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ATTITUDE AND PRACTICES TOWARDS MENSTRUAL HYGIENE AMONG FEMALE STUDENTS AT KAMPALA SCHOOL OF HEALTH SCIENCES, BULOBA CAMPUS, WAKISO DISTRICT. A CROSS-SECTIONAL STUDY.

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Abstract.

Background.

In most African communities, menstruation is associated with several taboos and myths, which makes it hard for adolescent school-going girls to properly maintain a hygienic body and also continue in school. This study determined the attitude and practices towards menstrual hygiene among female students at Kampala School of Health Sciences, Buloba campus, Wakiso district.

Methodology.

A cross-sectional study design was used in this study of 50 respondents. A Simple random sampling technique was used to select samples. A semi-structured questionnaire with both open and close ended questions was designed to collect data. The data collected was analyzed manually using tally sheets and data systematically computed into frequency and percentage and presented in tables, bar graphs and pie-charts.

Results.

(50%) of the respondents were Anglicans, (36%) of the respondents were Baganda by tribe, (50%) of the respondents reported that they got scared after having their first menses, (72%) reported that they never attended classes during their menses, (64%) reported that they attend social activities during their menses and (44%) reported that they feel ashamed when discussing menstrual hygiene management. (80%) of the respondents reported that they preferred sung disposable sanitary pads during menstruation, (90%) of the respondents reported that they changed their absorbent material twice a day, (78%) of the respondents reported that they bathe twice a day,(76%) reported that they use water only to clean their genitalia during menstruation, (60%) reported that they dispose of their used pads in the toilets.

Conclusion.

The overall attitude was still challenging, however, their practices were generally good.

Recommendations.

Kampala School of Health Sciences, under the Ministry of Health and women's Affairs, should impact reproductive health education through training or workshops on menstrual hygiene.

Keywords: *Menstrual hygiene, practices, Attitude, Female students, Kampala School of Health Sciences.*
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Background.

Menstrual Hygiene Management is defined as the practice of using clean menstrual material to absorb or collect blood that can be changed in privacy by women as often as necessary for the duration of the menstruation period. Every month, 1.8 billion people across the world menstruate. However, millions of these girls, women, transgender men, and non-binary persons are unable to manage their menstrual cycles in a dignified and healthy way (UNICEF, 2022). In many Sub-Saharan African communities, menstruation is associated with several taboos and myths, which makes it hard for adolescent school-going girls to properly maintain a hygienic body and also continue in school. Examples of taboos include perceiving women to be impure, unclean, or sinful while on their menstrual period (Derrick & Byron Kiiza, 2017).

According to a study (Anne et al., 2024) in West Africa, results showed the prevalence of positive attitudes toward menstruation, though some girls reported they felt impure or unclean. However, some girls reported poor body image, low self-esteem, and anxiety, which were found to be significantly correlated to negative attitudes towards

menstruation. Based on a study carried out in Rwanda by Indabire et al. (2022), the results showed that the overall menstrual knowledge among high school students was generally low and poor. There were five questions that less than 50% of participants answered correctly, they were: the normal interval between two menstrual cycles (30.6%), menstrual blood is unhygienic (31.3%), girls during menstruation experience fever (35.6%), headache (38.1%) and average duration of menstruation (48.2%). In Uganda, a study carried out at Kampala School of Health Sciences showed very good knowledge about menstrual hygiene. 80%) participants out of 50 participants knew about menstruation, (94%) considered disposable sanitary pads the ideal menstrual absorbent. (Twafuna, 2023).

This study, therefore, aimed at determining attitudes and practices towards menstrual hygiene among female students at Kampala School of Health Sciences.

Methodology.

Study design

The descriptive-cross sectional study involved the use of quantitative methods of data collection. This study aimed at collecting detailed information on attitudes and practices towards menstrual hygiene among female students. This design was preferred because it gathered information on what was happening in the past and present at one point in time.

Study area

The study was carried out at the Kampala School of Health Sciences in the Wakiso district.

Study population.

The target population comprised female students of Kampala School of Health Sciences in Buloba campus, Wakiso District.

Sample size determination.

Kothari and Gaurav (2014) defined sample size determination as the number of items selected from the universe to constitute a sample. The sample was calculated using Burton's formula (1975).

