BASELINE SURVEY REPORT ON MENSTRUAL HYGIENE MANAGEMENT IN MASVINGO DISTRICT OF ZIMBABWE

Training in RUMP making for women in Masvingo District- 7/04/2014

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LIST OF ACRONYMS

BHASO	Batanai HIV and AIDS Service Organization
CHASTE	Child Hygiene and Sanitation Training Education
CEO	Chief Executive Officer
DA	District Administrator
DFID	Department of International Development (UK)
E.O	Executive Officer
FGDs	Focus Group Discussions
IGATE	Improved Girls` Access to Transformative Education
MDGs	Millennium Development Goals
MHM	Menstrual Hygiene Management
MoHCC	Ministry of Health and Child Care
MoPSE	Ministry of Primary and Secondary Education
MoWAGCD	Ministry of Women Affairs, Gender and Community Development
NAP	National Action Plan
NANGO	National Association of Non-Governmental Organizations
NGOs	Non-Governmental Organizations
OVC	Orphans and Vulnerable Children
PHHE	Participatory Health and Hygiene Education
RDC	Rural District Council
RTIs	Reproductive Tract Infections
RUMPs	Re-usable Menstrual Pads
RUDO	Rural Unity and Development Organization
SDCs	School Development Committees
SNV	Netherlands Development Organization
WASH	Water, Sanitation and Hygiene
UNICEF	United Nations Children's Fund
ZAOGA	Zimbabwe Assembles of God in Africa
ZCC	Zion Christian Church
ZFNPC	Zimbabwe Family National Planning Council

EXECUTIVE SUMMARY

Menstrual Hygiene Management (MHM) is an important gender issue. It affects about one-quarter of the global population, or about 1.8 billion women and girls of reproductive age (15-49 years). Cognisant of the facts, SNV is piloting a project aimed at improving the access to transformative education for the girl child in Masvingo district. One of the components in the pilot project is MHM, thus SNV commissioned a multi-pronged baseline survey to inform relevant and effective programming. The baseline survey documented knowledge, attitudes and community practices on MHM in Masvingo district. It investigated the impact of religious and cultural beliefs on menstrual hygiene, current community and school MHM programmes and challenges. The survey was qualitative in nature and employed methodologies of document analysis, Focus Group Discussions (FGD) and structured interviews for the purposes of triangulation. Participants to the survey included 4 churches, 13 NGOs operating in Masvingo, 8 public sector departments and 40 women that participated in FGDs. The findings and results confirmed the need for increased awareness initiatives on MHM in a bid to tackle inherent religious and cultural beliefs that are a barrier to effective holistic implementation of Water, Sanitation and Hygiene programmes in Masvingo district schools.

The survey revealed that menstruation and menstrual practices are still clouded by taboos and socio-cultural restrictions resulting in adolescent girls remaining ignorant of the scientific facts and hygienic health practices, which sometimes result in adverse health outcomes. Women and girls are often excluded from decision making and management at the household level, community level and very few participate in decision making at national level, hence some of the critical aspects of the lives of women and girls like menstruation receive minimal attention in the district. Menstruation in Masvingo district is surrounded by a culture of silence and denial of the seriousness of its consequences especially on the girl child at school. Deeply embedded power relations and cultural taboos persist; men in Masvingo find menstrual hygiene a difficult subject to talk about and they are not involved at all in its management. Lack of information, separate latrine facilities, menstrual hygiene products, poor management and disposal of these products further exasperates the situation particularly for girls in schools.

The survey further revealed that entrenched poverty in Masvingo district results in the use of unhygienic materials like rags, newspapers and leaves. Of major concern was the fact that girls were made to share the same pieces of cloth with their mothers and also to miss school during their menses. Findings point to the fact that inadequate MHM has adverse effects on the education of the girl child as it leads to poor class participation, lack of concentration and interactions with peers and teachers, low self esteem,

anxiety and the general feeling of being discriminated consequently contributing to poor performance by the girl child at school. The interplay of socio-economic status, menstrual hygiene practices and reproductive tract infections was highlighted. Girls in the rural communities are mostly affected by: inadequate preparations, lack of proper guidance and counselling,, lack of or inadequate water to clean and wash the body, lack of materials for managing menstrual hygiene, no private space and wash rooms and inappropriate facilities for disposal of materials for those who have used pads. Such an environment traumatises the girl child and reduces their propensity for proper development.

Recommendations to address the complex challenges of MHM in Masvingo district embraced intensive awareness raising, education and training, construction of girl friendly sanitary facilities, exploring and capitalization of local production of RUMPS (even at school level), more research especially targeting children living with disabilities and OVC. For effective and improved MHM, there is need to lobby government to provide an appropriate policy framework and to mainstream MHM within the school curriculum. A multi-sectorial approach to addressing MHM issues in Masvingo district is likely to provide for integrated and sustainable initiatives in the promotion of more holistic WASH schools programmes.

1. BACKGROUND

1.1 Introduction

SNV is an international development organization which provides advice to organizations in developing countries to strengthen their work in addressing poverty. Worldwide, the organization has a presence in 33 countries and works with 1,300 organizations in the continents of Africa, Asia and Latin America as well as in Eastern Europe. SNV is dedicated to a society where all people enjoy the freedom to pursue their own sustainable development. In Zimbabwe, SNV has three main programmes namely: Agriculture, Renewable Energy and Water and Water, Sanitation and Hygiene (WASH). The WASH sector has four projects, one of which is Menstrual Hygiene Management (MHM) which is run in partnership with Ethiopia, South Sudan and Uganda. In Zimbabwe, the MHM project will be piloted in Masvingo District where an in-depth WASH in schools mapping was done in 2012. Masvingo District's socio- economic status represents the situation in most Rural Districts in the Zimbabwe.

There is very little information on MHM in Masvingo, though there are a number of stakeholders that are currently carrying out WASH activities in schools. This study by SNV on MHM in Masvingo District is premised on this challenge-i.e. the lack of comprehensive information around the subject. MHM interventions in Zimbabwe. The pilot project ought to be well informed from the ground. The findings will provide baseline information that will be used for impact measurement. Some of the MHM survey baseline information was derived from surveys on WASH in schools, carried out by the IGATE project in 10 districts of Zimbabwe, namely, Chivi (Masvingo); Binga, Lupane and Nkayi (Matabeleland North); Beit Bridge, Insiza and Mangwe (Matabeleland South) and Gokwe North, Gokwe South and Mberengwa (Midlands).

1.2 Justification of Baseline Survey and Documentation

In Zimbabwe in spite of the numerous efforts meant to promote girl child education, like the Education Act, National Action Plan for OVC, Sexual Reproductive Health policy and the Health Act, MHM has not been given adequate coverage for it to be properly managed in schools. Zimbabwe is also signatory to the Convention on the Rights of the Child, Convention to Eliminate All Forms of Discrimination against Women and the International Covenant on Economic, Social and Cultural Rights mention reproductive and sexual rights, however, they also fall short of mentioning the important issue of menstrual hygiene. Lack of sensitivity of this sexual function in terms of intervention programs such as MHM, can create psychological and/or emotional scars that derail girls in realizing their full potential by regularly attending school thus contributing to failure to achieve MDG 2. The national response to WASH has been negatively affected by limited use of evidence. As a result, there has been an inclination to treat girls and boys as homogenous in WASH programming for schools, while not supported by accurate data. In addition, focus in the WASH sector has indicated gaps and less capacity in terms of rights based programming, while at the same time the effects on girls performance in school has not been related to challenges faced during menstruation.

The programme recognises that there are other Civil Society led programmes that are responding to WASH challenges in targeted communities nationally. The school and community-based MHM initiatives to be implemented in Masvingo, Matabeleland North and South and Midlands Provinces will, in part, be informed by the baseline findings.

In realizing set targets and impact, SNV will be guided by evidence based interventions in order to ensure ***Value for Money*** and effectiveness of approaches employed. Hence, the scope for baseline surveys and operational researches to give more concrete baselines and maximize impact of the MHM intervention.

1.3 Purpose of the Baseline Survey

The purpose of this assignment was to consolidate findings from various sources on MHM in Zimbabwe with a special focus on Masvingo District. The consolidated baseline report gives a global view of Zimbabwe's current issues on menstrual hygiene management and the specific issues to be addressed in Masvingo District. The baseline findings will form the basis for programme interventions based on the resultant recommendations.

Currently, information on menstrual hygiene is not comprehensive within the WASH Sector in Zimbabwe though there is acknowledgement that there are some organisations who have made some in-roads in working on menstrual hygiene management hence the need to document the findings so as to inform the sector to design relevant and rights based programmes. The consolidated baseline report will help in guiding program interventions to minimise challenges faced by girls during menstruation which will benefit schools, communities and families in menstrual hygiene management. Retrogressive cultural beliefs will also be exposed to allow for appropriate interventions in MHM. The baseline report was imperative for the provision of information and evidence on menstrual hygiene management, knowledge, practices and beliefs to provide a basis for measuring impact.

1.4 Objectives of the Baseline Survey

1.4.1 Identify and document MHM programmes and efforts by various stakeholders in Masvingo District and their impact.

1.4.2 Identify and document general community practices and knowledge systems in MHM.

1.4.3 Document cultural, religious and belief systems that impact on MHM.

1.4.4 Identify MHM related challenges faced by girls in schools.

1.4.5 Recommend sustainable and girl-friendly MHM interventions.

1.5 BASELINE METHODOLOGY

SNV Zimbabwe carried a baseline survey on Menstrual Hygiene Management with schools in Masvingo District- highlight the number of schools covered in 2012. Schools alone would not provide comprehensive data to allow for informed interventions on MHM. The current study brings in other critical voices and issues from the major stakeholders in the WASH sector (NGOs, CBOs and FBOs) r and Government Departments, the disabled persons and Women's groups (See list of participants in Table 1 below). The survey research design was adopted for this study. It was largely qualitative in nature and solicited for views, perceptions, beliefs and knowledge levels on MHM. Major stakeholders (public sector and NGOs) were targeted and these constituted Key Informants. These are both public sector departments, churches and NGOs operating in Masvingo District and having offices in Masvingo town with a few located in the outskirts of the city. (See table 1 below).

Table 1: Organizations and Departments participating in the study

Public Sector	**Non-Governmental Organizations/Churches**
Ministry of Education (MoPSE) Masvingo Rural District Council- C.E.O Ministry of Health & Child Care Zimbabwe National Family Planning Council Ministry of Women Affairs, Gender & Development Department of Social Welfare National Aids Council, District Administrator (DA) Rural District Council – E.O Projects	Care International Women`s Coalition of Zimbabwe BHASO, NANGO, RUDO, CARITAS Zimbabwe COTRAD Trust, ACTION FAIM Scripture Union, Zimrights, Capernaum Trust Christian Care, Red Cross, Dutch Reformed Church, Anglican church, ZAOGA, Zion Christian Church(ZCC) Disabled & other less privileged girls

1.5.1 Sampling Procedure

A convenient sampling procedure was appropriate in targeting the major players (public sector departments and NGOs). All stakeholders working with schools and directly or indirectly interacting with

the girl child and members of the WASH cluster in Masvingo were targeted. To this end, 8 public sector departments, 4 churches and 13 NGOs (local and International constituted key Informants. There are currently six church run schools in Masvingo Province. Of these, the study targeted 50% and these were selected on the basis of availability and willingness to discuss MHM issues. An additional church, ZAOGA was targeted because they were available and also the research team felt the study needed to capture views from the Pentecostal Movement in Zimbabwe. With the exception of Zion Christian Church, churches running schools in Masvingo were the traditional main-line churches.

Women groups in Masvingo urban and in Masvingo District (rural) were also targeted and constituted primary data sources. These were women drawn from community structures like WASH Committees, Village Health Workers, Child Protection Committees, Community Home Based Care Givers, School Development Committees, and Women's Coalition of Zimbabwe, Gender Focal Persons, District Aids Committees and some women from church groupings.

1.5.2. Focus Group Discussions (FGDs)

Data on the Menstrual Hygiene Management knowledge, awareness, attitudes, practices, beliefs expectations, impressions and/or anticipated challenges were collected through FGDs. The qualitative assessment utilizing FGDs sought to identity gaps; make recommendations for best modeling of the planned MHM intervention in Masvingo District and other selected Districts in other provinces of Zimbabwe. Furthermore, the consulting team identified different partners on the RUMPs model of Pads in Masvingo District and characteristics that were associated with outcomes of success or failure of new sanitary pads. FGDs were also be utilized to conduct a gender analysis in each ward. Each FGD session consisted of between 10 – 12 participants to allow for effective discussions and easy of control of the deliberations. In total 40 women were reached through FDGs. It was believed that all the women targeted dealt directly with the girl child both at school and in the larger community. Ministry of Women`s Affairs, Gender and Community Development and the Women`s Coalition of Zimbabwe mobilized the women on behalf of the Consulting Team. Masvingo Rural District Council through their local councilors also facilitated the mobilization of women representative in Masvingo District since they already appreciated the intensions of SNV in the district. Given the time constraints, it was difficult to target all women, but the representatives gave views that would be generalized over Masvingo District.

