

Feminine Hygiene in the Rukungiri District of Uganda

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All characters and plots described within the case are considered fictional and bear no direct reflection of existing organizations or individuals. The case topic, however, is a true representation of circumstances in Uganda. The case scenario is complex and does not necessarily have an ideal solution, thus encouraging a discerning balance of creativity and knowledge. Provided are informative facts and figures within the case and appendices to help teams create a proposal. The data provided are derived from independent sources, may have been adapted for use in this case, and are clearly cited allowing teams to verify or contest them within their recommendations, if necessary. Teams are responsible for justifying the accuracy and validity of all data and calculations that are used in their presentations, as well as defending their assertions during judging.

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Opening Scenario

You have recently been hired as the Global Advocacy Adviser in Uganda for Girls Empowered International, a non-governmental organization (NGO) that serves over 100 countries. Girls Empowered International is a non-profit organization that aims to provide young girls and women access to quality sustainable hygiene products and health education, and to empower them to manage their health needs. After being appointed head of the task force, you begin to monitor events, identify strategic entry points and brainstorm mission and priorities. Upon arrival in Uganda, a community health worker gives you a guided tour of the location that you will be assessing and working with, a rural area called the Rukungiri District.

The community health worker informs you of the many issues the district faces, one of the most interesting and relevant being the lack of menstrual hygiene management in young girls and women. You learn that over 60% of young girls that attend schools in this village do not have adequate access to menstrual hygiene products and/or facilities to manage their menstrual cycle. As a result, young girls struggle or miss school every month. You are alarmed by this and realize that you have to create a report documenting this need as well as introduce an intervention to address this need. Considering that this has been an ongoing, silent and unaddressed issue, you know that it will be difficult to bring about change in this community. Nonetheless, you decide to take on the challenge with the assistance of your team and community workers to not only provide the women with products, but to empower and positively influence the perspective of the community.

Introduction

According to UNICEF, about one out of ten African schoolgirls either did not attend school during menstruation or dropped out of school once they reached puberty due to the lack of proper toilet facilities for girls in schools (Tegegne & Sisay, 2014). Studies from several countries in Africa have shown that the lack of private, sanitary facilities for girls, bullying by male peers, stigma and guilt surrounding menstruation, all lead to girls staying away from school (McMahon, 2011; Oche, 2012; Sommer, 2010; Tegegne, 2014).

Uganda is one of the poorest nations in the world located in East Africa. Poor menstrual hygiene practices are common among girls in rural Uganda for a number of reasons including: 1) poor availability of menstrual hygiene products, 2) lack of economic resources to buy sanitary pads, 3) absence of disposal facilities for hygiene products, 4) shortage of clean water or separate washrooms for girls in schools, and 5) poor understanding of menstruation, often associating it with being “impure” or “dirty”. The unavailability of sanitary pads means that girls resort to using old pieces of cloth, cotton, bits of mattress, paper and even a combination of mud, cow dung and leaves as menstrual products (Boosey, Prestwich, & Deave, 2014). This leaves girls vulnerable to various urinary tract and reproductive tract infections (Das et al., 2015).

Over 60% of girls miss at least one day of school during their menstrual cycle (Boosey, Prestwich, & Deave, 2014). This has important consequences for the development of the country as a large proportion of the female population remains uneducated, which leads to further economic, social and health disadvantages. High dropout rates among girls mean that Uganda may not be able to meet Sustainable Development Goal 4 (inclusive, quality, and equitable education for all) and Goal 5 (gender equality and empowerment of all women and girls). Hence, it is essential to address this very basic need of all women of reproductive age.

Case Background

Uganda is a landlocked country located in East-Central Africa, west of Kenya and east of the Democratic Republic of the Congo. According to the latest estimates, Uganda has 38 million inhabitants, with 83.9% living in rural areas (Central Intelligence Agency [CIA], 2016). The country has one of the youngest and most rapidly growing populations in the world, and ranks 5th in population growth rate worldwide. Despite the increase in government expenditures on health, Uganda’s healthcare ranks 186th out of 191 nations in the world (Sisay, 2009). Inequity in health outcomes across different regions and socioeconomic classes exist due to the uneven distribution of healthcare resources and infrastructure in the country. Urban areas such as Kampala have 19 facilities per 100,000 individuals whereas rural areas report a ratio of 5 facilities per 100,000 (Okwero et al., 2010).

