

Tanzania Water and Sanitation Network

TAWASANET



Study Report

Improvement of Menstrual Hygiene Management in Schools in Tanzania

Funded by:
ACRA-CCS

Prepared by:
TAWASANET,
P. O. Box 33410,
Plot No. SNZ/SUB/51
Sinza 'B' Street (kwa Remmy), Kinondoni Municipal,
Dar es Salaam, Tanzania.
Email: tawasanet@yahoo.com / info@tawasanet.or.tz
Website: www.tawasanet.or.tz

TABLE OF CONTENT

TABLE OF CONTENT	i
ACKNOWLEDGEMENT	iv
EXECUTIVE SUMMARY	v
LIST OF ABBREVIATIONS	vi
AN INTRODUCTION	1
1.0 About Menstrual Hygiene Management (MHM).....	1
1.2 MHM and school girls’ performance.....	2
1.3 The MHM study contribution.....	4
1.4 The study methodology, sample and data collection	4
1.5 The study limitations	4
STUDIES ON MHM	5
2.0 Other studies on MHM.....	5
FIELD DATA ANALYSIS	10
3.0 RESPONDENTS CATEGORIES AND RESPONSES.....	10
3.1 EDUCATION AND LGA OFFICIALS	10
3.1.1 The Education Policy and MHM.....	10
3.1.2 Overall performance of school girls versus boys.....	10
3.1.3 MHM contribution towards girls’ performance	11
3.1.4 District/Municipal contribution on improving MHM.....	11
3.1.5 General opinion on the capitation grant and MHM	12
3.2 SECONDARY SCHOOL TEACHERS.....	12
3.2.1 Number of students in schools.....	12
3.2.2 The overall percentage of adolescent girls	13
3.2.3 Support for adolescent school girls on MHM	13

3.2.4 Availability of proper MHM infrastructures and services.....	14
3.2.5 Common problems facing adolescent girls during menstrual.....	14
3.2.6 Whether menstruation has impact on girls' performance and participation	15
3.2.7 Support with disposable sanitary pads	16
3.2.8 The preferred support from the government on MHM.....	16
3.2.9 Any other comments on MHM.....	17
3.3 SECONDARY SCHOOL STUDENTS.....	18
3.3.1 Experience with menstruation	18
3.3.2 Menstruation effects at school	18
3.3.3 Missing days	18
3.3.4 Menstruation and its effects on performance.....	19
3.3.5 Menstruation and other activities	19
3.3.6 School provision of menstrual hygiene materials	21
3.3.7 School have menstrual facilities.....	21
3.3.8 Satisfaction with the menstrual facilities at school and alternatives for girls.....	21
3.3.9 Purchase of menstrual materials and its type.....	22
3.3.10 Reasons for not buying menstrual materials	22
3.3.11 The use of pads/materials per cycle	23
3.3.12 Other comments with regards to the MHM improvements	24
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS.....	26
4.0 Summary.....	26
4.1 Conclusions.....	27
4.2 Recommendations.....	27
REFERENCES.....	29
Appendices	30

I: Tools for data collection30

ACKNOWLEDGEMENT

TAWASANET would like to acknowledge ACRA-CCS for funding this study on MHM for Secondary Schools in Tanzania.

Furthermore, we appreciate the efforts of our member organizations, specifically the Sanitation and Water Action (SAWA) and Maji Safi kwa Afya Bora Ifakara (MSABI) for dedicating their time and support researchers during the data collection exercises.

Special thanks go to researchers, Ms. Elisia John and Mr. Shaban Mlongola for collecting information, including administering questionnaires, and proper submission of required information in Dar es Salaam (Temeke), and Morogoro (Kilombero), respectively. Your efforts are highly appreciated.

We also appreciate the role played by the Temeke and Kilombero Districts, particularly the Education Officials for granting permission to undertake and take part in this study.

Last but not least, the Secondary School teachers and students in the Schools visited are also acknowledged for their time and experience sharing during the data collection.

EXECUTIVE SUMMARY

This study aimed to assess MHM in secondary schools to inform policy and practice settings. It expects to improve the understanding of MHM and sharpen strategies to reduce challenges experienced by school girls during menstruation period.

The study was conducted in Temeke District, Dar es Salaam Region, and Kilombero District, Morogoro Region. It covered 4 education/LGA officials, whereby they provided general perception and understanding on the policy framework; 115 secondary school teachers, responded to questions on school contributions towards MHM at the school level; and 765 secondary school matured girls/students to share their experience on menstruation, MHM at school, and recommendations for MHM improvements. To ensure that the experienced and matured girls are widely reached, the form three and form four students were targeted in this study.

The study found weak policy framework that leaves room for poor MHM improvement to school girls. Despite of this weakness, majority of school students in the visited schools were girls. Although there are some efforts at school levels to improve MHM for example through pads provision, some schools provided nothing to schools girls due to absence of fund. It was also found that majority of girls are not satisfied with the infrastructures and services provided and sought alternatives including staying home or carrying pads/local materials.

Based on the findings it is concluded that poor policy framework has impacted on the current trend of MHM consideration. Moreover, although majority of students in secondary schools are girls, and they are adolescents, yet there are poor MHM facilities to support them.

It is recommended that, to ensure MHM is provided in a sustainable manner, the framework for strengthening MHM at school should be established with special emphasis of providing sufficient needs to the school girls. On top of that, schools should be provided with menstrual pads to reduce the burden for girls to contribute of which even the services is poor, evidenced by provision of one pad a day for some students. Capitation grant to secondary schools is advised to be extended to improve MHM services. Finally, it is recommended to improve the MHM facilities including infrastructures and services – including buildings, water, soaps, hand washing, clothes, medication, and proper disposal facilities.

LIST OF ABBREVIATIONS

LGA	Local Government Authority
MHM	Menstrual Hygiene Management
MSABI	Maji Safi kwa Afya Bora Ifakara
SAWA	Sanitation and Water Action
TAWASANET	Tanzania Water and Sanitation Network
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children’s Fund
WASH	Water, Sanitation and Hygiene
WEDC	Water, Engineering and Development Centre

AN INTRODUCTION

Background Information

1.0 About Menstrual Hygiene Management (MHM)

Menstruation is a real experience for every matured female human being. It has been contended that “on any given day, more than 800 million women between the ages of 15 and 49 are menstruating” (Water Aid 2013:17). This suggests that menstruation is a health aspect which needs serious ‘eyes’ to focus on in terms of how it should be properly managed to reduce the women vulnerability.

The process for managing menstrual periods “focuses on practical strategies for coping with monthly periods. MHM refers to ways women keep clean and healthy during menstruation and how they acquire, use and dispose of blood-absorbing materials” (WEDC 2012:1).

As the time goes on, an attention towards addressing MHM grows. Other scholars viewed MHM “gaining recognition as part of the development agenda for improving girls’ school participation” (Tamiru, S. et. al., 2015:92). Despite this recognition, in most of the African traditions and customs, menstruation is treated as a very confidential and shame aspect to speak about. Communities have been structured in such as way they cannot even think of how they could address challenges associated with menstruation. It is “a secret subject and a taboo” (Tamiru, S. et. al., 2015:95).

UNESCO (2014) noted that “Menstruation is a particularly salient issue because it has a more pronounced effect on the quality and enjoyment of education than do other aspects of puberty. It involves a learning component as well as elements affected by the school environment and infrastructure. These include access to menstrual hygiene materials, latrines and places to change, safe water and sanitation, and good hygiene practices like hand washing with soap. Without these, the school environment is unhealthy, gender discriminatory and inadequate” (UNESCO 2014:10). This suggests that, without proper MHM facilities, the girls’ performance will remain a nightmare.

Moreover, “menstrual hygiene has been largely neglected by the water, sanitation and hygiene (WASH) sector and others focusing on sexual and reproductive health, and education. As a result, millions of women and girls continue to be denied their rights to WASH, health, education,

dignity and gender equity. If the situation does not change, it may not be possible for development programmes to achieve their goals” (House, S. et. al. 2012:22).

