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Menstrual Hygiene Management in Mpolonjeni, Swaziland–Experiences and Practices of Girls in a Rural School

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A research report submitted to the Faculty of Commerce, Law and Management University of the Witwatersrand, Johannesburg in partial fulfilment of the requirements for the degree: Master of Management (In the field of Public and Development Management)

March 2017

Declaration of Authorship

I declare that this research report is my own, unaided work. It is being submitted for the Degree of MM in Public and Development Management at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at any other University.

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Date:

Abstract

Menstrual Hygiene Management is a process of keeping clean by girls and women through washing, changing and disposal of sanitary protection during their monthly periods. When schools provide a conducive environment for girls to manage their menses, girls become empowered and confident to participate in education without fear and embarrassment. Lasi High school in Mpolonjeni constituency is a rural school in low income settings whose girls like many girls in the area have to manage their monthly menstruation.

The purpose of this study is to explore the experiences and practices of rural school girls in Mpolonjeni community in managing their menses. A qualitative exploratory and descriptive study was undertaken through focus group discussions. The researcher managed to purposively select a sample of two focus groups with ten participants, each, three teachers and the Deputy Head Teacher.

The study finding reveals that girls experience a number of challenges when managing their menses in the school setting which the school administration is not entirely aware of. Some of the issues raised by the girls can be addressed without unreasonable costs implications but through empathy and general support. The study recommends a further investigation for Education and school policies that will enhance enabling school environments to support girls in managing menstruation at school.

Dedication

To my husband Keith and my children Angela, Stella, Israel and my parents.

Acknowledgements

I give thanks, honour and glory to God Almighty for opening doors for me and seeing me through from the beginning to the end. I would like to acknowledge and appreciate a number of people who have stood by me from the beginning without them I would not have completed this thesis.

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My children Stella and Israel, when mommy locked herself in the bedroom, it was so that she can finish her homework. To Angela my first born, this is for you- 'Always finish what you start' mommy has finally finished what she started.

My husband Keith, thanks for believing in me and pestering me day after day, month after month and year after year. It is done and thanks to your pestering!

List of Abbreviations

CSTL	Care and Support for Teaching and Learning
EFA	Education for All
EFA	Education for All
FAWE	Forum for Africa Women Educationalist
GoS	Government of Swaziland
HIV/AIDS	Human Immune Virus/ Acquired Immune Deficiency Syndrome
MDGs	Millennium Development Goals
MHM	Menstrual Hygiene Management
MoET	Ministry of Education and Training
NGO	Non-Governmental Organisation
PRSAP	Poverty Reduction Strategy and Action Programme
RTI	Reproductive Tract Infections
SADC	Southern Africa Development Community
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nation Children Education Fund
VIP	Ventilated Improved Pit
WASH	Water, Sanitation and Hygiene
WSSCC	Water Supply and Sanitation Collaborative Council

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CHAPTER 1

Introduction and Background

1. Introduction

Menstrual Hygiene Management (MHM) is still a neglected subject, often there is a reluctance to talk openly about the subject. This impacts greatly on the health and well-being of women and girls. In many cultures and across the globe, menstruation is a taboo subject, and this can lead to misinformation and the promotion of dangerous menstrual hygiene practices. Menstruation is generally perceived as a private matter which should not be discussed publicly (Sommer 2011). ‘‘The culture of ‘silence’ around menstruation increases the perception of menstruation as something shameful that needs to be hidden, and may reinforce misunderstandings and negative attitudes toward it’’ (UNESCO, 2014, p 17).

MHM refers to the ways that girls and women keep clean and healthy during menstruation and how they acquire, use and dispose of sanitary materials. MHM also includes using soap and water for washing the body as required and having access to facilities to dispose of used menstrual management materials (Joint Monitoring Programme, 2012). Menstruation involves the passing out of blood from the vagina for about two to seven days and this occurs every 28 days. Menstruation in girls may start as early as ages 9 to 10 and stop when women reach menopause at the age of 50 to 55.

Many female students encounter challenges in managing their menses en route to and within the school environment. Such challenges include: inadequate water and sanitation facilities, with many schools having insufficient numbers of private, safe and clean latrines; lack of access to clean water within or near the latrine or toilet facilities

for washing menstrual stains from clothes and uniforms; and inadequate mechanisms in schools for the disposal of used menstrual materials or menstrual waste. It also involves managing period pains and being psychologically prepared. In schools, there is usually lack of psychological education. The study presented here was conducted at Lasi High School in Mpolonjeni Constituency of the Lowveld ecology of Swaziland. This area is one of the most drought-prone regions in the country with unpredictable rainfall and high poverty levels. Most of the schools in this area lack a reliable supply of clean water and proper sanitation facilities. Rural school girls, therefore, experience many challenges when managing their monthly periods. Interest in this study was prompted by a study done by (Mbatha 2011), 'Addressing girls' challenges of water and sanitation in a rural schooling context in Swaziland'. Even though her study focused on the challenges caused by the lack of water and sanitation for girl children in rural school settings, she in passing briefly commented on the issue of menstrual hygiene management as one of the challenges**.**

Several studies have been conducted on the lack of access to water and sanitation in rural schools in Swaziland including (Thwala and Manyatsi, 2014) and (Mbatha, 2011) and none of these studies have interrogated MHM. The literature reviewed provides insights on; menstruation and schooling, MHM information and knowledge, cultural myths, taboos and beliefs, water and sanitation and Sanitary Material- Commercial pads and other material. The government policy makers and programmers have not yet fully understood the importance of good MHM practices. Studies have shown that poor menstrual hygiene management in developing countries like Swaziland has been insufficiently acknowledged as a problem (Ten, 2007). As such he further states that most low- and middle-income countries do not have policies and interventions to

address the challenges that women and especially school girls face during menstruation.

1.2 Background

1.2.1 Policy and legislative framework

The National Constitution which came into existence in 2005 was largely influenced by the Millennium Development Goals (MDGs) and Education for All (EFA). Goal Two relates to an access to universal education and Goal Three to gender equality and women empowerment (Santina et.al. 2013). It made provision for access to primary education for every child. The goal of education as presented in the National Policy Statement on Education (GoS, 1999) is the provision of opportunity for all learners of school-going age and adults to develop themselves in order to improve the quality of their own lives and the standard of living in their communities. According to “Education for All 2015 National Review Report: Swaziland”, “In an effort to operationalize the National Development Strategy and the attainment of the Millennium Development Goals (MDGs) including the Education For All goals, the Government of Swaziland (GoS) developed and adopted the Poverty Reduction Strategy and Action Programme (PRSAP) 2007. The PRSAP addresses the issue of human capital development in Swaziland with a particular focus on providing quality basic education for all, reducing illiteracy and improving participation in quality Vocational Education and Technical Training” (p.7).

In spite of the fact that great progress has been made and MDG 2 (Millennium Development Goal number 2-universal education) has been achieved in the lower forms of primary education in many developing countries, ‘‘the participation of girls, in

particular in Africa and Asia, lags far behind the participation of boys in the higher forms of primary (grade 4 & 5) and secondary education.'' (Ten 2007,p4).The third goal to achieve EFA, Swaziland has tried ensuring that the learning needs of all young people and adults are met through equitable access to appropriate learning and life-skills programmes through the SADC initiative of which Swaziland is a leading pioneer in making schools centres of Care and Support for Teaching and Learning (CSTL), locally known as Inqaba (a child - friendly fortress).According to the "Education for All 2015 National Review Report: Swaziland", equitable access to appropriate learning implies a consideration of the diversity of the learner, their background and family circumstances and this is captured in the 7 pillars to be addressed in all schools through the 'Inqaba'. One of the pillars is Water, sanitation and hygiene (WASH) to facilitate the provision of essential water and sanitation services through schools.

A study was commissioned by WaterAid (2015) to assess the current policies and political structures that provide for efficient management of menstrual hygiene (MHM) within Water, Sanitation, Hygiene (WASH) and Health Programmes in the Southern Africa region. Findings in the study, note that the Ministry of Education in Swaziland has policies and all their programmes are informed by guidelines and manuals, but the policy does not specifically address MHM as a standalone activity. Similarly, the Sexual Reproductive Health policy by the Ministry of Health provides guidelines on how health issues should be addressed but MHM is not articulated clearly (WaterAid and SAfAIDS 2015). Swaziland has education, water and sanitation policies and guidelines but they do not specifically address the issue of menstrual hygiene management. Ten (2007), concludes that ''there is a lack of courage and (political) will to acknowledge menstrual hygiene as a problem. The gender–unfriendly school culture and infrastructure, and the lack of adequate menstrual protection alternatives

and/or clean, safe and private sanitation facilities for female teachers and girls, undermine the right of privacy, which results in a fundamental infringement of the human rights of female teachers and girls" (p4).

Further to lack of MHM guiding policies and guiding manuals, rural schools lack the resources and leadership commitment to address MHM. Consequently, issues and challenges facing the girl child in managing menses at school will not be adequately addressed. Although poor sanitation is correlated with absenteeism and drop-out of girls in developing countries, efforts in school sanitation to address this issue have ignored menstrual management in latrine design and construction (Bharadwaj & Patkar 2004). As such girls may either miss school for a few days each month or drop out of school completely to avoid the difficulties of managing menstruation when there are inadequate facilities.

1.2.2 The scope and context of the study

Many schools do not support adolescent girls or female teachers in managing menstrual hygiene with dignity. ''Inadequate water and sanitation facilities making it difficult to manage menstruation periods worse still, poor sanitary protection materials can lead to blood-stained clothes causing stress and embarrassment.'' (MHM Matters 2012, p23). There is, therefore, a need to understand how rural school girls manage their monthly menstruation under such challenging settings. The study assesses the school's shortcomings with respect to providing an enabling environment for girls during their menses at school. The study argues that there is a need for a greater commitment from policy makers, stakeholders, relevant government ministries and school authorities to acknowledge poor MHM as a problem and further create guidelines, frameworks and policies to ensure that the rural school environment is

conducive and supportive for girls to manage their menses safely. The study explores the practices and experiences of rural school girls in Mpolonjeni constituency.

1.2.3 Study area

The Kingdom of Swaziland is a small, landlocked country in Southern Africa, comprising of just over 17,000 square kilometres (Dlamini & Mabuza 2004). It is almost entirely surrounded by South Africa and also shares a border with Mozambique on the eastern part of the country. According to African Economic Outlook (2015), the high rate of HIV/AIDS and an uneven distribution of resources remain major social concerns. The Gini co-efficient of 0.51 is one of the highest in the world, indicating wide disparities in household income and wealth. The incidence of poverty is also high, with 63% of the population living below the poverty line. The population is young, with 60% of the people aged less than 21 years and 47% aged up to 15 years. The population is 76% rural and 24% urban with an urbanization rate of 30%.

The Mpolonjeni constituency is under the Lubombo region in the eastern part of Swaziland. It is a rural community that mainly depend on subsistence farming and high unemployment and poverty prevails. It is a warm and arid area with very little rainfall. Water scarcity in the region drives people to walk for hours looking for clean water from rivers and dams.

According to the Ministry of Education's school's List (2013), there are 60 secondary and high schools in the Lubombo region. Mpolonjeni Constituency has a total of six high schools of which Lasi High school is where this study takes place. Lasi High school like many other schools in Mpolonjeni is disadvantaged in that it lacks access to water and sanitation and other resources essential for girls to manage their menses

safely. The school has an enrollment of 326 with 181 boys and 145 girls. In essence, there are approximately 145 girls that are affected by the lack of water and appropriate facilities when managing their monthly periods at school. The role of collecting water in African setting has always been associated with women and girls both in the home and school setting. Mbatha (2011) asserts to this, as a result of gender bias and the unequal gender division of labour, girls are worse affected. Problems of gender, water and sanitation, particularly in schools with no or limited water and sanitation, pose educational inequalities that need urgent attention. Swaziland recognises improved water, sanitation and hygiene in schools as a key intervention to promote the rights of children to health and a clean environment and to influence a generational change in health promotion behaviour and attitudes (Thwala & Manyatsi 2014).

1.3 Problem statement

MHM is generally viewed as a private matter, thus the mystery and the taboo nature of menstruation prevents girls and their communities from addressing issues pertaining to managing menstruation even within the school setting. This leaves girls to cope with the stress of managing their menses without support. If the rural school's environment is not conducive for girls to safely and confidently manage their menses it may result in school absenteeism. School girls have to deal with menstrual pain, stress and embarrassment due to stained clothes and possibly reproductive tract infections (RTIs) if the girls use poor sanitary protection materials.

Rural schools in Mpolonjeni area are poor and disadvantaged, lacking basic infrastructure for sanitation, water, roads and other transport, electricity and information and communication technology. Lasi High School was selected as a case study, because it also, does not have a reliable source of clean water and proper

sanitation facilities which are required for menstrual hygiene management. The education and Health policies that are supposed to address MHM in schools are silent on this issue. Rural schools lack adequate resources and usually have other pressing priorities.

This study, therefore, seeks to understand the experiences and practices of rural school girls in menstrual hygiene management under these challenging settings and to determine the interventions needed to address these shortcomings in the school.

1.4 Purpose of the study

This research aims to explore the experiences and practices of rural school girls in Mpolonjeni community in managing their menses.

