Lessons learnt on the implementation of menstrual hygiene management in Karamoja, Uganda

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Introduction

More than one-third of Uganda’s population live in chronically poor households while over 70% experience multi-dimensional poverty (World Bank, 2016). Located in the north eastern part of the Uganda, Karamoja is one of the poorest regions in the country and faces significant challenges in access to water and sanitation facilities, good hygiene practices and behaviour changes. It is estimated that only about 13% of households in the Karamoja area have access to improved sanitation, with over 66% of the people practising open defecations (Makerere University & WFP, 2016). While access to potable water supply is relatively higher than sanitation only 58% of the population have access to improved water supply (Ministry of Water and Environment, 2016). Hygiene practices still remain a big challenge to the government and development organizations working to ensure that there are transformational changes in the lives of the residents in Karamoja. One key area that is really lagging behind is menstrual hygiene management among young girls and women of reproductive age. Menstrual hygiene management focuses on practical strategies for coping with monthly periods (Crofts, 2012). However, menstruation is considered to be a taboo and associated with many negative beliefs and attitudes within the Karamoja area. Access to sanitary pads by girls and women is almost non-existent in the sub region and this negatively impacts the lives of girls and women of reproductive age in the area.

In order to help address this issue, Samaritan’s Purse, funded by the Department for International Development (DFID) in Nakapiripirit and Napak districts of Karamoja is implementing a WASH project which has a menstrual hygiene component. The project teaches girls and young women about menstruation and behaviours for them to live healthy lives. This paper shares some experiences in implementing menstrual hygiene management in the project area.

Menstrual hygiene management (MHM) in Uganda

Over half of the female population in Uganda is between the ages of 17 to 49 (UN, 2010). A majority of the women have no access to clean and safe sanitary products. These women also do not have access to a clean and private space in which to change menstrual cloths or pads and to wash. Menstruation is culturally supposed to be invisible and silent, and sometimes, menstruating women and girls are supposed to be invisible and silent, too. Within the Ugandan context, millions of girls and women are subject to restrictions
in their daily lives simply because they are menstruating. This psychologically affects them as they are culturally restricted, forbidden and unable to mix with others.

A study conducted in selected schools in seven districts of Uganda found that on average, over 57% of school girls aged 11-13 years absent themselves from school due to menstrual-related challenges. The study found that around half of the girls in the study report miss 1-3 days of primary school per month. This means per term a girl pupil may miss up to 8 days of study and could translate into a loss of 8 to 24 school days per year (SNV and IRC, 2012). Given that there are 220 learning days in a year, on average girls could miss up to 11% of the learning days due to menstrual periods. This has a significant impact on the performance of girls in school, total wellbeing and future employment opportunities.

Furthermore, poor menstrual hygiene management could lead to high risk of infections. Having access to sanitary products to manage the blood could help reduce the risk. However, access to these products in some parts of Uganda is relatively non-existent. If sanitary products are available, for most people they could be prohibitively expensive as well. The lack or unaffordability of appropriate sanitary products may push menstruating girls temporarily or permanently out of school. Poor protection and inadequate washing facilities may increase susceptibility to infection, with the odour of menstrual blood putting girls at risk of being stigmatized (SNV and IRC, 2012).

### Menstrual hygiene management in Karamoja

<table>
<thead>
<tr>
<th>Restrictions on menstruating women and girls</th>
<th>Associated beliefs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls and women lack knowledge about the menstrual cycle and how to cope when it happens to them.</td>
<td>It is a taboo for girls or women to talk about their bodies so it is even more difficult for them to talk about their menstrual cycles with their peers.</td>
</tr>
<tr>
<td>Menstruating women and girls are not allowed to go to school or to a health facility.</td>
<td>It is a taboo for girls or women to talk about their bodies so it is even more difficult for them to talk about their menstrual cycles with their peers.</td>
</tr>
<tr>
<td>School enrolment for girls is very low.</td>
<td>The more girls are educated the less her bride price is worth.</td>
</tr>
<tr>
<td>Girls having their period are also not allowed to enter in to Kraal (cattle yard).</td>
<td>The cows will be infertile.</td>
</tr>
<tr>
<td>Girls and women are not allowed to interact with people attending cultural rituals.</td>
<td>A menstruating girl would make other people unclean if they came in contact with her.</td>
</tr>
<tr>
<td>Karamojong people do not talk about menstruation making the problem difficult to address.</td>
<td>Menstruation is a taboo.</td>
</tr>
</tbody>
</table>

Source: Authors

Predominantly considered among the least educated in Uganda, the Karamoja region is characterized by many cultural beliefs, myths and taboos relating to menstruation. Traditions and social norms have rules to dictate about managing menstruation and interacting with menstruating women. These norms usually associate menstruation to impurity which leads to shame, embarrassment and seclusion of women and girls during the cycle. Women and girls are told that during their menstrual cycles they should not mix with people including restricting their mobility. What is more worrying is that the girls and women undergoing menstruation are identified by certain style of dressing (uniquely dull coloured thick skirts). They face the challenge of finding materials (sanitary products) that could absorb the blood and are compelled to use dirty rags or their thick skirts with dull colours to reduce the chances of being soiled and noticed with blood. Some of the girls and women drain their menstrual blood into sand heaps they make on dry river beds and they sit on the sand heaps for most of the day. These practices increase the risk of infection because the blood coming out of the body creates a pathway for bacteria to travel back into the uterus. Culturally, menstruation is not discussed at home and this makes the girls panic during their first menstruation because
they don’t understand what is happening. The table below illustrates some of the cultural myths about girls and menstruation in the Karamoja area that our project team gathered.

