTAGE
Does pupil have difficulty in concentrating on study activities	Yes	43	97.7
	No	0	0
	Missing	1	2.3

From table 4.4.1., Pupils were asked whether menstrual periods affect them, 43(97.7%) of all the pupils accepted that menstrual periods affect them while only 1(2.3%) of the pupils said otherwise. This implies that indeed menstrual periods affect these students in one way or another.

The pupils further participated in mentioning how menstrual periods affect them by choosing amongst the options provided to them. From figure 4.1. below, 11(25%) pupils said menstrual periods makes them feel physically weak and sick, 8(18.2%) admitted that they are forced to miss school, 4(9.1%) agreed that it makes them not concentrate in school while 20(45.5%) said they feel psychologically affected. This implies that despite the various effects of menstrual periods to pupils, its psychological impact remains more prominent.

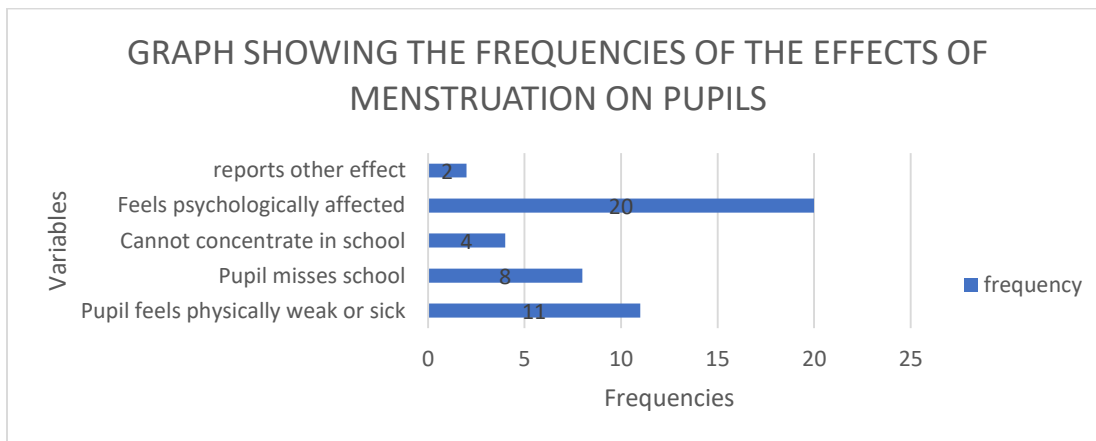


Figure 4.1.: Effects of menstruation as experienced by pupils in Anyafiyo P/S

2 pupils amongst those who said they feel psychologically affected also selected option ‘others’, but did not specify the exact effect they are referring to.

Concerning the days missed in a month due to the impact of menstrual periods, majority of the pupils 20(45.5%) said they miss 3-4 days, 15(34.1%) miss 1-2 days and 8(18.2%) miss 5 days or more as presented in figure 4.2. below.

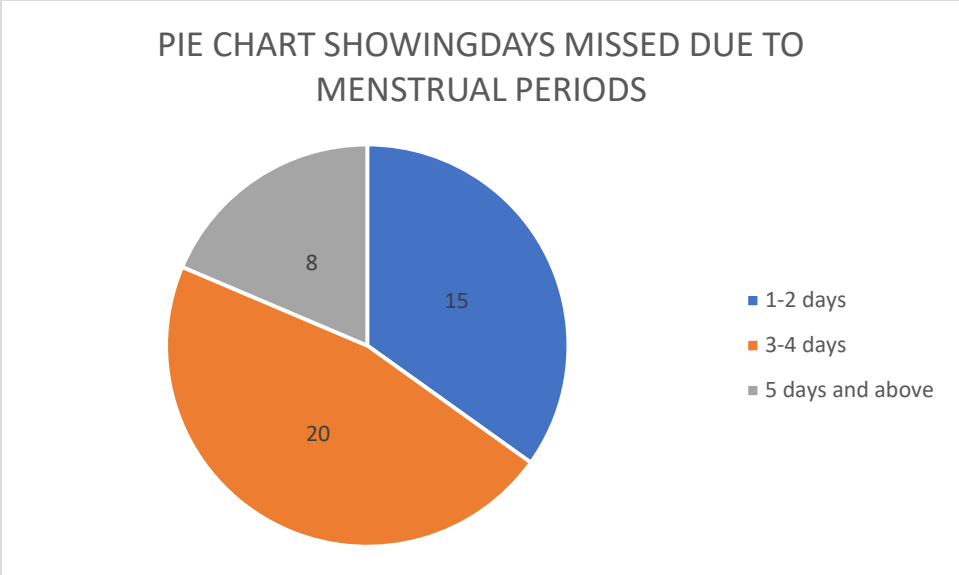


Figure 4.2.: Days missed by girls in Anyafiyo Primary School due to menstrual periods.