S= 2(QR)*O; where

S= required sample size

Q= number of days the researcher spent collecting data maximum number of people per day

O=maximum time the interviewer spent on each participant.

Therefore,

R=5 respondents Q=5 days

O= 1 hour

S=2(5*5) *1=50,

Therefore, the researcher used 50 respondents.

Sampling technique.

A simple random sampling technique was used to select samples from the source population. The technique was preferred because it ensured freedom from human bias, and each member of the target population had an equal and independent chance of being included.

Sampling procedure.

The total population was realized before the study commencement; small pieces of paper were written on by any member present, and each member was picked randomly to avoid bias among the members. Those with the first numbers were selected first until the required sample size was obtained.

Data collection method.

The questionnaire method was used to collect data because it is easier to collect data in the shortest time possible in a large population.

Data collection tool.

A self-administered, semi-structured questionnaire with both open and close-ended questions was designed to collect data from respondents. It consisted of English questions about attitudes and practices regarding menstrual hygiene management.

The questionnaire consisted of four sections which include; social demographic data, attitude towards menstrual hygiene and practices towards menstrual hygiene. This data collection tool was preferred because it is easier to collect data from a large population in a shortest period of time.

Data collection procedure

During data collection, permission was sought from Kampala school of Health sciences who granted the researcher permission to collect data. Before administering the questionnaire, the researcher with her assistants introduced themselves to explain the objectives of the study. After consenting, the sampling procedure begun with any female student and it continued until the required sample size was achieved.

Study variable.

Dependent variable.

The dependent variable of this study was menstrual hygiene among female students.

Independent variables.

The independent variables of the study were attitudes and practices towards menstrual hygiene among female students.

Quality control.

Pretesting of the research tool.

The filled questionnaires were checked for completeness at the interview site before leaving the place then submitted to the supervisor, ample time was given to the research participants. Pretesting of the questionnaires to find out any contradicting problems was done. Therefore, quality control was done to ensure accuracy and validity of the data collected.

Inclusion criteria.

The female students who consented and those who were present at the time of data collection.

Data analysis and presentation.

The analysis of the data collected was done manually using tally sheets and data systematically computed into frequency and percentage using findings to generate tables and figures for easy presentation.

Ethical approval.

The study protocol was presented for review and approval by the institutional review board of Kampala school of health sciences and approval for data collection was provided. Data collection letter was presented to the administration of Kampala School of Health Sciences.

Informed consent.

Written informed consent is sought from all study participants before enrolment into the study after a thorough explanation of the study objectives to them and sign. Confidentiality was maintained by the use of identification numbers instead of student names to get more reliable answers from the participants. Data was safely stored in a safety box under lock and key, only accessible by the researcher or research assistant. There was no psychological harm caused by asking very personal questions on menstrual hygiene management during the study.

Results of the study.

Social-demographic characteristics

Table 1: Shows the distribution of respondents according to their social-demographic characteristics. (N=50).

Variable	Frequency (f)	Percentage (%)
Age		
16-19 years	26	52
20-23 years	15	30
24-27 years	06	12
27-30 years	03	06
Total	**50**	**100**
Course		
Pharmacy	21	42
Clinical medicine	12	24
Medical records	08	16
Public health	09	18
Total	**50**	**100**
Religion		
Muslim	04	08
Catholic	18	36
Anglican	25	50
Adventists	03	06
Total	**50**	**100**
Tribe		
Muganda	18	36
Munyakole	12	24
Musoga	08	16
Mutooro	07	14
Others	05	10
Total	**50**	**100**

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Table 1 shows that the majority (52%) of the respondents were aged 16-19 years, while the minority (06%) of the respondents were aged 27-30 years. Basing on the study findings relating to the course of study, most (42%) of the respondents did pharmacy whereas least (16%) of the respondents did medical records In regards to religion, majority (50%) of the respondents were Anglicans while the minority (06%) of the respondents were Adventists. The study further revealed that most (36%) of the respondents were Baganda, whereas the least (10%) of the respondents belonged to other tribes like the Bagisu and Acholi.

Table 2: Shows the distribution of respondents according to their first reaction to first menses? (N=50).