1.5 Significance of the study

Menstrual Hygiene Management is a subject about which there is limited literature and hence uncertainty and ignorance is widespread. Swaziland is no exception. This study attempts to bring some clarity on the subject of MHM especially at school level where the enabling environment for MHM hardly exists.

The study will generate information on the state of MHM practices, constraints, and challenges as well as opportunities. Such information will then inform actions that the schools, communities, MoET need to address the MHM issues. The findings of this study will, hopefully, bring clarity and understanding to the support needs of women and girls in general and rural school women and girls in particular. The information so generated will provide the necessary evidence needed by school and MoE authorities

as well as policy makers to address the issues of pertaining to MHM and the lack of appropriate enabling environment to support proper MHM.

1.6 Research questions

In the operationalization of this study the following questions will be addressed:

i. What is the enabling environment for managing menstruation in a rural school?
ii. What are the MHM experiences, constraints and challenges of girls in the selected rural school?
iii. What are the school's shortcomings that account for the challenges arising for rural school girls in managing menstruation?

1.7 Specific study objectives

i. To describe the enabling environment for the MHM management in rural schools
ii. To describe experiences, constraints and challenges pertaining to MHM experienced by girls in the selected rural school
iii. To identify school's shortcomings that account for the challenges arising for rural school girls in managing menstruation.
Iv. To generate recommendations that will guide future undertakings by MoET.

1.8 Structure of report

Chapter 1 provides an overview of the study, including an introduction and background to the study. This chapter also presents the research problem, research questions, purpose statement and the definition of concepts.

Chapter Two presents the literature review, providing the conceptual framework for the study by highlighting Menstrual Hygiene Management experience and practices of girls in low-income settings literature as a basis for research. A lot of arguments about Menstrual Hygiene Management practices and experiences have been raised in the literature. The literature informed the questions that arose in this study and helped the researcher to develop an argument for Menstrual Hygiene Management experiences and practises for rural school girls.

Chapter Three, research methodology, presents the adopted research approach, research design and the overall process followed in the collection of data. The qualitative methodology adopted to gather the data required to analyse and conclude the findings is defined in Chapter Three.

Chapter Four, presentation of findings provides the data analysis and research results. It concludes with a summary of the research findings.

Chapter Five, presentation of recommendations outlines the conclusions drawn from the study. In this chapter, the researcher also makes some recommendations for follow-up research.

Chapter Six, conclusion, recommendations and summary provides an extended summary of the key findings and gives final recommendations for further research.

The summary presents the focus area of this study in a summary fashion outlining the experiences and practices of rural school girls in Menstrual Hygiene Management and the silent policies and legislation in the Ministry of Education and Health. The research purpose, questions and the scope and context of the study are explained. The chapter was concluded by presenting the outline of the preceding chapters in this report.

CHAPTER 2

Literature Review

2.1 Introduction

In this chapter, existing literature on knowledge, practices, experiences and challenges of menstrual hygiene management for girls around the world from different contexts was reviewed. This brought clarity and understanding on experiences of girls in different and similar settings internationally, regionally in Africa and just a little in Swaziland.

2.2 Methodology for literature review

The initial approach was to identify published studies on MHM and associated health or social outcome. Science Direct database searches were conducted, between August 2014 and May 2015, retrieving most of the information from Health Journals. Key themes used in the search include ‘menstruation for adolescents’, ‘Periods’, ‘Menstrual Hygiene Management’ and ‘menstruation at school’. The health journals tend to be more clinical and technical and thus Journal articles were retrieved from diverse fields of study: education policy, child development, health services research, culture and environmental research. The key emerging themes from the literature include; puberty education and adolescents, water, sanitation and hygiene education, menstruation myths and taboos, the impact of menstruation on school attendance and the commercial sanitary pads versus low-cost sanitary pads in low- income settings. The literature selected covers a whole range of issues with the aim of having a holistic approach to managing menstruation in a low-income setting. The selection was also guided by the emerging themes.

2.3 Literature

2.3.1 Cultural myths, taboos and beliefs

Many different cultures, ethnic groups, social classes and families have ways of doing things that may affect the way women manage menstruation.

Ten (2007) notes that:

> most striking is the restricted control, which many women and girls have over their own mobility and behaviour during menstruation due to their 'impurity' during menstruation, including the myths, misconceptions, superstitions and (cultural and/or religious) taboos concerning menstrual blood and menstrual hygiene. The secrecy and anxiety may be largely due to cultural myths, taboos and beliefs surrounding menses which vary from society to society (p.6).

According to McPherson & Korfine (2004), girls are directly and indirectly instructed about (largely negative) cultural beliefs concerning menstruation and the ways in which they will be expected to behave in order to uphold these beliefs. The perpetuation of cultural menstrual taboos—that menstruation is "dirty," that it must be hidden and should not be discussed in "mixed company"—often manifests in a focus on menstrual products. In southern Africa, (Kuper, 1982, as cited in Ten 2007) explains that "menstrual blood of women is considered dangerous to men and also to the fertility of cattle and of crops."

Many adolescent girls today live in communities where traditional beliefs run counter to, and prevent them from adopting what is generally considered good menstrual hygiene practices (Santina 2013). According to Chege (2013) "the mythical belief that

menstrual blood is dirty and toxic can be traced to the writings of the early Greeks and Romans as well as too many other cultures where such women were excluded" (p.17). She further illustrates that in Persia, menstruating girls or women were thought to be possessed by a demon. In the Roman natural history books, myths abound about the potential of menstruating women turning wine sour, causing seeds to be sterile, withering grafts, causing garden plants to become parched and fruit to fall from a tree if she as much as sat under the plants, (Chege 2013,p.19). The woman was believed to be capable of destroying entire crops and wilting plants if she walked by them. Aspects of this are echoed in Hindu socio-cultural practices whereby woman abstained from worship and cooking and stayed away from her family, as her touch was considered impure during this period. In Jewish tradition, a woman was ritually impure during menstruation and anyone or anything she touched was considered impure as well. All these taboos and beliefs eventually shape women's perception of menstruation and managing it.

2.3.2 Information and knowledge of MHM

Girls begin the puberty stage between the ages of nine to 14 years. Puberty, as a biological and physical transformational stage between childhood and adulthood, poses considerable challenges to young people, particularly the girls whose onset of menstruation requires that they enter into a cultural realm of secrecy, anxiety, and uncertainty with regard to how they manage the regular occurrence of their period effectively (UNICEF 2009). According to Kirk & Sommers (2006) from what literature is available, and from references made to the issue in health and education reports, it appears that in much of Asia and sub-Saharan Africa, girls' knowledge levels and understandings of puberty, menstruation and reproductive health are very low. They

further explain that in traditional and more conservative communities, the physical changes of puberty, and of menstruation, in particular, are subjects that may be difficult to address directly in the home and unlikely to be discussed in the school context. Mothers, teachers and friends are the primary sources of information related to menstrual awareness for adolescent girls.

‘‘Social prohibitions and negative attitudes of parents in discussing the related issues openly have blocked the access of adolescent girls to the appropriate information,’’ (Nehme, Santina, Wehbe & Ziade 2013, p76). Learners need to understand the profound change they are experiencing and be equipped with the skills to cope with it (UNICEF 2009). Thus, education should develop the knowledge, attitudes, values and skills needed to live a healthy life. In the school setting, MHM education should go beyond the biology class to equipping girls to be psychologically prepared for coping and managing their menses even under challenging situations. Fatusi & Hindin (2010) state that girls and boys should have access to reproductive health education within formal education programmes, focused not only on reproduction’s biological and technical aspects but also on the social and emotional issues.

The sexual and disgust connotations of menstruation make it a taboo subject for girls to raise, even with their mothers. Without good information, young girls may be frightened at the onset of their period and may be anxious about the process (Supmter & Sorondel 2013). In many curricula, there is an emphasis on the reproductive process but not on the practical issues girls need to learn to manage menstruation. Menstruation is a vital sign of reproductive health, yet the main message is often that it is a ‘problem’ that must be managed privately, with an implicit suggestion that it is unpleasant and shameful, and should be hidden. It is important to note that mothers

and friends may not necessarily be reliable sources of information. Mothers and friends help girls manage their periods with basic information on materials and coping strategies. A study in Uganda revealed that a majority of the girls and women questioned were embarrassed to talk about menstruation and reported that they usually try to hide the fact that they are menstruating (WSSCC and UN Women 2014).

In most instances, MHM education may just target girls only and yet literature reveals a need to educate boys on this issue to minimise bullying of girls by boys who are ignorant on the topic of menstruation. This will help break the silence and mystery surrounding menstruation. According to Fatusi & Hindin (2010) to be a safe and secure environment, the school needs policies that protect individuals from harassment and bodily harm. But creating such an environment takes more than just policy; it is a product of attitudes and skills related to empathy and respect. Men and

Boys typically know even less, but it is important for them to understand menstrual hygiene so they can support their wives, daughters, mothers, students, employees and peers. They further state that aim is to develop lifelong health-seeking behaviours, while at the same time promoting skills for understanding and supporting others, and mitigating gender-based violence, teasing, bullying and other anti-social behaviours (Fatusi & Hindin 2010). Boys have too little information about menstruation, which a number of studies suggest might be at the root of the teasing and bullying that frequently happens at co-ed institutions.

2.3.3 Water and sanitation in rural schools

The scarcity of clean water, inadequate sanitation facilities in most rural schools already pose a challenge for the girl child health and schooling. Schools, particularly

those in rural areas, often completely lack safe water and sanitation facilities for girls to adequately manage their menses. According to Manyatsi & Thwala (2014), “for those which have water supply facilities, it has been observed that the source may need repair, may provide insufficient and/or unsafe water, or may be situated in an inappropriate location” (p.4). Properly managing menses requires water and proper sanitation facilities within the school. For schools without a reliable water supply, girls may be requested to fetch water from nearby streams or other water sources. Absence of a constant supply of clean water and proper sanitation facilities largely a burden for the girl child. Mbatha (2011) attest that “the school’s water problem, although a collective responsibility, has become gendered and it is girls who pay the cost at the school with water duties” (p.39). Mthethwa & Sommers (1999) argue that sexism in school is an obstacle to girls’ education when girls only are involved in fetching water. When the community is involved in water and sanitation projects gender differences can be addressed jointly and sweeping classrooms and cleaning toilets. “Swaziland recognises improved water, sanitation and hygiene in schools as a key intervention to promote children’s rights to health and clean environment and to influence a generational change in health promotion behaviour and attitudes” (Manyatsi & Thwala 2014, p.279).

Mbatha (2011) states that in terms of water and sanitation provision, the Swaziland Government and a limited number of externally-funded water projects provide water in rural communities by drilling boreholes, but these projects have not reached all schools. Rural schools face bigger challenges of water and sanitation compared with affluent urban schools. UNICEF Swaziland (2008b) notes that in urban areas, clean water and flush toilets are found in many schools, but this is rarely the case with rural schools. Teachers can be effective advocates for hygiene, through hygiene education

and through acting as role models for school children (Manyatsi & Thwala 2014). “However, good hygiene behaviour and the effectiveness of hygiene promotion in schools are severely limited where water supply and sanitation facilities are inadequate or non-existent” (Tshabalala, 2003 as cited in Manyatsi & Thwala 2014, p276). Teachers cannot credibly convey the importance of washing hands if there is no water or soap in the school or promote the proper use of toilets if they themselves avoid their use because the toilets are dirty or unsafe (Manyatsi & Thwala 2014).

Sometimes toilets in rural schools do not have doors making it difficult for girls to change their sanitary pads. According to Chege (2013) the child-friendly schools, which provided privacy and hygiene facilities for girls through separate toilets for boys and girls as well as water and wash areas, tended to attract and retain students at a comparatively higher rate, especially the girls. This is because separate toilets not only provide privacy but also encouraged girls who were menstruating to attend and remain in school where they could to attend to their feminine hygiene needs and manage their period discreetly. Girls reported that it is difficult to manage their periods in school due to a lack of water and an inability to bathe, which is a preferred practice if a girl is menstruating while at home. ‘‘Girls reported that bathing is difficult or impossible because school washrooms are not private, lack water, or have cold water’’ (McMahon et al. 2011, p2).

2.3.4 Menstruation and schooling

Sommer has interrogated the idea of menstruation and schooling. “In sub-Saharan Africa, adolescent girls’ participation in school is generally very poor” (UNICEF 2006, as cited in Sommer, p4). Even in contexts where gender parity is achieved in the early grades, by the late primary school (Grades 4 or 5), the numbers of girls in school has

dropped significantly. Ten (2007) states that besides the fact that girls are married off at an early age (child marriages13) in some cultures, many girls are kept at home when they start menstruating, either permanently (drop–out) or temporarily (UNICEF, 2005; GAPS & FAWE Uganda, 1999 as cited in Ten 2007) during the days that they menstruate.

Apart from the absence of an adequate water supply and proper sanitation facilities in the school, girls miss school because of the other challenges of menstruation such as the lack of sanitary pads and information, taboos around menstruation and even the fear of embarrassment. Despite difficulties in measuring girls' school attendance during menses, both girls and parents confirm it is a common habit for girls to stay home during at least some days of their monthly menstruation. Existing qualitative studies conclude that the full engagement of girls in school activities is negatively affected, with many girls reporting they stayed home from school due to menstrual cramping, insufficient menstrual hygiene materials, and inadequate water and sanitation facilities in schools, unsupportive environments, and fear of a menstrual accident (UNESCO 2014).