This finding could be attributed to the scientific fact that a normal period lasts on average, 3 days. This form of absenteeism affects girls’ ability to attend school regularly and participate fully in educational activities in Anyafiyo Primary School.

The researcher also identified Physical education in (Table 4.4.4.) as one of the regular and important educational activities in Anyafio Primary School. On this basis, the pupils were asked whether menstrual periods affected their participation in physical education. 38(86.4%) of the students overwhelmingly agreed that their participation in physical education is affected by menstrual periods while only 4(9.1%) said they are not affected in this way. 2 pupils did not respond to this question. This shows that menstrual periods strongly affects students in participating fully in educational activities in Anyafiyo Primary School.

It is also important that students associate freely with each other both at school and in out of school activities because education is an interactive activity. The researcher further sought to find out whether pupils interact freely during menstrual periods. From table 4.4.5., only 2(4.5%) admitted that they associate freely with colleagues during

menstrual periods while the rest 40(95.5%) said they cannot interact freely with fellow students during their menstrual periods.

These pupils find it hard to conceal what they are going through hence making it hard to associate freely with fellow pupils. This is evident from the research findings in table 4.4.6., when the pupils were asked whether their colleagues were able to notice their menstrual status. 39(88.6%) of the pupils confessed that their menstrual periods get noticed by fellow students while 4(9.1%) said their menstrual periods are not noticed by other pupils.

The teachers of these pupils were also asked about the effects of menstruation on the girls of Anyafio Primary School. The results are presented in the figure 4.3. and table 4.4.2. below.

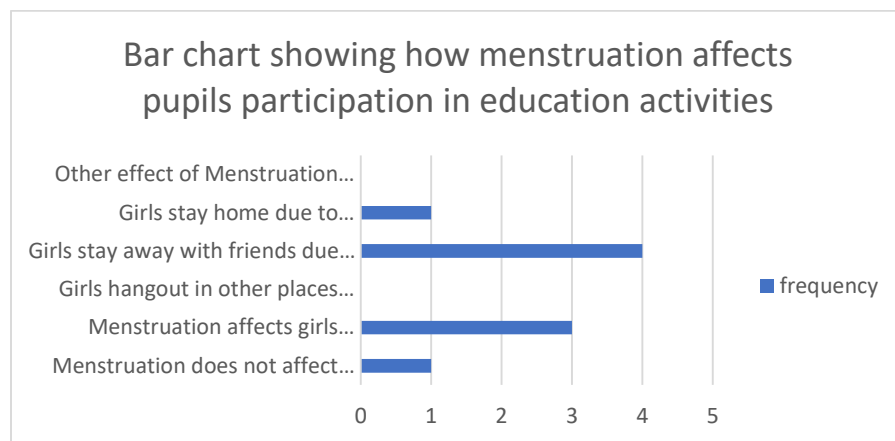


Figure 4.3. How menstruation affects pupils' participation in education activities

Table 4.4.2.: How menstruation affects pupils' participation in education activities

Variable	Frequency	Percentage
Menstruation does not affect girls while in school	0	0
Menstruation affects girls making them not to attend school	3	50.0
Girls hangout in other places due to Menstruation	0	0
Girls stay away with friends due to menstruation	4	66.7
Girls stay home due to menstruation	1	16.7
Other effect of Menstruation exclusive of the above mentioned	0	0

Regarding the effects of menstruation on pupils' participation in education activities, teachers were asked to choose from the options in table 4.4.2. above. the findings indicate that 4 (66.7%) of the teachers agreed that girls stay away with friends, 3 (50%) said girls do not attend school, 1(16.7%) said girls stay home during menstruation. 2 teachers agreed that girl both do not attend school and stay away with friends during their menstrual periods. From these findings, we can assert that in the absence of proper menstrual hygiene management, girls do not attend school during their menstrual periods and also stay away with friends during the same situation.

The teachers were also asked how many days the miss due to menstrual periods, similar to the answers from the pupils, 2(33.3%) revealed that girls miss 2-3 days, 2(33.3%) said girls miss 4-7 days, 1 teacher said the girls miss 2 weeks while the other teacher chose the option "others".

When asked whether there are dropout cases due to menstrual effects, 2 (33.3%) of the teacher agreed that some students drop out of school, 3(50%) of them said that there are no dropout cases while 1(16.7%) admitted that they don't know. These mixed opinions in responses could be as a result of some teachers serving longer in the school or the fact that they teach different classes or streams.

The teachers were further asked to estimate on average how many students dropout annually due to menstruation effects. The 2 teachers who accepted that there are dropout cases both estimated the dropout rate of 1-10 girls per year. These findings indicate a relatively low dropout rate due to menstrual hygiene.

2 health workers associated to the school were also included in this interview. When asked whether they had interacted with pupils concerning menstruation related issues at school, both health workers had interacted with the pupils on menstrual related issues. When asked what issues the pupils commonly presented, the analysis of the responses indicated that Mental/Psychological issues, physical health problems and infections are common issues pupils present with.