The failure to achieve the development programmes based on the fact that women, when they are in their period, they are “considered unclean or dirty... They are not allowed to participate in public gatherings, especially in churches, mosques, and religious prayers and ritual activities” (Tamiru, S. et. al., 2015:95). In addition to that, “in many cultures systemic discrimination decrees that girls and women must not talk about their menstrual cycles openly, must not complain, must bear the pain and discomfort in stoic silence and must somehow cope on their own” (Water Aid 2013:17). When all these societal issues are maintained, the perpetual weakening of women becomes the game of the day with myriad effects to women, society and the nation at large.

1.2 MHM and school girls’ performance

As pointed out above, MHM becomes more special to the school girls based on the role it has towards their future. In essence, proper MHM does not happen by itself, rather it is created, nourished, and maintained. As noted by UNESCO (2014), a “... health school environment – one in which healthy norms and practices can be created and reinforced – covers both the physical and the social setting. It refers to facilities such as safe water, latrines, sanitation and hygiene, but also to an educational setting where learners and staff feel secure and comfortable” (UNESCO 2014:11). All these should be created.

Since menstruation is a taboo and secret to communities, “African schoolgirls face considerable challenges as a result of menstruation and its management... As a result girls are not receiving adequate support from home, schools, or the community. They are left to address the challenge on their own, which consequently affects their school performance” (Tamiru, S. et. al., 2015:92).

Strangely, “the issue of menstrual hygiene is not comprehensively incorporated in school curricula and WASH programmes and, as such, participation of girls in schools is affected. In many curricula, there is emphasis on the reproductive process but not on the practical issues girls need to learn to manage menstruation” (Tamiru, S. et. al., 2015:93). According to Water Aid (2013), “Poor sanitation exposes females to the risk of assault, and when schools cannot provide clean, safe toilets girls’ attendance drops” (Water Aid 2013:2).

There are common problems which the menstruating school girls are facing. WEDC 2012 described that those "...from low- middle-income families often struggle to manage their monthly periods. They are constrained by practical, social, economic and cultural factors. The main problems faced are: the expense of commercial sanitary pads; the lack of water for bathing and washing of menstrual materials; dirty latrines – the hygiene hazards and unpleasantness; the lack of hygienic anal cleansing materials; unsuitable places to dry menstrual materials; the lack of access to pain relief (analgesic) drugs; inadequate waste disposal facilities; the lack of privacy for changing menstrual materials; 'leakage' from poor-quality protection materials; the lack of resources for washing such as soap and basins; limited education about the facts of menstruation; limited access to counseling and guidance; fear caused by cultural myths; embarrassment and low self-esteem; and the unsupportive attitudes of some men" (WEDC 2012:1).

House, S. et. al., contended that "Many schools do not support adolescent girls or female teachers in managing menstrual hygiene with dignity. Inadequate water and sanitation facilities make managing menstruation very difficult, and poor sanitary protection materials can result in bloodstained clothes causing stress and embarrassment. Teachers (and male members of staff in particular) can be unaware of girls' needs, in some cases refusing to let them visit the latrine. As a result, girls have been reported to miss school during their menstrual periods or even drop out completely" (House, S. et. al., 2012:22).

The "majority of the girls feels shy or stressed at school during menstruation and participate less due to shame, fatigue or pain. Psycho-social support for menstruating girls at school is missing. Girls would prefer discussing menstruation with other girls or female teachers at school. However, some schools do not have any female teacher since there is still lack of female teachers in both countries, especially at secondary school level and in hard-to-reach areas" (UNICEF 2013:4).

Moreover, the "majority of the girls are not comfortable to attend class during menstruation. Apart from the associated pain and stomach ache girls experience shame, low self-esteem, and lack of confidence for fear of mismanagement of the menstruation.... the fear of soiling their clothes and of a bad smell associated with not washing properly prevents them from concentrating on their education. As a result most of them ...prefer to stay home to avoid such instances" (Tamiru, S. et. al., 2015:99). In turn, their performance is progressively affected.

1.3 The MHM study contribution

Based on the above description, the study aims to assess MHM in Secondary Schools to inform policy and practice settings. The main objective is to improve the understanding of MHM and sharpen strategies to reduce challenges experienced by school girls during menstruation.

The study therefore adds information on the existing global, regional and national evidence on MHM. In turn, the welfare of the Tanzania's school girls will be improved through incorporating the suggested strategies into policies and practice.

1.4 The study methodology, sample and data collection

The MHM study methodology was conducted using the data collection tools, questionnaires in particular, to collect information from education/LGA, Secondary school teachers, and secondary school students in Dar es Salaam and Morogoro regions.

The education officials from the LGA was targeted to respond on questions related to policy framework and LGA plans. Secondary school teachers on the other hand were targeted to respond questions related to school contribution in MHM, including provision of MHM facilities. Finally, secondary school students were targeted to provide their perception towards MHM facilities at school, their MHM experience, and recommendations on improvements.

Two researchers managed the questionnaires from each District, namely Temeke District (Dar es Salaam Region), and Kilombero District (Morogoro Region). The information was collected from respondents areas, LGA officials (at the LGA offices), Teachers and Students at the school setting. The study targeted form three and form IV students based on their experience on MHM and school settings. Questionnaires were self-administered by students, with minimal guidance/clarification on the questions.

The data collected were analyzed and presented descriptively, in tables, and figures to provide the feedback obtained from the field. In some occasions the secondary information has been cited to cement on the existing information on other issues.

1.5 The study limitations

The study has been limited by time and resources to cover many Districts and Schools.

STUDIES ON MHM

2.0 Other studies on MHM

There are some studies which attempt to address some issues around MHM. Studies by UNICEF and World Bank provided evidence on some challenges experienced during menstruation. “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” (UNESCO 2014:15).

Other studies, for example that of “198 girls in Nepal reported menstruation has a very small impact on school attendance, estimating that girls miss a total of 0.4 days in a 180-day school year, while improved sanitary technology had no effect on reducing this (small) gap. In the randomized study, girls who received sanitary products (a menstrual cup) were no less likely to miss school during menstruation. In a study in Ghana 120 girls between the ages of 12 and 18 were enrolled in a non-randomized trial of sanitary pad provision with education. Girls either received puberty education alone, puberty education and sanitary pads, or nothing (the control group). After three months, providing pads with education significantly improved attendance among participants, and after five months, puberty education alone improved attendance to a similar level. The total improvement through pads with education intervention after five months was a 9% increase in attendance” (UNESCO 2014:15).

A “study undertaken by Water Aid in 2011 in urban secondary school in Malawi revealed that all girls experienced difficulties in dealing with menstruation at schools because of poor toilet conditions. In Nepal, Water Aid (2009) reported that many girls often performed poorly in school menstruation because they worry that boys would realize their condition. Similar findings were reported by a survey carried out by Water Aid in India, in which 28% of girls did not attend school during menstruation due to lack of facilities. In Uganda, FAWU (1999) reported that 1 in 3 girls missed all or part of a school day during their menstrual cycle” (Guya, E. et. al., 2014:28).

It is also reported that “large numbers of girls worldwide stay away from school due to fear of staining, menstrual cramps and the problems of managing menstruation with only poor sanitation facilities available at their schools. For school girls, this can lead to missing between four and six days of schooling every month. There is less research on the impact of poor conditions on girls who do come to school while menstruating – suffering pain, discomfort,

embarrassment and anxiety trying to keep dry and clean, and manage any pain while trying to concentrate on learning” (Water Aid 2013:18).

On the school attendance, it is also evidenced by other studies. “...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, inadequate water and sanitation facilities in schools, unsupportive environments, and fear of a menstrual accident. Additionally, some girls also avoid standing up to answer teachers’ questions because of stress over leakage or smell and discomfortor they hesitate to write on the blackboard for fear of menstrual accidents and others seeing blood on their clothes, and the subsequent shame and embarrassment this causes” (UNESCO 2014:16).

In Sri Lanka, a baseline survey was carried out to find out issues and availability of facilities in purposively selected schools. It was evidenced that “most of the schools were faced with difficulties in menstrual hygiene management, such as non availability of sanitary napkins within the school premises, absence of water supply to latrines, and lack of facilities for changing and safe disposal of used sanitary napkins. Most of the schools did not have facilities for getting sanitary napkins, changing and washing sanitary napkins and safe disposal” (Patabendi 2014:2).