Response	Frequency(f)	Percentage (%)
Happy	04	08
Discomfort	08	16
Scared	25	50
Emotional disturbances	13	26
Total	**50**	**100**

Table 2 indicates that 50% of the respondents reported that they got scared after having their first menses, while the least (08%) of the respondents reported that they were happy after having their first menses.

Figure 1: Shows the distribution of respondents according to whether they attend classes during their menses.

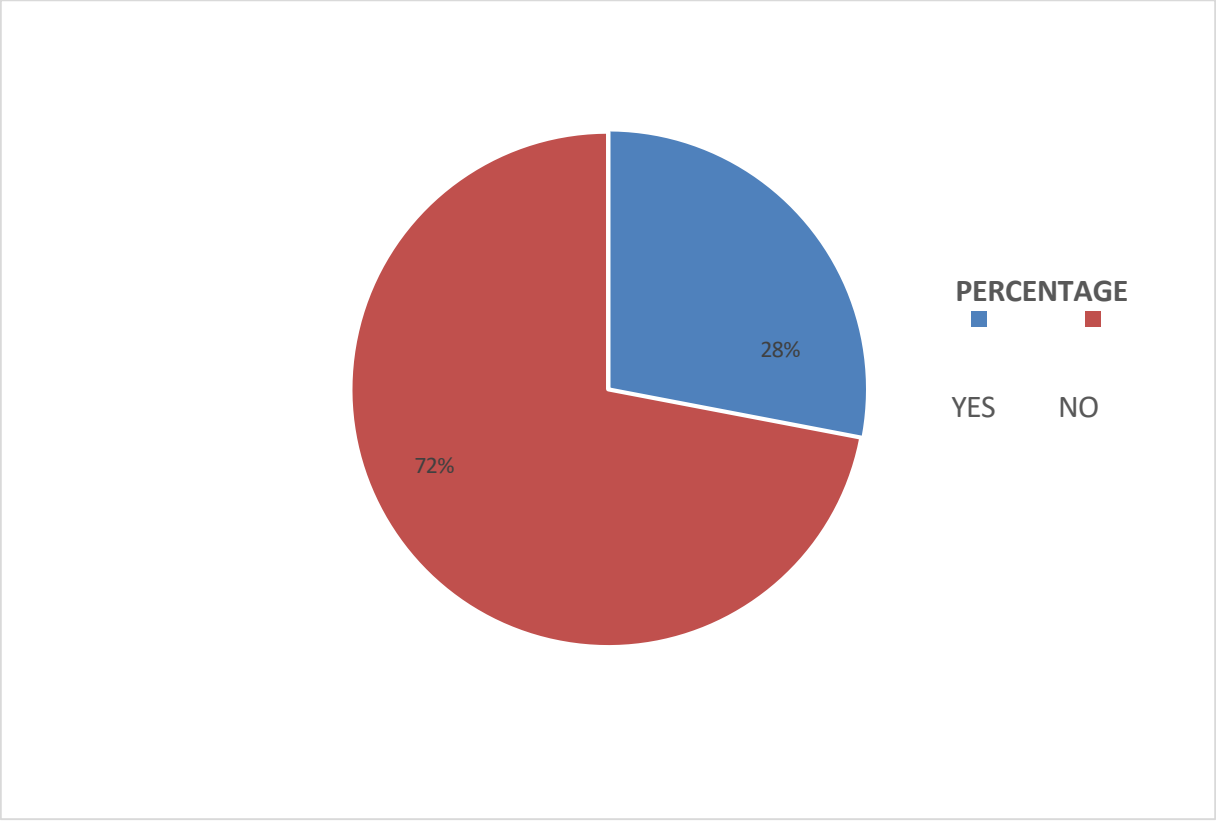

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Figure 1: shows that, majority of the respondents (72%) reported that they never attended classes during their menses while the minority of the respondents (28%) reported that they attended classes during their menses.

Table 3: Shows the distribution of respondents based on the reason why they did not attend classes during their menses. (N=36).