Located in Southwest Uganda, the Rukungiri District is rural, spanning an area of approximately 589 square miles. According to the latest report, it has 306,700 inhabitants with a

population growth of 1.5% (Rukungiri-Uganda, 2008). The district is split into 11 sub-counties, 77 parishes, and 825 villages. The Rukungiri District has 176 government-aided primary schools and 76 private schools with girls constituting 52% of the total enrollment in the district. There are 1,846 school teachers in the district, 45% of which are female teachers (Rukungiri-Uganda, 2008). Despite its rich profile, the district's high dropout rate points to a disparity seen in secondary education in many rural areas.

In 2006, only 14% of children attended secondary school in rural areas (United States Agency for International Development [USAID], 2006). Dropout rates, particularly of girls, are a major concern as there are many unique factors that cause a disproportionate amount of girls in Uganda to drop out of school. The high density of schools in the region, yet low retention rates point to a number of factors that inhibit the ability to continue schooling. Thus, effort needs to be placed on increasing rates of secondary school completion through decreasing the dropout rate in rural areas.

The Education-Gender Disparity on a Global Scale

Girls continue to suffer a severe disadvantage in education throughout their lives. In 2013, 31 million girls of primary school age and 32 million girls of lower secondary school age were not attending school (United Nations Children's Fund [UNICEF], 2015). Sub-Saharan Africa has the lowest proportion of countries with gender parity with only two of 35 countries having equal access for boys and girls (UNICEF, 2015). According to 2015 estimates, 69% of countries achieved parity in primary education, but only 48% of countries achieved it in secondary education (UNICEF, 2015; Shahidul & Zahadul Karim, 2015). In addition, previous studies show that girls' dropout rates are higher than boys' in most parts of the world (Shahidul & Zahadul Karim, 2015).

Many factors influence the higher dropout rates among girls. Considerable evidence indicates that gender bias is an influential factor. At the household and community levels, poverty is the main factor undermining girls' right to education. Direct and indirect school costs may be a central reason for dropout, especially when parental investment tends to lean toward male well-being (Shahidul & Zahadul Karim, 2015). Studies show that families believe that the

costs of schooling for girls are higher while benefits are more unsubstantiated compared to boys (Shovan, Ghosh, Susmita & Sengupta, 2012; Shahidul & Zahadul Karim, 2015).

Girls have a greater likelihood for irregular school attendance, which is a predictor for dropping out from school (Manacorda, 2012; Grant, Lloyd, & Mensh, 2013). These rates can be influenced by traditional roles girls play in the families (girls are more likely to perform household duties than boys), unplanned pregnancy, lack of availability of toilets, and access to feminine hygiene supplies in schools (Manacorda, 2012). Studies argue that a lack of girls' privacy in schools is the foremost factor that encourages girls to drop out (UNICEF, 2009). In Sub-Saharan Africa, 57% of girls attend primary school, with only 17% enrolled at the secondary level. An important facet to this gap is the lack of access to safe water. Less than 40% of schools in Sub-Saharan Africa have adequate sanitation facilities and less than 50% of school facilities have a safe and clean space for girls during menstruation (Sommer, 2010; UNICEF, n.d.).

Feminine Hygiene in Low Resource Settings and Uganda

In recent years, the global community has focused on closing the gender gap in education. Over the past two decades, girls' school participation in most low-income countries has increased rapidly (Grant, Loyd, & Mensch, 2013). However, as more girls remain in school, their longer status as students may come into conflict with their social status and expectations. Despite global efforts, there has been insufficient attention paid to the specific needs of pre- and post-pubescent girls as they transition to young womanhood within the educational system in many low resource settings. Feminine hygiene is often underestimated as a factor for dropout rates among these girls.