They may lack physical provisions for MHM such as lockable, single-sex, private toilets with water and soap for washing, a private open air space to dry wet cloths and a closed bin or incinerator for used pads. UNICEF estimates that 1 in 10 school-age African girls 'do not attend school during menstruation'. World Bank statistics highlight absences of approximately 4 days every 4 weeks. Partly due to the difficulties in measuring absenteeism and its causes, especially when linked to menstruation, there are differing opinions on the impact of lack of menstrual hygiene materials.

According to Jewitt & Ryley (2011), academic studies on the impacts of improved sanitary towel access (or menstruation more generally) on girls' school attendance have produced contradictory results whilst highlighting other important influences on attendance. Some of the influences, which include poverty and embedded gender inequalities, are key causes of pubescent girls 'dropping out' of school or even engaging in 'transactional sex' to obtain money to buy sanitary towels so that they can continue to attend. Research confirms that the onset of puberty leads to significant changes in school participation among girls. According to Sommer (2004), ''providing water and sanitation facilities to schools is widely considered to contribute to increased enrolment and retention of girls" (p.6). Ten (2007) concludes that there is a lack of courage and (political) will to acknowledge menstrual hygiene as a problem. The gender–unfriendly school culture and infrastructure, and the lack of adequate menstrual protection alternatives and/or clean, safe and private sanitation facilities for female teachers and girls, undermine the right of privacy, which results in a fundamental infringement of the human rights of female teachers and girls. While studies of girls' school attendance and menstruation have stated that drop-out rates among schoolgirls accelerate at the onset of puberty and menstruation evidence-based research on the link between absenteeism and menstruation is lacking.

According to McMahon et al. (2011) ''A pilot intervention in Ghana found that after six months of free sanitary pad provision, girls missed significantly less school, and they reported an improved ability to concentrate in school, higher confidence levels and increased participation in a range of activities despite menstruating" ,(p.2). Negative experiences related to soiling and embarrassment declined; measures of well-being, as measured using questions on sadness or shame, improved (McMahon et al. 2011).

Infrequently mentioned in studies conducted in developing countries, are the simple discomforts, such as lower back pain, bloating, cramping, diarrhoea, vomiting, mood swings, and other symptoms related to menstruation, (Sommer 2004). Menstrual pain is another reason for girls to go absent themselves. These are some of the additional sources of stress that comes with menstruation that can discourage girls from attending school. Sometimes availability of painkillers in poor rural schools is a luxury that they cannot afford. According to Abubakar, Aliyu, Iliyasu, Ismail & Galadanci (2012) ‘‘menstrual pain and symptoms are also reported to cause school absence in 14%-51% of teenagers and interfere with life activities for 15%-59%” (p.401).

2.3.5 Sanitary material- commercial pads and other material

Many rural communities in Southern Africa have a majority of people living under the two dollar a day margin, items like sanitary towels are luxuries that many households cannot afford. Many girls may use unhygienic materials like old cloth, socks, toilet paper and these are uncomfortable because they easily soak and leak. Some of these materials need plenty of water for washing and also to be dried in the sun. According to Sommer & Kirk (2009), “Insufficient or inadequate sanitary protection can be very embarrassing for a girl attending school during her monthly period. This is made worse if her school clothing is flimsy, worn and/or too small for her. Soiled uniforms can provoke ridicule from boys as well as from other girls, putting her at great risk of experiencing stigma and discrimination” (p.8). According to Chege (2013), “a family’s poverty level often determined which menstrual protective materials the girls used during menstruation. These ranged from the more conventional and sophisticated popular ‘Always’ pads to some old clothes or rugs –and even to nothing at all” (p.22). Girls who were fortunate to access cloth reportedly did not have enough of it, thus

resulting in sharing of the menstrual cloth with other girls. Where water was scarce, the cloth would not be cleaned properly, thus, increasing the risk of genital infections. The most common commercial sanitary material are tampons, pads, and combinations of tampons, pads and panty liners. Over the years the menstrual cup was introduced even though not so common.

Sumpter & Sorondel (2013) state that:

> Studies in Africa have found the use of sanitary pads as low as 18% amongst Tanzanian women with the remainder using cloth or toilet paper. Studies of Nigerian schoolgirls have found between 31% and 56% using toilet tissue or cloth to absorb their menstrual blood as oppose to menstrual pads. Literature also highlights the promotion of commercial sanitary towels, homemade menstrual products, their use, and disposal (p.1).

Managing of menstrual blood is a monthly reality faced by millions of women from menarche to menopause. While a wide array of commercial menstrual protection products are available and accessible in developed countries, this is not the case in many developing countries. According to Chege (2013) other than the basic sanitary pads other forms of protection are available like tampons, menstrual cups, reusable menstrual panties and reusable cloth pads. Lack of resources and affordable options for menstrual protection products are thus likely to have far-reaching implications on the quality of women's life in many developing country settings. In the past before commercially produced sanitary pads came in use, women used natural materials like wool, paper, vegetable fibres, sponges, grass. Chege (2013) states that knowledge about such natural materials is still largely lacking perhaps because of the intense commercialised menstrual products that portray an image of modernisation. Natural

material is considered to be safer and cheaper alternatives for women. For low-income setting, the commercialisation of sanitary pads poses a bigger challenge especially when the priority is food and water.

The use of other material or even natural material like grass and wool for managing menstruation maybe seen a backward. Affordability of commercial sanitary pads remains a luxury for many rural communities. As such many than are willing to admit are still secretly using the 'backward' material for managing menstruation. In a report examining menstruation and its management from the perspective of Women and girls in the Louga region of Senegal, the researchers observed that the adolescent girls questioned were generally embarrassed about this subject and preferred to say that they used sanitary pads rather than fabric. "Sanitary pads are seen as reliable and "modern", and adolescent girls tend to view fabric as "old-fashioned" and as less reliable than sanitary pads, (WSSCC and UN Women 2014, p 7.). According to a study conducted in Pakistan, the affordability of sanitary pads is not the only reason for it's under usage; rather, females are more comfortable with either using a cloth or homemade pads. "It was found that 82% of Punjabi and 65% Sindhi preferred to use homemade pads, whereas 15% Sindhi females do not use any material. Instead, they change the trousers frequently to absorb bleeding" (Khan, Qureshi, & Siraj, 1998 as cited in Ali & Rizvi 2010, p532).

One of the disadvantages of using cloth or other materials for managing menstrual blood is that they need to be disposed of safely and washed. Washing cloth that will be reused in menstruation requires plenty of water and it has to be dried in the sun. Chege (2013) from the findings of her study explains that when the cloth was cleaned, it was not dried adequately in the sun because the girls wished to be discreet in

managing their menses, and hence kept their menstrual cloth hidden and drying in the privacy of the house or even under the bed or mattress. Again, drying menstrual cloth in damp dark places increased the risk of genital infections from bacteria and fungi. This was bound to eventually create a foul smell that would discourage girls from attending school even after the menstrual period was over. Sommer (2011) reiterates that poor protection and inadequate washing facilities may increase susceptibility to infection, with the odour of menstrual blood putting girls at risk of being stigmatized.

2.3.6 Body Cleansing Practices

‘‘Adult feminine hygiene practices include the bathing and drying of the entire body, cleansing associated with post urination /defecation, cleansing the genitourinary area during menses, and replacing and disposing of used menses management products’’ (Czerwinski, 1991a, p123). Menstruation involves the passing out of blood for the vagina throughout the day during the menstrual cycle there is a need to occasionally change the menstrual protection when it has been soaked and plenty of water to bath. Some women and girls may bath twice a day and change the menstrual cloth every two to three houses depending on how heavy the flow is. The study by Dasgupta & Sarkar as cited in Santina et al (2013) showed that ‘‘though bathing and a proper change of absorbent materials were insufficient, 85.0% of respondents cleaned their genitalia at least once a day during menstruation, 97.5% of these with ordinary soap and water” (p84). This finding must be due to the schools’ infrastructure.’’ Public schools in the current Lebanese economic climate are lacking in sanitary facilities and usually do not have an environment adequate for allowing girls to change pads every four hours.

Poor hygiene practices during menstruation may result in unpleasant smell coming blood soaked pads or cloths and even RTIs. Keeping sanitary material for too long may cause blood to smell and possibly causing illnesses like the Toxic Shock Syndrome. Feminine hygiene procedures and practices are related to the health problem of toxic shock syndrome. ‘‘Toxic shock syndrome is associated with menstruation and particularly with tampon usage.’’ (Czerwinski, 1991b, p123). She further explains that safe practices include: body cleansing; wiping the genitourinary area front to back after urination/defecation followed by handwashing; handwashing before and after the use of menstrual management products; timely change of menstrual management products; and avoidance of douching and the use of feminine deodorant sprays or vaginal tablets (unpublished data as cited in Czerwinski, 1991b). Body cleansing practices during menstruation require plenty of water, proper sanitation, and safe disposal facilities. The primary aim of this study was to examine the relation between menstrual hygienic practices and its association with reproductive health related morbidities. A study by Anand, Singh & Unisa (2015) found that RTI and abnormal vaginal discharge to have a relation with use of hygienic/unhygienic methods during the time of menstruation, there are many other factors responsible for RTI such as unhealthy living conditions, inadequate sanitary facilities such as lack of toilet facility, garbage disposal habits.

2.3.7 Menstrual hygiene and waste management

Failing to provide disposal facilities for used sanitary pads or cloths can result in a significant solid waste issue, with latrines becoming blocked and pits filling up quickly. It is important to monitor where and how menstrual waste is disposed otherwise

improper disposal can damage sanitation facilities, e.g. flushing solid waste down a faecal waste management system.

Disposal has to be safe and hygienic as well as take the environment into account. For example, where water is scarce, the reuse option that requires a certain quantity of safe water might not be the best option. Disposal needs will vary according to the menstrual hygiene material used. In many school contexts, sanitation facilities may not be equipped with disposal systems for menstrual hygiene materials, such as incinerators or a waste collection and disposal process (UNESCO 2014, p.34).

The huge number of sanitary pads typically used by women in their lifetime has significant implications for their disposal. ‘‘This is particularly an issue where solid waste collection and disposal systems do not operate effectively, such as in poor urban slum areas. It also has an impact on the sustainability of supply, such as in emergency situations” Caville, House and Mahon 2012, p95). When there is no convenient established method for the disposal of sanitary products, girls and women often dispose of their pads or cloths into latrines.

According to Kjellen`, Pensulo Nordqvist and Fogde (2011) the problem with disposing of menstrual waste into pit latrines is that causes the pits to fill up faster. This is particularly problematic if the pit latrine is shared by several families. The excreta in the pit decompose and decrease in volume, while the non-biodegradable components of menstrual waste accumulate and do not break down. They further explain that, once the sludge has been removed from the pit latrine, if it is to be used in agriculture, any waste that has not completely decomposed such as menstrual pads must be removed before the sludge can be composted or applied to farmland. Pit latrines can fill up more quickly. If the pad is not biodegradable this can also pose challenges for the

degradation process of composting latrines. According to Caville, House and Mahon (2012) “disposal can actually involve a number of steps in the waste disposal chain, particularly when a woman or girl is in a school or other public place where sanitary materials are collected for disposal” (p93).

In schools and other public places, the waste chain is likely to include:

i. a discrete, washable container with a lid, which sanitary materials can be temporarily stored in;
ii. the collection, transfer and emptying of the containers;
iii. the final destruction of the sanitary materials through burying, incineration or another method;
iv. the chain option is as follows: when there is no convenient established method for the disposal of sanitary products, girls and women often dispose of their pads or cloths into the latrine pits. Potential problems with this method of disposal can be:
    a) the blocking of the flushing system if the latrine is a pour flush;
    b) the pit latrines can fill up quickly.

    If the pads are not biodegradable, this can also
    a) pose challenges for the degradation process of composting latrines;
    b) cause problems with suction tanker pipes when emptying pits.

According to Ten (2007) examples from India show that waste can be managed effectively:

> In the federal state of Tamil Nadu UNICEF has developed a cheap incinerator fed by firewood to handle the waste of sanitary napkins; in a pilot project in the

federal state of Maharashtra girls' latrines are supplied with special wells in which sanitary napkins are composted. In the federal state of Uttar Pradesh, locally fabricated sanitary napkins of sifted timber ashes are wrapped up in a cloth, so that they can be broken down easily (p.7).

Summary

This chapter has discussed the available literature on MHM and studies from around the world. There is very little MHM literature coming from Swaziland. The researcher was able to draw out several themes including information and knowledge of MHM, beliefs and taboos which in many cases influence and determine how girls perceive menstruation and practises. Most of the literature, highlight the importance of availability of water and adequate sanitation to safely manage menstruation and the absence of these has been shown to pause a challenge on MHM and schooling. The availability and affordability of commercial sanitary pads vs other sanitary material, are critical in MHM and literature demonstrates that this a major challenge for MHM experiences and practices of low income settings. Other crucial themes raised by the literature review include, personal hygiene and waste management. These are the key themes that form the analytical framework for the research.

CHAPTER 3

Research Methodology

3.1 Introduction

In this chapter the researcher explains the research design and the methodology that was used to answer the research questions. The researcher also provides details of the process followed in data collection in line with the focus groups which was followed in this study. The data collection process is described including the sampling techniques employed. Basically, the chapter gives the elaborate strategy of how the research was conducted.