4.5.1. Barriers related to menstrual hygiene management that may hinder adolescent girls' access to education and academic success.

The third objective of this research was to identify any barriers related to menstrual hygiene management that may hinder adolescent girls' access to education and academic success in Anyafiyo Primary School. The 44 pupils were asked open ended questions regarding water source, sanitary pads, waste disposal, hand washing, bathing and general washing facilities. The findings were presented in table 4.5. below;

Table 4.5.1.1: Pupils responses on the barriers related to menstrual hygiene management

VARIABLE	RESPONSE	FREQ	%AGE	MISSING
Does School provide enough sanitary pads?	No	38	86.4	1(2.3%)
	Yes	5	11.4	
Is there a functional water source at school?	No	3	6.8	2(4.5%)
	Yes	39	88.6	
How often is the water source accessible for use?	Not always open	2	4.5	1(2.3%)
	Always open	41	93.2	
Does school have private waste disposal facility?	No	27	61.4	1(2.3%)
	Yes	16	36.4	
Does school have hand washing facility?	No	2	4.5	1(2.3%)
	Yes	41	93.2	
Does school have private bathing and washing facilities for girls?	No	9	20.5	1(2.3%)
	Yes	34	77.3	

38(86.4%) of the pupils said the school does not provide enough sanitary pads compared to only 5(11.4%) who said the school provides them with enough sanitary pads. 1(2.3%) pupil did not respond to the question. Concerning the water source, 39(88.6%) agreed that the school has a functional water source while only 3(6.8%) pupils believe the school does not have a functional water source. Among the respondents, 41(93.2%) also reported that the water source is always open for use while 2(4.5%) said its not. Regarding private waste disposal facility in the school, there were mixed responses where 27(61.4%) admitted that availability of private waste disposal while 16(36.4%) said contrary. When asked whether the school has a hand washing facility, 41(93.2%) said the school has a hand washing facility while 2(4.5%) said the school has no hand washing facility. Lastly, the researcher also gathered pupils' responses on private bathing and washing facilities at the school. 34(77.3%) said the school has private bathing and washing facilities and 9(20.5%).

These findings reveal that girls in Anyafiyo Primary School have adequate and accessible functional water source, hand washing facility, and private bathing and washing facilities.

However, the school faces lack of enough sanitary pads and lack of proper waste disposal facilities as major barriers to menstrual hygiene management.

The researcher also engaged the 10 teachers and 2 health workers in an attempt to find out the barriers to Menstrual Hygiene Management in Anyafiyo Primary School. When the teachers were asked whether there are sanitary napkins available for the girls in emergency/accident situations, 5(83.3%) of the teachers said there are enough sanitary napkins available for the girls in emergency/accident situations whereas 1(16.7%) disagreed that there are not enough of sanitary napkins available for the girls in emergency/accident situations. 5(83.3%) also said the school has available private bathing facility for girls while only 1(16.7%) said contrary.

Regarding availability of an isolated place to change pads, all the teachers agreed on its availability. These findings are similar to the responses of the pupils but however differ in the availability of sanitary napkins/pads. This could be as a result of biasness where the teachers don't want to tarnish the image of their school.

Table 4.5.1.2.: Teachers responses on the barriers related to menstrual hygiene management

VARIABLE	RESPONSE	FREQ	%AGE	MISSING
Availability of sanitary napkins at school during emergency situations	No	1	16.7	-
	Yes	5	83.3	
Availability of girls' private facility for bath at school	No	1	16.7	-
	Yes	5	83.3	
Availability of an isolated place to change pads.	Yes	6	100.0	-
	No	0	0	

Overall, the teachers were asked to express their satisfaction towards menstrual facilities at the school, 2(33.3%) of the teachers expressed their dissatisfaction with the menstrual facilities at the school while 4(66.7%) said they are satisfied with the facilities. This is expressed in figure 4.4. below;