Response	**Frequency(F)**	**Percentage (%)**
Fear of unexpected bleeding	08	22.2
Lack of absorbent material	01	2.7
Presence of Menstrual Symptoms	20	56
The feeling of being Uncomfortable	07	19
Total	**36**	**100**

Table 3 shows that the majority of the respondents (56%) reported that they did not attend classes during their menses because of the presence of menstrual symptoms, while a minority (2.7%) of the respondents reported that they did not attend classes during their menses because of lack of absorbent material.

Figure 2: Shows the distribution of respondents according to whether they attend social activities during their menses? (N=50)

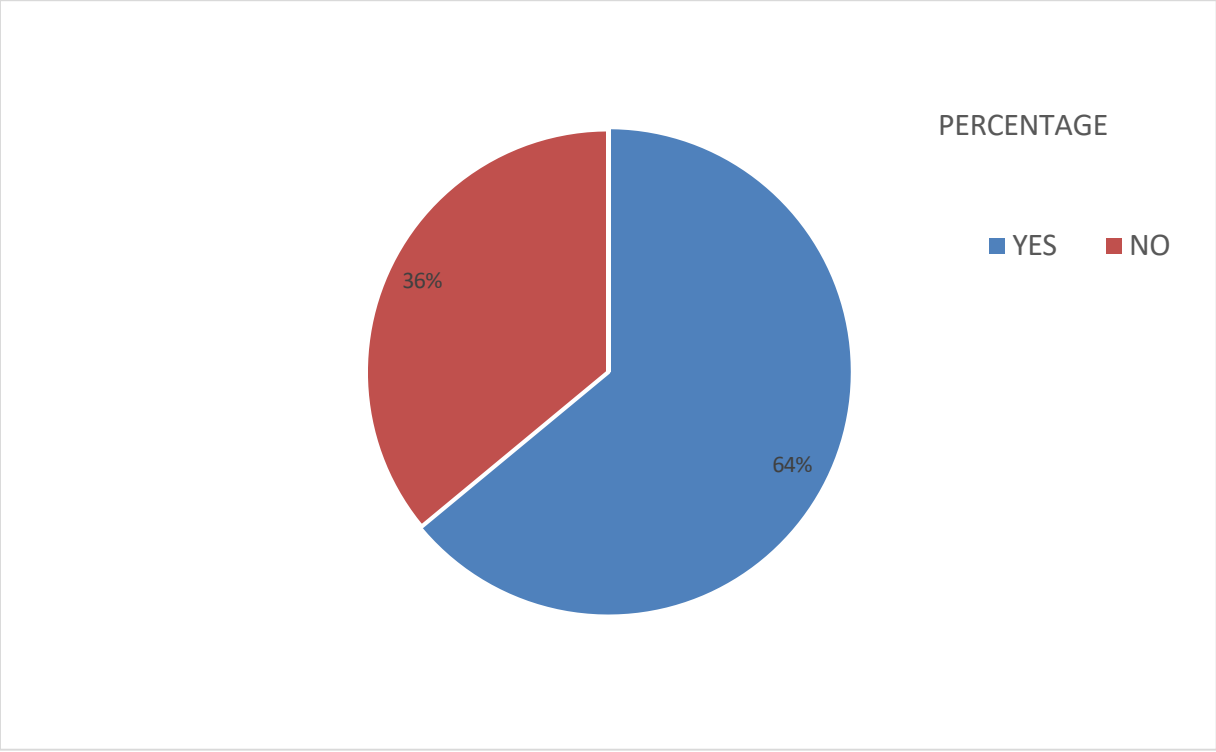

Figure 2 indicates that the majority of the respondents (64%) reported that they attend social activities during their menses, while the minority of the respondents (36%) reported that they do not attend social activities during their menses.

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Table 4: Shows the distribution of respondents according to how they feel when discussing menstrual hygiene management. (N=50)

Response	Frequency(f)	Percentage (%)
Shame	22	44
Uncomfortable	14	28
Discouraged	03	06
Comfortable	11	22
Total	**50**	**100**

Table 4: shows that, most of the respondents (44%) reported that they feel shame when discussing about menstrual hygiene management whereas least of the respondents (06%) reported that they feel discouraged when discussing about menstrual hygiene.

Figure 3: Shows the distribution of respondents according to whether menstruation is good for their health. (N=50).