3.2 Research Approach

This study uses a qualitative exploratory and descriptive research design in order to describe the MHM practices and experiences of rural school girls in Mpolonjeni. The exploratory research approach is chosen for this study because it helps us to have a better understanding of a problem. According to Dawson (2002) ‘’qualitative research explores attitudes, behaviour, and experiences through such methods as interviews or focus groups’’ (p14). It attempts to get an in-depth opinion from participants. On the other hand, Quantitative research generates statistics through the use of large-scale survey research, using methods such as questionnaires or structured interviews Dawson (2002).

Through qualitative approach, the researcher assesses the experiences and practices of rural school girls in managing menstruation. According to Silverman (1998) qualitative data involve documenting real events, recording what people say (with

words, gestures, and tone), observing specific behaviours, studying written documents or examining visual images. Krauss (2005) states that qualitative research is based on a relativistic, constructivist ontology that posits that there is no objective reality. Rather, there are multiple realities constructed by human beings who experience a phenomenon of interest.

3.3 Research Designs

The research design refers to the overall strategy that you choose to integrate the different components of the study in a coherent and logical way, thereby, ensuring you will effectively address the research problem; it constitutes the blueprint for the collection, measurement, and analysis of data (De Vaus 2001). The study is phenomenological in nature and it is concerned with describing the rural girl's experiences and practices in managing menstruation in a school setting. Phenomenological approaches are particularly concerned with understanding behaviour from the participants' own subjective frames of reference. According to Neville (2007) ''research methods are chosen, therefore, to try and describe, translate and explain and interpret events from the perspectives of the people who are the subject of the research. It is a method of research and study that tries to understand human experience through analysing a person's description of that experience'' (p.6).

The research problem determines the type of design to be used. A research design can, in principle, use any type of data collection method and can use either quantitative or qualitative data. Descriptive studies are usually the best methods for collecting information that would demonstrate relationships and describe the world as it exists. An in-depth understanding of the girl's experiences and practices will lead us to understand other underlying issues and challenges within the school setting. It is also

sometimes argued that documenting people's experience and perspectives in detail is essential if we are to understand their actions. MHM studies have shown that girls may miss school, experience shame and embarrassment due to stained uniform etc. The research design allowed the researcher to interrogate these assumptions to understand the girl's experiences and points of view. It is also crucial if they are to be able to understand these experiences and perspectives, so as to document them accurately and in detail

3.4 Research Instrument and Collecting Data

The data collection process was conducted at the school after permission was granted and time was allocated by the school authorities. The data collection process took two days because the school set aside 2 hours of each day for the researcher to meet and interview the girls through focus group discussions. The researcher had to work within the given time frame because the school was busy with preparations for sports competitions. According to Harmon, Grim & Gromis (2006), ''The task for a focus group researcher is to create a research instrument that has a clear structure, which allows probing and group discussion in order to obtain information that would be missed in a more rigidly scripted quantitative interview'' (p.527).

The questionnaires were printed to serve as a guide during the focus group discussions. Both the English and SiSwati languages were used for communication with participants. This proved advantageous in that the participants were able to freely express themselves in their mother tongue. In the focus group the researcher carefully planned and moderated informal discussion where one person's ideas bounce off another's creating a chain reaction of informative dialogue. Its purpose is to address a specific topic, in depth, in a comfortable environment to elicit a wide range of

opinions, attitudes, feelings or perceptions from a group of individuals who share some common experience relative to the dimension under study. ‘’The product of a focus group is a unique form of qualitative information which brings understanding about how people react to an experience or product’’ (Anderson 1996: 200 as cited in Harmon, Grim & Gromis 2006, p.)

Focus group discussions with girls from the lower grades were held on the first day and then later another discussion with girls in higher grades. The focus group discussions were conducted for an hour with each group. The last focus group discussion was with the three teachers on the second day followed by a one on one private session with the deputy principal lasting about 30 minutes. The plan was to have a session with the principal but he, unfortunately, had other pressing issues he had to attend to. Birmingham and Wilkinson (2003, p 93) state that ‘’focus groups rely for their success on the ways in which groups of people naturally engage in conversations.’’ For instance, all the girls were given an equal access to the discussion through the moderation of the researcher. There were no restrictions on who could speak, how often and for how long. The girls did not have to wait for their turn to speak or be given permission to speak but were allowed to speak freely as they wished. The researcher also used an audio tape recorder to support in capturing information verbatim. Photographs of the school sanitation facilities were also taken by the researcher. The researcher wrote field notes and recorded non-verbal communication observed during the data collection. Data was recorded in coded blank sheets for each participant.

3.4.1 Primary data

First-hand information is referred to as primary data where a research gathers an unedited first-hand account of story or experience. Primary data refers to the first-hand information that is derived from interactions with research participants or the analysis of documents pertaining to the area being investigated (Bryman, 2008). In lower grades, 10 school girls that had recently started their menses were brought together for a focus group discussion. From this group the researcher gathered data regarding experiences of girls in menarche and also as new girls in the school. The second focus group is that of girls at higher grades who have been menstruating for a couple of years. This purposeful selection brought a balanced data on MHM experiences and practices for girls who had just started and those with a couple of years' experience of menstruation. Three teachers were interviewed to provide insight on the actual practices of the girls in managing their menses from their viewpoint. Teachers were mainly Career Guidance teachers who have extra interactions with the girls during Life Orientation sessions. The teachers consisted of two male and one female. The deputy principal was interviewed separately with open-ended and semi-structured questionnaires. Interviewing the school authorities shed some light on the enabling environment of the school for support girls during menstruation. An informed written consent was obtained from each participant.

3.5 Sample size and criteria

The researcher used deliberate sampling also known as purposive or non-probability sampling. The school head teacher who was the gatekeeper assigned the teachers to select the girls from different classes in the lower grades and higher grades. The criteria for the selection as agreed with the teachers and headteacher are girls who

are members the school health club and are familiar with discussing health and hygiene issues in the school. Selection criteria for the girls in both grade 8 and 12 was similar except that the older girls have more experience and confidence in talking about managing their menstruation. This purposeful selection will give rich and balanced data on MHM experiences and practices.

Onwuegbuzie (2007, p287) state that ‘’the size of the sample should be informed primarily by the research objective, research questions, and, subsequently, the research design. For this study, a small sample of 20 girls and three teachers was selected to get in-depth information on the experiences and practices of rural girls in regards to MHM. See Table below

Table 1Sample

Focus Group	Age in years	No. of Participants	No. of participants who have started periods
Group 1	13 to 15	10	7
Group 2	16 to 19	10	10
Teacher group		1 female 2 males	
Deputy Headteacher		1	

3.6 Setting of the Study

The study takes place in a rural high school in the Mpolonjeni constituency in the Lubombo region with no proper sanitation facilities and access to a reliable water supply. In overall the circumstances and conditions of most of the rural schools in the area are the same. Mpolonjeni is a community plagued by high poverty rates,

HIV/AIDS, unemployment and child headed homesteads. The main economic activity is subsistence farming which is usually challenged by low rainfall and drought, making food security a major a challenge. Low or no access to safe running water not only affects the community but most of the schools in the area and in addition to that a lack adequate sanitation facilities. Girls and women are still expected to walk a long distance to collect water in rivers or dams. Parents struggle to pay school fees and this means even the school has challenges in running its day to day activities because of limited resources.

3.7 Population of the study

Targeting a rural school for data collection made the study manageable since most girls who have started menstruating can be collectively found in the school. Lasi High school was deliberately identified and chosen because it is conveniently accessible compared to the other schools in the same area.

3.8 Analysis and Report writing

The aim of analysing data is to summarise what the researcher saw, heard and identified as common words, phrases, themes or patterns (Maree 2011). The researcher listened to recorded data and read field notes at the end of each data-collecting day. According to Rabiee (2004) ‘’the process of data analysis begins during the data collection, by skillfully facilitating the discussion and generating rich data from the interview, complementing them with the observational notes and typing the recorded information’’ (p.656).The researcher familiarised herself with the data by listening to tapes, reading the transcripts several times and reading the observational notes taken during interview and summary notes written immediately after the

interview. Rabiee (2004) also states that unlike quantitative analysis, qualitative analysis, particularly focus-group analysis, occurs concurrently with data collection. The researcher reviewed all data and make notes and personal reflections. All audio data was transcribed and translated and all notes written in SiSwati to English. Field notes, transcribed and translated data was reviewed. The analysis of data required a number of closely related operations such as the establishment of categories, the application of these categories to raw data through coding. According to Maree (2011) “data analysis in qualitative research approaches is not a linear process, meaning that it is an iterative process, implying that data collection, analysis, and reporting are intertwined” (p.99).

She further states that the unwieldy data should necessarily be condensed into a few manageable groups and tables for further analysis. Thus, the researcher should classify the raw data into some purposeful and usable categories. The researcher collated and compiled all data according to themes. In order to derive meanings out of the collected data, the researcher followed a qualitative content analysis approach. As defined by Bryman (2012) ‘‘content analysis helps the researcher in allocating data in predetermined categories’’ (p.290). Bryman (2012) further notes that qualitative content analysis places emphasis on the categories that emerge out of data. Data analysis was guided by the themes emerging from the literature review. Report writing commenced when data collection and analysis was completed.According to *British Dental Journal (2008),* there are two fundamental approaches to analysing qualitative data (although each can be handled in a variety of different ways): the deductive approach and the inductive approach. Deductive approaches involve using a structure or predetermined framework to analyse data. Essentially, the researcher imposes their

own structure or theories on the data and then uses these to analyse the interview transcripts.

3.9 Validity and reliability

Golafshani (2003) states that validity and reliability are two factors which any qualitative researcher should be concerned about while designing a study, analysing results and judging the quality of the study. Although some qualitative researchers have argued that the term validity is not applicable to qualitative research, but at the same time, they have realised the need for some kind of qualifying check or measure for their research. The study was designed in such a way that if it were to be carried out in another rural school it would still produce similar results and that relates to dependability.

Golafshani (2003) asserts that the quality of a study in each paradigm should be judged by its own paradigm's terms. For example, while the terms Reliability and Validity are an essential criterion for quality in quantitative paradigms, in qualitative paradigms the terms Credibility, Neutrality or Confirmability, Consistency or Dependability and Applicability or Transferability are to be the essential criteria for quality. The researcher followed a methodology used in similar settings and produced results consist of the same study. The two girls' focus groups produced consistent ad similar data even though interviewed at different times.

3.10 Limitations

The researcher was challenged for time and resources. The time allocated was according to what the school allowed and the researcher was allowed only two hours a day because of the sporting activities that were taking place at the school during the data collection phase. Furthermore, the school is in a remote rural area the researcher had to drive from Johannesburg to Swaziland (researcher's home country) and this had cost and time implications. A major limitation will be that sample size is small and the study restrictions have added more pressure on the sample size.

3.11 Ethical considerations

Permission to conduct this study was granted by the Lubombo Regional Education Office since the school falls under the Lubombo region. Permission to conduct the study at the school was granted by school administration and School Governing body. The process of getting parents' consent was avoided because of the lengthy process it would take being a rural community. With help of the school administration girls from both lower and upper grades were selected to take part in the study. They explained to the girls the purpose of the study and that it was a voluntary exercise. Verbal and written consent was received from the school girls. Since the focus group approach was used there was no confidentiality clause included in the consent form. Saunders, Lewis and Thornhill (2003) summarise the main issues to consider, ''although the ethical issues surrounding these items are not always clear-cut: The rights of privacy of individuals, voluntary nature, consent, confidentiality, ways of collecting data'' (p.131).

Informed consent was obtained from research participants before the commencement of the research. Both written and verbal informed consent was obtained from each of the participants. To ensure the protection of participants was adhered to, a consent form was signed prior to each interview (Maree, 2011). The letter specified that participants could discontinue their participation if they felt the need to do so at any point (Bless, et al., 2006). Participants were informed that the study was voluntary and therefore were free at any time to withdraw their participation in the research, without having to face any unfair negative consequences or disadvantages. The research before collecting data ensured informed consent and privacy, to prevent the school girls feeling like they were persuaded or coerced to participate. The researcher also showed respect to participants' rights in that she informed and assured them that if they decide to change their decision or withdraw their prior informed consent, at any stage of the research without giving any reason, they will not incur any penalty whatsoever. The researcher received clearance from the University Ethics committee to carry out the data collection.

Summary

This chapter has outlined the process that the researcher followed in collecting data for answering the research questions. The chapter explained why the researcher chose to use the phenomenological research design and the qualitative approach for collecting data. The data collection and analysis process was described and how the study was conducted as a whole.

CHAPTER 4

Data Presentation

4.1 Introduction

This chapter will present detailed findings on the practices and experiences of rural school girls in Mpolonjeni. The results are presented according to the themes identified and subthemes identified in the content analysis. The themes presented are Information/Education on Menstruation, School Water and Sanitation Facilities, Menstruation Experiences and education: the challenges, Sanitary Material-Commercial pads and other material Personal Hygiene: Practices and Menstrual hygiene and waste management.

The school head teacher also played the role of a gatekeeper who facilitated the selection of girls and staff to be interviewed. The gatekeeper was assisted by the teachers in the identification and selection of girls who could take part in the study. The main research question that guided this study was; 'what are the Menstrual Hygiene Management experiences, practices and shortcomings affecting rural school girls in Mpolonjeni community?' The study further sought clarity by posing complementary research questions as listed below:

What are the practices experiences and challenges of rural school girls in managing menstruation in the designated school setting?