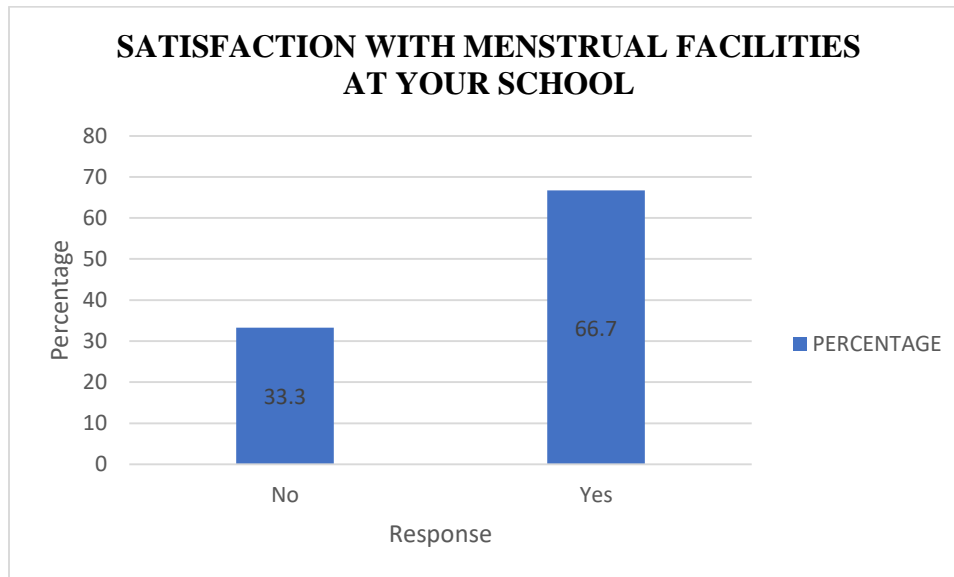


Figure 4.4. Level of satisfaction of teachers on menstrual hygiene management in Anyafiyo Primary School

In an Open ended question, the teachers were asked to list the challenges they face in accessing support in the management of menstrual hygiene in the school. Here, the researcher was more interested in finding out the exact challenges faced in accessing support in the management of menstrual hygiene in the school rather than knowing which factors are more frequently mentioned by the respondents. The responses included the following.

1. Outdated menstrual facilities
2. Inadequate counselling and awareness on menstrual hygiene management
3. Fearfulness of girls to open up on menstrual issues
4. Inadequate water in the bathing shelter
5. Inadequate or no support from parents concerning menstrual hygiene management

6. Few sanitary materials provided to girls
7. Sickness among menstrual girls
8. Inadequate knowledge on menstrual cycles among girls
9. School faces a challenge of lack of knowledge on Menstrual hygiene management
10. School faces challenge of large number of girls in the school
11. School faces challenge of misunderstanding between the responsible teachers and Admin
12. School faces challenge of inadequate financial support in managing menstrual health

Meanwhile, the health worker on their part were asked about the major challenges they face in supporting the girls in menstrual hygiene practice. Each respondent was required to give three challenges. The responses are presented below.

Table 4.5.1.3. Major challenges faced by school health practitioners in supporting the girls in menstrual hygiene practice.

VARIABLE	FREQUENCY
Challenge of inadequate sanitary facilities	1
Challenge of inadequate sanitary pads	1
Challenge of lack/Inadequate finances	2
Challenge of lack of counselling and guidance	1
Challenge of Menstrual facilities	1

When asked whether there are measures in place to solve the above challenges, both health workers said that the school has measures currently in place.

4.5.2. Family support to adolescent girls towards managing menstrual hygiene.

The researcher also sought to investigate the level of support by families to the pupils of Anyafiyo Primary school.

Table 4.5.2.1. Family support to adolescent girls towards managing menstrual hygiene.

RESPONSE	FREQ	%AGE	MISSING
No	3	6.8	1
Yes	40	90.9	

Table 4.5.2.2. Type of Support

VARIABLE	FREQ	%AGE	MISSING
Financial support from family during menstrual period	33	75.0	3
Social support from family during menstrual cycle	5	11.4	
Emotional support from parents during menstruation	4	9.1	

Table 4.5.2.3. Freedom to discuss menstrual issues with family, friends or teachers

RESPONSE	FREQ	%AGE	MISSING
No	16	36.4	-
Yes	28	63.6	

Table 4.5.2.4. Reason for not freely discussing menstrual issues with family, friends and teachers

VARIABLE	FREQ	%AGE	MISSING
Shame or fear	16	100	-

From table 4.5.2.1., pupils were asked whether they get support from their families during menstruation. 40 (90.9%) of them agreed that their families support them in menstrual management while 3 (6.8%) said they do not receive support from their

families. This implies that the families of the pupils of Anyafiyo Primary School play an active role in supporting their pupils in Menstrual Hygiene Management.

When asked what main type of support they got in regard to menstrual hygiene, (Table 4.5.2.2.), 33 (75%) said they receive financial support, 5 (11.4%) said they receive social support and 4 (9.1%) said they receive emotional support. This implies that financial support crucial in managing menstrual hygiene especially for buying sanitary materials during emergency times and seeking medication to combat the effects of menstrual periods.

Furthermore, from table 4.5.2.3., pupils were asked whether they freely discuss issues concerning menstruation with their families, friends and teachers, 28 (63.6%) agreed that they freely discuss issues concerning menstruation and 16 (36.4%) said contrary.

The same students (16) as shown in table 4.5.2.3., who said they don't freely discuss issues concerning menstruation with their families, friends and teachers all singled out shame or fear as the reason why they don't freely discuss issues concerning menstruation with their families, friends and teachers. This shows that girls generally feel ashamed of sharing their menstrual experiences and therefore require emotional and social support to overcome this.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATION

5.0 Introduction

The chapter presents summary of the results that were presented in chapter four. It also relates these results to similar studies which were carried out elsewhere as revealed by different scholars. This chapter also provides conclusions and recommendations basing on the findings of the study and suggests areas for further research.

