MENSTRUAL HEALTH AND HYGIENE SITUATION AMONG SCHOOLGIRLS IN TANZANIA

Brief report

Executive summary

Background

Menstruation is an integral part of a woman's reproductive life, occurring naturally in pubescent girls and women. It is estimated that menstruation is experienced by about one-quarter of the global population. Women spend a significant proportion of their lives menstruating. Therefore, menstrual health and hygiene (MHH) is vital to the empowerment and well-being of girls and women and constitutes a basic requirement for personal hygiene, reproductive health, dignity, and prosperity of girls and women. Although MHH has been attracting worldwide attention, it remains poor due to various reasons. First, evidence suggests that millions of adolescent girls worldwide are denied the right to manage their monthly menstrual cycle in a dignified and healthy way. Second, MHH continues to be a low priority in low-income countries, partly due to limited resources and prevailing socio-cultural factors, beliefs, myths and taboos. The growing number of adolescents and the under-preparedness of the low-income countries to meet the demand for safe MHH mean that girls in these countries would continue to be disadvantaged despite the growing attention paid to the issue.

MHH in Tanzania

In Tanzania, women account for about 51 per cent of the total population, with almost a quarter of them being adolescent girls. They are required to adopt good MHH practices as they strive to navigate through the complexities of life. In the last decade, the Tanzanian government and the local and international organizations have initiated several MHH programmes for women. The concerned ministries have developed guidelines, which include MHH issues, and are said to be reviewing them. Although there is increasing attention paid to MHH, only limited scholarly evidence for the management of MHH in Tanzania is available. Most information on MHH in Tanzania is primarily based on anecdotal sources, surveys, and media reports. Most of the schools in Tanzania are underprepared to promote comprehensive safe MHH among girls. Some surveys suggest that schoolgirls missed classes during their menstrual period, and academic performance dipped

in a significant number of them due to poor concentration resulting from stress caused by MHH challenges. These findings, however, rely on small-scale surveys. Therefore, a need arises for an extensive investigation of the whole range of MHH issues in Tanzania to offer a comprehensive understanding of the topic and provide recommendations for improving MHH among women in the country.

Objective, study design and approach

The main objective of this study was to determine MHH situation among schoolgirls in Tanzania Mainland and Zanzibar and ascertain the challenges they face. The scientific gaps with respect to limited evidence on the existing MHH challenges and their impact on adolescent schoolgirls in Tanzania were identified. Hence, there is an urgent need to explore and determine the MHH challenges among schoolgirls in Tanzania to provide appropriate sectoral recommendations on how these hurdles can be addressed to improve the health and education outcomes in the country.

An exploratory study using quantitative and qualitative data collection techniques was conducted in 19 districts of the United Republic of Tanzania (URT) between February and September 2019. This included desk review of key documents from the Ministries of Health, Education, Regional Administration and local governments and grey literature from non-governmental organizations (NGOs), community-based organizations (CBOs) and multilateral organizations; self-administered questionnaire to test girls' knowledge, attitude and practice (KAP) on MHH in schools and at home; an observational checklist to understand the availability of water, sanitation and hygiene (WASH) and MHH infrastructure; focus group discussions (FGDs) for adolescent girls and boys; in-depth interviews (IDIs) with the school matron or teachers and key informant interviews (KIIs) with district (School Water, Sanitation and Hygiene (SWASH) co-ordinators, school health coordinators, NGO and CBO directors) and national level officials (Ministries of Education, Health, Water and President's Office, Regional Administration and Local Government (PO-RALG), directors or representatives from development partner organizations and national-level NGOs, menstrual hygiene product manufacturers and suppliers). This report primarily focused on issues faced by adolescent schoolgirls. The permission to conduct the study was granted by the Medical Research Coordinating Committee (MRCC) and PO-RALG. Participation was voluntary, and teachers gave their assent to interview the schoolgirls.

Key findings

Social demographic characteristics

A total of 8,012 in-school post-menarche adolescent girls responded to the quantitative questionnaire. Of them, 205 (2.6 per cent) were girls with disabilities and 7,807 (97.4 per cent) were students without disabilities. Out of the interviewed girls, 86.8 per cent (6,953) were from Tanzania Mainland. Their mean age (SD) was 14.9 years (0.02). Girls from Grade 5, 6, and 7 constituted 9, 24 and 67 per cent, respectively, of the participants from primary schools. Day scholars were the majority as they accounted for 70.2 per cent (n=5,626) of the study respondents, and 96.2 per cent (n=7,711) were in co-schools, whereas 58.4 percent (n=4,679) were in secondary schools. Nearly half of the respondents (48 percent) had their school needs met by their male parents/guardians on both Tanzania Mainland and Zanzibar and 56.1 per cent

(n=588) of the girls without disability said they were supported by their male parents/ guardians. Only 46.8 per cent of the girls with disabilities reported being supported by their male parents /guardians.