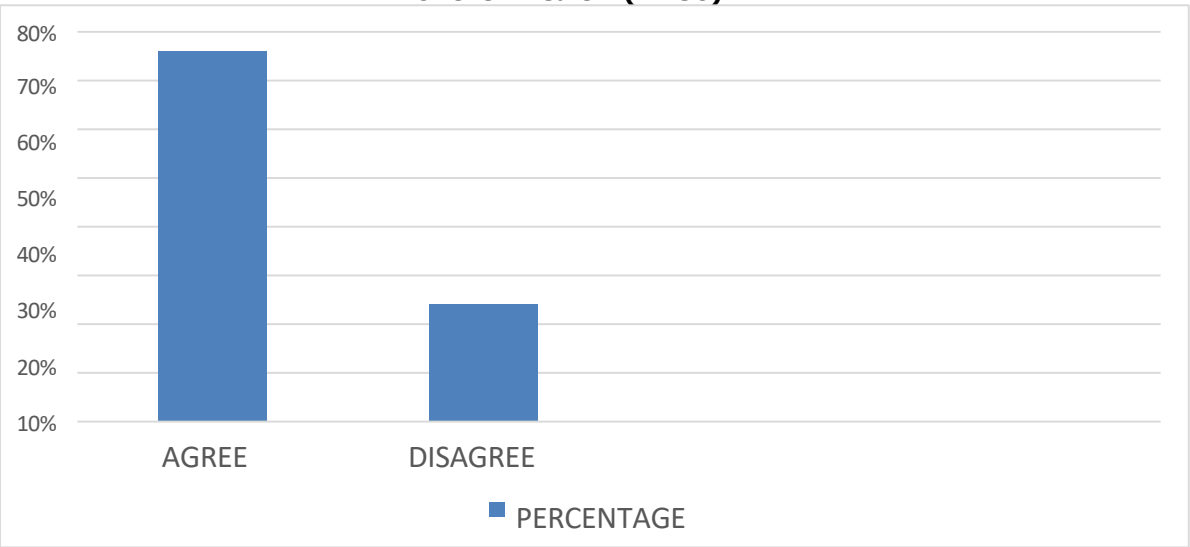

Figure 3: revealed that, majority (76%) of the respondents reported that menstruation is good for their health while minority (24%) of the respondents reported that menstruation is not good for their health.

Practices towards Menstrual Hygiene among Female Students in Kampala School Of Health Sciences, Wakiso District.

Table 5: Shows the distribution of respondents according to which absorbent material they preferred to use during menstruation. (N=50)

Response	Frequency(f)	Percentage (%)
Disposable sanitary pads	40	80
Reusable sanitary pads	06	12
Others	04	08
Total	**50**	**100**

Table 5, indicates that, majority of the respondents (80%) reported that they preferred using disposable sanitary pads

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during menstruation while minority (08%) of the respondents reported that they preferred using other absorbent material such as tampons during menstruation.

Figure 4: Shows the distribution of respondents according to how often they changed their absorbent material during menstruation. (N=50).