5.1 Summary of the findings

The study findings revealed that there is a significant positive relationship between menstrual hygiene management and academic performance of adolescent girls while at school. This is so as most of the girls revealed that there is menstrual hygiene education that is conducted in their schools carried out mainly by teachers and health clubs that has put efforts and made them strong enough to handle conditions during these periods, learning information about menstruation, and hence being able to concentrate on their academics. It was also revealed that most girls started their menstruation at the age of 12 years. The girls also noted they experience severe pain during menstruation which could have serious effects on their ability to perform better in their academics, relationships in class and performances in academic activities. The study findings also revealed that most girls think that menstruation is a taboo and secret due to culture and beliefs of the society about menstruation. The study findings also revealed that most girls do not freely discuss menstruation with their family members, friends or teachers which create a gap in essentially helping them to perform better in their academics.

Furthermore, the study findings revealed that menstrual hygiene management greatly contributes to school absenteeism of adolescent girls hence affecting their academic performance in school. For example, the girls revealed that they miss school because of menstruation for 2 or more days of their monthly periods meaning that they miss a lot in class work which greatly deters and affect their academic contributions and

performance. It was also revealed that most girls miss school during their periods because they are afraid of others making fun of them, because periods can cause them stomach pain and because periods make them feel uncomfortable or tired hence making other class members to easily notice them when in their periods. The girls also noted that they miss school during their periods because periods can cause them feel weak, cause them dizziness, because there are no rest rooms at the schools, no and uncomfortable wash places at school, lack of sanitary pads and because there isn't anywhere for girls to change pads at school.

More so, the study findings revealed that there are several consequences of menstruation which affect the academic performance of girls in primary and secondary schools. For example, it was revealed that most girls experience abdominal/ stomach pain during their menstruation, that girls feel body weakness, find it difficult to freely stand and answer question while in class and also find it difficult to move freely among boys during their menstruation.

The study findings also revealed that most girls find it is difficult to feel confident or relating well with their peers during their menstruation. They also noted that they miss school during their periods because periods can cause them feel weak, because they find it difficult to participate freely in Physical Education and the other academic activities, because they find it is difficult to concentrate on their study activities, because they tend to lack pads and because they don't feel comfortable in class during their menstruation.

The study findings also revealed that the availability of menstrual materials has a great impact on the academic performance of adolescent girls in primary schools. For example, it was revealed that some of the girls use homemade reusable absorbents menstrual materials which are washed with soap and water. It was also revealed that the girls always clean their genitalia during menstruation which is done using water or plain paper.

The girls also noted that they always take a shower daily during menstruation which is done using soap and water. It was also revealed that the girls have where they dispose

of menstrual material they use at school which is mainly done in school latrines or in waste bins. Importantly, the study findings revealed that most girls do not use commercially made sanitary pads because they are costly, not always available and difficult to dispose of. Lastly, it was revealed that girls always ask for money from their families for buying sanitary pads mainly from their mothers, fathers and other relatives.

Finally, the study findings revealed that sanitary facilities at school during menstruation of girls have a great impact on the academic performance of girls in the primary schools. For example, it was revealed that the availability of water source at school which is functional 5-7 days per week enable girls to clean themselves and concentrate on their academics confidently. It was also revealed that most of the schools have separate latrines for boys and girls that are somehow functional hence enhancing their ability to concentrate in class. Interestingly, the study findings revealed that most of these toilets in the schools are not clean which can affect the girl's health wise and hinder their learning ability. It was also revealed that some of the girls' individual toilet compartments are lockable from the inside which can have a massive effect on the confidence of these girls in using them. Lastly, the study findings revealed that most of the schools have hand-washing facilities with water and no soap or ash available for personal hygiene which is good for girls to clean themselves and be confident in class.

However, it was noted that the schools have no sanitary napkins available for girls in an emergency/ accidents situation and that schools lack private facilities for girls to bathe/wash which can have a massive effect on their learning outcomes, class attendance and activities participation hence making and keeping their grades low.

5.2 Conclusions

From the study, it can be concluded that there is a significant positive effect between menstrual hygiene management and academic performance of adolescent girls while at school. This is because when there is menstrual hygiene education conducted in schools girls can be able to have knowledge about these periods and have the confidence to concentrate on their academics.

However, when girls experience severe pain during menstruation, it can have serious effects on their ability to perform better in their academics but if these girls freely discuss menstruation with their family members, friends or teachers, can help build confidence and motivate them and make them able to concentrate on their academics and enabled them perform better in their academics.