What are the school's shortcomings that explain any challenges arising for rural school girls in managing menstruation?

What interventions are needed for MHM within the school?

Over and above the research question and sub-questions mentioned above the researcher further used probing questions to dig deeper into the MHM practices and experiences of rural school girls.

4.2 Background

Focus group discussions with two groups of students from lower grades (10 girls and ages between 12 and 15years) who had recently started her periods and girls in higher grades (10 girls and ages between 15 and 18) were carried out. The data collection process took two days as time allowed by the school.

4.3 Menstruation beliefs and taboos

The community of Mpolonjeni and Swazi nation has menstruation cultural beliefs and taboos that influence their practices and perception.

> ‘‘Culturally girls are taught to be respectful and responsible for household chores like collecting water and firewood, cooking and cleaning for the home. Sometimes girls may be shy to speak up if they have problems because of the social ranking in the home. Boys are culturally seen as more important because they are seen as people who will carry on the family name while girls simply get married and take their husband's name. A girl, upon having her first menstruation, is isolated in a hut for several days. She is instructed by her mother about observances and taboos. (Deputy Head Teacher)

> ‘‘As Swazi’s we have ‘emaguma’ (meetings for women and girls) and emalawu (meetings for men and boys), in these are traditional meetings women and girls gathering where girls are taught about female issues and growing up. We would

encourage parents to ensure that their children are taught so that it is not just the teacher and the school's responsibility'' (Teacher Focus group, participant 1)

''We were told that a girl who is menstruating is not supposed to pick vegetables because they will wilt. (Focus group 2, participant 1)

''Any menstruating girl is not supposed to come near a pregnant cow because she will cause it to miscarry the calf.'' (Focus group 1, participant 5)

''If you are in your periods and go to the Zionist church then you don't wear the church uniform and when you start periods you start wearing a head gear.'' (Focus group 2, participant 2)

4.4 Information/Education on Menstruation

According to the information gathered from the girls in grade 8 (focus group 1), menstruation was defined as 'the weeping of a disappointed uterus' and when blood comes out the vagina. They indicated that they were not sure why and how this process took place. The second focus group was more knowledgeable as they gave a detailed description of what menstruation is and further explained why and how it happens. Focus group 2, participant 1 defined menstruation as, ''The wearing off of the lining of the uterus, after 28 days and then it comes out in the form of blood through the vagina if fertilisation of the egg has not taken place.'' They attribute the knowledge to biology lessons from school and a couple of years they have experienced menstruating. The first information on menstruation for girls is important as it informs her perception and how she will manage her menses further on. Mother, sister, grandmother, teachers and friend are reported to be the main source of information

and education on menstruation from before menarche and thereafter by both focus groups of grade 8 (focus group 1) and grade 12s (focus group 2). Three participants all aged 13 years from focus group 1 who already knew about menstruation before menarche because they were informed either by a mother or sister.

> ‘’My mother said to me now that I was growing up I will go through different stages and that I should not be shocked or amazed when maybe I go to the toilet to urinate and then I see blood come out, because it is part of life. So it happened as my mother had said and then I told her, she then bought me pads and showed me how to use them.’’ (Focus group 1, participant 1)

> ‘’From when I started growing breast my mum started as often as possible to tell me about menses and said I shouldn’t be surprised when blood comes out of my vagina. Then one day when I was at home having lunch with my family I felt sleepy and my mum said I should go lay down and sleep. When I woke I discovered that I had blood on my panty and told my mum who then gave me pads and told me to behave myself.’’ (Focus group 1, participant 2)

> ‘’I knew that there was something called menses but I wasn’t sure what happens as exactly so one day while I was at school I felt some pains in my abdomen and I went to the toilet to check and I found that there was blood. I knew about this from my elder sister but my mum had not told me anything. I got home and told my mum who then told me that I had started my periods.’’ (Focus group 1, participant 3)

Grandmothers were reported to play an important role in providing information on menstruation:

‘‘My grandmother told me before I started my periods that now that I am growing up, I am going start seeing blood come out from my vagina, but I should not be alarmed or afraid it is a normal process that happens to every girl and it shows that now you are growing up and it's normal what’s going to happen to me.’’ (Focus group 2, participant 1)

Teachers were also reported as a source of information by girls:

‘‘My mum never told me anything but I first heard about periods at school from my teachers who told us what happens when you have periods and teach us that when you are a girl’s menstruation is what happens to all girls. It started when I was at school and I got and told my mum So I went home to tell my mum who then told me that from now on I am grown up and shouldn’t play naughty games with boys because I could fall pregnant’’. (Focus group 1, participant 4)

Several participants reported that they were not told by anyone and were shocked when they found blood in their panties;

‘‘No one had told me anything so I was too shocked when I found blood on my panties and I thought I was sick or something had hurt me and I was afraid to tell my mother because I thought I was in trouble. My mother found out because she saw my clothes full of blood.’’ (Focus group 2, participant 4)

The fifth participant also reported to been caught by surprise when she started bleeding:

‘‘When I first started my periods, I was seated down so when I stood up I first some liquid trickling down my legs and I went to bath and change my clothes

so that my parents don't found out, I was afraid they were going to beat me up.'' (Focus group 2, participant 5)

Information and support received from the school the teachers reported as follows:

''We support students by providing information/ trying to make them understand the stage they are in what they are supposed to do to handle themselves within the school.'' (Teacher focus group, Participant 1)

When the researcher asked whether the school has specific MHM programmes to support and provide information on MHM, the response was as follows:

''It is a combination of things -girls are taught about menstruation as a subject when they come of age and what is expected of them. Girls are taken for a session separate from boys and information is taught on specific and relevant issues to girls which cannot be easily taught when they are together with the boys.'' (Teacher focus group, Participant 2)

''You find that some of them have not started menstruating then you will need to demonstration on how to use sanitary pads and how to place it in the panty then it will be safe to do this in different groups.'' (Teacher focus group, Participant 3)

The school has further allowed civil society groups to come and teach the children on reproductive health:

''NGOs have come to the school to teach girls when it is convenient for them and they have been good at teaching girls, not only about menstruation but also

about their sexuality and being a girl. They have also initiated the establishment of a health club to share and learn.'' (Teacher focus group, Participant 3)

The teacher focus group also reported to be making efforts in including boys in MHM education but because of the sensitive nature of the subject, they have to do separate sessions for girls and boys. The MHM information shared with boys is general and does not go into details of what girls' experience or even the support they need.

''Boys are informed during the career guidance sessions about the general information on menstruation. When we separate them we give specifics for boys in teaching about menstruation.'' (Teacher focus group, Participant 1)

''There is a need for the boys to also get the specifics but because of the sensitive nature of the topic then we cannot mix and give specific information on menstruation.'' (Teacher focus group, Participant 3)

The deputy head teacher who is female had this to say:

''The school does not have any MHM programme except the Health club where we sometimes teach them about growing up and their sexuality, adolescence and other growing up matters. Biology classes are sometimes used to explain the physical and scientific development aspects of puberty or adolescence and also explaining what menstruation is.'' (Deputy Head Teacher)

4.5 School Water and Sanitation Facilities

The availability of water and proper sanitation facilities are reported as an integral part of managing menstruation in school but the lack of a reliable supply and sanitation facilities in bad filthy state hinder MHM. There are a few subthemes also emerging

from this theme such the lack of privacy, the bad filthy state of school toilets, lack of a reliable water supply and managing waste.

4.5.1 Bad filthy state of school toilets

When the girls were asked to describe the conditions of toilets in the school this is what they had to say:

> ‘‘The school toilets are very filthy and it’s difficult to use such toilets even though the structure looks fine from outside- when I first came to the school I was shocked to find such a school with filthy toilets.’’ (Focus group 1, participant 2)

> ‘‘Our toilets are very dirty, smelly and filthy and we there are never clean, some girls don’t clean after themselves when they finish using the toilet.’’ (Focus group 2, participant 3)

> ‘‘Some look like they are going to fall over or sink in and have no doors some use them and I don’t use them.’’ (Focus group 2, participant 3)

> ‘‘We have new toilets but they are never cleaned, only once in a while when naughty students are punished then we will have the toilets cleaned otherwise it’s not defined who should clean the toilets and when.’’ (Focus group2, participant 6)

> ‘‘We don’t have fixed toilet cleaning days, we alternate depending on convenience and availability of resources, we are supposed to clean every Friday but does not take place happen. When there is no soap they will just scrub without.’’ (Teacher focus group, participant 2)



Figure 1 one of the girl's old toilets blocks

4.5.2 Lack of privacy and Toilets not enough

The lack of privacy and the fact that there are a few toilets seemed to be the greatest issue raised by the girls over and above being filthy and smelly. This is what they had to say:

> ''The toilets are not private enough, at the back, there are open spaces such that when you are inside you can see people and they can also see you from outside if someone decides to really peep they can actually see everything. We don't feel secure because if someone is passing by they can see that you are in the toilet.'' (Focus group 2, participant 7)

> ''Toilets are not enough- there are only six toilets for girls in the whole school.'' (Focus group 1, participant 4)

> ''Our toilets do not have doors so we have no privacy during menses and there are not enough toilets, there are always long lines during break.'' (Focus group 1, participant 6)



Figure 2 the girl's new toilet block with no doors and the special menstruation toilet that locks from outside

"The NGO that built us the toilets also made a special toilet for menstruating girls with a door that locks from outside. It has a sink for washing and a dustbin for our used sanitary pads, we still don't have privacy because when other students see you going in there during break then they know you are in your periods. You still have to ask someone to accompany you to lock you in from outside.'' (Focus group 2, participant 1)



Figure *3* Girl's special menstruation toilet that locks from the outside

''Our toilets do not have doors but just wall in front of the open toilets, inside the toilet is a short wall but still you need a friend to accompany you all the time so they stand guard at the toilet entrance so that no one peeps or enters while you are using the toilet.'' (Focus group 2, participant 3)

''Toilets are not enough during break time because during this critical time when there is congestion because of the limited time to use the facility. Students do not pass water outside but some naughty boys would urinate outside and girls do not.'' (Teacher focus group, participant 2)

When the teacher focus group was asked to comment on the availability of water and sanitation situation in the school they had this to say:

''Yes and No— yes because we do have water available and an adequate supply throughout the year and the school has new toilets with privacy.'' (Teacher Focus group, participant 1)

The researcher asked a follow-up question? Is it the one that has a door that locks from outside? The response was:

> “No, that one is not theirs. *laughs* Their Toilets are the ones that have a wall in front of them. Is it private enough because the toilets have been divided for boys and girls blocks so that each child has access to an individual toilet?”

The Deputy Headteacher also acknowledge that the school does not have enough toilets:

> ‘‘The school toilets are not enough, we have two blocks of VIP toilets and each block has six toilets one for girls and the other for the boys, we also don’t have disposal facilities. Student especially boys will urinate behind the toilets or on the fence during break time when all students are rushing to the toilets.’’ (Deputy Head Teacher)

Even though a dustbin is provided in the menstruation toilet the girls have reported not using it nor have ever seen it being emptied. Further to that, they reported that there are no disposal facilities as such they throw all their used pads in the toilet. The girls also reported using a number of different items and materials for cleaning themselves up after using the toilet some of which are unhygienic and dangerous. These items include, newspaper, leaves, stones or rocks and these can cause the latrines to fill up quickly.

> ‘‘Even though there is a dustbin most girls don’t use it- we don’t know who empties it or if it ever gets filled. Most girls just throw their menstrual pads inside the pit latrine.’’ (Focus group 2, participant 2)

‘‘Because the school does not provide toilet paper to help us clean ourselves when using the toilet. Therefore, we end up tearing paper from our school exercise books or use newspaper, leaves, stones or rocks- causing the toilets to fill up fast.’’ (Focus group 2, participant 2)

4.5.4 Lack of reliable water supply



Figure 4 the hand washing facility that has been without water for several months

While the Teachers reported an adequate supply of water at the school throughout the year both the two focus groups reported a lack of constant supply of water. The researcher took a picture of the school hand washing facility and it was evident that there was no water.

When responding to the question whether school environment is conducive for girls to manage their menstruation, these were the responses:

‘‘The environment in the school does not effectively support the girls in managing their menstruation because we lack a constant supply of water, at the moment we depend on rain harvested water and because of the drought lately it has been difficult to have a constant supply of water. Sometimes we request the government tanker to come deliver water but it is unreliable and sometimes takes long to come deliver the water.’’ (Deputy Head Teacher)

‘‘Yes because we do have water is available – adequate supply throughout the year and there are new toilets with privacy.’’ (Teacher focus group, participant 1)

The response received from the girls on the issue of availability of water, these were the responses:

‘‘The taps inside the girl’s toilet no longer have running water so we don’t have any means of cleaning ourselves up and washing our hands after using the toilet.’’ (Focus group 2, participant 2)

‘‘There is no constant supply of water because sometimes we go for weeks without water.’’ (Focus group 1, participant 1)

When the girls were asked what would be the most important thing that is needed to help them manage their menses at school.

‘‘If only we could have water all the time, it would make life easy for us because right now the taps are dry and the washing area has no soap.’’(Focus group 2, participant 4)

‘‘When we accidentally stain our uniform at school, we have to ask for a pass out (permission to go home) because there is no water to wash the uniform and clean yourself.’’ (Focus group 1, participant 3)

The school administration acknowledged that the school facilities are inadequate in supporting girls manage their periods.