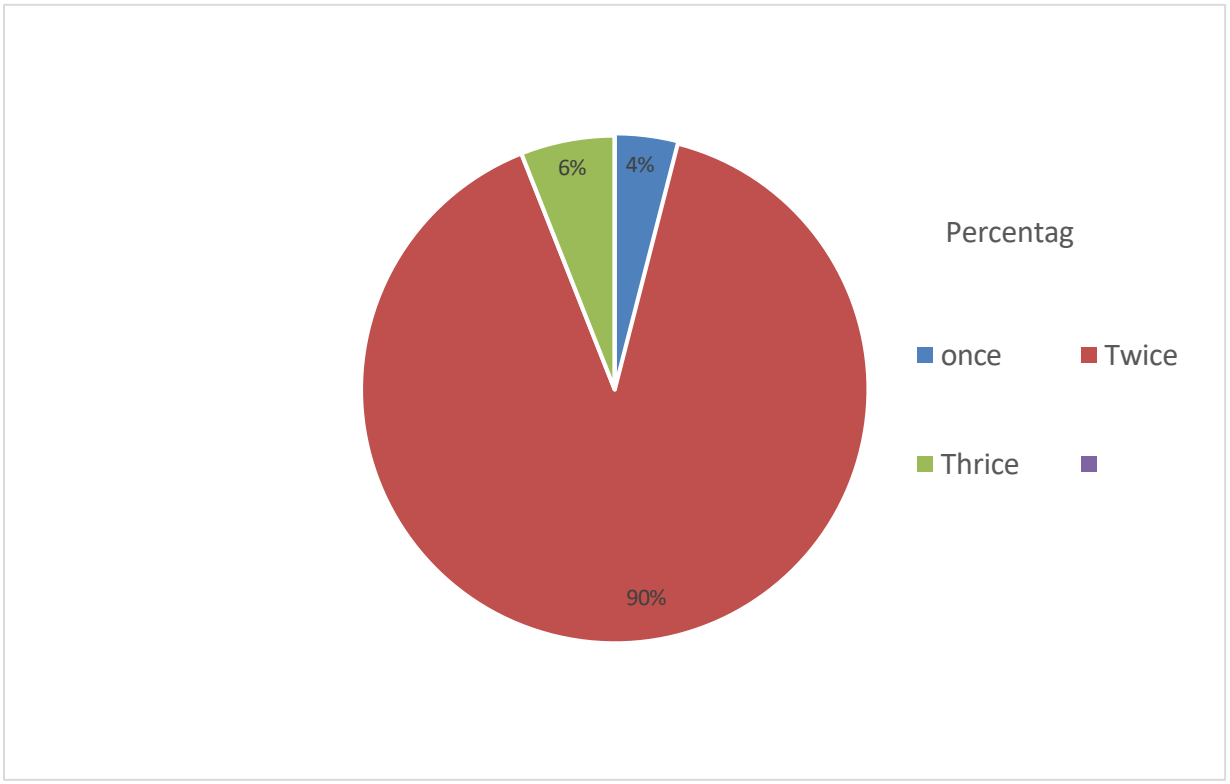

Figure 4, shows that, majority of the respondents (90%) reported that they changed their absorbent material twice a day while the minority (04%) of the respondents reported that they changed their absorbent material once a day.

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Figure 5: Shows the distribution of respondents according to how often they bathed per day during menstruation. (N=50).

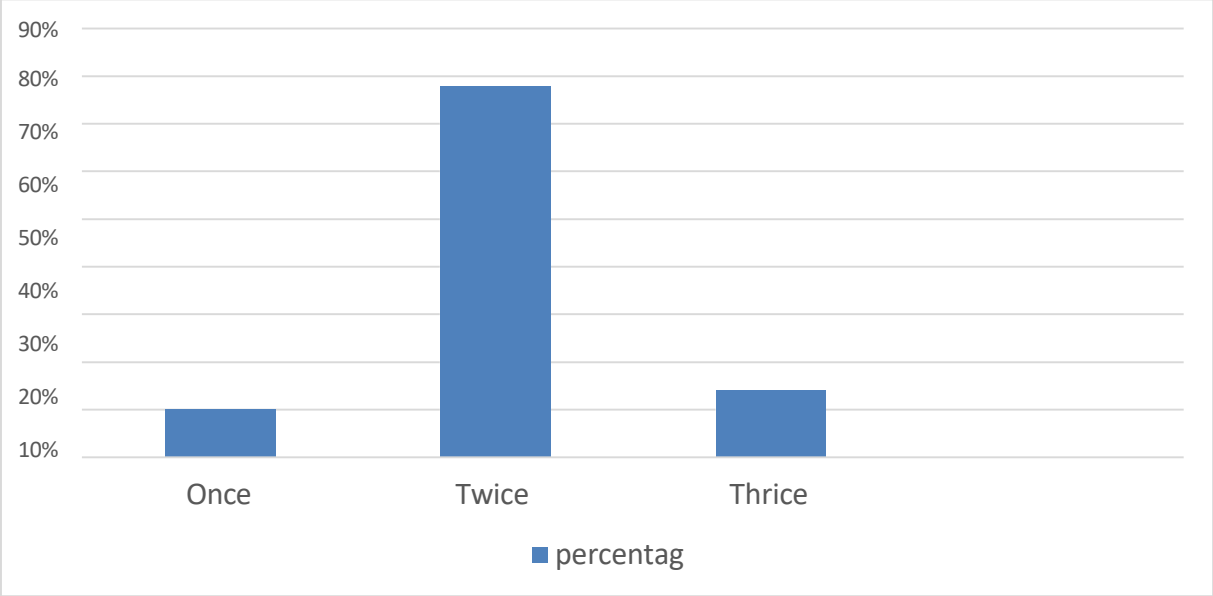

Figure 5: indicates that, majority (78%) of the respondents reported that they bathe twice a day during menstruation while the minority (10%) reported that they bathe once a day during menstruation.