Furthermore, from the study findings, it can be concluded that menstrual hygiene management greatly contributes to school absenteeism of adolescent girls which further hinders their academic performance in both the primary and secondary schools. For example, if girls miss school because of menstruation for 2 or more days or because they are afraid of others making fun of them, or because periods can cause them stomach pain and because periods make them feel uncomfortable or tired or because they lack sanitary pads, they will miss a lot of class work meaning that this absenteeism will greatly contribute negatively and massively effecting on their ability to catch up in class and perform better in their academics.

More so, it can also be concluded that there are several consequences of menstruation in relation to the academic performance of girls. For example, girls who experience abdominal/ stomach pain and feel body weakness during their menstruation tend to find it difficult to freely stand and answer question while in class or move freely among boys. The study also concluded that the unavailability of menstrual materials has a great impact on the academic performance of adolescent girls. For example, girls who use homemade reusable absorbents menstrual materials which are washed with soap and water tend to have the confidence to concentrate on their academics.

Finally, the study concludes that sanitary facilities at school during menstruation of girls have a great impact on the academic performance of girls. For example, when the toilets in the schools are not clean it can have severe effects on the girls' health which further hinders their learning ability. Having girls' individual toilet compartments that are unlockable from the inside can have a massive negative effect on the confidence of these girls which can further translate to the effective in the studies. Lastly, it can be concluded that the availability of hand washing facilities that are well equipped with

water, soap or ash can greatly improve girls' personal hygiene which is good for girls to clean themselves and be confident in class and improve of their learning outcomes/ academic performances.

5.3 Recommendations

Basing on the study findings, the following recommendations were highlighted;

First and foremost, the study recommends that there is a need to understand the broader societal responsibility for addressing MHM, as well as to consider ways in which adolescent girls (pupils) can be assisted. This entails that there should be an inclusion of reproductive health education and life skills in the school curriculum targeting both girls and boys.

Secondly, the study recommends that there is a need for more standardized girl friendly designs that offer convenience and privacy. For example, the sanitary facility for girls should include a wash room and changing room. There should also be a place to safely dispose of used pads.

Thirdly, the study recommends that menstrual hygiene should be captured in the national education sector performance report. This entails that the Ministry of Education and Sports needs to incorporate menstrual management indicators in monitoring and evaluation systems for primary and secondary schools.

Furthermore, the study recommends that the stakeholders in the education sector like the Ministry of Health, non-governmental organizations, the district level school inspectors and the school administration should ensure that all the primary and secondary schools have well-built and functioning wash rooms, changing rooms or latrines for girls that are also equipped with water and soap.

The study also recommends that the non-governmental organizations supporting the school administration should ensure that all primary schools have established and functional school health clubs and girl-education movement (GEM) clubs which are instrumental in educating girls about menstrual hygiene management and also help in giving confidence to the girls.

More so, the study recommends that more efforts should be made to recruit motivated senior female teachers to work in the primary schools. In line with this each school should have a trained and well-motivated senior woman teacher to support and advise school girls reaching puberty on how to keep menstrual hygiene.

Additionally, supporting and implementing organizations should provide support to girls in terms of pads, skilling them on reusable pad making for sustainability to help those who cannot afford and help them keep at school.

Finally, the study recommends the school management should ensure that boys become aware and also be sensitized to support girl to cope with the challenges that they face during their periods. In line with this, girls as well as boys should be motivated to participate in school health clubs. The school health clubs and/or girl-education movement (GEM) clubs should in turn also focus the issues around menstrual hygiene management.

5.4 Area for Further Research

This study put much emphasis on examining the effect of menstrual hygiene management and academic performance of adolescent girls in primary schools. Therefore, other studies can be conducted on the effect of culture and taboo on the menstrual hygiene of girls and academic engagement. More so, the same study can be conducted both in school and communities and well.

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APPENDICES

APPENDIX 1. INTRODUCTION LETTER FROM UCU

 **UGANDA CHRISTIAN UNIVERSITY**
A Centre of Excellence in the Heart of Africa
ARUA CAMPUS
Office of Head of Department, Social Sciences

December 3rd, 2024

TO WHOM IT MAY CONCERN

Dear Sir/Madam,


Re: REQUEST FOR PERMISSION TO COLLECT DATA

This is to introduce to you **Gloria Modong Samuel Joel**, Reg No: **S23/ASC/BSW/015**, a student at Uganda Christian University, Arua Campus, who is pursuing a course in Bachelor of Social Work and Social Administration as a partial fulfillment of the requirements for the award of the degree mentioned above. Each student is required to conduct a research study. The purpose of the letter is to respectfully request your good office to allow the above student so that he or she has access to your organization and collects some information required for his or her study. The study is on the topic: **Menstrual hygiene management and academic performance of adolescent girls in Arua City Schools; a case study of Anyafiyo Primary School.**

The information obtained will be strictly used for the study purposes.

Any assistance rendered to this cause will be highly appreciated.