Discussions lasted between 1hour to 1 hour 30 minutes. Four FGDs were done in total. A FGD guide was used to give direction to the flow of the discussions (see Annex 1). A lot of probing ensured more salient issues were brought to the surface and that barriers to MHM communication were minimised as a result.

Data was collected over four days including data from Key Informant Interviews. The baseline survey utilized both qualitative and quantitative data collection methodologies to facilitate processing of baseline indicators of both types as much as possible. A gender sensitive approach was undertaken in order to facilitate analysis of the two gender views as far as possible with respect to MHM.

1.5.3 Face to Face In-depth Interviews with key informants (KI)

Secondary stakeholder views on MHM intervention and/or modeling of intervention, challenges that may be encountered, gaps and possible linkages and lessons learnt from their previous experiences were solicited through face-to-face interviews where possible, otherwise the tool was designed to allow stakeholders to fill in and write additional notes in an atmosphere where they would be free to express themselves on the subject of MHM. Efforts were also be made to collect data on stakeholder perceptions on the marketing of RUMPs in Masvingo Province and thereby soliciting their Buy–In. The interview guide (Structured Questionnaire) was designed to collect both qualitative and quantitative data to facilitate analysis approaches of both types accordingly. 30 out of the expected 40 individual questionnaires were administered over the entire data collection period. Some individuals were either not keen to discuss the subject of MHM or needed clearance from their heads of departments who were not in during the study period. Nonetheless, the number 30 was not only significant but the organisations and departments that responded were the very major stakeholder grouping.The FGDs and the Structured Questionnaire complimented each other in facilitating for improved validity and reliability of data collected.

1.5.4 Observations

The research team also employed observation as a tool in the study. Some reactions and attitudes among respondents presented around the discussions of menstruation by observing issues that had been raised in the FGDs and One-to-One interviews as being best practices or challenging cases. Observations of situations and activities helped to confirm what people sad in interviews (triangulation).

1.5.5 Literature Review

Secondary data was facilitated by literature review of the various Reports on WASH, MHM in Zimbabwe and the various reports from the IGATE surveys that were on-going in the proposed MHM project areas under SVN sponsorship in Zimbabwe during the study period. These were made available to the research

team by SNV. Other relevant literature was solicited from various journals and on-line publications in order to fully understand issues around MHM in schools and communities. A desk study (literature review) provided room for the triangulation of data and consolidated recommendations in this report. Published literature was used to establish validity of what has been said about MHM in comparison to what came out of the research.

The overall baseline survey was exploratory in nature and it provided for both quantitative (numbers or statistics) and qualitative (opinions, nature, extent of the problem, knowledge, attitudes and beliefs) data.

1.5.6 Ethical Issues

An introductory letter from SNV provided for an entry into the province and Masvingo District. All protocol was observed, with the District Administrator being the first port of call. Such an approach facilitated easy of movement in both the city and Masvingo district. The Baseline Survey team obtained informed verbal consent from all participants for all data collection participants: (FGDs and key informant stakeholders). All interviewees were assured of the confidentiality of the information that they provided. Individual interviews were conducted in private settings.

1.5.7 Data Analysis and Report Writing

Data from completed Structured Questionnaires, summary on FDGs, Individual data collected from primary stakeholders, In-depth interviews and literature review were processed both manual and using SPSS, and the analysis is provided in this comprehensive and detailed report. Graphical presentations (visuals) are also presented for value addition and easy of interpretation of some of the results. Data was collated, analyzed and synthesized ready for interpretation, discussion and conclusion drawing. This entailed reducing the massive volume of information, identifying significant patterns, and constructing a framework for communicating the essence of what the data revealed or in simple terms, organizing it, describing it, and categorizing it according to sources of verification or questions. This proved an invaluable exercise with the shared experiences facilitating the explanation and interpretation of the results, details of which are presented in chapter 3.

The relevant literature was assessed to check whether there was provision of MHM and understanding of differential perspectives, roles, needs, and interests of girls in Zimbabwe, including the practical and strategic gender needs and interests. The structure of the report takes the format prescribed by SVN with various additional format diversions to ensure all results were considered.

2. LITERATURE REVIEW

2.1 Introduction

The discourse on menstruation is cloaked in secrecy and negativity; in many countries it is associated with cultural and religious taboos, and is therefore completely neglected. This is also unfortunately the case in many Water and Sanitation and Hygiene (WASH) programmes. Inadequate Menstrual Hygiene Management (MHM) in communities perpetuates inequalities between genders that already exist to hamper the empowerment of women. If girls are missing education because of menstruation, this reduces their future career prospects. There has not been considerable research on Menstrual Hygiene Management and even programmes implemented by various actors on Sexual and Reproductive Health have been silent about the subject. The reaction to menstruation depends upon awareness and knowledge about the subject. The manner in which a girl learns about menstruation and its associated changes may have an impact on her response to the event of menarche.

Although menstruation is a natural process, it is linked with several misconceptions and practices which need to be demystified with factual evidence. Although poor sanitation is correlated with absenteeism and drop-out of girls in developing countries, efforts in school sanitation to address this issue have ignored menstrual management in latrine design and construction. Wider aspects of the issue such as privacy, water availability and awareness-raising amongst boys and men remain largely unexplored by development initiatives. Hygiene promotion efforts have recently initiated a focus on this area but mainly on the software aspects, i.e. telling girls and women about correct practices. These efforts do not currently target men and adolescent boys, nor do they systematically inform infrastructure design. Minimal effort has gone into production and social marketing of low-cost napkins, reusable materials, construction of appropriate WASH facilities and research on the topic.

With support from SNV, the Ministry of Primary and Secondary Education (MoPSE Survey, 2012, *not titled*) undertook a WASH baseline survey in 2012 that focused on the status of WASH activities in Masvingo District. The survey covered availability, functionality, adequacy, utilisation, state, and maintenance of WASH infrastructure in Schools. The survey also addressed menstrual hygiene management issues specifically although its investigations were limited to school girls, teachers and School Development Committees (SDCs). The baseline report provides valuable information on the knowledge, attitudes and challenges of MHM interventions in the district. The survey identified gaps in terms of hygiene management in schools in general; it revealed that most schools were not enforcing

cleanliness of WASH facilities resulting in spoiled toilets due to irregular cleaning. Whilst WASH lessons were already part of the school curriculum, there were challenges in terms of standardization in the curriculum resulting in either different contextual assimilations of the content or possibility of some WASH topics being completely neglected since they are offered under different subjects (Social Studies, Environmental Studies and Home Economics). The teaching is handled by different tutors, creating a possibility where everyone ends up assuming someone has addressed the topics in their subjects. On a related finding, teachers in Masvingo are inadequately equipped to implement the mainstreaming of MHM. The majority of them in-charge of MHM, reported that they felt inadequately capacitated to handle the program and to effectively deliver the MHM education to students (MoPSE Survey, 2012).

Furthermore, the study pointed to the inability of schools to provide appropriate sanitary ware for girls and pain killers for those girls who experience dysmenorrhea resulting in some girls choosing to absent themselves from school during the times when they are menstruating to avoid the associated loss of self esteem, discomfort and stigma from their schoolmates. Pelamutunzi (2013) claims that some girls even hide in the bush during the entire period of their menstruation and walk back home after school hours, fooling their parents/guardians to believe that they were regularly attending school. A substantial number of schools in Masvingo District do not have their water sources within 500m, thereby negatively impacting on menstrual hygiene in terms of washing blood spoiled hands, washing blood spoiled pads, blood stains on underwear and uniforms (MoPSE Survey, 2012).

2.2. MHM, Gender and Human Rights

Women and girls make up 50 % or more of users of WASH services and are de facto water and sanitation managers across the world. However, water, sanitation and hygiene services ignore their practical needs as regards water and space for washing and cleaning the body, material for absorbing menstrual blood and facilities for proper disposal of used materials so that women can manage this biological function with safety and dignity. The Platform for Action developed at the United Nations Fourth World Conference on Women reaffirmed that all human rights - civil, cultural, economic, political and social, including the right to development - are universal, indivisible, inter dependent and interrelated, as expressed in the Vienna Declaration and Programme of Action adopted by the World Conference on Human Rights. The Conference reaffirmed that the human rights of women and the girl child are an inalienable, integral and indivisible part of universal human rights. The full and equal enjoyment of all human rights and fundamental freedoms by women and girls is a priority for Governments and the United Nations and is essential for the advancement of women. The World Conference on Human Rights reaffirmed clearly that

the human rights of women throughout the life cycle are an inalienable, integral and indivisible part of universal human rights (www.wssinfo.org/MENSTRUAL-HYGIENE-MANAGEMENT)

The International Conference on Population and Development (1994) reaffirmed women's reproductive rights and the right to development. Both the Declaration of the Rights of the Child [31] and the Convention on the Rights of the Child [11] guarantee children's rights and uphold the principle of non-discrimination on the grounds of gender. Even though these various conventions and linked action plans, elaborate on women's sexual and reproductive rights they fall short of explicitly naming menstruation as one of the most stigmatized, silent and socially constructed silent curses that plague a third of the world's population throughout the developed and developing world. The recognition of difference and diversity is fundamental to guaranteeing the enjoyment of full human rights. Menstruation is the natural monthly occurrence in healthy adolescent girls (with the onset occurring anytime between the ages of (8 and 16) and pre-menopausal adult women, resulting in about 3000 days of a menstruation in an average woman's lifetime. The neglect of menstruation and its implications for the dignity, health and safety of the girl child especially at schools is increasingly well documented (www.sswm.info/.../*menstrual-hygiene-management*, 2011).

Menstruation in Zimbabwe and globally restrict mobility, freedom and access to normal activities and services for girls. Menstruating girls are considered impure, unclean, and unfit for the public sphere and are often isolated during this period. Sanitation and hygiene facilities conception and design in most schools completely ignore this very real need of girls to manage menstrual discharge. Girls fall behind in their studies, are unable to learn due to abdominal pain and MHM related stress and often eventually drop out or do not continue to secondary school as the onset of puberty and changes in their bodies are unmatched by facilities and a conducive environment. The obligation to care for the girls whilst they are menstruating just like many household chores and health concerns is left with women whilst men and boys are not even supposed to know that a girl is menstruating and the health issues that come with menses are negated to the extent of affecting the well being of the child and eventually their performance at school.

Stigma around menstruation and menstrual hygiene is a violation of several human rights, most importantly of the right to human dignity, but also the right to non-discrimination, equality, bodily integrity, health, privacy and the right to freedom from inhumane and degrading treatment from

abuse and violence. The gender–unfriendly school culture causes some girls to absent themselves from school and since they get left behind and there is no equal opportunity, this is tantamount to gender inequality (www.wsscc.org/resources/.../*menstrual-hygiene*-and-*management*...*girls*).

2.3 Menstrual Hygiene Management in Schools

84% of the schools in Masvingo District have teachers providing MHM guidance and counseling to girls. The concern however, is that of that number, 50 schools have male counselors in charge of MHM. Literature clearly points to a lack of careful gender sensitivity in the planning and implementation of interventions because menstruation is a natural process that is sex specific, culturally surrounded by secrecy away from man and not a simple perceived role where men can be internalized to manage (MoPSE, Survey, 2012). The designation of male teachers as MHM counselors is likely to fail, taking into account that discussing menstruation with men is a cultural taboo, let alone by a lay male teacher who is likely to be chosen for the timetable convenience. Hence, there is no doubt that such arrangements shuts openness by girls, creates a barrier to gain knowledge and compromises the delivery of effective education on this subject. Instead, such an approach can result in unintended outcomes whereby unusual relationships develop between girls and male teachers (Piper, 2011). Not all male teachers can administer such programmes; there is also need for capacity building for teachers on MHM.