Knowledge, attitudes, and practices

Knowledge, attitude, and practice scores on MHH were low across the study areas. Most of the girls from Tanzania Mainland demonstrated higher knowledge scores and better practices than girls from Zanzibar. However, the girls from Zanzibar showed higher positive attitude scores than those from the Mainland. Overall, MHH mean knowledge score among girls in Tanzania was 64.9 per cent, with Tanzania Mainland demonstrating an overall higher mean percentage score of 64.9 per cent compared to 64.4 per cent in Zanzibar.

Menstruation and academic performance

About 16.8 per cent (n=1346) of the students missed school during menstruation in the past three months prior to our visit. Out of those who missed schools, 78.8 per cent (n=1,061) were from Tanzania Mainland. Among all the girls from Tanzania Mainland and Zanzibar, 15.3 per cent (n=1061) and 26.9 per cent (n=285), respectively, did not attend school during menstruation. However, there was no variation between rural and urban areas as well as between primary and secondary school students. More students from government schools 17.2 per cent (n=1,182) missed school compared to 14.6 per cent (n=164) in non-government schools. Higher proportions of girls who missed school during menstruation were seen in North Pemba (29.4 percent), Kaskazini Unguja (24 per cent), and Tandahimba DC (20 percent), whereas Moshi district had the fewest girls (9 per cent) missing school.

Reasons given for missing school during menstruation:

Furthermore, broadly, participants in the qualitative interviews revealed that menstruation reduces their academic performance due to reduced school attendance, class disruption to manage menstruation, reduced attentiveness, and psychological impact. Not being able to afford sanitary pads, the severity of menstrual symptoms, limited support from some parents and teachers, girls' fear about the durability and effectiveness of MHH materials used and fear of shame and stigmatization at school during menstruation were the main reasons cited to impact class attendance, consequently reducing the academic performance of girls.

Sociocultural norms

Participants of this study described a range of myths, beliefs and norms around menstruation. Religiously constructed restrictions around menstruation appears dominant among Muslims, whereas Christians take a more lenient position. Any attempt to address religious restrictions was considered by many an impossible thing to do. On the other hand, the socio-culturally constructed myths and norms

such as social engagement, exercise and touching (SET) dominated participants' accounts. However, it is felt that these myths can be addressed through community education and sensitization. Girls reported being prohibited from participating in social gatherings and visiting some family members during the menstruation period. Girls were also restricted from undertaking strenuous exercise, as doubts exist regarding the durability of MHH materials they used. Prohibition of cooking, touching babies and vegetables, and eating sugary foods was also a prevailing social norm. The touching taboos appeared to depict menstruation as a 'curse' against crops or vegetables, leading to the belief that vegetables touched by menstruating women would wither and die.

Menstruation and trust

Trust issues also emerged as shaping the interaction and relationships girls have with other people during menstruation. Mothers, female peers, female relatives, female teachers, and matrons emerged as the supportive group.

Gender role in menstruation

Viewed from a gender lens, male figures – both within school and family – are socio-culturally conditioned not to be concerned with menstruation. Educating boys, fathers, and male teachers and hiring more female teachers to promote safe MHH practices were recommended by a few of the participants in the discussions. The unanswered question is whether the unsupportive participants during menstruation understand it to be the necessary physiological function forming a part of the reproductive process in women.

MHH materials

Sanitary pads and re-usable clothes appear to carry equal weight as materials commonly used for menstruation among girls. The findings suggest that the use of cloths is common among girls mainly in rural areas and sanitary pads are widely used by girls in urban areas. Those who use cloth appear to ignore safety and hygiene, as at times dirty, discarded pieces of old fabric are used. Though financial affordability has always dictated the choices of materials used, our findings indicate that, on top of affordability, local availability, reusability, ease of preparing the cloth, and misconceptions about sanitary pads are important factors prevailing upon girls' use of cloths.

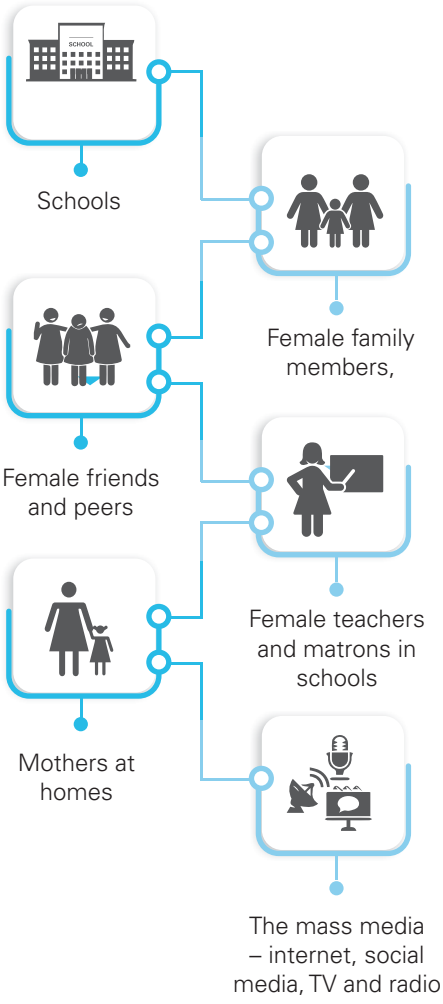
WASH and MHH infrastructure and services in schools