**Implementation of MHM in Karamoja**

Samaritan’s Purse began to implement a hands-on, educational project in menstrual hygiene for out-of-school girls in the community and some from primary schools. The primary purpose of this project is to provide girls with both knowledge and skills related to menstruation, personal hygiene, puberty and body care, and an introduction to making of washable pads. As a pilot, SP selected 1,488 girls within the two districts in the Karamoja region. The girls were selected from the communities within the project area through community leaders. In each community, the Manyatta head and chairperson of Local Council 1 (a local government official) were responsible for mobilizing the girls of ages between 12-17 years. The participants were broken into groups of 30 – 50 and engaged in a two-day training delivered by staff members of Days for Girls Uganda, with community mobilisation and translation support from Samaritan’s Purse Uganda. Trainers delivered a health curriculum, with specific attention to issues affecting girls in Karamoja. Access to soap and water, proximity to livestock (as related to clean drinking water), access to change of clothes and underwear, as well as gender roles and personal safety were some of the issues addressed. Parents were sensitized to buy soap and underwear for the girls. Meanwhile the girls were taught pad making and personal security, keeping good hygiene by changing clothes into separate clothes when they clean up. Men and boys aged 15 years and above were mobilised and sensitized to create awareness of menstrual hygiene management. The main reasons for sensitizing the boys and men were to help reduce stigma and also encourage them to pay for items like underwear and soap since they are the decision makers in the homes.

With making the pads, the girls were taught how to design and sew a shield and liner. The shield is shaped like a traditional pad with wings, clips around the panty with a plastic snap, and contains a waterproof inner layer to prevent leakages. The shield holds in place the liner, which is made from 100% cotton flannel and utilizes a trifold design. When folded, it has 6 absorbent layers. When unfolded, it is thin enough to wash with very little water and dry quickly, while also being difficult to recognize as a pad – therefore decreasing the stigma of hanging it out to dry.

After completing the education component, each girl was provided with materials to make 1 shield, 1 liner, and 1 drawstring backpack, as well as basic sewing supplies. By the end of the two day training each girl completed all components and was provided with the rest of the pre-made kit. The combination of completing their handmade items and receiving pre-made items ensured that they have the confidence and skills to meet their needs in the future. Each of the 1,488 girls was tasked to train other girls in their communities. Through monitoring and follow up visits to the girls (1,488 girls) a total of 2,751 girls were further trained. This implies almost every girl who received training from SP further trained on average 2 additional girls in their communities within a year after the training.

The overall reaction from girls throughout the program has been positive with high levels of participation. The trained girls are advised to teach other girls in their homes that didn’t attend the trainings.

**Lessons learnt**

- Mobilisation and sensitisation of girls prior to trainings leads to greater investment and engagement from the girls. Communities have been sensitised about the need for underwear and now parents are buying for their girls at least 1 or 2 pairs of underwear to use during their menstruation periods.
- Samaritan’s Purse and Days for Girls staff members held a six-month follow up focus group discussion with the first group of girls trained and found that all were still using their kits, and some had even taught others to make their own sanitary pads.
- Further follow up visits from Samaritan’s Purse staff members found greater fluctuations in knowledge retention, specifically related to comprehension of the menstrual cycle. Measures have since been taken to add in “knowledge check” questions throughout the training program, and to include more visual aids in the form of posters to assist girls through the aspects sewing and kit care. A visual manual is also in the making to support the learning process.
- Communities have been sensitised on the need for underwear to go with the pads and now parents have begun buying at least 1 or 2 pairs of underwear for their girls to use while in their menstruation periods.
Engaging men, especially fathers, in the MHM discussion helped in the decision to pay for underwear for their children due to the Karamojong culture where men have a particular influence on household matters like family finances.

Women and girls usually prefer talking about MHM issues with fellow women so we have arranged to have SP female staff talk to women and girls about MHM as much as possible.

The project has experienced the benefits of the training. A total of 1,448 girls were trained by Samaritan’s Purse within 18 months but these girls have trained an additional 2,751 girls on MHM.

**Recommendations and next steps**

- Creation of a visual manual for girls and women with low literacy to teach curriculum content
- Strong monitoring of the project with follow up meetings will be especially helpful in a context where literacy rates are low
- Employ more female staff to discuss MHM issues with girls and women but also employ male staff who can more effectively discuss the topic with boys and men to engage the whole community on MHM
- Further information is needed to better understand people’s knowledge, attitudes, and practices in Karamoja around menstruation

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**Contact details**

*Daniel Hekel is a Water, Sanitation and Hygiene (WASH) Projects Coordinator working for Samaritan’s Purse UK and is based in London. He has interest in sustainable rural water supply and sanitation and emergency WASH programming.*

*Asaba Stephen Irumba is a National Program Manager WASH based in Samaritan’s Purse Uganda. He has interest in working with communities to find solutions to their WASH needs.*

Daniel Hekel  
Victoria House, Victoria Road, Buckhurst Hill, Essex IG9 5EX, UK  
Tel: +44 (0) 20 8559 2044  
Email: daniel.heckel@samaritans-purse.org.uk  
www.samaritanspurse.org.uk

Stephen Irumba  
PLOT 11 Luthuli Drive, Bugolobi, Kampala, Uganda  
Tel: +256772717110  
Email: sirumba@samaritan.org  
www.samaritanspurse.org