A large proportion of schools (83%) in Masvingo District reported that some girls missed school due to menstruation. Only 25% of schools had backup sanitary pads for emergency purposes and similar proportion of schools offered medication for period pains. This clearly means that about 75% of schools in Masvingo District do not have sanitary pads for emergency purposes and do not offer pain killers for girls suffering from dysmenorrhea thereby leaving girls with very little reason to be at school during their menstruation days (MoPSE, Survey, 2012). The aspect of inadequate preparations for MHM is also highlighted in the baseline survey by Mtigwe et al (2014) who contends that:

"There were no health material kits such as first aid boxes, sanitary pads, soap, cotton wool and other necessary tools, to better equip the health teachers and help them discharge their responsibilities effectively. Finally, there was no syllabus for health teachers to follow, if they taught anything on health issues. They tended to simply teach anything around environmental health issues."

These findings tally with Shangwa's (2011) study findings in Zimbabwe that included Chikarudzo Secondary School in Masvingo District. Hence, girls are likely to be affected in similar ways in all other areas in Zimbabwe. It is commonly believed that a lack of separate and specialized sanitary facilities and

easy access to water in schools is very critical for the girls who start to menstruate or are menstruating. To manage menstruation hygienically, it is essential that 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. According to Mtigwe et al (2014) there are no hand-washing facilities at rural toilets and this presents a major challenge for girls during their periods to the extent that some would rather stay home altogether, until after their periods are over.

Shangwa (2011) also pointed out that lack of water for washing hands or spoiled uniforms and privacy for changing pads in the design of "Blair" toilets that have no doors and cannot prevent other girls entering whilst the other girl is still changing her pads that are most common in rural schools in Zimbabwe. Muduma (2014) also indicates that the school latrines are not fitted with doors to ensure adequate privacy if one has to change pads. In the MoPSE Survey (2012), 88% girls confirmed the need for privacy and doors in improved toilet facilities. The majority of girls were not happy with the current state of the Blair toilets as it provided no privacy during menses.

Menstrual related absence from school results in a girl losing out 528 days of schooling across the years that a girl should be in school. Consequently, these results in lost opportunities for these girls and the beginning of differences affecting their economic and social standing compared to boys. Shangwa (2011) cited the following as the main reasons for girls to opt for missing schools during menstruation:

- Use of inappropriate cloth during menstruation and the resultant stigmatization and embarrassment in case the unsecured cloth falls off on the ground. Physiological changes such as pimples, period pains and mood swings, embarrass girls to attend school
- Lack of sanitary pads because many girls cannot afford them.
- Those girls without pants find it difficult to attend school since they will definitely spoil their uniforms and encounter stigmatization and embarrassment at school.

2.4 Materials used by girls during menstruation

Girls use a wide range of materials during menstruation and these include pieces of cloth (25% of schools), pads, cotton wool and pieces of cloth (17% of schools), pads (13% of schools), with most categories including pieces of cloth, showing that girls use inappropriate materials for trapping menstrual blood during their menses (MoPSE Survey, 2012). Old pieces of cloths, tissue, old newspapers and cotton wool were materials identified by girls as common materials in use in their communities (Mtigwe et al

2014). Shangwa (2011) posits that the majority of girls in Zimbabwe use inappropriate materials that compromise their health. A Feasibility study on the Establishment of Sanitary Products Manufacturing Units in Gokwe, Mt Darwin and Chipinge Districts in Zimbabwe portrays a similar picture even in districts endowed with cotton MoWAGCD, (date unknown). It is morally wrong and a violation of the girl child`s health and sexual rights to have to use inappropriate materials especially in cotton producing areas of Zimbabwe. Similar findings are noted in the SNV IGATE Report (2014) which provides additional evidence that the use of inappropriate materials during menstruation is not only a common feature in Zimbabwe but has contributed to increased health challenges for the girl child. The report notes the following by way of challenges around MHM in Zimbabwe.

- There are four NGOs (CAMFED, HEFO, Save the Children Zimbabwe and Code 8) that have had programs with a menstrual hygiene component and only two of them (CAMFED and HEFO) are currently operating in Zimbabwe.
- 20% of rural primary school girls, that menstruate, do not attend school while they are on their periods.
- 72% of rural primary school girls, that menstruate, do not use sanitary pads.

Major gaps and challenges exist within the schools WASH programmes as they do not prioritize MHM interventions. As long as MHM issues are not mainstreamed into these programmes, the WASH programming lacks a holistic approach altogether and there is need to further interrogate these programmes to find sustainable and girl-friendly and rights based approaches and interventions.

Most women consider affordability, availability (convenience) and quality (comfort) in their decision of which sanitary products to use. 55% of women indicated that they used cloth, 5% used tissues or newspapers, and 4% used homemade pads (MoWAGCD, (date unknown). All of these are non-conventional sanitary products, yet they remain commonly used by many women and girls in Zimbabwe. The main reason cited by women for using non-conventional sanitary products conversely, unaffordability (47%), while other women cited lack of knowledge of conventional sanitary products (28%), discomfort (15%) and unsuitability (9%). Unaffordability clearly stands out to be a hindrance/barrier in the use of conventional sanitary pads for many girls and women who coincidentally belong to low income households that also are characteristic of the majority of households in Masvingo District and Zimbabwe in general.

According to Shaggwa (2011), girls mainly in peri-urban and rural areas use cloth rags, socks, leaves, old panties, newspapers and ribbons to hold the cloth together as a means of protecting their uniforms during

their menses. The challenges with these is that the girls develop bruises as a result of walking whilst wearing these cloths between their legs and these bruises are painful and makes the girls uncomfortable. Given the above sad scenario, the intended institutionalization of the low cost Reusable sanitary pads commonly referred to as "RUMPS" in the MHM program stands to have a greater and long awaited cost comparative advantage over all the usual conventional sanitary pads that are available in Zimbabwe. This intervention is likely to appropriately assist girls in Masvingo to gain self esteem and attend school during their menstruating days without emotional stress that can be caused by using non-conventional sanitary pads. Furthermore, the majority of women indicated they preferred the product because of better quality and comfort while other women mentioned convenience of buying and affordability. However, this study did not further consider analysis of preferences for both types of pads as a combined proportion yet it gives a preference for pads an upper edge over cotton wool. All these are attributes that are associated with the design and cost of RUMPS that is intended to be marketed in Masvingo District; hence, it provides an opportunity for these new RUPMPs if these findings are carefully tapped on.

The marketing of RUMPS and ensuring strong Buy-In for their local production buy women and youth groups stand a high chance to succeed as an intervention in Masvingo District since this product bears same factors that menstruating girls and/or women consider important when choosing sanitary pads to use or buy. It is also naturally rational for low income households to consider buying pads as last in their list of priorities in preference to food items. RUMPS are also likely to be appropriate for the majority of economically disadvantaged girls and girls with disabilities and lead to girls improved school attendance, lifestyles, with long lasting impact, corrective of future gender iniquities. RUMPS are not really a new concept in Zimbabwe. Shangwa (2011) notes that Lubancho and Hwange AIDS Network piloted reusable pads from December 2010 that they used to supply orphans and other vulnerable children when they were not able to access funds under National Action Plan for Orphans and other Vulnerable Children (NAP for OVC). This intervention proved that this type of pad was far much cheaper compared to cotton wool and a $1 could make 10 reusable pads that were re-washable and could be used over four months or more on average.

2.5 Sources of MHM information

More than half (52%) of the girls said schools do not offer specific lessons on menstrual hygiene management. If they did, it was only through structured content in Biology and some content subjects like Environmental Science. For most girls (6%), their source of information about menstruation and menstrual hygiene comes from outside the family structure and in particular from their teachers (Mtigwe et al, 2014). 97% of the girls who attended MHM lessons at school said they found them to be useful,

while (40%) indicated that lessons were left to class teachers who many a time proved non-committal to the teaching of MHM. While 36% girls pointed to senior teachers as the custodians of health issues and the teaching of MHM, 16% indicated that the subject was left to health masters/resses to handle and provide guidance and information. The presence of the health master in schools was acknowledged by 60% of the girls. 86% of the girls cited mothers as the dominant source of advice on MHM to the girl child (IGATE Summary Report, 2014) Otherwise, there is very limited source of information on MHM for both the menstruating girls and the boy-child as well, hence stigma issues arise.

2.6 Menstrual Hygiene Management and School Attendance

On average girls are absent from school for three days every month due to either period pains or heavy flows which are difficult to contain while at school. Considerable productive time is lost for the girl child, further compromising her education and later development in life.20% of the girls miss school due to period pain while 62% miss due to lack of pads. That is quite a considerable number. The remainder 26% miss school due to heavy flows during menstruation. The productive time lost and the educational value the girls lose present a serious humanitarian challenge that needs the attention of government, communities, NGOs and individuals. Over 62% miss school for not more than two days, while 28% miss for more than two days but less than four days. 10% miss out on school for four days or more. Another challenge contributing to girls not attending school during their menstruation was highlighted by Mtigwe (2014) who indicated that as much as 5% of rural girls have no underwear in the first place and therefore are not in a position to wear sanitary pads. Muduma (2014) confirms the aforementioned as he states:

"Girls mentioned the lack of suitable pants and pads for use during menstruation periods. When the girl does not have pants that can hold the pads firmly in place, she is likely to miss school for fear that the pads will fall out while at school attracting ridicule from peers. Girls then tend to withdraw from active participation to guard against any mishap."

80% of the girls indicated they would use RUMPS, an indication that the majority were not happy with what they termed `homemade materials` in their current quality. The issue of improved sanitary facilities to accommodate menstruating girls was well received with the majority of women suggesting there should be a lot of training and education to compliment the initiative.

2.7 Water as a critical component of MHM

Zimbabwe's supply of water in-so far as that water can be said to be safe and drinkable is insufficient to meet the needs of the population.Many families, particularly those in rural areas, are forced to use polluted non-potable water. In certain remote areas of the country, they are obliged to travel great distances in order to gain access to water that is fit to drink. These deficiencies impact the health of children in various ways. Schools have not been spared from this challenge. In most schools, either there are no boreholes nearby or there is no water close to the toilet facilities in most schools. 63% of the girls complained of water sources that are outside the toilet unit, while 43% do not wash hands while at school, for various reasons including the non-availability of water or the unfriendly sanitary facilities. 44% of the girls pointed out that water was not always available in the school hand wash facilities, a status that posed challenges for menstruating girls, who then opted not to come to school at all. 84% of the girls interviewed said their schools had no hand wash facilities while 82% of the girls with hand wash facilities indicated the non-availability of soap in such facilities (MoPSE Survey Report, 2012).

2.8 Sanitary Material Disposal Challenges

According to MoPSE (2012), most sanitary pads are disposed in toilets during school times, hence, the practice worsens the already almost filling up toilets and creating a health hazards in terms of flies and compromised hygienic habits. According to MoWAGCD (date unknown) some of the disposal practices include burning, wash and throwing into bins and burying. In some instances the girls put used materials in plastic bags, tie them and carry them home due to cultural beliefs that dictate that somebody`s blood must not be seen for fear of witchcraft. In few instances, sanitary wares were washed and re-used until the end of the cycle (www.wsscc.org/resources/.../*menstrual-hygiene*-and-*management*...*girls*). According to the MoPSE there are few boarding schools that use incinerators to dispose of used sanitary materials. Literature also points to the fact that others flush used absorbent materials in water borne systems which periodically cause blockages of toilet and sewer systems

2.9 MHM and Disability

While no organization working with people with disabilities was reached by this study due to non-availability, people living with disabilities were reached through FGDs and Key Informant Interviews (KI). The KI was a Senior office in the Department of Social Welfare, while the other was a member of Women`s Coalition of Zimbabwe. According to these two key participants in the study, the visual impaired girls could not easily realize they have spoiled their uniforms and in most cases they were ridiculed by not only boys but able bodied girls resulting in some of them absconding from school and

developing inferiority complexes. The other challenge was in the materials they used, some could not afford just like OVCs, and some could not adequately observe hygienic practices. Disposal also presented challenges for people living with disabilities in that they would need assistance from those able bodied. Other children shunned them because they were considered a burden. It was reported that faced with such challenges some parents went to extremes, for example a mentally retarded girl had her womb removed so that she would not continually mess herself whilst she was menstruating. It is evident that most of the rights of such people were violated even from the home environment. There is need for well thought out and designed MHM programmes that will cater for this disadvantaged group of people.

3. DATA PRESENTATION, ANALYSIS AND DISCUSSIONS

3.1 Introduction

The study was mainly a survey research design and used both qualitative and qualitative analysis tools to interpret and find meaning from collected data. 'What are the participants saying and doing Menstrual Hygiene Management?' sums up the essence of data presentation, analysis and discussion. Content analysis involving data reduction and refinement, as well as describing and analyzing the coded information for further discussion and interpretation, was the basis for data presentation and analysis. Raw data and information gathered from fieldwork were processed using the scientific tools of inductive and deductive analysis and criticism into higher-order constructs for further interpretation.