Pit-latrines were available in almost all the schools studied in the country with an average one toilet/pit-latrine for every 62 pupils/students. The ratio of pupils per toilet or pit-latrine was 61 for girls and 67 for boys. While the mean ratio of pupils per toilet was 87 in Zanzibar, it was 58 in Tanzania Mainland. Likewise, there were one toilet/pit-latrine for every 68 pupils/students in government schools as compared to one for every 21 pupils in private schools. The ratio was 68 in day schools as compared to 28 in boarding schools. The ratio of pupils/students per toilet/pit-latrine in rural and urban settings were 60 and 65, respectively. According to the national guidelines for water, sanitation, and hygiene for Tanzania schools, the student-to-toilet compartment ratio has been set at 20 girls per toilet compartment and 25 boys per

toilet compartment when a urinal is available. Girls raised concerns about privacy as toilets had no doors, door bolts, and even roofs; in some cases toilets were shared with boys. Inadequate hygiene and cleaning of toilets, lack of water essential supplies, were also mentioned in the interviews. As a result, most of the girls tend to avoid toilets and opt to stay with pads for longer than required, a practice that poses a risk of offensive odour, which leads to shame and social stigma. In fact, some often change pads behind bushes or choose to stay at home during menstruation, which was found to impact their academic performance.

Similarly, water appeared to be available only in 75 per cent (n=220) of the schools, but unreliable supply and safety persisted in them. In addition, special changing rooms were missing in 83 per cent (n=243) of the schools studied, with no availability of hygienic materials in the majority of the changing rooms. All the 51 schools with changing rooms were located on the Tanzania Mainland. Changing rooms were available in about 28 percent (n=11) of private-owned schools and 16 per cent (n=40) of government-owned schools. About 49 per cent (n=25) were accessible to people with disabilities, and 15 per cent (n=26) of the schools in rural areas had changing rooms compared with 22 per cent (n=25) of the schools in urban areas. There was a variation among districts regarding availability of changing rooms, with Mbeya and Tandahimba districts having few schools with changing rooms compared to Moshi, Kibondo, and Arusha districts. On the other hand, school water, sanitation, and hygiene (SWASH) clubs were available in 72.8 per cent (n=185) of government-run schools compared to only 57.5 per cent (n=23) in privately owned schools. While 97 per cent (n=38) of the schools in Zanzibar had SWASH clubs, only 67 per cent (n=170) of the schools on the Tanzania Mainland had them. About 70 per cent (n=124) of the schools in rural areas had SWASH clubs compared to 72 per cent (n=84) of those in the urban areas. Nearly twice the proportion of primary schools (11.0 per cent) compared to secondary schools (6.5 per cent) included the topic of MHH in SWASH club programmes. Mpwapwa and Igunga were the only districts with significant coverage of MHH in their SWASH club programmes with 45 and 44 per cent of their schools incorporating MHH into SWASH clubs, respectively. None of the schools in Mbeya, Moshi, Muleba, Rorya, Kaskazini Unguja, Tandahimba or North Pemba incorporated MHH training in their SWASH club programmes. Students' involvement in SWASH was consistently high across the districts except for Rorya DC (30 per cent) and Temeke DC (25 per cent).

The dominant sources of information for girls regarding MHH.



Sources of information

However, the mass media – internet, social media, TV and radio – did not emerge strongly in qualitative interviews as sources of information on menstruation. Therefore it becomes helpful to invest in content dissemination on MHH issues and enable mass media channel penetration so that girls and women have increased awareness of MHH and boys and men are adequately sensitized on the subject for social support and enabling safe menstruation practices.