Table 6: Shows distribution of respondents according to what they used to clean their genitalia during menstruation? (N=50)

Response	**Frequency(f)**	**Percentage (%)**
Water and soap	09	18
Water only	38	76
Toilet paper	03	06
Total	**50**	**100**

Table showed 6: shows that, majority (76%) of the respondents reported that they use water only to clean their genitalia during menstruation whereas minority (06%) of the respondents reported that they use toilet paper to clean their genitalia during menstruation.

Table 7: Shows the distribution of respondents according to where do you dispose of your used pads? (N=50).

Response	**Frequency(f)**	**Percentage (%)**
Dustbin	17	34
Drain	03	06
Toilet	30	60
Total	**50**	**100**

Table 7, indicates that, majority of the respondent (60%) reported that they dispose of used pads in the toilets while minority (06%) of the respondents reported that they dispose of their used pads in drains.

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Figure 6: Shows the distribution of respondents according to which type of wrapper they use to dispose of the used pads. (N=50).

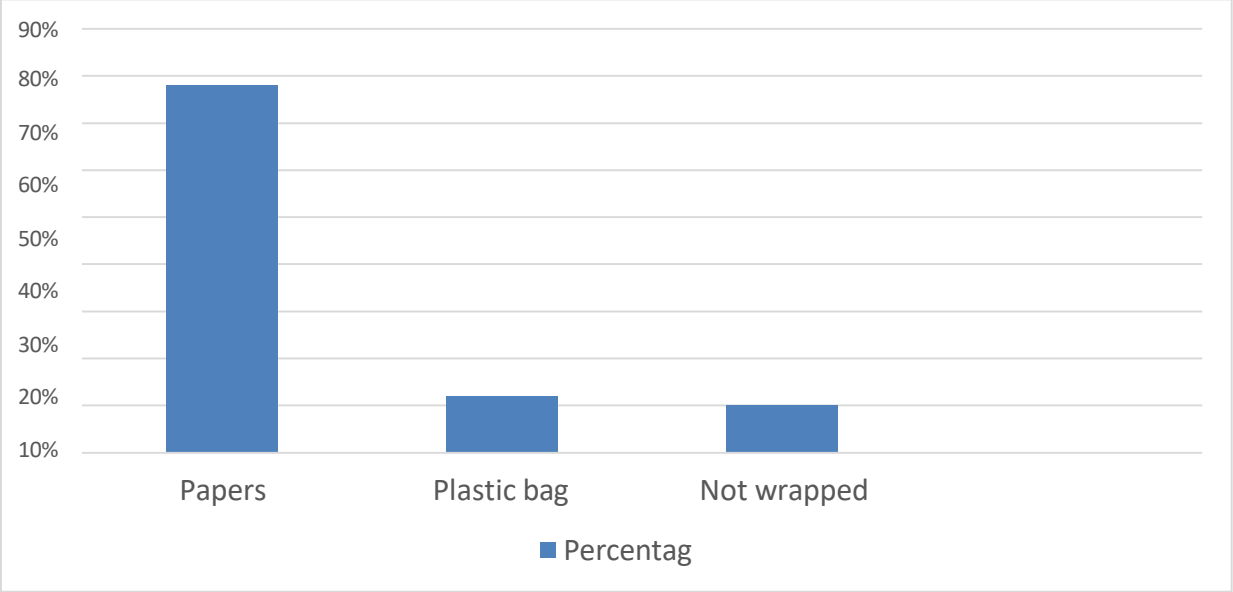

Figure 6 shows that the majority of the respondents (78%) reported that they use paper to dispose of the used pads, while a minority of the respondents (10%) reported that they do not wrap the used pads before disposal.

Discussion of results.

Attitude towards menstrual hygiene among female students.