3.2 Data Presentation

Guiding indicators for all the four study methods (structured interviews, literature review, FDGs and observations) and the two groups of respondents were determined before the administering of the questions to guide the data collection process. Gathered data is presented in tables, graphs tables in order to appreciate a visual comprehension of results. In some cases, responses were converted to percentage in order to establish frequencies and variations. For Literature Review (Desk Study) a whole chapter has been set aside for in-depth understanding of current situation, interventions and gaps and challenges. The whole of chapter 2 presents results from Desk Study of literature.

3.3 Results and Findings

The tables and figures that follow present the findings from different sources of verification. Firstly, the data was refined, aggregated and categorized more accurately, frequencies determined where applicable and open response text included supporting criteria. Since the questions had been pre-coded, data reduction proceeded quite smoothly. It was also by and large an o-going process soon after field work while events were still fresh in the mind. Procedurally, an element of the open response text was accepted only once, according to `best fitness`. Although the answers varied, they mainly fitted with the questions such that few problems were experienced during final coding. Details tabulated in Tables 1and 2 indicate aggregated responses to a given question. Absolute frequencies (actual number of occurrences) are only done for interviews, while the rest show relative frequencies (the occurrence of different events).

Table 2: Results from Focus Group Discussions

Sources of Verification	Responses
Perceptions and signs of menstruation stage	• Beginning of puberty/maturity • Breasts become bigger, develop pimples, big hips, stretch marks on legs, some become lighter in completion, and some menses are painful. Hairy arm pits, odour • The body is ready to reproduce • Lack of hygiene messing of toilets • 8-15years start early because of type of food they eat.
Religious, cultural beliefs and practices, myths on menstruation	• Not allowed to cook • Not allowed to fetch water in the stream, or bath with running water in the stream • Considered dirty not to go to church • Don't mix with males • Don't sleep with boys you will become pregnant. • On the first menses there is a particular person assigned to clean the blood if ritual is not followed that person will not bear any children. • Men should not see that the girl is menstruating non observance leads to abuse. • Blood stained materials should be disposed/dried privately to avoid witchcraft. • Cows should not step on the blood from menses otherwise they won't produce milk. • Depends on "msana wamai" (depends on mother`s genes) • Belief only traditional healers can cure dysmenorrhoea • At home they tell mothers or friend, at school boarding mistress, senior lady teachers (depends on nature of the relationship)
Hygiene practice, materials used and disposal mechanisms	• Bathing • Change pads regularly, dry pants or else they will smell • Wash and dry the old rags, few iron them. Wash and reuse • Napkins • Proper disposal • Wrap in plastic paper. Tie and throw in a bin • Throw into Blair toilet, it blocks flash toilets • Burn • Throw on roads • Dig and Bury, some throw in holes • Old clothes, rugs cause discomfort and bruises and infections • Cotton, pads, tampons for those who can afford.
Is Menstrual Hygiene Management for the girl child an issue in your communities? Why?	• Inadequate water to observe hygiene during menstruation and also to wash the pads. • Some take time to dispose pads after the cycle
Availability and Affordability of sanitary ware	• Available but costly • Not affordable due to poverty

	• Not prioritized rather buy food
Knowledge and views on RUMPS	• No knowledge of RUMPS • Questions on RUMPS-Are they sterilized? • Cultural beliefs may interfere with drying –materials to be dried in private. • They are better than rags because they stick to the pants. • Very good and cheap
Sources of MHM information	• Mother, aunt, lady teachers, church women, guardian • Schools, parents, health clubs, clinic, CBO-Regai Dzive Shiri
Accessibility and role of Health facilities in MHM	• Even accessible some girls do not want to visit for fear of stigmatization that they may be using family planning methods. • Few indicated that they are accessible • Accessible but play no role • They provide education • Very far-you go only when you are seriously ill-
MHM programmes in schools, their effectiveness and role of parent community	• Some schools have MHM programmes • Content and science subjects include MHM. • No MHM specific programmes • Some schools keep pads, jik and soap • Challenge-water sources are outside • Scale up programmes already there. • Women who have been trained on RUMP making to go and teach in schools. • Parents no role.
Effects of menstruation on the girl child education/What can be done about it?	• They miss out on school; they are shy to interact with other children especially boys. • Child's mindset changes they become anxious and fearful • Discrimination affects performance of the child. • Low self esteem as they are mocked • Some mess their clothes • Some do not have money to buy pads • Period pains • Does not participate in recreational activities. • Educate them on rumps and carry them to school. • They tie jerseys on top of their uniforms • Need to prepare/train/educate the child. • Educate both boys and girls • Schools to provide pain killers and sanitary ware • School Development levies to set aside funds to purchase sanitary ware.
Gaps in MHM and possible redress interventions	• Water challenges • Limited education • Extended family no longer functional • Awareness programmes, intervention approaches to take into account age levels. • Education to include MHM in the curriculum starting from primary schools.

	• NGO working on HIV and AIDS programmes should mainstream MHM. • Mobilize resources for sanitary ware for schools in rural areas. • Educate parents on improved MHM and train them on production of RUMPS in their clubs for family use and for sale. • Target church women.
Role of Key Stakeholders	• Parents- Educate children on MHM, Prioritize MHM, educate boys at home • Schools: Train Fashion and Fabrics teachers on making RUMPS to equip pupils with skills, provide comprehensive education on MHM. • Peers to be taught to support each other. • Community leaders-Provide spaces for training, mobilise communities and resources • Govern departments to provide education and sanitary ware and enact policies. • NGOs-Provide education and training, sanitary pads, facilitate male involvement, train people to make pads, provide start up capital, advocate and lobby for policy formulation and inclusion of MHM in the school curriculum.
Any other relevant information you would want to bring to the attention of this study?	• Effects of menstruation are worse on the child living with disability; others do not want to associate with them for fear of being burdened by caring for them. • Child headed families are worse off. • Mentally challenged in some cases have their wombs removed.

Table 3-Results from Open Response Structured Interviews

Sources of Verification	Responses
Perceptions about Menstrual Hygiene Management	• Important • Consider health and hygiene issues • Involve males • Not prioritised • Silent • Privatised • No support for the girl child • Stigmatised • Mothers responsibility to teach the girl child • Not well managed • No answer • Need for education/Lack of information • Taboo • Absenteeism

Perception impact on girls education	• Lack of concentration • Psychological torture • N/A • Low performance • Low/limited participation in class and in sports • Low self esteem • Worry and anxiety/ not comfortable • Discrimination
Hygiene practices that girls should observe during menstruation	• Bath regularly • Use hygienic materials • Change sanitary regularly • Washing of hands • N/A • Hygienic disposal practices
Barriers that can prevent such practices	• Unavailability of sanitary disposal points • N/A • Water challenges • Inadequate resources • Unavailability of sanitary ware
Religious Beliefs	• Not allowed to go to church • None • Unclean and unholy • Not to touch utensils • Not to have sex
Cultural Beliefs	• Secret-father should not know • None • Orientation bath in the river • Not to cook for males because they become weak • Should not travel • Not to be openly discussed • N/A • Sign of maturity- she can married • Not to have sex
Myths	• If you have dysmenorrhoea you won't have children • Not supposed to walk in the fields with nuts • Do not harvest periperi • Not allowed to go to the well • Don't wash in a flowing river • Don't throw away used pads

	• Belief that early menstruation sign one has slept with boys
Belief systems and their impact on MHM in schools	• NIL • The girls keep it to themselves-leading to mismanagement and low prioritization • No support • No impact • Confusion of the girl child • Negative beliefs and wrong information is passed to children • Loss of productive time • Makes them vulnerable
What can be done to minimize the impact of cultural and religious practices on MHM?	• Education and awareness (All) • Mainstream MHM in the school curriculum • Provision of sanitary ware at school • Capacity building of teachers • N/A • Purposively target traditional and religious leaders with MHM information • Male involvement • Parenting seminars • Advocacy for policy and standards on MHM
What is currently obtaining in schools as far as MHM is concerned?	• Nothing • Some schools buy and distribute pads • Inadequate sanitary facilities/ no privacy • Female teachers teach girls in some schools • Some schools have incinerators • NIL • In some schools there are health clubs • Peer education • Don't know
Do you think MHM should be mainstreamed into the school curriculum and why?	• Yes it should be mainstreamed • NIL • It is a good thing
How do "RUMPS" in your opinion compare to the usual methods that are commonly used by girls in Masvingo?	• N/A • User friendly but there is need for hygiene education • Access to water a challenge • Ideal because they can be sewn at home • Should not be used they are unhygienic • Don't know • Safer, healthier than rags

	• Sustainable • Affordable
In what ways has the economy impacted on MHM in your community?	• MHM no longer prioritised due to economic hardships • Cost of materials make them unaffordable and inaccessible • Don't know • N/A • Low disposable income • Not sure
What do you think are the key driving factors in the stigmatization of girls in schools during their menstrual cycle	• Focusing on women and girls only • Silence/ Too private • Ignorance boys are socialised not to be part of MHM • Not sure • No supportive environment • Religion and culture leads to self stigma • Lack of proper hygiene among the girls
What do you consider to be the gaps in MHM	• No incinerators • Toilets not girl friendly • Lack of awareness • Lack of knowledge on hygiene associated with disposal • Inadequate water sources
What do you think can be done to address these GAPS?	• Women and girls need more education and skills • Equip women with budgeting and business skills • Not sure • Government and partners should avail sanitary pads and disposal bins • Lobby for MHM policy • Engage the women and let them provide solutions • Engage the Ministries • Equip EHTs and Village Health Workers • Offer counselling even group counselling in primary schools • Commercialise RUMPS to empower communities • Provide treatment and sanitary wear to create conducive environment for the girl • Explore indigenous knowledge systems • Invest in research on locally available materials to make pads • Include MHM in the curriculum • Provide girl friendly facilities • Resource mobilisation • Lack of prioritisation • Education of boys

	• Life skills training fir the girl child
What would be your organization`s role in addressing the challenges you mentioned above?	• Raise awareness • Mainstream MHM and PHHE • School visits for monitoring • Education • Advocacy • Production of materials • Peer education • Treatment • Counselling • Train nurses to be youth friendly • Debate forums with health clubs • Mobilise resources for training and campaigns • Policy enforcement • Counsellors dialogues with boys and girls • Assign specialist teachers and matrons on MHM • Introduce income generating activities • Rights education • Provision of water sources • Education on health and hygiene • Monitoring of water sources • Not sure • Provision of sanitary wares, • Set up health clubs
What mechanisms do you think schools and communities can put in place to minimize the abuse of girls by boys during their menstruation period?	• Education • Open it up for discussion at school and at home • Target and educate boys about the issue • Train teachers to provide education • Revive the culture involving aunts and grandparents • Advocacy and education programmes • Girls to be fully equipped with materials for personal use • Include MHM in the school curriculum • Male involvement • Not applicable • Empower the SDCs • Awareness and advocacy
There is scope for increased NGO activity in schools in as far as addressing MHM is concerned" What is your opinion on this statement? What	• Distribution of sanitary pads • Awareness drive • Advocacy for MHM to be incorporated into school curriculum • School clubs

would you prioritize by way of MHM interventions if NGOs were to make resources available?	• Finance distribution of pads and pants • Funding IEC material production • Sanitary toilets • RUMPS • Lobby and advocacy • Education of the community and schools • Coordinate MHM awareness sessions amongst communities • Include MHM in PHHE and CHASTE sessions • Have livelihood activities • Facilitate provision of water • Provide resources • Disposal mechanisms
What role do you think the following can play in MHM a) Men and boys b) School authorities b) Parents c) Private Business and d) Government?-	• Men and boys should provide support • School authorities should teach both young boys and girls • Parents should teach their children on hygiene • Government to offer resources and subsidise sanitary wear • Educate and provide materials as social responsibility • Government to pass laws • Men and boys to be in the forefront to teach on MHM • Research on impact of MHM on the girl child • Private business to mobilise resources • Government to include MHM in curriculum starting from primary school. • Parents to prioritise MHM and budget for it • Government to avail material in schools and youth friendly corners • Private to complement government through educating communities • School authorities to form clubs to educate boys and girls • Businesses to be involved in the promotion of RUMPS • Schools to create proper disposals of sanitary materials • Government to control pricing of sanitary wear • Boys to treat girls with respect • School authorities should provide sanitary facilities • Private business to donate sanitary wear • Government to provide appropriate infrastructure • Raise awareness

3.4 Findings and Data Analysis- Discussions

3.4.1 Socio-Demographics

There were 30 interviews conducted with key informants (KIs) in Masvingo. An equal number of males and females were interviewed. The majority of respondents were aged over 30 years. About 77% of respondents had attained a minimum of a university undergraduate degree. Almost 47% of respondents were holding senior management positions in their places of work, 23% were in middle management and 17 %were field Officers. These attributes gave the impression that interviewees were individuals who understood issues across cultural barriers. The rest of the respondents were either in junior management or "Other" employment position levels. The minimum number of work experience for the respondents was six years. The majority of respondents (77%) indicated that they interact with girls of school going age during their line of work. However, there is a large proportion (70 % no. of respondents) who indicated that they did not frequently attend to girls experiencing menstruation related problems. This suggests that these respondents presented an opportunity that could be tapped to include menstrual hygiene management services to the girl child during their usual execution of duties. Three of the male participants were initial not keen to discuss menstrual issues due to their cultural orientation; it took long for them to be convinced that such an issue needed their positive attention and action by way of considering it in their day-to-day programming. The question is: 'If such educated males could shy away from discussing menstrual issues, what of the many males with very little schooling?'