In South East Asia and Sub-Saharan Africa, studies “demonstrate that many schools have very poor sanitation facilities. UNICEF estimates, based on surveys in nearly 50 low-income countries, that on average only 51 per cent of schools have adequate water sources and only 45 per cent have adequate sanitation facilities. Thus a large number of schools have no formal toilets or access to water. Where toilets do exist, studies have shown that often students, girls especially, choose not to use them as they are unpleasant and unsafe with little or no privacy. Many schools also continue to have toilets that are not segregated by sex, making it a particular challenge for girls to have some privacy. Where there is water, it may not be available inside the latrine, and there may be no soap. In addition, there are often an insufficient number of functioning toilets, and poor maintenance. In many schools, especially in low-income countries, there are no disposal mechanisms for menstrual hygiene materials. Particular challenges are faced by girls in boarding schools where showers and other bathing options are shared facilities,

offering almost no privacy for girls wishing to wash themselves or their reusable protective cloths” (UNESCO 2014:35).

A study on MHM studied in 12 secondary schools of Kinondoni and Bagamoyo district in Tanzania revealed that, “...all surveyed schools offered some sort of MHM education to girls and 3 schools out of 9 co-education schools involved in the study, provide some education about MHM to boys. A large majority of girls still need more information on MHM and prefer this information be provided at school. Lack of soap, hand wash facilities, privacy in toilet and free pads to attend emergency needs were identified as main problems. A supportive environment for MHM has to be provided in schools and to achieve this; instruction about MHM should be incorporated into compulsory health education in both primary and secondary schools curricula with separate sessions for girls and boys. Moreover, there is an urgent need for girl’s friendly toilet designs and appropriately final disposal facilities for menstrual products in schools. The efforts do not always mean large investments in infrastructure but in many instances; it suffices with just small investment” (Guya, E. et. al., 2014:27).

Moreover, the study by Tamiru S. et. al., (2005) revealed that “...materials used during menstruation range from nothing to disposable pads, cloths/rags, commercial sanitary pads (disposable and re-usable), toilet paper, magazines, cotton, pieces of mattress, natural materials (leaves, tree bark), digging a hole, goat skin, cow dung, ash, and sand are the main materials used in managing menstruation in the five countries...In Tanzania, it was reported that 84 per cent of the respondents use re-usable pads (pieces of cloths, cotton, or sponge), 2 per cent use a combination of re-usable and disposable pads, and 15 per cent use disposable pads. The word re-usable here implies properly sewed commercial, homemade washable pads, and pieces of cloth or sponge. It is unclear whether or not the re-usable pads girls were using met safety standards.... Access to toilet and water supply facilities in the schools in the study area is limited. The latrines that exist do not provide adequate privacy (no locks and sometimes no doors), they are dirty, and have no ventilation. In Tanzania only 2 per cent of the visited schools have improved latrines and 99 per cent of the schools do not have appropriate MHM facilities (rooms for changing or washing, sanitary disposal, etc.)” (Tamiru, S. et. al., 2015:96-98).

On the provision of menstrual emergency need facilities, it was observed that “Nine out of 12 schools (75%) have absorbent pads in matron/ teachers office to cater for emergency cases, but in all schools these pads are sold to the girls. It was however, noted that girls wishes pads to

be provided for free as one girl of private school emphasized that their parents have paid a lot of money as fees, which should cover for such expenses. It was noted that only three private schools, one co-education have a special room for changing pads. In other schools, teachers or matrons' office is often used as emergency changing room as well. Girls in the 3 schools, which do not provide this service have expresses their wishes ...to have emergency pads in matrons' offices to assist girls who encounter unexpected periods or for menarche needs" (Guya, E. et. al., 2014:35).

Last but not least, the baseline survey by SNV (2014) conducted in the eight rural districts of Tanzania (Sengerema, Chato, Magu, Siha, Babati, Karatu, Njombe and Mufindi) revealed "82% of adolescence girls lack sufficient knowledge about their body changes and especially on how they can handle and manage themselves during menstruation...; Inadequate, poor and unsafe MH facilities at schools ...[represented by 98% of visited schools which did not have sufficient SWASH facilities]; ...Poor waste management hygienic disposal of used rags and sanitary pads; ...Disposable Sanitary pads are not affordable and accessed easily at rural areas; ...Menstrual products for emergency are not within schools priorities [mentioned by 80% of the interviewed School committees and school teachers];...Parents do not provide enough education on MHM to their daughters; ...Parents are ready to see their girls use appropriate and affordable disposable sanitary pads; ...Menstruation problems are highly reinforced by cultural, religious, traditions, local customs and taboos concerning menstruation; Teachers are not comfortable in teaching MHM; Menstrual hygiene issues has been left behind at all levels hence affecting school girls both from rural and urban" (SNV 2014:vi-viii).

In Tanzania specifically, the "rapid increase in secondary school enrolment since Secondary Education Development Program (SEDP) in 2004 which aimed to enroll all those who passed primary education examination has put a heavy burden on existing infrastructure particularly WASH facilities. As a result the number of schools and pupils in Tanzania has increased tremendously in recent years, particularly in community schools. Increase in number of students was not accompanied with increase in sanitary facilities, including MHM facilities. This is partly because, until recently, MHM has been largely overlooked by the Water, Sanitation and Hygiene (WASH) sector in general, and Tanzania in particular. Failure to provide appropriate menstrual hygiene facilities at home or school could prevent WASH services being used as intended" (Guya, E. et. al., 2014:28).

Summing up, these studies on MHM in other parts summarize challenges and prospects towards MHM, particularly to the school girls. Basically they offer an insight over which MHM should be created to improve school girls learning environment.

FIELD DATA ANALYSIS

Menstruation to school girls has been viewed as one among the impediments towards their desired progress. Since menstruation is neither a disease nor a disability, the need for proper mechanisms to ensure that it is managed appropriately is essential. The study aimed to identify challenges experienced by girls during menstruation, whether they receive any support from the schools, and recommend on how they could be further assisted to enable them achieve their dreams. The respondents included education and LGA officials, secondary school teachers, and students themselves. This part therefore presents the analysis of the field data.

3.0 RESPONDENTS CATEGORIES AND RESPONSES

3.1 EDUCATION AND LGA OFFICIALS

The study interviewed four (4) education and LGA officials, two (2) from Temeke District, and other two (2) from Kilombero Districts. These officials were targeted to capture their general perception towards education policy and MHM consideration; the LGA plans to support MHM; and the role of capitation grants in supporting MHM issues.

3.1.1 The Education Policy and MHM

In order to obtain their perceptions on whether the Education Policy considered MHM issues, these officials were asked, whether they think the new education policy gives room for MHM. All interviewed officials equivalent to 100% responded no. The policy is silent on MHM issues. As such it seems difficult to address directly. This concurs with Tamiru S. et al. evidence on the policy environment that “the survey team could not find any relevant policy document, plan, or strategy where the issue of MHM is addressed.... Integration of MHM issues in school-level development plans is also non-existent” (Tamiru, S. et. al., 2015:99).

3.1.2 Overall performance of school girls versus boys

In determining the overall performance of school girls versus boys in their District/Municipality, 25% of respondents acknowledged that currently girls are doing better than boys. There is some improvement on girls’ performance. Despite generally, as declared by 75% of officials, girls are not doing well than boys. The reason behind their poor performance described that girls are encountering a number of challenges than boys. At the households for example; girls have several tasks to do than boys. This contributes to their poor performance in school.