‘‘As a school, we wish to provide support to the girls in terms of appropriate facilities, sanitary pads and other necessary items for managing menstruation within the school but unfortunately, there are other pressing priorities like school meals, stationary, and utilities.’’ (Deputy Head Teacher)

4.6 Practices and experiences

There are several issues that came up when the girls were describing their practices and experiences in managing their menstruation in the school the following themes were identified as, personal hygiene and the use of sanitary pads, Period pains, Shame, and embarrassment.

4.6.1 Personal hygiene and the use sanitary pads

Participants in both focus group 1 and 2 reported to using a variety of sanitary materials when in their periods. Most girls reported using sanitary pads bought from the shop but also stated that they occasionally use cloths, newspaper, old jersey, cotton wool etc. Other forms of commercial sanitary protection like tampons and menstrual cups were a no-go area almost like a taboo. None of the girls reported using a tampon or menstrual cup. The use of these other materials like cloths and old jerseys

is reported to cause great discomfort because they easily soak up and smell, they also cause bruising and rash.

> ‘‘My mother always buys me sanitary pads, so I only use pads bought from the shop’’. (Focus group 1, participant 1)

> ‘‘I use different materials when in my periods depending on whether there is money to buy pads or not, I have used an old jersey and I cut it out so that it can fit, I have used toilet paper and even cotton wool. They are very uncomfortable and they soak up easily then you have to put it in a plastic bag to wash at home.’’ (Focus group 2, participant 6)

> ‘‘Sometimes when I use a cloth by the end of the day I develop a rash and bruising, the cloth also smells and soaks up easily.’’ (Focus group 1, participant 3)

> ‘‘We also wear as many as 4 or 5 panties if we don’t have pads so that they absorb more of the blood if we don’t have pads.’’ (Focus group 2, participant 3)

> ‘‘The school does not provide pads and even then we are sometimes shy to go and asks pads from the teachers.” (Focus group 1, participant 3)

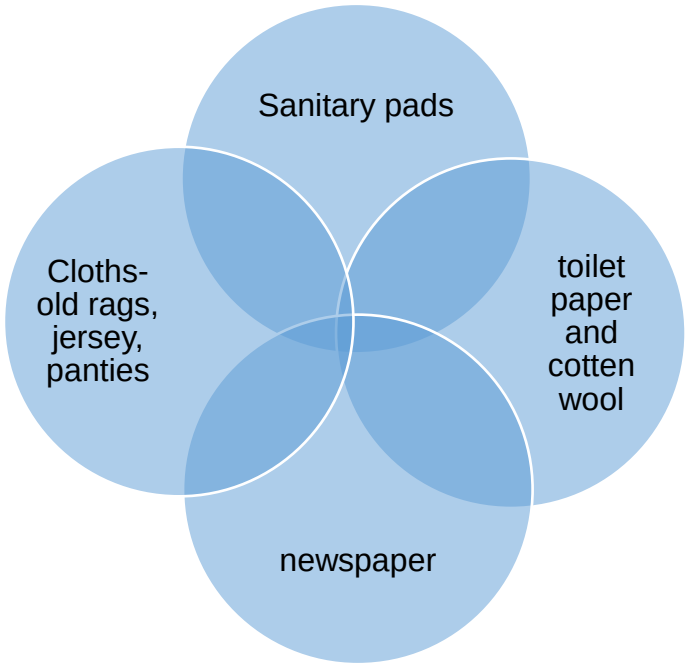

Figure *5* the different sanitary material used by the girls

The participants also reported using various materials to clean themselves up because of the lack of water, soap and toilet paper in the school toilets. Teachers reported the availability of both water and soap.

> ‘‘There is no water and toilet paper provided by the school so sometimes we bring a small towel in our school bag and then after cleaning yourself you put in plastic bag and you wash it when you get home’’ (Focus group 1, participant 4)

> ‘‘You ‘tweak’ the droplets of urine if you do not have toilet paper to clean yourself after urinating. We will also use old newspaper, rocks, stones or even a piece of wood to clean ourselves. Yes, if you don’t have toilet paper you will defiantly use anything, a nice hot stone does the trick *laughs*. We also tear paper from our exercise books.’’ (Focus group2, participant 1)

> ‘‘Soap has been provided for all students to wash their hands when they finish using the toilet. There are taps, the soap is put in the reservoir, so they come to use after using the toilet’’ (Teacher focus group, participant 2)

While the teachers reported the availability of toilet paper and a pads and Deputy Headteacher reported that the school does not provide these items.

> ‘‘We allow them to come to one of the teachers to ask for pads. Previously teachers provided pads out of their own personal supply but now the school sometimes provides. The school secretary keeps pads for students.’’ (Teacher focus group, participant 2)

> ‘‘For some students, the staff can be intimidating so they come to the science lab because they know there is big roll of toilet paper but the school does not provide toilet paper in the student’s toilets.’’ (Teacher focus group, participant 2)

> ‘‘The school does not provide sanitary pads because even Government does not provide sanitary pads but provides school meals of beans and samp since there are many destitute children coming from impoverished households. The kitchen will soon run dry and needs replenishing and we cannot ask pads from the government instead of food. It’s the same case in their homes food availability is more important than pads.’’ (Deputy Headteacher)

4.6.2 Period Pains

Most of the participants reported that they experience painful periods which cause a lot of discomforts and making it hard to focus in class:

> ‘‘I get stressed and dread the pain that comes with periods, sometimes the pains come a week before the actual date for my periods.’’ (Focus group 2, participant 6)

> ‘‘When I am in my period I experience a lot of pain and then I become very moody and quiet in class, sometimes it’s even hard to focus because of the pain. One time I experienced so much pain during my periods I could not go to school and stayed at home until I felt better.’’ (Focus group, participant 5)

> ‘‘When I have period pains sometimes I get panado (pain killer) if the school has but sometimes they are not helpful. Even if I drink as many panados (pain killers) they don’t help and I have on a few occasions stayed at home because of severe pains.’’ (Focus group 2, participant 2)

The school tries to provide painkillers for the girls:

> ‘‘Painkillers are available but not all the time, sometimes we just observe that they are encountering discomfort.’’(Teacher Focus group 2, participant 2)

> ‘‘Some students will be afraid to report, some of those who report they will lie and say they are sick or they have a headache and some even cry. We try to probe those who are appearing withdrawn and then offer them pain killers.’’ (Teacher Focus group 2, participant 3)

‘‘We recognise that the current facilities in the school do not cater fully for needs of a girl in her menses so usually send them home if they are in pain or give them painkillers if they are available.’’ (Deputy Head Teacher)

4.6.3 Shame and embarrassment

Several participants reported having suffered shame and embarrassment due to accidental blood-stained uniforms. The girls stated that the humiliation that comes from a stained uniform causes anxiety and worry when they are their periods. They have reported that when in their periods they wear many panties and wear shorts under the uniform. They are very careful when sitting down, they lift up the uniform so that they sit on the shorts and in that way they are safe from staining the uniform.

‘‘I am afraid that when I am here at school when I stand up from my chair and could stain my uniform and the other students will laugh at me especially the boys. It’s embarrassing when the boys laugh at us. It does not happen to them but us and it’s embarrassing, it’s humiliating’’ (Focus group 2, participant 3)

‘‘I was afraid of standing up, I asked a friend to borrow me her jersey so I could cover myself, unfortunately, a boy in class had already seen and they laughed at me. I then went to the teacher who gave me a ‘lihiya’ (cloth) to cover myself while I washed and dried my uniform. I was so embarrassed and ashamed at what had happened to me. I was so ashamed that I kept a low profile a whole school term.’’ (Focus group 2, participant 4)

‘‘They may be uncomfortable to approach teachers because they may find it embarrassing to talk about this with a male teacher. We try to encourage

children to speak out if they approach us when we see that they have issues they are shy to talk about.''(Teacher Focus group, participant 3)

4.7 Menstruation and education

Three participants reported having missed school because of lacking proper menstrual pads, period pains and because they had accidentally stained their uniforms and had to go home. The participants have also reported fear of standing up in class to answer questions or do activities that require them to move around. Participants also reported not participating in sports activities because they fear the menstrual pad would fall out and they would be ridiculed.

''We try to stay ready but if you happen to stain you uniform and there is no assistance we go and request a pass out from the teachers so you go home for the day.'' (Focus group 1, participant 1)

''It's not a nice experience because there so much discomfort especially when you go out to play sports at school, you can feel the blood ooze out, sometimes when you sneeze or laugh then you feel blood come out.'' (Focus group 1, participant 4)

''I have stayed home because of period pains, I have to walk a long distance to school and because of the pain I knew I would not make it to school that day.'' (Focus group 2, participant 3)

''We know of a girl who always stains herself because she uses pieces of cloth and she has to ask for pass out or does not come to school when she is in her periods.'' (Focus group 1, participant 6)

> ‘‘We sometimes put on as many as five panties if you don’t have pads or even a clothes to use. Sometimes we then pretend to be sick and ask for a pass out.’’ (Focus group 2, participant 5)

Teachers and the school administration also acknowledge frequent pass out requests from girls associated with period pains and dirty stained uniforms.

> ‘‘In some cases, a girl may opt to stay home until her periods are over. Some are afraid to ask for help and they end up staining their uniform and if we do not have sanitary pads at that time we will send the child home. The child will suffer embarrassment and shame and thus her self-esteem is affected. We have had incidences of naughty boys making fun of girls who had stained their uniforms. We recognise that the current facilities in the school do not cater fully for needs of a girl in her menses so we usually send them home if they are in pain or give them painkillers if they are available.’’ (Deputy Head Teacher).

The girls reported that they refrain from participating in sports and other vigorous activities because they fear that the pad or cloth will fall out and other students will laugh at them.

4.8 Personal perceptions of menstruation

The table below shows some of the responses that the two focus groups gave to illustrate their perception of menstruation. From the response, the girls showed a lot of disgust and dread at the thought of menstruation. Most of them do not view it in the positive light but as a burden that causes monthly discomfort, pain, and embarrassment. While most of the responses on family and community perception the girls reported that it means that they are grown up and ready for marriage.

Table 2 MHM Perceptions

	Focus group 1	Focus group 2
What is good about menstruation?	-healthy and growth -must behave and not fallen pregnant -I am like all other girls	- a sign of growing up and good health-get a growing up talk with my parents -it means getting a nice shapely body
What is bad about menstruation?	-Pain and discomfort -Shame & embarrassment -worry and moodiness -need to take more baths means fetching more water	-worry about dates for next period, sanitary pads -Discomfort and pain -blood is disgusting -Limited activity because of fear of staining yourself
What does this mean to your community, family and yourself?	-A rite of passage/coming of age -ready for marriage - new status at home-more respect	- can possible start dating -a sign that I can produce children -ready for marriage

4.9 MHM Programmes in the school

The study reports a couple of MHM-related initiatives in the school with the support of NGOs. A health club was started and most of the study participants are members of the health club. Even though the focus of the study was not in the Health club there was mention of it in the discussions. When teachers were asked to talk about MHM programmes in the school, these were their responses:

> ‘‘It’s a combination of things -girls are taught about menstruation as a subject when they come of age and what is expected of them. Girls taken for a session separate from boys and Information to be taught on specific and relevant issues to girls which not be easily taught together with the boys and boys are not included.’’ (Teacher focus group, participant 1)

‘‘NGOs have come to the school to teach girls when it is convenient for them to teach in the health club but have been good at teaching girls not only about menstruation but also about their sexuality and being a girl. They have initiated the establishment of club (health club) for sharing and learning.’’ (Teacher focus group, participant 2)

‘‘The school does not have any MHM programme accept the Health club where we sometimes teach them about growing up and their sexuality, adolescence and other growing up matters. Biology classes are sometimes used to explain the physical and scientific development aspects of puberty or adolescence and also explaining what menstruation is. We have a few NGOs that have supported the school lately in building the toilets and also teaching the girls about menstruation, they have even donated some hygiene kits to the girls.’’ (Deputy head Teacher).

When the girls in focus group 2 were asked about activities that are in the school that helps promote or support MHM, this is the response one of them gave:

‘‘I think the school has not done much at all in supporting MHM for us girls. There only time we had improvement is when an NGO came and started the Health club and then built toilets for us and then they made the special toilet for menstruating girls but unfortunately this door closes from the outside .You need to have a friend to stand at the door and lock you in and when you are done she opens for you. Even then it is only one toilet so when there are 10 girls who are in their period they queue outside during break time and still it does not help much anyway. We don’t like going to use that toilet because everyone sees you and then they know you are in your period. The other day a boy said to me

‘Today you are in your periods’ and I asked him how knew about that and he said I saw you go into the girl's special toilet.’’

Summary

This chapter has presented the research findings on the practices and experiences of rural school girls in Mpolonjeni. The findings are based on the themes that emerged from the data analysis and further guided by the focus group discussion and interviews. The findings have many interesting issues arising from the discussions with the different respondents of special note is the contradictory presentation of facts by the school girls versus teachers on the availability of water and the menstruation toilet. The girls’ focus groups also indicate a variation in knowledge and experience of MHM but a consistency in many factors around school facilities and resources for MHM.The data presentation was also guided by the research objectives

CHAPTER 5

Data Analysis

5.1 Introduction

This chapter presents the five themes that emerged from the data analysis discussed in the previous chapter. The findings will be critically reviewed and compared with existing literature. A conclusion will be drawn with its implications on MHM practices and experiences for rural school girls in Mpolonjeni. Recommendations will also be drawn.