3.4.2 Perceptions on Menstrual Hygiene Management

Respondents presented varying perceptions about menstrual hygiene management in Schools in Masvingo. Respondents (17 out of 30 participants) described MHM as a critical area in Masvingo that needed addressing, yet also consider the MHM program as one that has been mismanaged, not prioritized, not emphasized, silent, privatized, stigmatized thereby leaving the girl child with little support, uncomfortable but with a huge challenge during their menstruation. 24% of respondents indicated that MHM was a critical area that needed to be addressed. Respondents commended SVN for the initiative to sponsor MHM in Masvingo. Although it is an important area, MHM has lagged behind and has not been given due attention. The bulky of women in FGDs indicated that menstruation is a private issue which is rarely discussed as a result of religious and cultural beliefs around it. Males were said not to be involved in MHM and the responsibility lay squarely on women's shoulders. Since most communities are fraught with a lot of gender inequalities where women and girls have no decision making power, women have

limited access to and control of resources and this becomes a barrier in effective management of menstrual issues, since men tend to prioritize other matters that either concerned themselves or the broader family. It is therefore necessary to promote open dialogue on MHM and involve men and boys to be sensitized to view menstruation as a natural process, provide support and even champion initiatives that promote effective menstrual hygiene management for the girl child.

3.4.3 Knowledge about Common Problems Presented by Girls when they are menstruating

Respondents displayed limited knowledge in terms of the common problems presented by girls when they are menstruating as signified by the low number of responses for each particular category for the 30 respondents. Menstrual cramps received the highest response (26.7%).

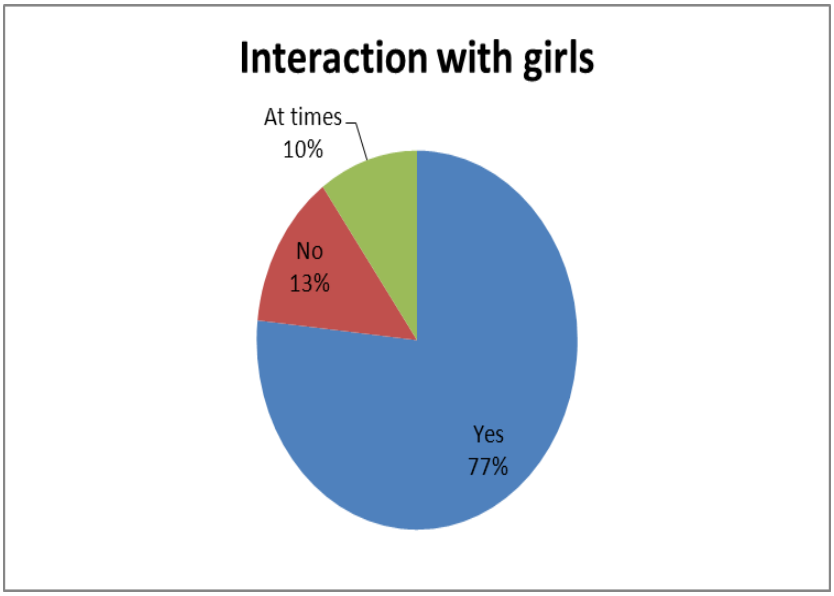
Table 4: Presenting problems for menstruating girls

Problem	**No. of respondents**	**% no. of respondents**
Dysmenorrheal	7	23.3
Inter-menstrual Bleeding	3	10
Abnormal Uterine Bleeding	2	6.7
Menstrual Cramps	8	26.7
Back Pain & Body Ache	5	16.7
Swollen or Painful Breasts	3	10
Other	4	13.3
Total	**30**	**100**

23.3% indicated dysmenorrheal as a presenting problem while abnormal uterine bleeding was not a very common occurrence in Masvingo. It was clear that the provision of answers enabled male participants to hazard guesses or to reflect from the earlier Biology lessons at school. Women had no challenges n picking up answers they knew were common in their communities**.**

3.4.4 Age at which girls start menstruating and who they consult

Girls start menstruating as early as 8years of age. This was attributed to the kind of food they eat with some singling eggs as the main cause. Girls confide in their mothers or female relatives about menstruation. The emphasis however, was that it depended of the relationship that the girl had with the mother, because if the mother was not approachable the girl would rather consult her friends. If menstruation started at school, girls would generally be more comfortable confiding in female teachers than male teachers because they are socialized to believe that menstruation is not to be discussed with males. The age at which girls start menstruating and the people they consult is a pointer for the target groups that interventions on MHM should consider to equip them with the requisite skills that would enable them to offer proper information and guidance to the girls.



77% of the respondents indicated they interacted with the girl child in their routine work though the bulky of these confessed they did not address MHM issues with the girl child. 13% never interacted with the girl child; if they did it was indirect through SDCs or ward councilors. These included RDC officials, the DA and a few NGOs. 10% indicated they interact with the girl child at times.

Figure 1: Interaction with girls

3.4.5 Religious and Cultural beliefs, myths and perceptions on menstruation

Results (see Table 2.) showed that menstruation is a taboo topic in most communities of Masvingo. Such taboos include not allowing menstruating girls and women to touch animals, not allow them to get close to water points, not to prepare or touch food that others would eat, and exclusion from religious rituals and not to shake hands with men when greeting them. Menstruation is not readily discussed, and makes people, especially young girls, uncomfortable to talk about it openly. When discussed, menstruation is considered a female-only topic. Men and boys are not involved in dialogue regarding menstruation, they

were not even supposed to know that the girl was menstruating; she was not supposed to cook for them because that would make them weak. Ironically, some of the practices like excluding the girls from church activities and not allowing them to cook are tantamount to announcing that she is menstruating yet it was supposed to be kept as a secret. Some of the myths promote unhygienic practices like drying pants under the bed yet it should be dried in the sun to kill any germs or bacteria. These invariably calls for an urgent address by all the stakeholders (family, school community, civil society, and service providers) to entrench correct menstrual perceptions and to enable proper hygiene practices amongst this segment of the population. The information given to the girls makes them more anxious e.g. the issue that if one has painful period pains they would not have children further affects the girls` performance in school. It is therefore, imperative to engage traditional and religious leaders as the custodians and gatekeepers of the beliefs that hinder girls from receiving adequate information and guidance on MHM.

3.4.6 Suggestions for Minimizing Impact of Religious & Cultural Beliefs & Myths

Table 5: Minimizing Impact of myths, cultural and religious beliefs

Suggestion	**Number of Respondents**	**% of Respondents**
Education and awareness that Menstruation is a natural & normal process	18	60
Provision of sanitary ware at school	1	3.3
Capacity building of teachers	1	3.3
Purposively target traditional and religious leaders with MHM information	6	20
Male involvement	3	10
Parenting seminars to educate on MHM & demystify myths on menstruation	5	16.7
Advocacy for policy and standards on MHM	2	6.7
By not marginalizing Culture & Religion but by understanding and upholding these/Integration cultural	2	6.7
Total	**30**	**100**

60% of the respondents emphasized the need for mass education and awareness campaigns on menstruation for both males and females, weather in school or out of school. 20% felt the initiatives should purposely target traditional and religious leaders as these were custodians of culture and religious beliefs.Parenting seminars either in churches or in commmunity gatherings (for both males and females) was advocated for by 16.7% of the study participants. Such a move, according to the respondents, was bound to positively demystify myths around the subject of menstruation. Male involvement in MHM issues was considered paramount, with 10% respondents indicated the need to actvewly involve males, An equal number (6.7%) indicated the ned for advocacy and policy formultion arround MHM and the need t uphold cultural traits that supported openness while at the sametime interogating cultural negative traits with the sole purpose of promoting a supportive culture altogether. Capacity building for teachers and the provision of sanitary ware at school level were sme of the aspects the respondents felt needed the attention of all concerned.

3.4.7 Attitude of boys towards menstruating girls

The respondents reported varied negative attitudes by boys toward girls who are menstruating. The negative attitudes included boys mocking/stigmatizing girls during their menstruation periods. 54% indicated that boys mocked or stigmatized the girls while 26% said boys isolated girls, 5% indicated boys bullied them while 13% complained of name calling.

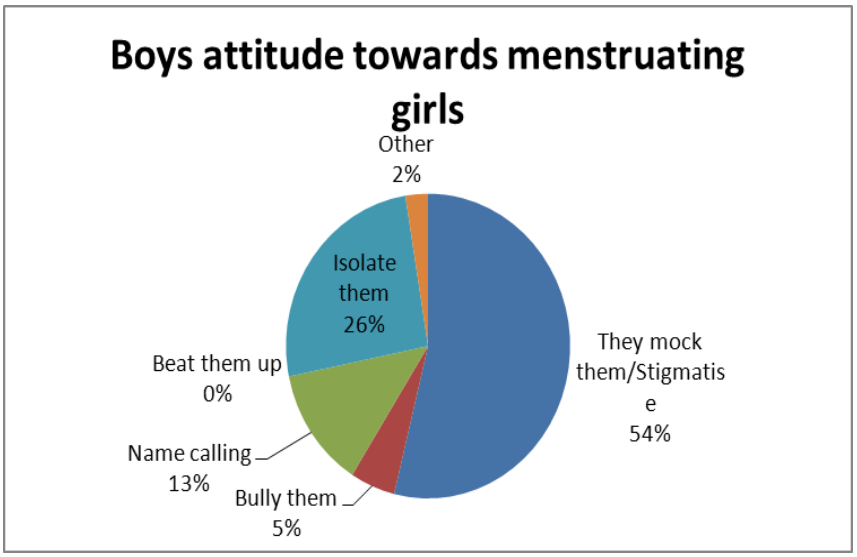


Figure 2: Attitude of boys towards menstruating girls

The negative attitudes by boys could result in some girls eventually completely withdrawing from school, coupled with the physical discomfort due to menstruation. Such negative attitudes are heavily influenced by lack of appropriate information and more directly by the cultural impacts that view menstruation as a 'private affair' for women and girls. These are boys that will grow into manhood with all these stereotypes that are likely to perpetuate such negativity if not well managed from the onset.

3.4.8 Hygiene Practices that girls should observe and barriers to attaining them

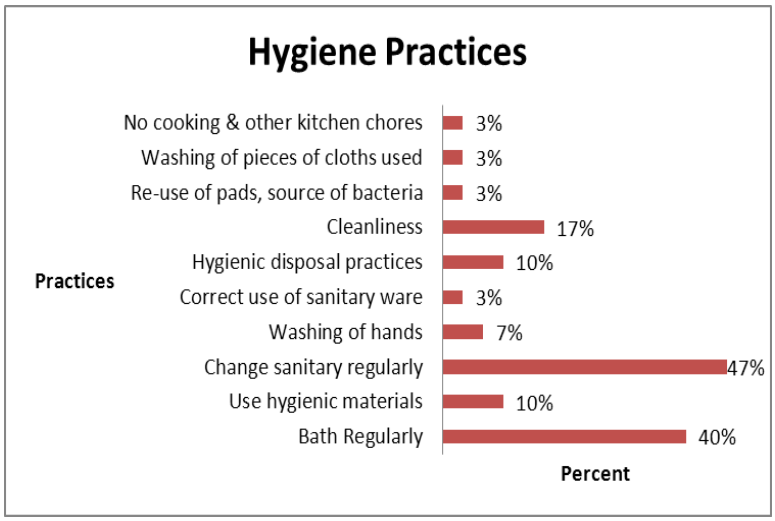


Figure 3: Hygiene practices

The results of the FGDs point to the fact that maintaining hygiene during menses is important for women's well-being, mobility, and dignity. Such practices like using hygienic materials, changing sanitary ware frequently, bathing and washing and proper disposal of the used materials whilst considered ideal, were far from being observed given the various challenges girls face. 47% felt there was need for girls to change sanitary ware regularly, while 40% cited bathing regularly as a priority activity. In this case, girls would simple fold their used sanitary ware and rap it in a plastic for washing at home or for disposal elsewhere sinse cultural blodd should never be seen. Cleanliness (17%), hygenic disposal of used materials(10%), use of hygienic materials(10%) and the washing of hands (7%) were seen as best practices, while banning girls girls from cooking, washing pieces of used cloth, re-use of pads and correct use of saniatry ware were cited by 3% of the respondents each. Re-use of sanitary pads was viewd with a lot of sensitivity as the respondents felt these could be the source of bacteria and infections.