Table1: Performance between boys and girls

	Frequency	Percent
Girls are doing better than boys	1	25.0
Girls are not doing well than boys	3	75.0
Total	4	100.0

Source: Field data, 2015

3.1.3 MHM contribution towards girls' performance

As pointed out above, although there is an improvement on girls performance, but generally they are not performing better than boys. When asked whether MHM contributed towards girls' performance, 100% responded that it contributes. They noted that many schools have no special place and facilities for MHM. The absence of appropriate MHM facilities compromised girls' school attendance, especially when they are in their menstrual period. On top of that, since menstruation is a personal experience, and varies between girls, there is no supplementary time table to cover the missing school days. Consequently, contributes to their poor performance. This concurs with what WEDC 2012 observed, "when a school girl misses a significant number of lessons her academic performance suffers which may mean she drops out of education all together" (WEDC 2012:1). As cited by SNV 2014, one school girl explained the effects of missing class hours, *"I am not happy with this situation, last month I missed classes for three days when I came back to school I found out mathematics teacher had covered two difficult topics and I don't have any one to take me through"* (SNV 2014:2).

3.1.4 District/Municipal contribution on improving MHM

In essence the District/Municipal Councils plays greater role in planning and monitoring of various programmes within their jurisdiction. The study asked about the contribution on improvement of MHM facilities in Schools. The 25% noted that there are ongoing plans to increase drop holes for girls at the ratio of 1:20. The majority, 75% said that MHM is decentralized to schools administration, which have been advised to provide MHM services through school's Matrons/Guardians have been insisted to be closely to girls during menstruation. They should provide guidance and training on how to take care during their menstrual period. This suggests that the District/Municipal Councils does not have concrete programmes/plans of improving MHM at school levels. This could jeopardize the monitoring

process to schools to ensure that they provide the required support to school girls during their menstrual periods.

3.1.5 General opinion on the capitation grant and MHM

The study finally asked whether they see that capitation grant should be further extended to cover MHM issues at school level. The study found that 50% had that view, while other 50% didn't think so. Those who responded positively had the view that such extension will reduce absenteeism, and increase students' performance. On the other hand, those who disfavor holds that the current provided grants are not sufficient to cover the number of students. It is minimal and mismatch with student ratio. They feel that even if it will be extended it might not be sufficient to serve the purpose.

Despite other respondents object on the capitation extension to cover MHM; their main reason is based on the meager resources provided. This suggests that when the resources are sufficient, they would also opt for covering MHM as an ingredient towards improving girls' performance.

3.2 SECONDARY SCHOOL TEACHERS

The study covered 115 secondary school teachers, whereby 56.5% were from Temeke District, while 43.5% were from Kilombero District. They emanated from the following secondary schools: Barabara ya Mwinyi (2); Pendamoyo (3); Chang'ombe (3); Kidete (3); Kurasini (3); Chamazi (3); Saku (4); Buza (3); Kisota (3); Tungi (3) Mbagala Kuu (3); Wailes (3); Kingugi (3); Mbagala (3); keko (3); Signal (3); Mang'ula (3); Kiyongwile (3); Mlabani (3); Kilombero (3); Bokela (3); Kibaoni (3); Charambe (3); Nyandeo (4); Nyange (3); Kiberege (3); Ifakara (3); Sanje (3); Kidatu (3); Canegrowers (3); Kwashungu (4); Lumemo (3); Mbande (3); Nzasa (3); Miburani (3); Temeke (2); Aboud Jumbe (3); and Tandika (3).

3.2.1 Number of students in schools

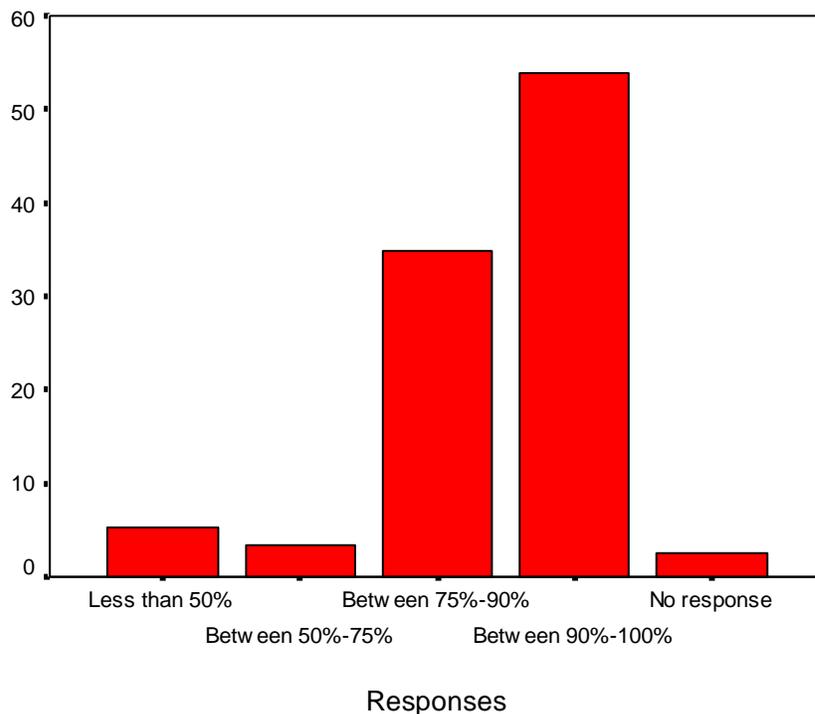
The number of students was considered important in planning and prioritizing MHM facilities for girls. On this basis, the study asked on the number of students per schools, between girls and boys. It was found that 53.9% responses reported that boys are less than girls in their schools; 42.6% responded girls are less than boys; while 3.5% did not respond. The scenario shows that

in most of schools visited, the number of girls' surpass that of boys, and this could have an implication in the MHM facilities provided at the school levels.

3.2.2 The overall percentage of adolescent girls

An awareness of adolescent girls at school was considered important especially in preparing support mechanisms. When asked on the overall percentage of adolescent girls in their schools, the majority, 53.9% respondents noted the percentage of adolescent girls in their schools was between 90%-100%. Other respondents 5.2%, 3.5%, and 34.8% responded percentage adolescent girls in their schools to be less than 50%, between 50%-75%, and between 75%-90% respectively. The 2.6% of respondents did not respond. Generally there is an impression that many schools have large number of matured girls. This further suggests that having well prepared ready made solutions to support them during menstruation is inevitable if the zeal to consider they are performing remains high.

Figure 1: Overall percentage of adolescent girls



3.2.3 Support for adolescent school girls on MHM

In order to capture whether schools do support adolescent girls, teachers were asked to declare if there are support or not. They were further required to describe the type of support (if exists),

or explain the reasons behind if they are not supporting girls. In responding to this question, 72.2% said yes they are supporting girls, while 27.8% said they don't support. Those who acknowledged supporting adolescent girls they said that they purchase menstrual materials for girls, especially those who experienced menstruation for the first time. The presence of the first aid kit was also considered as a support for adolescent girls. On the other hand, those who said are not supporting girls they noted that schools have no capacity to support. They know that girls are aware of themselves, and they could take care of their own.

Basically both sides failed to consider other factors, for example poverty which might inhibit school girls to access menstrual facilities. As a result adolescent girls, especially from the poor families are subjected to seeking alternatives which in one way or another are not supportive hygienically, thus contributes to the deterioration of their attendance and performance.

3.2.4 Availability of proper MHM infrastructures and services

The study also goes further asking on the availability of proper MHM infrastructures and services. Respondents were required to describe the type of infrastructures and services available. On this, 55.7% acknowledging having infrastructures and services; 41.7% said they don't have; while 2.6% did not respond. For those who said yes, they noted that they provide pads; additional clothing such as Kanga; awareness on how to care themselves during menstruation, including keeping, disposing, and burning used pads; they have girls toilets, with plenty of water, and pad bins. It was also noted that the services, especially pads, are not provided free. Girls are required to contribute between Tshs. 100 to Tshs. 200 per month. Some schools have pointed out special female teachers in each class to coordinate funds collection that will be used to purchase pads. These are provided only to girls who experience menstruation (surprisingly) when they are at school. The service therefore is not extended to all girls.

3.2.5 Common problems facing adolescent girls during menstrual

The study asked about common problems facing adolescent girls when they are at school during menstrual period. Apart from stomach pain, which was as noted by majority composed of 73%, there were other problems including poor facilities; fear to be disclosed; some are becoming weak; there are absenteeism; vomiting; and lack of confidence with the belief that others will reveal that she is in menstruation.