5.2 Menstruation beliefs and taboos

The study illustrates that Swazis have their own traditional belief and taboos surrounding menstruation in that a girl, upon having her first menstruation, is isolated in a hut for several days. She is instructed by her mother about observances and taboos. It is theses platforms where girls are taught what to observe and avoid during menstruation for instance girls are taught to avoid coming close to a pregnant cow because it is believed it will miscarry its calf. Furthermore, a menstruating girl should not pick vegetables from the garden because she will cause them to wilt. The girls reported knowledge of these beliefs and taboos but did not actually observe them. The findings reveal that there is traditional support structures emaguma' (meetings for women and girls) and emalawu (meetings for men and boys), in these traditional meetings girls and boys are taught about issues of growing up. A similar research by McMahon at el (2011) of schoolgirls in the Nyanza Province of Western Kenya showed that when a girl is menstruating, she is barred from engaging in a variety of household chores, such as washing the family water pot, and she may not cross the threshold

into her parents sleeping quarters. These rules were described by teachers as mechanisms to maintain “respect for mothers and cleanliness in the home”.

5.3 Information/Education on menstruation

The finding in this study reveals the girls have a general understanding of what menstruation is and what it entails. According to the information gathered from the girls in grade 8 (focus group 1), menstruation was defined as ‘the weeping of a disappointed uterus’ and when blood comes out of the vagina. They indicated that they were not sure why and how this process took place. The second focus group was more knowledgeable as they gave a detailed description of what menstruation is and further explained why and how it happens. They attribute the knowledge to biology lessons from school and a couple of years they have experienced menstruating. According to a similar study done in Pakistan (Ali and Rizvi, 2010), the participants described menstruation as a monthly bleeding that happens to every female and that it is a natural phenomenon, a sign of adulthood and good for marriage. Some reported that it is the removal of dirt from the stomach, or is a disease. Regarding the origin of bleeding, 37% (private), 15.9% (government) and 19.7% (community) participants reported that it comes from the uterus; whereas the rest were unsure about it.

The study also indicates that the rural school girls receive primary information on menstruation mainly from their mothers, grandmothers, sisters, friends and even their teachers. There are those who never received any information at all until they had started their first menstruation and then they were told about it. The study indicates that the girls receive basic information on menstruation that relates to what it means in terms of growing up, how it is a process of preparing women to bear children and

therefore need to abstain from sexual activities. The emphasis on the menstrual education is more on the sociological aspect of growing up and abstaining.

This is similar to the findings in a study conducted in the Louga region, located in the northeast of Senegal where girls had extremely limited information about why they menstruate and how to manage menstrual flows hygienically and safely, WSSCC and UN Women (2014). Mothers and friends act as their main source of information. However, these mothers and friends often lack the necessary knowledge about biological changes as the body reaches puberty, the menstrual cycle, infection risks posed by poor practices, and the absorption, drying and material disposal options available to girls. This also consistent with findings of a study done in Lebanon where the mother was the primary provider of information about menstruation and related hygiene for most participants (86.9%) and up to 4.6% of adolescent girls did not receive any information regarding menstrual hygiene (Santina et al 2013).

The school reported that they support the girls by disseminating the biological aspect of MHM information but only two girls from both focus groups who had no prior information on menstruation reported to have been educated by the teachers. The school has biology classes that explain in detail the process of how and why menstruation takes place to both boys and girls. The school also reported having a health club where the issue of reproductive health and menstruation are taught and discussed. The school has further allowed civil society groups to come and offer MHM education. A study by Chege (2013) found that in Malawi and Kenya the teachers constructed education on puberty and menstruation to a female thing, which girls could learn from the science classes or girl-specific lectures. In the same study by Chege it is reported that despite the fact that nurses and teachers were the least preferred to

educate the girls, most of the girls (nearly 60%) expressed their satisfaction of the education sessions, saying the sessions went either ‘extremely well’ or ‘very well’

The findings revealed that the idea of involving boys in MHM education was a bit tricky for the teachers because of the sensitive nature of the issue. The teachers reported that they notice how some students become uncomfortable when issues of sexuality are discussed in class. Teachers offered MHM education during biology lessons and the specific details of girls’ experiences were not shared with boys but in the separate sessions during the Career Guidance and Counselling class. According to Fatusi and Hindin (2010), boys have too little information about menstruation, which a number of studies suggest might be at the root of the teasing and bullying that frequently happens at co-ed institutions? Male teachers, for example, do not always understand a girl’s urgent need to go to the bathroom, and may insist that she wait until the end of class. Worse still are the situations where male teachers and boy students tease the girls (Kirk 2005 as cited in Kirk and Sommer 2005)?

5.4 School Water and Sanitation

The findings show that all of the girls in the focus groups reported having challenges in managing their periods at school because of the lack of a reliable water supply and the lack of privacy, filthy and smelly toilets. A reliable water supply is needed for girls to clean after themselves after using the toilet. ‘‘The school’s water problem, although a collective responsibility, has become gendered and it is girls who pay the cost at the school with water duties’’ (Mbatha 2011, p7). The girls reported having been sent by the school on several occasions to collect water for the school at a nearby river for school activities like preparing the school lunch when the water in the school water tank had run out. Other water needs are not as important as the school lunch and

therefore girls have to figure out how the clean themselves up. Even though teachers reported that there is a reliable supply of water throughout the year the girls dispute this and evidence from observation and pictures taken of the water reservoir indicate there was no water. The findings reveal that some girls actually go home or don't come to school because of the lack of water when their menstruating especially when they have stained their uniform Mbatha's study reports that girls still fetch water for the school every day, whilst boys sweep the yard. The requirement that water is fetched during school hours is tantamount to exploitation. The school's water policy affects girls' class attendance, perpetuating gender inequality. These findings are consistent with a study done Louga region in Senegal where water supply stoppages are a regular occurrence in the region. This phenomenon hinders safe hygiene practices and leads to additional feelings of anxiety among girls, WSSCC and UN Women (2014).

The findings of this study demonstrate that state of the school toilets are in a deplorable condition as most of the girls indicated that they were very filthy and smelly. The toilets are hardly cleaned because there are no clear rules of when and who should clean the toilets. Teachers indicated that ideally the toilets are supposed to be cleaned every Friday but they did not state who should clean them. One of the other reasons that toilets are not cleaned is because there is no soap and no one really follows up on the issue of cleaning toilets in the school. The study also reveals that the girls have no sense of responsibility in cleaning the toilets because of the lack of clear rules on who should clean the toilets. Some of the girls reported not using the toilets at all but wait until they get home to change pads and clean themselves up. They would rather risk having wet pads and cloths that may result in stained uniforms or even ask for a pass out and go home than to use the toilets. Again in the Louga

study, many girls at school or university admit that they “avoid” the public toilets on the site because they are unhygienic. Instead, they prefer not to change their material nor use the toilet while they are at school or university.

The study also reveals that the lack of privacy is a major concern and source of frustration for the girls because they reported that the toilets do not have doors and have openings at the back. Whenever they go to the toilet they need to be accompanied by a friend who will stand guard at the entrance so that no one can peep or come in. The special toilet made for menstruating girls has a door that locks from the outside. The girls expressed frustration at the poor design of the toilet because they still need to have someone to accompany them to lock them in from the outside until they are done doing their business. The findings also explain that all the girls prefer to keep it a secret when they are menstruating but having to use the special toilet during break time at school means everyone will see them when entering the special toilet then they will know that are in their periods. Findings in a Kenyan study by McMahon (2012) express the same sentiments where girls reported that it is difficult to manage their periods in school due to a lack of water and an inability to bathe, which is a preferred practice if a girl is menstruating while at home. Girls reported that bathing is difficult or impossible because school washrooms are not private, lack water, or have cold water.

The findings of the study reveal that the school acknowledges its shortcomings in the lack of an enabling environment for girls to manage their menstruation. The lack of a reliable supply of water for girls to clean themselves. The school only has six toilets for 145 girls and these are not enough because there are always congestions during break time. Boys will relieve themselves behind the toilets or near the fence but girls

because of their anatomy need to use a proper toilet and have privacy. The toilets do not have doors but a short wall inside and this gives them very little privacy. Because there are no disposal facilities and the school does not provide toilet paper the students tend to throw in everything inside the latrine resulting in a filled up with none biodegradable materials. A similar study in Malawi by Pipper (2012) revealed that the school toilets were blocked with faecal matter, sanitary pads or newspaper as there was no toilet tissue in any school. Maintenance was poor or absent entirely. Girls were responsible for cleaning, which was often given as a punishment, but they had no training or materials. All toilets smelt strongly of faeces, with flies and mosquitoes were prevalent. Girls said they did not want to use them when menstruating.

5.5 Practices and experiences

Findings in the report describe the different practices and experience of the girls when managing their menses at school from personal hygiene and the use of sanitary pads, period pains, shame, and embarrassment. While most girls reported using sanitary pads bought from the shop but none of them acknowledged the use of tampons or menstrual cups. These seem to be a taboo as no one was brave to admit using tampons or menstrual cups. It could be because they have never been taught or exposed to these forms of sanitary protection. They also stated that they occasionally use cloths, newspaper, old jersey, cotton wool etc. Another common practice for the girls is wearing up to five panties including shorts to protect themselves from leakage. The problem is that they still have to wash them to for reuse the following day. The use of these other materials is reported to cause great discomfort because they easily soak up and smell, they also cause bruising and rash.

Most girls come from low-income settings and sanitary pads are luxuries they cannot afford all the time. Very few were willing to admit that they use other material most of the time because it seems to be a shameful thing. In a report examining menstruation and its management from the perspective of Women and girls in the Louga region of Senegal, the researchers observed that the adolescent girls questioned were generally embarrassed about this subject and preferred to say that they used sanitary pads rather than fabric, WSSCC and UN Women (2014). The use of other material is very common as with many studies in different countries. Sumpter and Sorondel (2013) state that studies in Africa have found the use of sanitary pads as low as 18% amongst Tanzanian women with the remainder using cloth or toilet paper. Studies of Nigerian schoolgirls have found between 31% and 56% using toilet tissue or cloth to absorb their menstrual blood as oppose to menstrual pads.

The girl's personal hygiene practices are limited by the availability of water, soap and toilet paper. Some participants reported that they use old newspaper, rocks, stones or even a piece of wood to clean themselves after using the toilet. The lack of water, toilet paper, and soap means they have to devise other ways to keep themselves clean. The use of the above-mentioned items for cleaning themselves may be harmful and cause Reproductive Tract Infections (RTI). A study by Anand, Singh and Unisa (2015) found that RTI and abnormal vaginal discharge to have a relation with use of hygienic/unhygienic methods during the time of menstruation, there are many other factors responsible for RTI such as unhealthy living conditions, inadequate sanitary facilities such as lack of toilet facility, garbage disposal habits, etc. Some girls reported that they carry a small towel to clean themselves and put in a plastic bag to wash at home. For those who use cloths these are also changed and put in a plastic bag to wash at home. Some reported they throw the cloths into the latrine and do not use

them again. Girls will only wash and bath at home in the morning and evening where they have water and soap. The study in Lebanon by Dasgupta and Sarkar as cited in Santina et al (2013, p84) showed that ‘‘though bathing and a proper change of absorbent materials were insufficient, 85.0% of respondents cleaned their genitalia at least once a day during menstruation, 97.5% of these with ordinary soap and water. This finding must be due to the schools’ infrastructure.’’ Public schools in the current Lebanese economic climate are lacking in sanitary facilities and usually do not have an environment adequate for allowing girls to change pads every 4 hours.

All most the girls reported to experience period pains or abdominal cramps during their periods and they reported that they always have to request for some painkillers from the teachers to ease the pain. The school usually keeps a mild painkiller called panado of which more than half of the girls said does not relieve the pain. Discomfort resulting from the pain causes them to be moody or even silent in class. Several girls admit that they have stayed away from school when they experience severe period pains. When they are moody then the boys tease them and say it is because they are in their periods. The findings show that teachers are aware that girls who become moody and complain of headaches when they are in their periods are actually suffering from period pains. The school tries to stock on pain killers but if they run out they send the girls home. In a similar study in Malawi Pipper (2012) it is noted that pain was not the focus of the study in Malawi, but it featured in all girls’ discussions and was certainly a contributory factor to absenteeism. Some believed that menstrual pain was caused by witchcraft. Other girls said they could not afford painkillers but several did not use analgesia as they believed it would make them sterile, so they preferred to stay home instead.

One of the main causes of stress and anxiety for the girls during menstruation is the fear of staining their uniforms and boys laughing at them. The study reveals that occasional accidents happen where girls stain themselves and need to go and wash the uniform and clean themselves up. When they need to stand up in class there is always that fear that they might have stained themselves so they will ask a friend to be on the lookout. Girls support each other in lending someone who has stained themselves a jersey to cover themselves. Sometimes the girls are shy go to the teachers especially male teachers. The female teachers give girls lihiya (cloth) to cover themselves while they wash their uniforms and also sanitary pads. If there are no sanitary pads, water, and soap they are sent home to wash. The findings reveal that many girls have suffered and still continue to suffer humiliation and shame when they have stained their uniform and boys laugh at them. These findings are consistent with the findings of a study in Nepal many girls shared that in addition to these physical symptoms they feel mentally stressed now and then during menstruation. They become very cautious about their mobility, especially in the classroom. They take a lot of care when they stand, sit and walk - all due to the fear of accidental blood stain in the uniform or the place where they sit on WaterAid, Nepal (2009).