Yours faithfully


Eyotaru Loyce
Ag Head of Department of Social Science


03 DEC 2024

A Complete Education for A Complete Person
P.O BOX 356, Arua; Tel: + (256) 788216725; Email: leyotaru@arua.ucu.ac.ug ; Web: www.arua.ucu.ac.ug
the Province of the Church of Uganda. Chartered by the Government of Uganda.

APPENDIX 2. ACCEPTANCE LETTER FROM ANYAFIYO PRIMARY SCHOOL

ANYAFIO PRIMARY SCHOOL
P.O. Box 27 ARUA CITY
0772832077

Date: 05/02/2025

To
Gloria Modong Samuel Joel
Student, Uganda Christian University
Registration No: S23/ASC/BSW/015

Subject: Acceptance Letter for Data Collection

Dear Gloria Modong Samuel Joel,

I am pleased to inform you that your request to conduct research at Anyafio Primary School as part of your data collection for your academic study has been accepted. We recognize the importance of research in improving education and related fields, and we are happy to support your academic endeavors.

You are granted permission to collect data within the school premises, provided that you adhere to ethical research guidelines, respect the confidentiality of students and staff, and minimize any disruptions to the school's normal activities. Kindly liaise with the relevant respondents to ensure a smooth process.

We wish you success in your research and look forward to any valuable insights that may arise from your study.

Best regards,

Okidi Emmanuel
Head teacher
Anyafio Primary School



APPENDIX 3. RECOMMENDATION LETTER FROM ANYAFIYO PRIMARY SCHOOL

ANYAFIO PRIMARY SCHOOL
P.O. Box 27 ARUA CITY
0772832077

Date: 26/03/2025

TO WHOM IT MAY CONCERN

Subject: Recommendation Letter for Gloria Modong Samuel Joel

Dear Sir/Madam,

It is with great pleasure that I write this letter to recommend **Gloria Modong Samuel Joel**, a student of Uganda Christian University with Registration No. **S23/ASC/BSW/015**, who successfully conducted her research data collection at Anyafio Primary School from **5th February 2025 to 14th March 2025**.

During this period, Gloria demonstrated exceptional professionalism, dedication, and strong research skills. She conducted her work with integrity, ensuring that all ethical guidelines were followed while engaging with students and staff. She was respectful, well-organized, and maintained a high level of responsibility in handling research-related activities.

Her ability to interact effectively with respondents and gather accurate data showcased her competence and commitment to academic excellence. She also exhibited strong communication and interpersonal skills, making it easy to collaborate with both teachers and students.

Based on her diligence and work ethic, I highly recommend Gloria for any academic, professional, or research-related endeavors she wishes to pursue. I have no doubt that she will make valuable contributions wherever she goes.

Should you require further information, please feel free to contact us.

Best regards,

Okidi Emmanuel
Head teacher
Anyafio Primary School



APPENDIX 4.

Krejcie and Morgan's Table to Determine Sample Size.

Sample size (S) required for the given population size (N)

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	256	3000	341
20	19	120	92	300	169	900	269	3500	346
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	354
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	191	1200	291	6000	361
45	40	170	118	400	196	1300	297	7000	364
50	44	180	123	420	201	1400	302	8000	367
55	48	190	127	440	205	1500	306	9000	368
60	52	200	132	460	210	1600	310	10000	370
65	56	210	136	480	214	1700	313	15000	375
70	59	220	140	500	217	1800	317	20000	377
75	63	230	144	550	226	1900	320	30000	379
80	66	240	148	600	234	2000	322	40000	380
85	70	250	152	650	242	2200	327	50000	381
90	73	260	155	700	248	2400	331	75000	382
95	76	270	159	750	254	2600	335	100000	384

Note: From R.V Krejcie and D.W. Morgan (1970), determining the sample size for research activities, educational and psychological measurements.

APPENDIX 5. Questionnaires

QUESTIONNAIRE

Dear respondents,

I am **GLORIA MODONG SAMUEL JOEL (S23/ASC/BSW/015)**, a student pursuing BACHELORS DEGREE IN SOCIAL WORK AND SOCIAL ADMINISTRATION at UCU. I request you to support my Research on “**MENSTRUAL HYGIENE MANAGEMENT AND ACADEMIC PERFORMANCE OF ADOLESCENT GIRLS IN ARUA CITY SCHOOLS; A CASAE STUDY OF ANYAFIYO PRIMARY SCHOOL**”, by completing the following Survey Questionnaire. It may take around 10-20 minutes to complete the survey. However, we will use the research data for ONLY academic purposes. Additionally, we will keep your responses anonymous and confidential. Your support towards this research will help conduct the study greatly.

Thank you very much.

Please answer these questions by ticking in the box, the alternative that best describes your response to each statement.