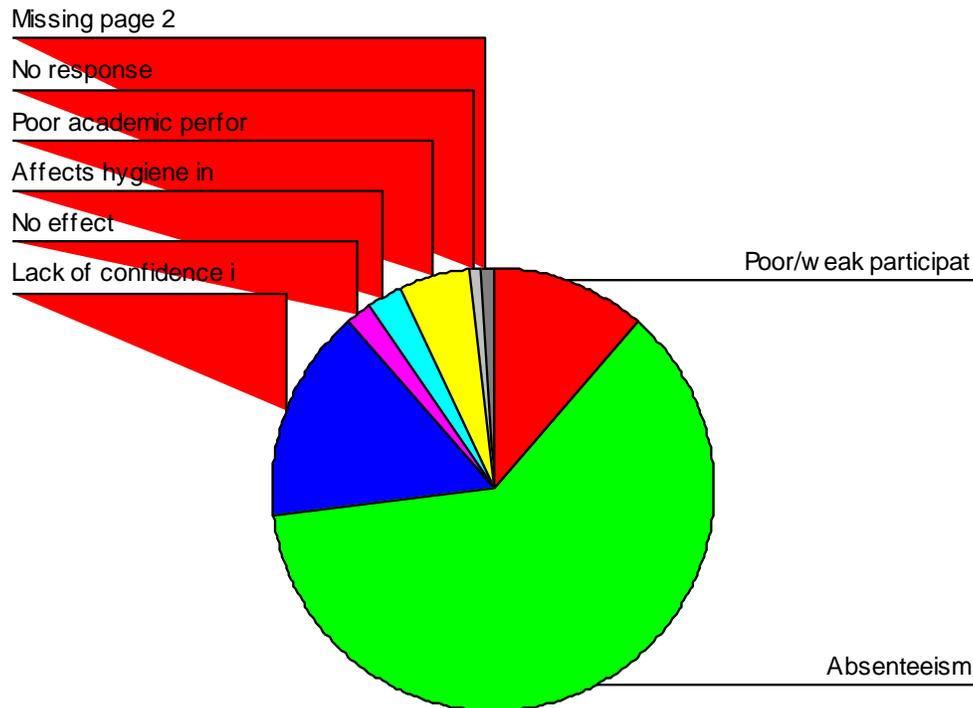
Table 2: Challenges during menstruation

	Frequency	Percent
Stomach pain	84	73.0
Poor facilities	11	9.6
Fear to be disclosed	5	4.3
Becoming weak	3	2.6
Absenteeism	7	6.1
Lack of MHM facilities	2	1.7
No response	1	.9
Not related to question	1	.9
Missing page 2	1	.9
Total	115	100.0

Source: Field Data, 2015

3.2.6 Whether menstruation has impact on girls' performance and participation

Teachers were asked to respond whether they think menstruation has an impact on girls' performance and participation in class. The study revealed variation of impacts, for example 11.3% noted girls experienced poor/weak participation, some sleep in class while teaching proceeds; 61.7% showing absenteeism, whereby some sought permission, while others just disappear until the end of menstruation; 15.7% noted lack of confidence in class, compared to boys; 1.7% said there is no effect; 2.6% noted effects of hygiene in toilets based on poor education on MHM to girls; 5.2% noted poor academic performance; 0.9% did not responded; and the remaining 0.9% information were missing due to absence of the questionnaire page.

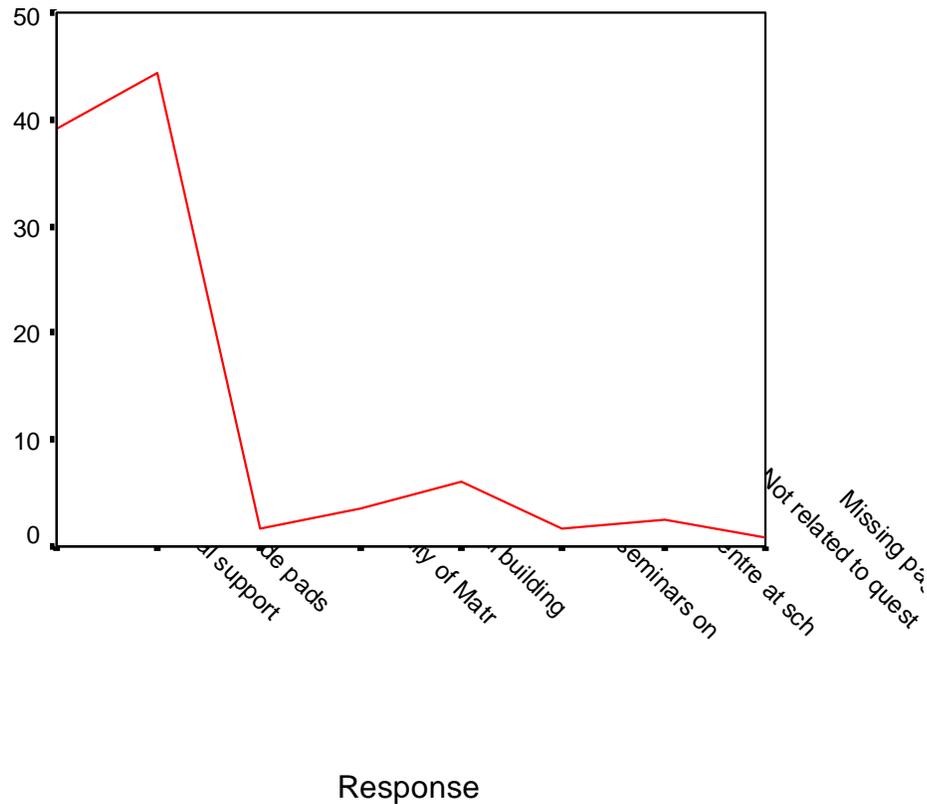
Figure 2: Menstruation impact on girls performance

3.2.7 Support with disposable sanitary pads

When asked specifically whether girls are supported with sanitary pads at the school levels, 63.5% said yes they provided. On the other hand 35.7% said no; and 0.9% missed the response. Those who acknowledged that they support girls with pads they said that they obtained from school fund/emergency funds; individual teachers; students contributions; office of the head master/mistress; school self reliance fund, school health unit from special funds; from organizations such as CAMFED and TUWALEE. Those who said they didn't provide they noted the inability of school to support; and poverty at the family levels.

3.2.8 The preferred support from the government on MHM

Teachers were asked what type of support they prefer from the government with regard to MHM facilities. It was clearly that 39.1% preferred financial support; 44.3% preferred pads provision, this would enable them to stop unofficial collection of contributions from students; 1.7% preferred availability of qualified matrons and medication programme; 3.5% preferred special building for MHM; 6.1% preferred regular provision of MHM seminars; 1.7% proposed construction of health centre at school; 2.6% their response were not related to the question; while 0.9% missed page. Special wall to the girls' toilet was also proposed.

Figure 3: The preferred support from the government

3.2.9 Any other comments on MHM

Finally, teachers provided other comments on MHM as follows:

- Institutions should provide pads;
- Toilets should have water services all the time;
- Based on the large number of students, there should be special building for MHM apart from the toilet;
- Availability of stomach pain killers;
- Provision of additional clothing;
- Awareness to girls on how to care themselves during menstruation because other parents/relatives are not closely to their daughters. Girls' leaders should be selected among themselves to raise awareness of their peers, because some are afraid of teachers and parents. MHM frequent education should be provided using videos;
- Establishing special funds instead of collecting contributions from students (MHM fund);
- Parents should contribute a certain amount to purchase pads at school;

- Availability of qualified teacher to support girls on MHM;
- Construction of special pits for burning pads;
- Availability of special place to store unused pads.

3.3 SECONDARY SCHOOL STUDENTS

The study covered 765 students, of which 57.8% were from Temeke District; while 42.2% were from Kilombero District. The schools and number of students were as follows: Barabara ya Mwinyi (20); Pendamoyo (20); Chang'ombe (20); Kidete (20); Kurasini (20); Chamazi (20); Saku (21); Buza (20); Kisota (20); Tungi (20); Mbagala Kuu (20); Wailes (20); Kingugi (20); Mbagala (20); Keko (20); Signal (20); Mang'ula (20); Kiyongwile (20); Mlabani (20); Kilombero (20); Bokela (20); Kibaoni (20); Charambe (20); Nyandeo (20); Nyange (20); Kiberege (23); Ifakara (20); Sanje (20); Kidatu (20); Canegrowers (20); Kwashungu (20); Lumemo (20); Mbande (20); Nzasa (20); Miburani (20); Temeke (20); Aboud Jumbe (21); and Tandika 20.