5.6 Menstruation and schooling

The findings of the report show that a number of girls miss school because of issues related to menstruation and the most common ones were abdominal pain, blood-stained uniform, lack of sanitary pads and the school's lack of sanitary facilities. A pilot intervention in Ghana found that after six months of free sanitary pad provision, girls missed significantly less school, and they reported an improved ability to concentrate in school, higher confidence levels and increased participation in a range of activities

despite menstruating. Negative experiences related to soiling and embarrassment declined; measures of well-being, as measured using questions on sadness or shame, improved McMahon et al. (2011). Even if they do not miss school all the time but there have been several occasions when girls would out rightly stay at home because of the challenges that come with menstruation. In the girl's focus group 1 six participants reported having missed schools on different occasions because of the challenges related to menstruation. The most common form of school absenteeism is asking for a pass out to during school hours. The two most common reason for the pass out is because of period pains and when they have accidentally stained their uniforms. The school tries from time to time to provide painkillers but some of the girls reported that these were not helpful no matter how many they take. When the school is out of the water and there happen to be girls who will stain their uniform the teachers have reported that they send the girl home. This means girls miss out on education because they are not adequately supported in managing their menses in the school setting. The girls have mentioned that discomfort and fear of embarrassment due to a stained uniform also causes them to fear to participate in class especially when they need to stand up and move around the classroom when it's group work. Existing qualitative studies conclude that the full engagement of girls in school activities is negatively affected, with many girls reporting they stayed home from school due to menstrual cramping, insufficient menstrual hygiene materials, and inadequate water and sanitation facilities in schools, unsupportive environments, and fear of a menstrual accident, UNESCO (2014).

The findings also report that girls will not participate in sports or any other vigorous activity because they fear that the pads will fall out and everyone will laugh at them. The girls expressed discomfort because they feel the blood ooze out when they jump,

sneeze or even laugh, this is worse when they are wearing a cloth. This limits their participation in the school's extra-curricular activities. It is common for girls to shy away from social activities during menstruation and this is also supported by a study of Lebanese students that revealed that menstruation restricted the social life of 89.5% of students. Among participants, almost one-quarter would not do hair depilation during their period or drink lemon beverages or cold water; one out of five do not share in social activities or in doing housework during menstruation.

5.7 Personal perceptions of menstruation

The findings in this study show that girls have different perceptions on menstruation and a majority of their responses reveal that they it as a bothersome monthly event. Those with a positive outlook on menstruation described the experience as a natural part of growing up that they have embraced. They see it has a healthy transition to adulthood and it is a sign that they can bear children. Some of the girls reported that menstruation is always an assurance to them and their parents that there are not pregnant and they are behaving themselves. According to McMahon (2011) in a study of schoolgirls in the Nyanza Province of Western Kenya, "While at times girls expressed neutrality about their periods, saying it is normal or "something that all women have", the topic is often associated with negative feelings such as shame, fear, distraction, confusion, and powerlessness. Two notable exceptions include one instance in which a Standard 7 girl said, "When I have my period I am happy because I know I have no pregnancy" and another instance in which a Standard 8 student described menstruation as "part of God's plan for all females to pass through a stage together" (P.5).

The findings reveal that most of the girls see menstruation as a stressful time of the month where they have worry about getting the sanitary material, period pains, washing up blood stained cloths and panties, fear of embarrassment in case they stain their uniforms and the lack of water and privacy with school toilets. McMahon et al. (2011), study shows that the most commonly described feeling toward menstruation is shame. Girls had difficulty articulating the source of their shame but often mentioned unwanted attention from classmates and a general feeling that the secrecy surrounding the topic of menstruation is intertwined with a collective understanding that menstruation is somehow bad. Girls fear to get their periods while at school or in public. They fear to have blood stains on their uniforms and being looked at “differently” or being stigmatized by peers.

5.8 MHM programmes in the School

Findings in the study show that the only formal MHM programmes in the school are the establishment of a Health club by an NGO that also helped build the school toilets and the special menstruation toilets for the girls. While the girls appreciate the special toilets but it still violets their privacy because every girl who enters the toilet is seen by most students and then it is known that they are their periods. The responses by the teachers and Deputy Headteacher reveal that the view biology classes as part of MHM programmes which teach reproductive health and issues of menstruation. Its seems that the activities of the Health club are mainly run by the NGO than the school, a greater commitment and ownership of the club by the school will help build an enabling environment for the girls to manage their menstruation. It will help the teachers understand the girl’s support needs.

Summary

In this chapter the researcher discussed her reflections on findings of the study. The themes discussed in the analysis are consistent with themes arising from the literature review. The practices and experience of girls in Lasi High school have shown that there is are several challenges arising from a lack of commitment from the school, poor facilities and lack of water. Some of the interventions that are needed are not too expensive or difficult to implement but need the school administration to recognise MHM as a priority. These interventions such as the availability of water, soap and toilet paper will make managing menstruation easy and afford the girls uninterrupted participation in schooling. Establishing MHM programmes in the school create an enabling environment to address issues affecting girls during menstruation.

CHAPTER 6

Conclusion and Recommendations

6.1 Introduction

Rural school girls in Mpolonjeni area have to manage their monthly menstruation in very poor resourced settings. Lasi High school where the study was conducted lacks a reliable supply of water and appropriate sanitation facilities for MHM. Over and above facilities in school the environment is not conducive enough to support menstruating girls in the school. The study examined the MHM practices and experiences of rural school girls with the purpose of understanding how they manage their menses under a resource scarce environment.

Rural girls learn and establish their own mechanism for managing and coping with menstruation at school, the study reveals that there is a lack of commitment from the school authorities and the department of education because there hasn't been any evidence to support the subject. In this chapter, the researcher will share the key elements and reflections emerging from the study. The study was responding the research question; what are the Menstrual Hygiene Management experiences, practices, and shortcomings affecting rural school girls in Mpolonjeni community? The study uses a qualitative approach through focus groups to respond to the subsidiary questions. Participants in the study were 20 girls, three teachers, and the deputy head teacher. The main objective of the study was to describe experiences, constraints and challenges pertaining to MHM experienced by girls in the selected rural school.

6.2 Conclusions

Conclusions presented in this chapter are drawn from finds of the data presentation and analysis in the previous chapters.

6.2.1 Menstruation information and knowledge

Knowledge and information on menstruation is traditionally shared by the mother, while other preferred sources of information are grandmothers, sisters, aunts and friends. Teachers have a greater role to play especially in the school setting to provide comprehensive MHM information and support for the girls in managing and coping. The study revealed that knowledge is a powerful tool to support psychologically and practically girls in managing their menses because they will know what to expect and how to handle themselves when faced with difficulties in school.

6.2.2 School water and sanitation

Both girls' focus groups reported that a lack of reliable water supply in school as a hindrance towards good hygiene practices in the school. Without a reliable supply of water and proper sanitation facilities in the school, managing menstruation is a major challenge for girls. The handwashing facility that is supposed to provide water and soap for washing hands has long run dry. Most rural schools lack access to a safe water and girls are usually tasked with fetching water in nearby rivers and streams. Poorly designed school toilets that lack privacy and are also filthy or hardly ever cleaned make managing menstruation difficult in the school. The school makes efforts in providing water but sometimes they can go weeks and months without a water supply. A special toilet was built to support menstruating girls but they expressed

frustration because it singles them out and using it means being seen by all that they are menstruating.

6.2.3 Practices and experiences

Girls use various sanitary protection materials including store bought sanitary pads, old cloths and jersey, cotton wool, toilet paper, newspaper and using many panties during menstruation. Most of these materials soak up easily and leak resulting in stained uniforms. Girls reported that they carry a small towel to clean themselves up when there is not water, toilet paper, and soap to clean themselves up after using the toilet. They even use unhygienic items and dangerous like rocks, stones, and newspaper. Lasi High school does not provide toilet paper in the toilets nor does it provide sanitary protection.

Girls have experienced shame and embarrassment when they stained their uniforms accidentally and this affects their self-esteem. When there is no water at school to clean themselves they are sent home. When the girl experiences period pains, the school will provide pain killers but some girls said they don't help. Some girls have had to be sent home because of severe pains.

6.2.3 Menstruation and schooling

Even though a very small number of girls reported to miss school because of menstruation, incidents of staining school uniforms and unbearable period pains often cause a lot of disruptions when girls have to be excused go home to. The lack of water and proper sanitation has been reported to hinder girls' participation is school because they cannot manage their menses adequately. Fear of embarrassment also causes girls not to participate freely in class, when they are expected to stand to answer

questions they fear that they may have stained their uniforms. Participating in sports is a challenge especially when they are using cloths that soak up and leak, they could fall off as the jump around.

6.2.4 Personal Perceptions

While some of the girls may view menstruation as a natural and healthy process of growing up a large number of girls reported to loathe the whole process.

> ‘‘The thought of blood is just disgusting and I just hate that I always have to be washing bloody panties. Even sitting you have to be careful, when you stand up you are afraid that you might have stained yourself. When you are laughing or sneezing you feel the blood coming out.’’ (Focus group 2, participant 1).

Perception is related to experience, when there is adequate support for managing menstruation at school the girls will have better perception and coping mechanism during menstruation.

6.3 Recommendations

The study recommends the following:

a. That school teachers are trained to provide comprehensive MHM education and support for menstruating girls in the school
b. MHM education should also target both male teachers and boys to give then insight on what girls go through during menstruation and how they need their understanding and support with the aim of minimising teasing from the boys
c. School administration should commit to providing an enabling environment through the installation of doors for privacy provision in all the toilets that are

lockable from the inside. The provision of basic hygiene kits-soap, toilet paper, pain killers and pads

d. The school should establish clear toilet cleaning rules and schedule and give students the responsibility of cleaning after themselves.
e. As per suggestion from the teachers, the school should consider having junior toilets separate from senior toilets.
f. The teachers must commit to strengthening MHM programmes in the school and not to rely on the NGOs
g. Further research on the current MHM gaps in Education, Health, Water and Sanitation policies in Swaziland

Summary

The purpose of this research was to explore the experiences and practices of rural school girls in Mpolonjeni community in managing their menses. The findings and reflections have adequately met the purpose of the research in that the actual experiences and practices of the rural school girls in managing their menses were clearly presented. The analysis from the presented data is also consistent with findings from literature reviewed. The research was able to describe the enabling environment for managing menstruation in a rural school. The key challenges and constraints were revealed so were the school's shortcomings that account for the challenges arising for rural school girls in managing menstruation. Finally the research has managed to generate recommendations that will guide future undertakings by MoET.

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Annexure

Interview Questions

Focus Groups Discussion Guide for Girls in School

Tool 1: Key Informant Guide- Students

In the interviews, the objective was to describe the practices, experiences and challenges of rural school girls in managing menstruation in the designated school setting. The following are the interview questions:

1. Can you all describe the usual condition of the latrines/ facilities at this school? Probe: how many toilets; whether toilets are separate for girls and boys; comment on cleanliness, smell, privacy, safety; whether soap/water available for personal hygiene; girls' disposal of personal supplies.
2. Can you all explain any school rules regarding latrine use? **Probe:** *when toilets are used (whether during breaks, during class); whether latrines are kept locked; who cleans the toilets.*
3. Can you describe what your latrines look like?
4. What do your school latrines need that they do not have? What is the most important? Probe: washrooms, water etc.
5. One day you see that your best friend at school has a stain of blood on her uniform and she doesn't realize it. What do you do?
6. What do you know about menstruation? **Probe:** How did you know it? (home, school, friends) When did you learn about it?
7. If you could give advice to your little sister/cousin before she starts menstruating to help her, what would you say?

8. Can you explain how life is before and after the start of menstruation?
9. Is menstruation a good or bad experience in your life? Give reasons to your answer?
10. What has changed and what has not changed?
11. What are some of the advantages/disadvantages of having been through menarche?
12. Thinking about all of this, what does it mean in your community, or your family, when a girl comes to this point in her life? What does it mean to you?
13. What activities are happening at your school to promote MHM?

Tool 2: Key Informant Guide- Teachers

Furthermore, in the interviews, the second specific objective was to describe the school's shortcomings that explain any challenges arising for rural school girls in managing menstruation. The following questions were asked:

1. What is your role in this school to support girls and women on menstrual issues?
2. Do you think the environment in your school (availability of water and relevant commodities, stigma and discrimination, privacy, KAP and so on is conducive to support girls during menstruation? Give reasons to your answer.
3. What activities or programmes are being implemented in your school to support and girls to access MHM services?
4. What are the major challenges (social, cultural, economic, personal) faced by and girls to access MHM services in your School?
5. Are there policy frameworks, guidelines or standards from the Ministry of Education to inform activities on MHM issues?

6. Is the environment at school conducive/supportive during menstruation time? Why?
7. What should be done by your school to improve access to MHM?
8. We are going to come up with recommendations for the Ministry of Education that could help improve schools. What advice would you like us to pass along to them that you think would make this school better for girls who are menstruating?
9. What could parents/families do to support their girls?