3.4.9 Barriers preventing menstrual hygiene practices

The inhibiting factors to girls observing hygienic factors mainly hinged around the issue of MHM being a private matter, this limits girls' access to information and support that they could get in school and at home. 30% indicated water challenges at school sanitary facilities, so girls could not change and wash themselves. 35% indicated the majority of the girls in Masvingo could not afford sanitary ware; it was priced beyond their capacity to afford given that the majority are from poor households. 10 % of the girls had no aware, thus they would rather stay at home rather face embracement at school after they had spoiled themselves. 15% indicated they were proper disposal units of facilities while 5% complained of lack of lack of re-usable sanitary ware. At school level, most of the sanitary facilities were reported as not

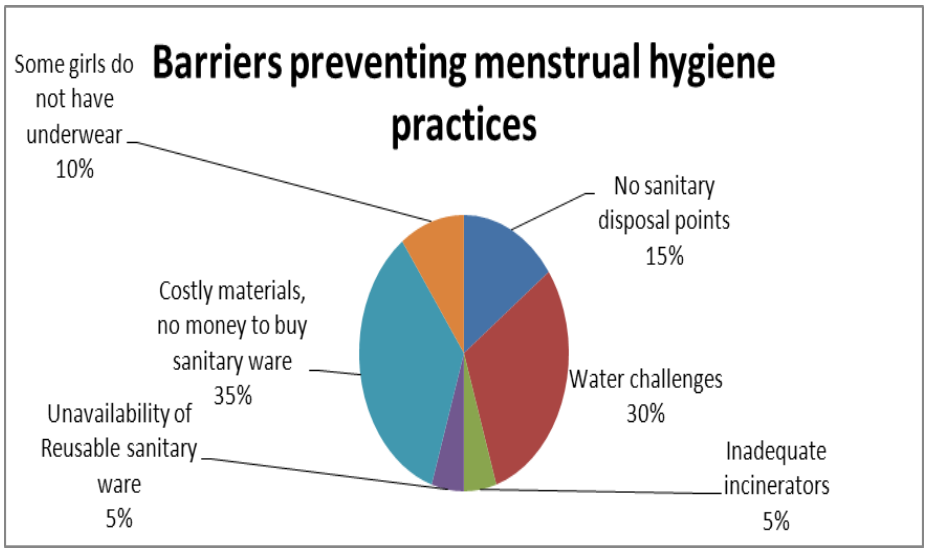


Figure 4: Barriers preventing menstrual hygiene practices

appropriate enough to provide for the privacy that a girl needs if she was to change her pads and bath. Most toilets were said not to have hand washing facilities, had no doors, some of the facilities were poorly maintained. If MHM is to be properly implemented in schools there is need to improve WASH facilities, ensure that they provide for privacy and adequate space and water for the girls' personal hygiene. Lack of privacy and water challenges were regarded as a violation of the girl`s rights by women especially from the Women`s Coalition of Zimbabwe. Incinerators were a privilege for some boarding schools. These were recognized barriers relative to disposal of sanitary ware. Similarly, the data reflects on low knowledge levels on MHM as supported by low responses for each category.

3.4.10 Is Menstrual Hygiene Management for the girl child an issue in your communities? Why?

MHM was reported to be a challenge in most communities due to shortage of water, limited information on MHM and disposal constraints. This invariably indicates that for a program on MHM to succeed, water and sanitation has to be improved. Thus, WASH programmes have a responsibility to mainstream MHM and also consider that appropriate sanitary facilities are available for girls especially in schools. The FGDs also pointed out the need to ensure that there is adequate water first before introducing RUMPS because if the RUMPS were not washed sufficiently they would have bacteria that would cause infections. Access to water and respect for privacy for the girl child was considered a human rights issue by most women in FGDs (see results on Table 1).

3.4.11 Menstrual Hygiene Management (MHM) Services Offered for the Girl Child in School

Almost half of the respondents (46.7%) indicated that they offered MHM Education & Awareness, 23 % no. of respondents said they provide counseling & referral services, seven % no. of respondents said they

are involved in the distribution of sanitary ware, seven % no. of respondents said they offer treatment of infections & menstrual related complications. Twenty three % no. of respondents of respondents indicated that there they did not have any MHM services offered to the girl child by their organizations/department.

3.4.12 What do girls use and why? Are the materials available and affordable?

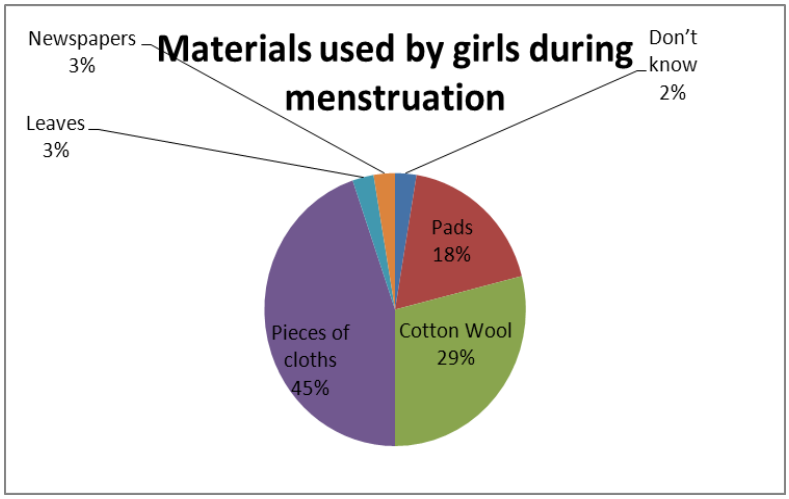


Figure 5: Sanitary materials used by girls

The majority of girls (45%) used pieces of old clothes and rugs, cotton wool, 29%, pads, 18%, while newspapers and leaves were used by 3% of the girls each even though these caused a lot of discomfort, bruises and infections. Cotton wool and pads were used by children from the well-to-do families because they could afford to purchase these. They were still cases in Masvingo where the use of leaves was still a common practice. In one FGD it was reported that girls used pieces of cloth that they shared with their mothers due to poverty. Sanitary ware was said to be available in most communities but it was not affordable for the majority. In some instances, sanitary ware was not prioritized as some mothers would remark "Tinodya cotton wool yako here" (*Are we going to eat your cotton wool?"* Sanitary pads were the preferred method for MHM as girls felt more comfortable and confident when they were using pads. If they had pads, they were less afraid of leaking and embarrassing, or "shaming," themselves at school or in public.

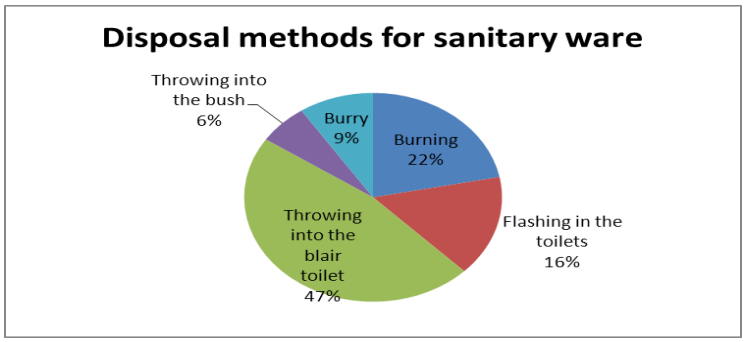


Figure 6: Sanitary ware disposal methods

3.4.13 Disposal of used Materials

Women participants in the FGDs indicated that girls also preferred disposing of pads, as opposed to washing and re-using them. The most common method of disposing of the pads was throwing into a Blair toilet

even though other communities buried, threw into pits or latrines or washed them and threw them into household bins. The disposal method was said to be determined by the belief systems of the family with some families believing that one's blood should never be seen by others or else the person would be bewitched. In such cases they would rather burn the material used or wash it and dispose of it without any trace of blood.

The majority of respondents (47%) indicated that girls throw used sanitary are in the Blair toilets whilst 16% flush sanitary pads down the toilet, a disastrous act that is likely to result in the blockage of the drainage systems. Whilst the investigation also probed for clarification as to whether the given response signifies if that was the most ideal way of disposing used sanitary ware, very few responded to the probe yet they were aware of this part of the question. However, although there was one respondent who said that they believed throwing sanitary ware into the Blair toilet was the most ideal. Consequently these results subtle approve throwing sanitary ware in the toilets without considering the unhygienic health hazards caused by breeding flies due to filling up toilets that were constructed as old as the early 1980s. Masvingo is characterized by various tribal groupings (wide cultural diversity) and these should be considered seriously if MHM programming is to succeed. They are some that bury used materials while others prefer throwing into the bush or burning.

3.4.14 Knowledge of RUMPS

The issue of convenience was never considered by most girls since they used what they could afford. This is an opportunity for marketing RUMPS since they are reusable and affordable. Even though most of the women had never heard of RUMPS (72%) before the SNV programme started, they commended them as a better option to the rags that girls used. However, they emphasized the need for hygiene education to ensure the proper use and maintenance of the RUMPS to prevent diseases and infections. They also indicated that access to water will be a challenge for girls to wash them

Figure 5: Promotional sanitary ware (RUMPS) from SNV

to facilitate re-use especially during school hours. One group highlighted the fact that cultural beliefs may interfere with drying of materials since materials used during menstruation are to be dried in private.

3.4.15 Comparability of RUMPS

36.7% of respondents in Masvingo who said they had heard of RUMPS. Respondents who were aware of RUMPS mentioned that this type of sanitary pads is sewn, washable, dried, ironed to kill bacteria & reusable. They also mentioned that RUMPS can be sewn at home and they are better than tattered rags. This is an indication of a high level of acceptability of RUMPS among partners in Masvingo. 30% of the KI felt RUMPS were safer, healthier than rags, while 26% felt they are affordable. 14% did not have prior knowledge about RUMPS and did not believe they could work in the Masvingo context. A lot needed to be done before they could be introduced. 16% indicated they were a better improvement that communities should embrace and that it provided scope for income generation for those that will be willing to produce them. Access to water to wash the re-usable RUMPS remained the greatest challenge that needed urgent addressing. Officials from the health department felt a lot of education was needed on the handling of the RUMPS before communities could be massively produced and used. They contended they could be a lot of infections if handling issues were not handled properly.