PART 1: TO BE ANSWERED BY PUPILS

SECTION A: PARTICIPANT’S DEMOGRAPHIC INFORMATION

1) How old are you?

a. Below 10 years

b. 10-13 years

c. 14-17 years

d. 18 years above

2) What class are you currently attending?

b. Primary five

c. Primary six

d. Primary seven

3) Do you have any knowledge about menstruation being a naturally occurring physiological body process?

a. Yes

b. No

4) if you chose 'yes' in the above question, where did you acquire the information on menstruation?

a. Family

b. Friends

c. Teachers

d. Media

e. Others.

SECTION B: INCIDENCE OF MENSTRUAL HYGIENE MANAGEMENT

1) Does your school practice menstruation hygiene management education?

a. Yes

b. No

2) If your answer is yes; by whom? (You can tick more than one response)

a. Teachers

b. School clubs

c. Parents and teachers

d. Other (specify):

SECTION C: HOW MENSTRUAL HYGIENE PRACTICES AFFECT ADOLESCENT GIRLS' ABILITY TO ATTEND SCHOOL REGULARLY AND PARTICIPATE FULLY IN EDUCATIONAL ACTIVITIES

1) Does menstrual period affect you at school?

a) Yes

b) No

3) If yes, how does it affect you at school?

a) Cannot concentrate

b) Feel physical sick or weak

c) Feel psychologically affected

d) Keeps me out of school

e) Others (specify):

4) How many days do you miss school because of the menstrual periods?

a. 1-2 days

b. 3-4 days

c. 5 days and above

5) Do you participate freely in Physical Education during your menstruation?

a. Yes

b. No

6) Do you associate freely with your classmates both boy and girls during your menstruation?

a. Yes

b. No

7) Do other students notice that you are in your periods during menstruation?

a. Yes

b. No

8) Is it difficult for to concentrate on your study activities during your menstruation?

a. Yes

b. No

SECTION D: BARRIERS RELATED TO MENSTRUAL HYGIENE MANAGEMENT THAT MAY HINDER ADOLESCENT GIRLS' ACCESS TO EDUCATION AND ACADEMIC SUCCESS

1) Does your school provide you enough sanitary pads during your menstruation period?

a. Yes

b. No

2) Is there a functional water source at school?

a. Yes

b. No

3) How often is the water source accessible?

a. Always Open

b. Not always closed

4) Does the school have any private disposal waste bins inside the latrines for disposable napkins?

a. Yes

b. No

5) Does the school have hand-washing facilities?

a. Yes

b. No

6) Does the school have adequate private facilities for girls to bathe/wash (such as tap and basin inside a lockable toilet stall)?

a. Yes

b. No

SECTION E: FAMILY SUPPORT TO ADOLESCENT GIRLS TOWARDS MANAGING MENSTRUAL HYGIENE.

1) Do you get support from your family during menstruation?

a. Yes

b. No

2) If yes, what type of support?

Financial support

Social support

Emotional support

3) Do you freely discuss about menstruation issues with your family members, friends or teachers?

a. Yes

b. No

4) If no, what is the main reason?

a. Because of Shame/fear

b. Because of Taboos

c. Because of Religious views

d. Others, specify.....

PART 2: TO BE FILLED BY TEACHER(S)

1) Do you have girls of menstruation age in your classes?

a. Yes

b. No

c. Don't know

2) Are there counseling and awareness services in your school to help the girls manage menstrual hygiene?

a. Yes

b. No

c. Don't know

3) How does menstruation affect girls while in school?

a. Does not affect them

b. Does affect them and do not come to school

c. Hanging out in other places

d. Stay away with friends

e. Stay away at home

f. Other effects

4) If some girls do not come to school, on average, how many class days do they miss school per month?

a. 2-3 days

b. 4-7 days

c. 2 weeks

d. other

5) In your school have you had girls who have dropped out of school due to menstruation management?

a. Yes

b. No

c. Don't know

6) If yes, how many do you think are affected?

a. Between 1-10

b. Between 11-20

c. Between 21-30

d. Between 31-40

e. Between 41-50

f. 50 and above

7) Are sanitary napkins available for girls at the school in an emergency/ accidents situation?

a. Yes

b. No

8) Does the school have adequate private facilities for girls to bathe/wash (such as tap and basin inside a lockable toilet stall)?

a. Yes

b. No

9) Is there an isolated place to change the sanitary pads?

a. Yes

b. no

10) Are you satisfied with the menstrual facilities at your school?

1. Yes

2. No

11) What are the challenges that you face in accessing support in the management of menstrual hygiene in school?

a.....

b.....

c.....

PART 3: TO BE FILLED BY SCHOOL HEALTH PRACTITIONER

1) Have you attended to/interacted with pupils concerning menstruation related issues in your school?

a) Yes

b) No

2) If yes, which issues have they presented to you in relation to their menstrual periods?

a) Physical health problems (e.g Body Pains)

b) Infections

c) Mental/psychological issues

d) All the above.

3) What were the main challenges you faced in supporting these pupils?

a).....

b)

c)

4) Are there some measures in place to help address the above challenges?

a) Yes

b) No

The end