3.3.1 Experience with menstruation

The study aimed to capture whether these girls have ever experience menstruation. It was found that 97.1% have such experience, 1.4% said no, while 1.4% did not respond to the question. The percentage of menstruating girls closely matches with that of SNV, whereby “99% of the interviewed girls were menstruating girls” (SNV 2014:2). The responses shows that majority of the interviewed girls have experienced menstruation in their life, and based on this they are in a good position to share experience.

3.3.2 Menstruation effects at school

In an attempt to capture the menstrual effects to students while at school, the study posed that question. It was revealed that 6.7% said they cannot concentrate; 62% mentioned they feel physically sick and weak; 7.1% feel psychologically affected; 15.9% keeps them out of school; 7.5% mentioned class concentration; 0.8% did not respond; and 0.1% response did not related to the question. These responses show a number of effects experienced by girls during menstruation.

3.3.3 Missing days

Students, especially those responded that menstruation keep them out of school, were required to describe for how long they missed school. It should be noted that, although in the above

response only 15.9% of students chose that menstruation keep them out of school, other students also opted for this as well. This shows that, despite of experiencing other menstrual effects, missing schools is also part of other challenges. The number of missing days is summarized in the table below:

Table 3: Missing school days per month

	Frequency	Percent
1 day	105	13.7
1-3 days	115	15.0
4-5 days	40	5.2
1 week	12	1.6
No response (was not their choice)	486	63.6
Not related to question	7	.9
Total	765	100.0

Source: Field Data, 2015

3.3.4 Menstruation and its effects on performance

Determining menstruation and its effects on performance was considered important by this study. As such students were asked based on their own view/opinion whether menstrual affect their performance in any way. About 75.8% acknowledged that menstruation has effects in their performance. This is contrary to 22.7% who didn't experience effects on performance; 1.3% did not provide response; while 0.1% provided response which is not related to the question. Those who acknowledged that they experienced effects on performance they mentioned missing school days as they get back home during menstruation; they became weak and cannot concentrate to teachers; unable to perform class tests; becomes coward and worry; use lot of time thinking whether the menstrual came out of clothes or not.

3.3.5 Menstruation and other activities

Apart from effects on academic performance, the study was curious to capture whether there are other effects experienced by girls during menstruation. They were asked whether it causes them stop doing other activities. The study found that 75.8% said yes it affects them doing other

activities; 21.2% said no; 2.9% did not respond to question, while 0.1% provided the answer which not related to the question. Those girls who said yes were required to mention types of “other” activities which they are unable to do. Interestingly, the number of those mentioned activities they are unable to do, increase. Despite, their responses are summarized in the following table:

Table 5: Types of activities affected to be done

	Frequency	Percent
Unable to read (personal concentration)	149	19.5
Unable to carry heavy objects	1	.1
Unable to go to school	10	1.3
Unable to follow studies appropriate	7	.9
Home duties	383	50.1
Unable to perform school punishments	1	.1
Unable to pray	5	.7
No response	178	23.3
Unable to walk long distance	15	2.0
Unable to run	3	.4
Not related to question	10	1.3
Unable to play with others	3	.4
Total	765	100.0

Source: Field Data, 2015

Home duties mentioned include washing, cooking, cleaning, sweeping, fetching water – including unable to carry bucket; riding a bicycle; digging/farming. Students from Islamic religion they noted that their belief does not allow them to pray during menstruation. Others also mentioned unable to mixed up or study in a group with different sex (male fellows).

The impurity of girls is also explained by other scholars that “for the entire duration of menstruation, a woman is considered ritually impure. She is supposed to stop certain forms of worship, e.g. the five daily prayers, fasting during the month of Ramadhan (she fasts for an equivalent number of days later) or sitting in a mosque. She is also not allowed to touch the Qur’an (recitation is allowed as long as she does not physically touch the Qur’an and recites it from memory or, a recent adaption, reads it from a computer). She is not allowed to engage in sexual intercourse” (House, S. et. al., 2012:26).

3.3.6 School provision of menstrual hygiene materials

Provision/access to menstrual hygiene materials is considered as one of the key ingredient towards girls’ performance. On that basis, students were asked; *do school provide menstrual hygiene materials?* 58.4% said yes, 40.0% said no, 1.5% did not respond to question. The types of materials provided mentioned by respondents include: Pads (49.5%); Pads and mattress (0.8%) especially to those who fell sick; Pads and medicine (6.7%); no response (37.8%), and response did not related to question was (5.2%).

3.3.7 School have menstrual facilities

On the availability of menstrual facilities at school, 48.8% acknowledged that there are facilities, 45.5% said they don’t have; 5.5% did not respond; while 0.3% response did not related to the question.

3.3.8 Satisfaction with the menstrual facilities at school and alternatives for girls

The study aimed to measure the girls’ satisfaction of ‘whichever’ MHM facilities available at school. They were further required to explain on their choice, if no ‘why’ and if yes ‘how’. On the other hand, those who responded no were required to explain other alternatives which girls use.

On the satisfaction with school menstrual facilities, 35.7% said yes they are satisfied; 61.4% were not satisfied; 2.1% did not respond to the question; while 0.8% responded with an answer which do not related to the question. Those who were satisfied they acknowledged the fact that teachers are so understanding, and they are provided with pads, medicine, and mattress for resting especially for those who are sick.

The majority, those who were not satisfied with facilities said that: there is no special place for MHM at school, including bathroom. During menstruation they are paying money for pads

without even looking at someone's income. Pads are not sufficient, girls are given only one pad for the whole day, and sometimes they are old (expired); When menstruation begins abruptly there is no assistance; Some teachers and students are despise; No dust bins to dispose pads; and pads are stored for a long period. Some provided response which concurs with that of SNV that "they also mentioned that when they told teachers about their problems, they were always told go home without being given any support or advice" (SNV 2014:2).

Responding to what are the alternatives do girl use – they said: Some left school and go back home to take care themselves; Others go to the Matron/Guardians; Some do not come to school at all; Other carry pads/local materials from home; They also support each other, including requesting permission for their colleagues and escorting her home; Other cover themselves with sweater/jackets on their waist.

3.3.9 Purchase of menstrual materials and its type

In order to understand whether girls use menstrual facilities and of what types, they were asked: have you ever bought menstrual material since you experience menstruation cycle. It was found that 93.7% said yes; 5.8% said no; while 0.5% did not respond.

They were further required to mention whether the purchased materials were local made or industrial products. The study found 84.8% bought industrial made; other 3.9% bought local made materials; 6.4% bought both industrial and local made; 4.2% did not respond; and the remaining 0.7% provided responses which did not related to the question.