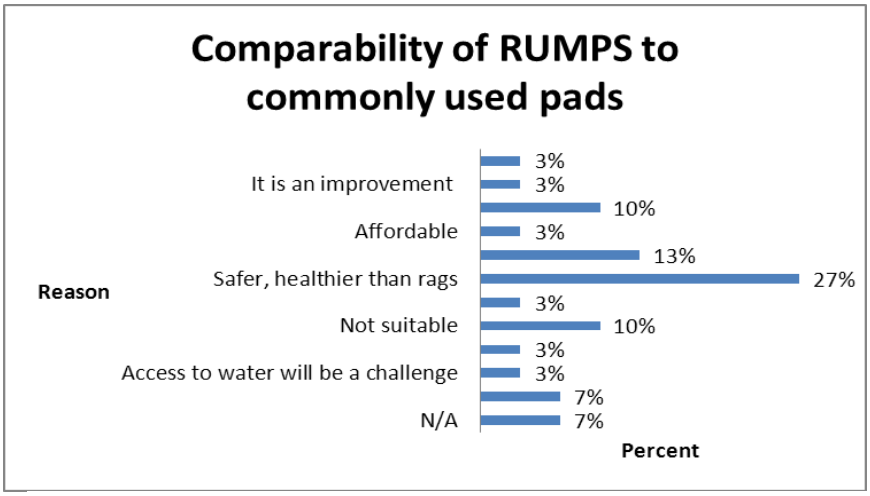


Figure 6: RUMPS comparability

3.4.16 Sources of Menstrual Hygiene Management information

MHM was cited by respondents with Teachers emerging to be the main facilitators (63%). Parents and grandparents (26%) as a single category appear as the second major sources of MHM information followed by CBOs/NGOs/FBOs (13%). The other authorities are not that visible as MHM sources. Apart from family members who include mothers, aunts, sisters, and grandmothers, teachers were also

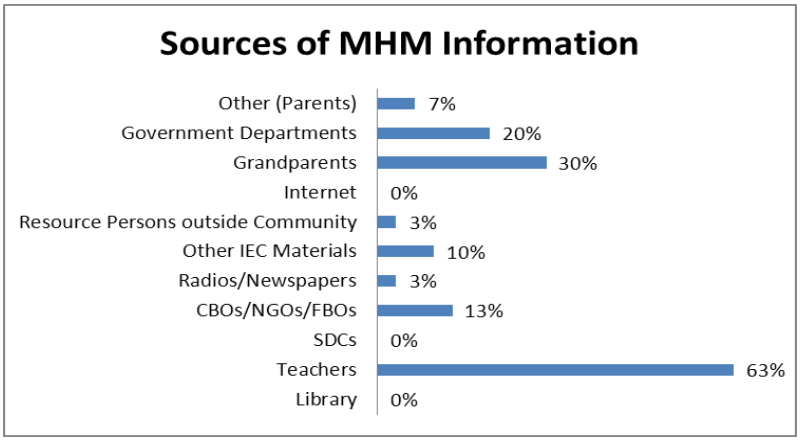


Figure 7: Sources of MHM information for girls

cited as providing information on MHM. Mothers or aunts were the ones most likely to buy pads for their daughters and nieces when they could afford them. If they could not buy pads, the girls would use pieces their mother or aunt provided. Of particular note is the fact that none of the NGOs in Masvingo Province except Regai Dviveshiri was also considered to be a source of information. The health centres even though they were accessible were reported as not providing information on MHM. Some FGD participants indicated that even though health facilities were accessible some girls did not want to visit them for fear of stigmatization that they may be using family planning methods. The 20% government department that provided information included ZFNPC, Social Welfare and Environmental Health Technicians. The 3% resource persons from outside the communities included Regai Dziveshiri and other small CBOs. Caritas Zimbabwe through its WASH programmes does limited work on MHM.

3.4.17 MHM programmes in schools, their effectiveness and role of parent community

Table 6: MHM activities in schools

Action/Activity	No. of Respondents	% numbers
Nothing	5	16.7
Some schools buy and distribute pads	2	6.7
Inadequate sanitary facilities/ no privacy	1	3.3
Female teachers teach girls in some schools	6	20
Some schools have incinerators	2	6.7
In some schools there are health clubs	2	6.7

Peer education	1	3.3
There is need to avail sanitary pads to schools for use by girls in times of emergency	1	3.3
The boy child mocks menstruating girls in rural areas making girls struggle with menstrual process	1	3.3
Total	**30**	**100**

The Table indicates that there are some limited activities that are on- going in the area of MHM in schools. There are some female teachers (20%) who assist girls with their menstrual questions and health clubs (6.7%) that provided opportunities for discussing the menstruation process and provide awareness for both boys and girls for club members. Some schools (6.7%) have incinerators and bins for disposal purposes, 6.7% indicated that some schools provide emergency sanitary ware, while 16.7% of the respondents felt nothing was happening in schools and that if something was real happening, then the impact was zero.

3.4.18 Impact of MHM on the overall Education of the girl child

The general consensus was that menstruation had negative effects on the performance of the girl child in school. The majority (57%) felt that lack of adequate support from the family and school led to increased absenteeism, 30% indicated low performance as resultant effect, while 20% low performance impact amongst girls. 17% of the respondents indicated low participation in class and extra curricula activities for the girl child. Girls tend to worry a lot, become more anxious, low self esteem, felt discriminated, and silently suffered as a result and all these had a negative bearing on their educational performance (output).

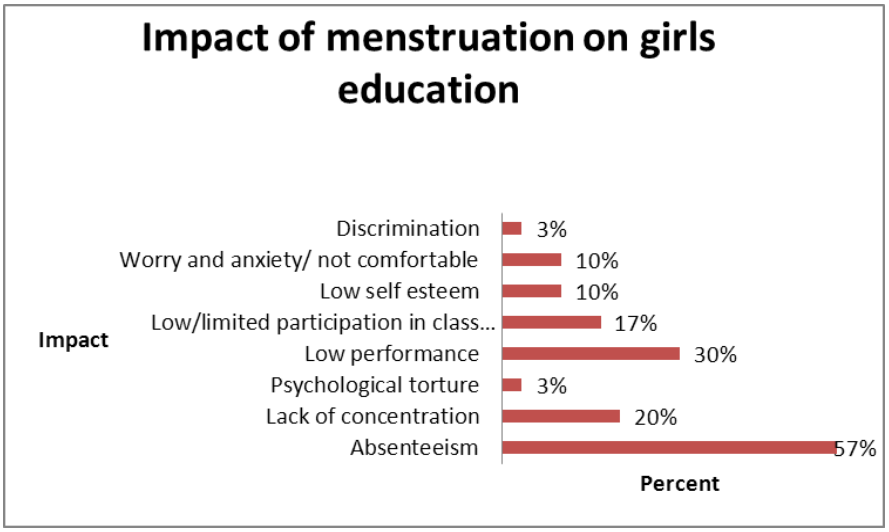


Figure 8: Impact of menstruation on girls' education

This is compounded by the fact that many schools do not support adolescent girls or female teachers in managing menstrual hygiene with dignity. The impact of poor menstrual hygiene on the psychosocial wellbeing of girls (e.g. stress levels, fear and embarrassment, and social exclusion) affected their health ultimately contributing to poor results and inability to access opportunities thereafter. Inadequate water and sanitation facilities make managing menstruation very difficult, and poor sanitary protection materials can result in bloodstained clothes causing stress and embarrassment. It is critical to include specific targets in stand-alone water and sanitation goal focused interventions on delivering improvement in hygiene, particularly hand washing facilities, girl-friendly user toilets and menstrual hygiene management education- this is a right for the girl child that ought to be promoted and observed.

3.4.19 What can be done to minimize the impact?

Women groups indicated that the obligation was on the parents to educate both girls and boys on MHM and the teachers to be trained so that they impart correct information on MHM. Teachers were to be provided with sanitary ware for emergencies and act as sources of knowledge, emotional and physical support for girls in school since they spend a lot of time with the girls and the fact that they act in loco-parentis. Some suggested that community dialogue and pre-recorded radio programmes could foster a culture of openness on MHM and thus ensure that families and guardians had adequate factual information to pass on to the girl child. They were suggestions from the women that solar/air-powered radios could enhance the debate and inform communities on this critical life subject. Boys were to be educated to accept that menstruation is a natural process and that instead of mocking the girls they should be supportive and protective. Some strongly felt, it was high time government enacted laws and policies

around MHM and that it should be an examinable subject taught in schools for the benefit of both girls and boys.

3.4.20 Why MHM should be mainstreamed into the School Curriculum

Almost all interviewees accented to the fact that MHM needed to be part of the school curriculum from the primary school level. Some even suggested the subject should be examinable and be part of teacher-training curriculum as well. The various reasons for mainstreaming MHM in the school curriculum centered on the need to close the lack of information gap that these results consistently reveal. The various reasons for supporting MHM mainstreaming were:

- To break the silence around menstrual process, open up discussion and talk about menstruation but being proud about it / in a proud way
- It helps to improve awareness of the whole school from teachers to pupils
- Mainstreaming MHM would go a long way in improving the dignity and quality of life of girls. To educate the girl child on MHM and also enable boys to be gender sensitive
- To demystify the myths, cultural and religious beliefs around MHM
- To educate girls on the proper disposal of sanitary wear and hygiene practices in terms of MHM
- To facilitate acceptability on MHM and promote discussions on it
- To facilitate institutionalization of MHM and beak the stigma around it
- To facilitate boy child's understanding and realization of the normality of menstruation
- To make boys internalize that menstruation is a natural process
- To promote knowledge on menstruation
- Yes, because currently MHM in schools is taken for granted

Education on MHM is currently contained in Environmental Studies and other content subject but there was no specific education on MHM. Some school teachers took it upon themselves to teach girls as they inducted them when they came to school for the first time. In some schools pads, jik and soap were available for girls who either started menstruating in class or spoiled their uniforms. The effectiveness of the programmes was said to be hampered by inadequate water and the structure of the toilets, which had no doors and some of them were so small that the girls were not able to change their sanitary ware comfortably. In cases where there were few or no female teachers, there was no programme on MHM in schools. MHM programmes in schools should target male teachers and boy so that they are able to

educate and support girls during their menses. Parents did not play any role in the MHM schools programme pointing to the need for training them on advocacy and lobbying so that they actively participate in their children's education.

3.4.21 Gaps in MHM and possible redress interventions

Some of the gaps in MHM were identified as: inconsistent access to water and sanitation facilities in schools and communities, limited education on MHM in families and schools and the fact that the extended family was no longer functional.50% of the participants pointed out to lack of awareness and education around the subject of MHM as a prohibiting factor towards the promotion of MHM in schools in Masvingo. This is a major gap that needs addressing. Other gaps included lack of resources t effectively facilitate MHM (13%), disposal of used sanitary ware facilities (13%), lack of awareness among boys (10%), unsupportive school environment with budgetary constraints (10%) and lack of appropriate education for the girls on MHM as glaring gaps in the province. There are currently no MHM programmes for disabled girls and OVCs, making their situation even more desperate. A Social Welfare Officer, living with disabilities lamented the fact that there was a huge information gap for people living with disabilities and solicited the Consultants to convince SNV that there was need for them to consider sponsoring I.E.C materials in brail language. 3% felt parents and schools needed to up their levies so they can make sanitary ware available to girls (as a standard standing rule).

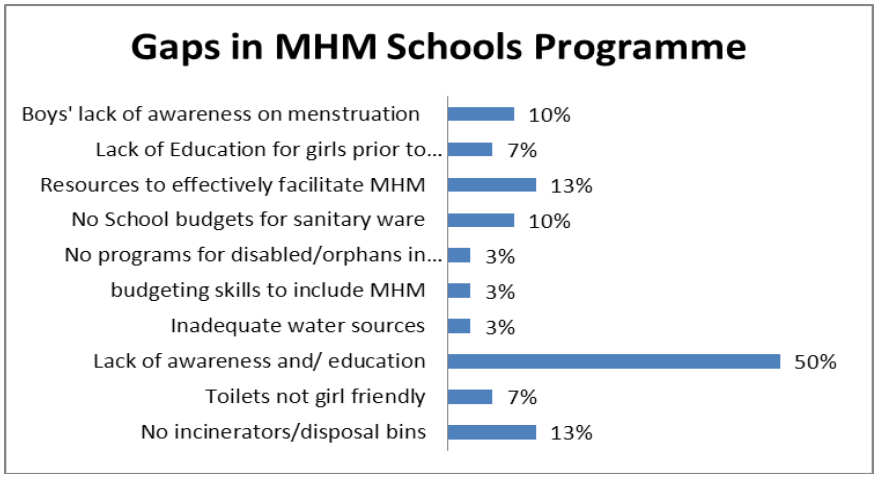


Figure 9: Gaps in MHM programming in schools

Means to address the challenges included: Education to include MHM in the curriculum starting from primary schools; NGOs working on HIV and AIDS programmes should mainstream MHM; Mobilize resources for sanitary ware for schools in rural areas; Educate parents on improved MHM and train them on production of RUMPS in their clubs for family use and for sale; Target church women with the MHM programmes. Integrating MHM into compulsory hygiene promotion, in both primary and secondary schools, with separate sessions for girls and boys, could contribute to behaviour change and provide psychological support for both sexes.

3.4.22 Are there any Policies that promote MHM

Table 7: Policies, laws and structures on MHM

	No. of respondents	% no. of respondents
Yes	1	3.3
No	16	53.3
Don't know	11	36.7
Not sure	2	6.7
Total	30	100.0

53.3% respondents indicated there was no policy around the subject of MHM in Zimbabwe. Such issues are not covered in the Health Act. 36.7 % did not know whether there were policies or not, for most of them, it meant very little, while 6.7% were not sure at all. The 3.3% that alluded to the existence of policies or laws or plans could not produce these on requests. There seem to be no policy, structures and systems available in Masvingo. Only one organization, the Zimbabwe National family Planning has MHM structures through its youth centers and a Youth Reproductive Health Manual that has also directly addressed the menstrual process. However, like any government department, the ZNFPC is going through an unstable economic environment especially lack of financial resources that negatively affected the operations of most of its youth centers. Hence, very little activities are likely to be in progress.