Disposal practices

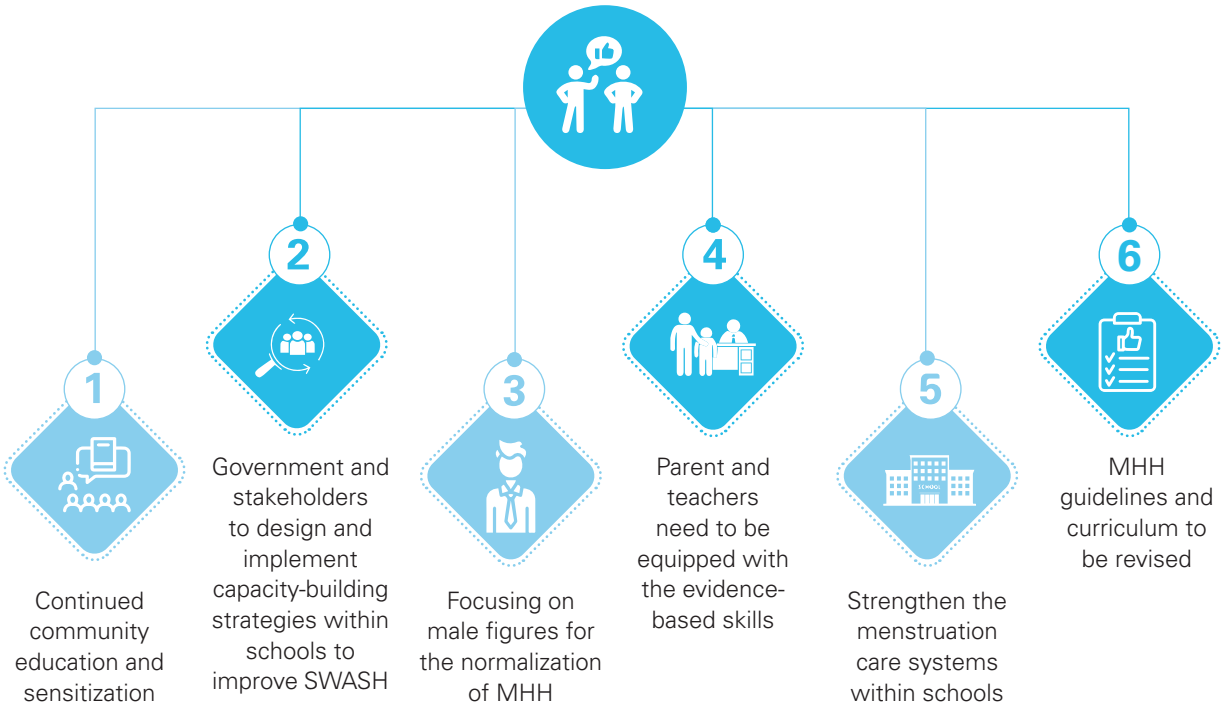
Sanitary materials were usually thrown into pit-latrines or buried in the ground. Throwing them into pit-latrines is a common practice at home and in rural settings where pit-latrines are common. On the other hand, burning appeared to be common in urban areas where flushing toilets are common. In some schools, sewage systems were clogged due to improper disposal practices. Furthermore, fears of witchcraft, shame and contamination, and the type of MHH materials used have a strong influence on the disposal practices, especially in the choice between burning, throwing in pit-latrines or in bushes.

MHH policy

Whether specific policy or guidelines for MHH exist remained largely unknown to the majority. MHH is a component of SWASH guidelines and school curriculum as the existing policy tools. However, the tools, though useful, were reported not to give much weight to MHH issues.

Recommendations

The following broader recommendations are made to the government and all actors working to make sure girls in the country hygienically manage menstruation.



- First, continued community education and sensitization are needed to increase their knowledge and attitude to positively impact MHH practices. Education also needs to address the social engagement, exercise, and touch (SET) taboos and normalize menstruation for both genders.
- Second, the government and stakeholders have to design and implement capacity-building strategies within schools to improve SWASH and within communities focusing on male figures for the normalization of MHH among fathers and boys as well and increasing their support to girls during menstruation. More specifically, boys, fathers and male teachers have to be educated on menstruation in addition to ensuring the availability of sufficient female teachers as a way of promoting safe MHH practices. Relatedly, strengthening on-the-job training for male teachers and parents on how to better communicate with girls during menstruation and cascading the training of trainer approaches to grassroot levels become important. This is because lack of awareness and education as well as sociocultural conditioning around menstruation were cited as major contributors to the disengagement of males from menstruation generally.
- Third, parent and teachers need to be equipped with the evidence-based skills to support and encourage girls to continue with studies during menstruation.
- Fourth, a recommendation is made to strengthen the menstruation care systems within schools, particularly by ensuring the availability of pain medication and psychosocial support. More specifically, sustainable access to safe and convenient menstrual materials has to be provided through cost reduction, increased local production and mandatory provision of free emergency menstrual materials in schools. Schools have to be equipped with medical supplies such as sanitary pads, painkillers and other hygiene products so that schoolgirls do not have to go home every time a menstruation period starts while they are at school.
- Finally, MHH guidelines and curriculum have to be reviewed to give MHH much weightage, especially in the context of disability.

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