3.3.10 Reasons for not buying menstrual materials

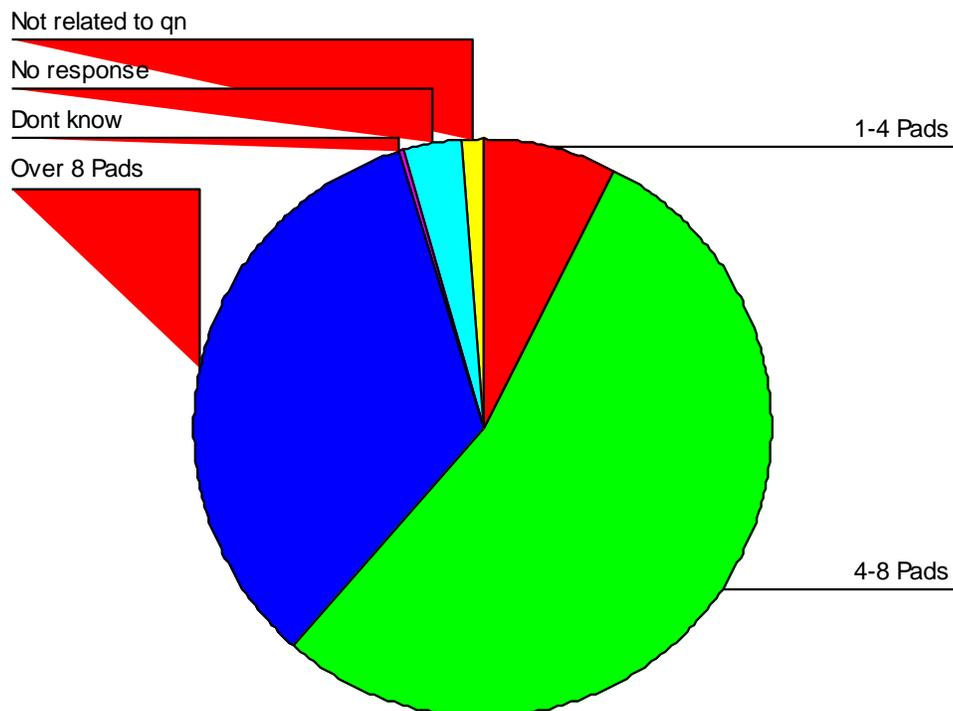
Some of the respondents noted difficulties in buying menstrual materials. The reasons provided vary, for example 4.7% said was due to lack of money; 0.5% noted they used local made since maturity; other 0.7% obtain support from mother, they won't buy themselves; 0.1% said it was because pads has side effects; another 0.1% noted that she is not yet matured; 0.1% said she was given pads by an organization; 91.4% was not responded; and 2.4% provided response which is not directly related to the question.

3.3.11 The use of pads/materials per cycle

Girls were required to explain how many pads they use per cycle. They further required to explaining how they get/access them; whether there are any challenges in accessing them; and who supports them to access pads/materials.

The study found that 7.6% use between 1-4 pads per cycle; majority 53.9% said they use between 4-8 pads per cycle; 33.9% noted they use over 8 pads per cycle; 0.1% said she didn't know how many she is using; 3.4% did not provide response; lastly 1.2% provided responses which do not related to the question.

Figure 4: The use of pads/materials per cycle



Responding on where they get pads, they said from shop, through purchasing themselves or sometimes parents/sisters purchase on their behalf. Others obtained from aunties, guardians, close friends, grandmother, school/class matron, other adolescent relatives, CAMFED organization, they use torn kanga, and from boyfriend.

Challenges they are experiencing:

- Sometimes they couldn't manage to get pads at all.

- This happens when they do not have money, or the parents have no money. Sometimes they came from school and find parent has nothing to help.
- Occasionally when the mother is not at home no one to beg for pads. Some mentioned they are compelled to lie to the father to get some money to buy pads.
- On the other hand, when they don't have money and managed to get only one box they are forced to use it carefully ensuring that it covers the entire menstrual cycle.
- When they get tired of using local made materials they are forced to beg for money to buy industrial pads.
- When you go to the responsible teacher the response is that there are no pads.
- When the shop keeper is the male, they felt shy to purchase pads.
- Absence of special toilets for changing pads at school.
- Sometimes menstruation happens abruptly at school and no money to buy pads; they are forced by the circumstance to go home.
- Sometimes pads have effects, thus causes itching; fungal; and chafe in private parts..
- Sometimes parents purchased the low cost pads which have effects. They are full in a short period. As a result girls are forced to use many pads per cycle, thus increases costs.
- Ashamed when menstrual came out of clothes at school.
- Sometimes products are not available in the nearby shop.
- Hard punishments at schools, involving for example running and jumping is highly humiliate girls. The expired pads do not hold menstrual, cause it to flow out the clothes.
- The local made becomes dirty/full quickly; you cannot remain at school the whole day.
- Failure to collaborate with other girls.

3.3.12 Other comments with regards to the MHM improvements

The study finally sought students' comments with regards to the improvement of MHM. The majority 73.1% commented on improvements of toilets and pads. Expire dates for pads provided should be observed; 0.4% commented on availability of water services and soaps; 0.3% said parents should contribute some amount per month; 0.1% just provide congrats to all those who support girls; another 0.1% commented to reduce punishments for girls during menstruation; 9.4% commented on increased support to girls from female teachers; 1.7% comments that girls should carry pads in their bags since menstrual period could begin at any time; 0.1% proposed education to teachers on MHM, and to take care of girls who are in their

menstrual period because they are punished even they are in their period. This conforms to an argument that, “in schools knowledge of teachers and counsellors on MHM is not sufficient as they are not engaged in MHM-related training nor have tailored MHM guidelines to support them” (Tamiru, S. et. al., 2015:96). Other 1.3% proposed having special building and health servants/officers; 6.3% proposed education to girls on MHM; 2.5% did not respond to the question; 2.9% proposed having special building, pads and medicine; 1.3% noted that they have no further comments; 0.3% provided responses which are not directly related to the question; and finally the remaining 0.3% commented that girls should not slapped at the back during menstruation.

In addition to the above, girls were advised to be courageous during menstrual period not to allow anybody to know that they are sick/feel bad. It is also commented that pads should be distributed at school instead of being stored to the teachers control. This is because girls afraid facing teachers and begging for pads.

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

4.0 Summary

The study revealed that the policy framework governing MHM in Tanzania is still not sufficient. This silence could leave a room for weak efforts in improving MHM facilities to school girls. Since MHM has a contribution to girls' poor performance, as declared by 100% of education/LGA officials, revisiting the current trend is inevitable. Decentralizing MHM issues to the school administration as confirmed by 75% of officials, also plays part in the weak consideration of MHM issues at the school level. Capitation grants on MHM could be a solution towards vesting responsibility to secondary schools to deliver. Although for the time being the grant mismatch with students ratio, as posed by 50% of officials, yet the grant seems to be an alternative towards improving MHM based on its wider coverage of all schools in Tanzania, and its proper monitoring from the central to the local government.

Furthermore, the study found majority of schools have large number of girls than boys, evidenced by 53.9% that boys are less than girls. Since the number of adolescent girls in these schools also is high, as acknowledged by 53.9% of respondents that their schools have between 90% - 100%, and other responses also reported over 50% of girls are adolescent, the effective mechanism to support girls at schools is inevitable. The current major support, as posed by majority of respondents 72.2% is pads provision. However, as shown in the study, in most cases these pads have been contributed by students themselves, and they are not provided to all school girls. Other schools, 27.8% are still complaining of lacking funds to establish support to the school girls. This in turn has been affecting the availability of infrastructures and services because normal girls' toilets are considered as a place for privacy for all girls, of which some girls disfavor this practice and recommended construction of special building for changing than the normal toilets which is not hygienically advised. The abdominal pain, as shown by majority of teachers 73% as the common problem facing girls, also needs a close look, as this could have an impact on absenteeism as described by majority the 61.7% of teachers when commenting on the menstruation impact.

On the students' side, majority of them 97.1% have experienced menstruation. Apart from other effects, most of them 62% they feel physically sick and weak during menstruation. It was revealed that 15.9% are missing from schools due to menstruation, and in most cases many are missing between 1 – 3 days, with the exception of 1.6% who missed the entire week. Generally,

75.8% acknowledged that menstruation has effects in their performance in school, and they are also affected doing other activities, of which many of the activities are domestic duties. On accessing menstrual hygiene materials, majority 49.5% noted were provided with pads, though 61.4% were not satisfied with facilities and support provided since they are contributing money for pads and pads are not sufficient. Alternatively, some opted to stay at home, or carry pads/local materials. Majority of girls 84.8% bought the industrial made menstrual materials, while for those who were not buying explained the reasons being lack of money, obtained support from their mothers or organizations, or some experienced effects and discouraged to continue using pads.

4.1 Conclusions

Based on the above analysis, three conclusions could be made:

- i. Poor policy framework has impacted on the current trend of MHM consideration. Since there are no proper and sufficient guidelines that promote proper practice, there are no bases for executing MHM issues sufficiently and at the acceptable standards.
- ii. Although majority of students in Secondary schools are girls, yet there are poor MHM facilities to support them. There are some efforts at the school levels, however girls are still suffering from the practice and majority of them are not satisfied with the infrastructures and services provided.
- iii. Majority of students are adolescents, and they experienced myriads of menstrual effects when they are at school. Based on the poor supportive environment, they attempt to find alternatives for taking care themselves.