3.4.22 Scope for increased NGO Activity in Schools in addressing MHM

Table 8: Scope for NGO work

Scope	**No. of respondents**	**% no. of respondents**
Provision of sanitary pads by NGOs & raising funds for pads	2	6.7
Open MHM up for discussion	2	6.7
Provision of Resources for MHM for girls e.g., Pads	3	10
It is a good development, filling up the gap to assist the government	4	13.3

Facilitate provision of water to enable disease control	1	3.3
Education about menstrual hygiene management	3	10
NGOs can coordinate MHM Awareness sessions in Masvingo Communities	1	3.3
Creation of a calendar for the right of entry by NGOs to visit schools so that no gaps are left untouched	1	3.3
True. All schools should be covered/reached with MHM programmes but community also teaching girls from home	2	6.7
Funding Distribution of girls' underwear and pads	2	6.7
Funding for Reproduction of IEC materials on MHM	2	6.7
Training Teachers in MHM is key to facilitate imparting of MHM to students	2	6.7
Construction of girl-friendly toilets	1	3.3
Untrue	1	3.3
Total	**30**	**100**

There is increased scope for NGO/CBO/FBO/Civic Society involvement in schools in Masvingo. 13.3% felt NGOs come in to compliment government efforts and fill some gaps where government is incapacitated. Respondents believed NGOs had the resources, expertise and capacity to push the MHM agenda, advocate and lobby government to enact appropriate policies and legislation to promote MHM in Masvingo schools (10%). Another 10% felt indebted to SNV for initiating the discussion on MHM and believed therefore that NGO could provide the necessary infrastructure (girl friendly toilets, water source development, and incinerators), training on MHM to build the capacity of communities, school teachers, peer educators and implementing organizations. 6.7% each believed NGOs had the potential to provide sanitary to schools in the province, provide a comprehensive framework for MHM education and training, generation of I.E.C materials and generally lay the foundations for improved WASH programmes that will mainstream MHM for such programmes to be comprehensive.

Some of the organizations cited by respondents as having operated or funded WASH related programmes in Masvingo included DFID, UNFPA, and UNICEF, SAVE, WVI, Plan International, IPPF, LEAD, Crown Agents, Regai Dzive Shiri, FACT, Hope Tariro Trust, JICA, MISEREOR and CAFOD. Ministry of Health and other Government departments like ZNFPC in MHM related activities, though not comprehensive enough to address the current challenges on the ground. Government sectors are hard hit

by resource challenges given the current economic challenges and are not in a position to provide extension services comprehensively. Respondents felt the current SNV initiatives should be supported across board.

3.4.23 Role of Key Stakeholders

Table 9: Perceived Roles in MHM for different Groups

Roles	No. of Respondents	% number of respondents
Men & Boys		
Should provide support to girls	18	60
Should be in the forefront to teach MHM	3	10
Should treat girls with respect	3	10
Should be educated that Menstruation is a natural process	1	3.3
School Authorities		
Should teach both girls and boys	15	50
Should research into the impact of MHM on the girl child	1	3.3
Should form clubs to educate both boys & girls	1	3.3
Should be involved in the promotion of RUMPS	0	0
Should provide sanitary facilities	0	0
Should create appropriate disposal points for sanitary ware	1	3.3
Should budget for MHM	1	3.3
Parents		
Should teach their children on hygiene	9	30
Should prioritize MHM and budget for it & provide materials	9	30

accordingly		
Private Business		
Should mobilize resources for MHM	2	6.7
Should complement government through educating communities	2	6.7
Should be involved in the buying & promotion of RUMPS	1	3.3
Should donate sanitary wear as a social responsibility	10	33.3
Should offer resources and subsidize sanitary wear	9	30
Should advocate for MHM as a programme, form structures within existing government structures	1	3.3
Government		
Should offer resources and subsidize sanitary wear	5	16.7
Should educate and provide materials as social responsibility	3	10
Should pass laws, develop an MHM policy, standards & legislation	11	36.7
Should include MHM in curriculum starting from primary school	4	13.3
Should avail material in schools and youth friendly corners	2	6.7
Should control pricing of sanitary wear	0	0
Should provide appropriate infrastructure	0	0
Should raise awareness	0	0
Should advocate for the education of the general populace on menstrual issues	1	3.3

The common role for most of the stakeholders: parents, peers, schools, communities, NGOs, government offices, policy-makers, donors and any organization concerned with girls' education was identified as education and the provision of sanitary ware for the girl child. Men and boys were encouraged to provide

support to girls by 60% of the respondents. Support included budgetary provision for the purchase of sanitary ware, psychosocial support, understanding and creating an enabling environment for girls to enjoy their God given rights and prosper. 10% of the respondents thought males ought to be in the forefront in educating communities on MHM, while another 10% emphasized the need for males to respect and treat girls humanely. 20% felt strongly that males need to be exposed to MHM education themselves so that they appreciated that menstruation is a natural process. It is only after such exposure that males could take the lead in spearheading MHM programmes in the provinces. Community leaders who are mostly males were to provide spaces for training, mobilize communities and resources, set up health services management teams in every community.

50% of the respondents felt school authorities should teach both girls and boys on MHM WHILE 3.3% were convinced that schools ought to do research around the subject of MHM, run clubs to educate boys and girls on various aspects of MHM and related concerns, create appropriate girl friendly disposal facilities for used sanitary ware and create budgets for MHM in their schools respectively. Parents were willing, according to respondents, to consider increasing school levies to meet some of the costs involved in MHM, though they quick to point out that parents were already burdened by various other levies and some would find it difficult to owner up. 18% of the respondents had no clue to the role of schools in MHM. This was indicative of the fact that they did not understand issues at hand themselves.

Parents as the primary guarding to girls should teach their children on hygiene issues. 30% felt strongly that it was the duty of parents to tech MHM to their children, while 30% indicated that parents ought to budget for sanitary ware for the girls and prioritize MHM for the girl child. 40 % of the respondents were not keen in providing alternatives or suggestions, indicating that they were still not convinced about discussing MHM openly, more so with people they regarded as strangers.

Private business could help mitigate some if not all the challenges related to the concerns around MHM. 33.3% thought private business should donate sanitary ware to schools and communities as part of their social responsibility drive, while 30% thought companies should subsidize sanitary ware so its affordable even to the less privileged. Some companies could donate building materials for the construction of girl friendly toilet facilities and connect running water even in Blair toilets in communal areas to facilitate easy MHM for the girl child. By so doing companies had the added advantage of marketing their other products, Some could adopt specific schools and run MHM programmes with the specified schools.6.7% felt companies could compliment government through educating communities either through films, drama

and some other medium like sponsoring schools competitions on MHM. 3.3% argued that companies could buy rumps from community members for easy of distribution in the province, by so doing, they indirectly economically empower communities.

Apart from providing education the government also has the role of enacting polices on MHM in schools (36.7%) and ensure standardized curriculum across the schools (13.3%). 16.7% felt government should not only subsidize sanitary ware but should resource communities to venture into sanitary ware production especially in cotton rich communities. Ministries that work directly or indirectly with the girls child should provides appropriate infrastructure, raise awareness and advocate for the education of the general population on menstrual hygiene. It was clear that some respondents could not hazard suggestion mainly because they just could not bring themselves to acknowledge they were discussing menstrual issues. One Priest initially ruled out that the consulting team could not discuss menstrual issues with him. It took a lot of time to explain to get him to appreciate that these are natural processes that need the attention of individuals like him. It was only then that he was prepared to answer questions.

4. CONCLUSIONS AND RECOMMENDATIONS

4.1 Introduction

This survey focused on Masvingo District and captured views from major stakeholders. It took place after SNV had sensitized the stakeholders on the need for a holistic WASH schools programme. The WASH cluster in Masvingo Province had since been revitalized following interventions from SNV and therefore there was need for this assessment so that future WASH initiatives are informed from the ground. This chapter suggests possible solutions and recommendations to improving MHM in schools in Masvingo and Zimbabwe at large.

4.2 Recommendations

MHM as a theme must resonate across health, education, adolescent and youth development and life skills programmes and of course WASH, and must be resourced and monitored across all these sectors.

Government cannot continue to ignore such critical elements of human development and must begin to coordinate interventions through the enactment of appropriate policy frameworks and accompanying legislation. It also prudent for government through the MoPSE to urgently consider mainstreaming MHM into the wider school curriculum. Recommendations that follow below are drawn from the main findings tabulated above:

- Lobby Government to develop and formulate a policy framework, related legislation and guidelines for minimum standards on implementing, monitoring and evaluating Menstrual Hygiene Management in schools and within the development context for Zimbabwe.
- SNV to engage Government, through the MoPSE on the need to mainstream MHM into the school curriculum from Primary level and conduct intensive various awareness raising initiatives (within and without) schools.
- Identify simple design innovations to efficiently and effectively enhance MHM facilities in schools for girls and female teachers. These designs may include: dustbins for disposal, incinerators, and buckets of water inside latrines or toilet stalls, girl friendly toilets and doors with locks.
- Establish peer clubs in schools focused on MHM and other activities, including mentoring by teachers and older girls, to support girls.
- Explore the sustainability of new sanitary protection products under development like RUMPS, including how such products can be profitable and disposed of in an environmentally safe manner. Community women sewing clubs could be established, capacitated and linked with the market for

distribution purposes. Fashion and Fabrics in schools should consider RUMPs as items girls could specialize in. RUMP making could be considered as a way of punishment for indiscipline at school alongside current forms of punishment.

- Promote more research and document current menstrual hygiene management practices and the barriers girls face in various contexts especially for girls living with disabilities and OVC to further strengthen the evidence base.
- In view of the vital role of the mothers, it is very important that the mother be armed with the correct and appropriate information on reproductive health, so that she can give this knowledge to her growing girl child.
- Develop guidelines for integration of a minimum package for menstrual hygiene management into existing WASH in Schools programmes. Guidelines may include policy guidance on implementation, facility designs, and monitoring and evaluation of MHM programmes.
- Engage with national government from the very beginning when initiating menstrual hygiene management activities to ensure buy-in and additional support for multi-sectoral involvement.
- It is necessary to explore additional avenues and expand existing educational programmes targeted at girls and communities in order to break the silence around the subject and empower girls with adequate information and skills to successfully manage menses in school and at home. Radio clubs could be considered in addition to other media forms including mobile telecommunications and new-social media. Pre-recorded radio programmes could assist in breaking the silence and challenge negative cultural and religious belief systems.
- Programmes must strengthen the connections between the rights to water and sanitation and other rights, including health, education, food, work, land, freedom from violence, and the right to information (Rights Based Programming).
- Health centres to be equipped to provide accurate and user-friendly information on the biological facts about menstruation, menstrual health and hygiene. SNV and Partners to collaborate with health institutions and facilitate the development of relevant and appropriate messages on MHM promotion.
- Engage the Private sector to produce and distribute affordable and appropriate sanitary protection materials and disposal facilities. SMS messages by various mobile phone operators on appropriate MHM messages could reach many citizens at once. Such popular companies even SNV and other business entities could package cheaper sanitary materials using their labelling and logos for marketing purpose.

4.3 Conclusion

It is evident from the results of this study that MHM is a necessity yet a challenging issue for the girl child. Girls need to receive information on practical ways of managing menstruation in a girl friendly and hygienic way. Unfortunately, formal menstruation education is grossly inadequate in most if not all schools in Masvingo and other provinces of Zimbabwe although some education is provided informally in some schools, particularly private schools. Teachers and mothers were identified as the main sources of information on MHM. Unfortunately, information on menstruation hygiene management given by especially mothers can sometimes be incomplete and incorrect, usually based on cultural myths, and personal experiences and views, which may result in false perceptions and unsafe practices regarding menstruation. For better management of MHM, the government should enact relevant and appropriate policies and legislation to create an enabling environment for its effective promotion. There is need to lobby and advocate for such policies.

There is increased scope for NGO involvement even before the policies are put in place. It is evident from the results that MHM cannot be tackled effectively without the active involvement of males in Zimbabwe. Community and religious leaders also have an important role to play especially in the demystification of beliefs and practices that might have a negative bearing on the promotion of MHM. The gender unfriendly school culture and infrastructure, and the lack of adequate menstrual protection alternatives and/or clean, safe and private sanitation facilities for girls, undermine their right of privacy, health and education. Schools need to have basic sanitation facilities such as running water for washing hands, toilets with adequate privacy for changing sanitary ware, a place for drying and ironing (if reusable in a boarding school setting) and appropriate facilities for collection, storage and safe disposal of menstruation products. A multi sectoral approach in programming on MHM, in the developing and promotion of positive attitudes towards MHM is critical if transformative change is to be realized.

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