According to the study findings, half (50%) of the respondents reported that they felt scared after having their first menses. This could be due to myths and beliefs related to menstruation. This was in disagreement with the findings obtained from a study carried out in India (Zoya,2019), which revealed that the majority (58.6%) of the respondents felt discomfort after having their first menses. More so, the study findings revealed that the majority (72%) of the respondents never attended classes during their menses. This could have been due to the social stigma attached to menstruation. These study findings agreed with a study carried out in Ghana (Akwasi, 2018), which revealed that 9 in 10 students missed school due to menstruation.

Interestingly, 64% of the respondents who participated in this current study reported that they attended social activities during their menses. This could be due to advertisements. This was in disagreement with a study carried out in 3 schools in Uganda (Indabire,2022), which revealed that 88% reported that they stayed away from other people, 75% stayed away from places of worship, and 87% stayed out of school. In addition, the study findings showed that 44% of the respondents reported that they feel ashamed when discussing menstrual hygiene management. This could have been due to social stigma. This was in agreement with a study done in Ghana (Akwasi, 2018), which revealed that 57.5% of the respondents said that menstruation is too shameful to discuss.

Lastly, the study findings showed that 76% of the respondents reported that menstruation is good for their health. Girls could have had health education about menstruation. This was in agreement with a study done in India (Jyoti, 2019), which revealed that 71.9% of the respondents reported that menstruation is good for their health.

Practices towards menstrual hygiene among female students.

Based on the above study findings, 86% of the respondents reported that they preferred using disposable sanitary pads. This could have been due to the convenience of disposable sanitary pads. This study is not in line with the study done in India (Ranjan,2023), which revealed that the Majority (60%) of the participants in the study used old clothes during their menstruation period. From the study findings, the majority (90%) of the respondents reported that they changed their absorbent material twice a day during menstruation. This was in agreement with a study done in Malawi (Enzler,2018), which revealed that 80% of the girls who had started menstruation changed their absorbents twice a day. Also, the study findings revealed that 76% of the respondents reported that they used only water to clean their genitalia, and the majority (60%) of the respondents

reported that they disposed of their used pads in the toilet. This could have been due to health education about menstrual hygiene. This was in disagreement with a study carried out in Kampala School of Health Sciences (Sherina, 2023), which found out that the majority (94%) of the females took a bath during their menstruation using soap and water, and (60%) disposed of their sanitary materials by burning.

Lastly, study findings also found out that majority (78%) of the respondents disposed off their used pads while wrapped in paper. These study findings were in line with a study carried out in India by (Jyoti, 2018) which found out that most (42.8%) of the participants disposed of their used pads while wrapped in papers.

Conclusion.

This study also revealed that female students had a fairly good attitude towards menstrual hygiene. This was evident because most respondents reported that they got scared after having their first menses, and also, more than half of female students reported that they never attended classes during their menses because of the presence of menstrual symptoms.

Practices toward menstrual hygiene among female students were generally good as it was evident that the majority of the respondents reported that they preferred using disposable sanitary pads during menstruation and most respondents also reported that they changed their absorbent material twice a day.

Limitations of the study and their solutions.

Some respondents did not reveal their true behavioral practices and knowledge towards menstrual hygiene in fear of criticism but the researcher ensured confidentiality.

The researcher faced financial constraints during the study.

Recommendations.

Kampala School of health sciences under the Ministry of health and Women Affairs to impact reproductive health education through training or workshops on menstrual hygiene.

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List of abbreviations.

KSHS: Kampala School of Health Sciences
LMICs: Low Middle-Income Countries
MHH: Menstrual Health and Hygiene
UNICEF: United Nations Children's Fund
WHO: World Health Organization.

Source of funding.

There is no source of funding.

Conflict of interest.

The authors declare no conflict of interest.

Availability of data.

Data used in this study is available upon request from the corresponding author.

Authors contribution.

PG designed the study, conducted data collection, cleaned and analyzed data and draft the manuscript and WA supervised all stages of the study from conceptualization of the topic to manuscript writing.

Authors biography.

Patience Gibutai is a student with a diploma in pharmacy at the Kampala School of Health Sciences.

Amiri is a research supervisor at the Kampala School of Health Sciences.

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