4.2 Recommendations

Based on the study findings and conclusions, the following are recommended for improvements of MHM at school levels:

- i. To ensure that MHM is sensitively considered and provided in a sustainable manner, the framework for strengthening MHM at school should be established, with special emphasis of providing sufficient needs to the school girls. The integration of MHM issues in school levels development plan should also considered. This will cut across provision of regular trainings to teachers and students on MHM. This would facilitate in doing away from “the culture of ‘silence’ around menstruation [that] increases the perception of menstruation as something shameful that needs to be hidden, and may reinforce misunderstandings and negative attitudes toward it” (UNESCO 2014:17).

- ii. Schools should be provided with menstrual pads to reduce the burden for girls to contribute of which even the service is poor, as some of them said they were given only one pad per day. The study found that majority of girls 53.9% use between 4-8 pads per cycle, while 33.9% use over 8 pads. Capitation grant is advised to be extended to cover MHM issues in order to ensure that challenges experienced by girls in accessing them, as described in this study, are minimized. In other study it has been observed that “in Tanzania, Uganda, and South Sudan the baseline survey has revealed that school girls are involved in sexual activities with males during school sessions to generate income for meeting their basic needs, including sanitary items, because the support from families is limited; 26 per cent of girls indicated that boys approach them for love and sex after they know that they have started menstruation. This exposes the girls to unwanted early pregnancy and school dropout” (Tamiru, S. et. al., 2015:99).
- iii. Improving the MHM facilities, including infrastructures and services is also recommended. The availability of sufficient structures would encourage school girls to stay at school, reduce missing days, and consequently improve performance. As commented by majority girls, 73.1%, having improved toilets and pads is their priority. Despite other requirements, such as medicine, mattresses, water and soaps, should be part and parcel of the services. As described by House, S. et. al., “to manage menstruation hygienically, it is essential that women and girls have access to water and sanitation. They need somewhere private to change sanitary cloths or pads; clean water for washing their hands and used cloths; and facilities for safely disposing of used materials or a place to dry them if reusable” (House, S. et. al., 2012:22; see also UNESCO 2014:32). Moreover, “for a relatively small cost, the availability of painkillers would significantly improve the well-being of many schoolgirls each month” (WEDC 2012:4).
- iv. Carrying out thorough policy situational analysis to reveal the current consideration of MHM.

REFERENCES

- Guya, E. et. al (2014), **Menstrual Hygiene Management in Secondary schools in Tanzania**, International Journal of Science and Technology Volume 3 No. 1, January, 2014
- House, S. et. al. (2012), **Menstrual hygiene matters: A resource for improving menstrual hygiene around the world**, First Edition, 2012
- Patabendi, N. L (2014) **Issues in Managing Menstrual Hygiene in Rural Schools of Sri Lanka**, WASH 2014, for everyone everywhere conference
- SNV (2014), **Baseline survey report on School Girls' Menstrual Hygiene Management issues**, Conducted in Sengerema, Chato, Magu, Siha, Babati, Karatu, Njombe and Mufindi districts.
- Tamiru, S. et. al (2015) **Towards a sustainable solution for school menstrual hygiene management: cases of Ethiopia, Uganda, South-Sudan, Tanzania, and Zimbabwe** *Waterlines Vol. 34 No. 1*, SCHOOL MENSTRUAL HYGIENE MANAGEMENT IN AFRICA, January 2015
- UNESCO (2014), **Good Policy and Practice in Health Education: Puberty Education and Menstrual Hygiene Management**, Booklet 9, 7, place de Fontenoy, 75352 Paris 07 SP, France
- UNICEF (2013) **Menstrual Hygiene in Schools in 2 countries of Francophone West Africa Burkina Faso and Niger Case Studies in 2013**. Study organized by the WASH and Education sections of UNICEF West and Central Africa Regional Office.
- WaterAid (2013), **We Can't Wait: A report on sanitation and hygiene for women and girls**, World Toilet Day Advocacy Report, Co-authored by Unilever Domestos, WaterAid and the Water Supply & Sanitation Collaborative Council (WSSCC)
- WEDC (2012) **Menstruation hygiene management for schoolgirls in low-income countries**, Fact Sheet 7, June 2012

Appendices

I: Tools for data collection

**Tanzania Water and Sanitation Network
(TAWASANET)**

**Advocating for the Improvement of Menstrual Hygiene Management in Schools in
Tanzania**

A tool for quick study on Menstrual Hygiene Management

Preliminary Information

District:..... Ward:.....
Village:..... Street:.....
School:..... Date:.....
Name of the Enumerator:..... Contact:.....

EDUCATION/LGA OFFICIALS

1. Do you think new Education policy gives the room for MHM? **Yes / No**
2. What is the overall performance of school girls versus boys in your District/Municipality?
3. Do you think that MHM has contribution towards the above girls performance?
4. What is the district/Municipal contribution on the improvement of MHM facilities in schools? Is there any strategy? **Yes / NO**
5. In your opinion do you see that capitation grant can be extended further to cover MHM issues at school level?

**Tanzania Water and Sanitation Network
(TAWASANET)**

**Advocating for the Improvement of Menstrual Hygiene Management in Schools in
Tanzania**

A tool for quick study on Menstrual Hygiene Management

Preliminary Information

District:..... Ward:.....

Village:..... Street:.....

School:..... Date:.....

Name of the Enumerator:..... Contact:.....

SCHOOL TEACHERS

1. How many students do school have? Boys..... Girls..... Total.....
2. What is the overall percentage of adolescent girls in your school?
3. Do you have any support for adolescent schools girls regarding MHM issues? **Yes / No**
If yes, what kind of support?If No why?
4. Does the school have proper Menstrual Hygiene Management infrastructure and services? **YesS / No**
If Yes what are they?
5. What are the common problems facing adolescence girls when they are at school during menstruation period?
6. Do you think it has impact on their performance and participations in class? Please explain.....
7. Have you ever supported school girls with disposable sanitary pads at your school?
Yes / No
If Yes where do you get them?
If No why?
8. What type of support do you prefer from the government with regard to MHM facilities?.....
9. Any other comments on MHM improvement.....

**Tanzania Water and Sanitation Network
(TAWASANET)**

**Advocating for the Improvement of Menstrual Hygiene Management in Schools in
Tanzania**

A tool for quick study on Menstrual Hygiene Management

Preliminary Information

District:..... Ward:.....

Village:..... Street:.....

School:..... Date:.....

Name of the Enumerator:..... Contact:.....

STUDENTS

Understanding of MHM issues

1. Have you experienced menstruation? **Yes / No**
2. If yes, how does it affect you while at school? (only tick one response)
 - a. cannot concentrate
 - b. feel physical sick and weak
 - c. feel psychologically affected
 - d. Keeps me out of school
 - e. all of the above
3. If you have stated (e) above (keep me out of school) for how long do you miss school days per month?
 - a. 1 day
 - b. 1-3 days
 - c. 4-5 days
 - d. 1 week
 - e. any other (specify/mention)
4. In your view/opinion does menstrual affect your performance in any way?
5. Does menstruation make you stop doing other activities? **Yes / No**
6. If yes which are they? Mention.....
7. Does school provide menstrual hygiene materials? **Yes / No**

8. If Yes; What types of menstrual materials provided in your school?
9. Does school have menstrual facilities? **Yes / No**
10. Are you satisfied with the menstrual facilities in your school? **Yes / No**
Kindly explain: If no Why and if yes how.....
If **No**, what other alternatives do girls use?
11. Have you ever bought menstrual material since you experience menstruation cycle?
Yes / No
12. If yes is it local made or industrial products?
13. If no why?
14. If you are using pads how many do you use per cycle?
- a. How do you get/access them?
- b. Is there any challenge?
- c. Who supports you to access them?
15. Any comments with regards to the improvement of MHM?
.....
.....
.....