Studies show that menstruation has significant physical and psychological consequences, particularly in girls and women in low-resource and rural settings (Lawan, Yusuf, & Masa, 2010; Mason et al., 2013; Sommer, 2010). Due to the stigma faced and lack of resources in marginalized settings, girls often fall into absenteeism and later premature drop out from their education (Chikulo, 2015). A study by Boosey, Prestwiche, and Deave (2014) reveals that 61.7% of girls in the Rukungiri District of Uganda missed school at least one day per month due to menstrual-related issues. Also, there is a deficit in knowledge regarding menstruation, and many

girls lack appropriate and sufficient information regarding menstrual hygiene. This could result in incorrect and unhealthy behavior during their period. Mothers often lack correct information and skills to communicate about menstrual health to pass onto their children, leading to false attitudes, beliefs, and practices. Additional areas of concern include choice of feminine hygiene products, how often and when to change feminine hygiene products, and bathing care (Lawan, Yusuf, & Masa, 2010).

Situation/Problem

Lack of adequate facilities

In low resource settings, there is also a significant lack of adequate sanitation facilities in school, which may also affect girl dropout rates. In the Rukungiri region, approximately 63% of girls reported a lack of a private space for them to wash and change at school, while 60% reported a fear of staining their clothes (Boosey, Prestwich, & Deave, 2014). Particularly girls entering adulthood need to have separate and adequate facilities for their menstruation time in school. Yet, toilets assessed in schools in the Rukungiri District were inadequate due to their lack of cleanliness, light, disability access, water and soap (Boosey, Prestwich, & Deave, 2014).

Lack of feminine hygiene products

While pads or other disposable menstrual products are the preferred and valued item for menstrual blood absorption, these are often too expensive and/or unavailable in local shops (Millington & Bolton, 2015). Because many women and girls cannot consistently afford the monthly cost of disposable menstrual products, they revert to less hygienic solutions when facing money constraints (Hoffman, Adelman, & Sebastian, 2014). Cloth is the main product used to absorb menstrual blood in many rural settings, including the Rukungiri District. Other commonly used products include blankets, socks, cotton, wool, and tissue. Due to the lack of proper feminine hygiene products, girls fear stained clothing and often feel uncomfortable in a classroom setting where their clothes may leak. Washing these items is often impossible due to the unavailability of facilities. The lack of proper sanitary materials, unsanitary conditions, and lack of appropriate facilities coupled with a lack of education and knowledge on menstruation results in girls' school absenteeism during their period. Studies show that this lack of menstrual

management causes girls to miss 10-20% of her school days (Mason et al., 2013; O'Connell et al., 2010).

Current Strategies

Much effort has been channeled to combat the lack of feminine hygiene in Sub-Saharan Africa. Several organizations have worked in these marginalized settings to identify a sustainable solution based on the community's assets. Present interventions in the area include utilizing reusable technologies such as menstrual cups, creating small, local enterprises for the production and selling of affordable pads, and producing washable cloth pads (Millington & Bolton, 2015). Various models utilize local resources such as banana fiber, old clothes, or bamboo to wash, sanitize, and create a pad that is usable for menstrual needs. The success of the intervention depends on the challenges of implementation as well as community resources to maintain the product. These efforts coupled with health and hygiene education in schools and communities could prevent school dropout and improve sexual and reproductive health.

Summary of Team Assignments

Feminine hygiene is being recognized as a global health issue that perpetuates the gender inequality of women in low-income countries. There are cultural, practical, political and economic considerations that must be addressed when improving the health of females, especially because the menstruation topic is often avoided and considered taboo.

As the new Global Advocacy Adviser for Girls Empowered International, you have been tasked with submitting a proposal for the development and implementation of a program that is effective, culturally appropriate, and feasible. It may include interventions incorporating educational, policy, social, and/or other strategies that involve important stakeholders from local government, the community, non-governmental organizations, universities, and other partners.

The time frame for the program to develop and implement an effective feminine hygiene intervention is over a period of five years. The maximum amount you are permitted to request is \$2,000,000 USD for the duration of the program. Your team must present your plan to a panel of

local and global experts on February 11, 2017. You will need to justify your decisions concerning the development of your final strategies and be prepared to explain the details of your plans.

Important Considerations

- Choice of Target Population: Who is the target population and why did the team choose to target them?
- Who will you develop partnerships with to leverage resources and expertise?
- Who are the stakeholders and decision makers?
- How will you monitor and evaluate your project?
- Are the proposed strategies feasible, effective and culturally appropriate?
- For your intervention program, what are the:
 - Objectives?
 - Strategies?
 - Settings?
 - Budget?
 - Timeline?
 - Sustainability?
- What are your specific plans to address:
 - Dissemination of information about menstruation to pre-menarcheal girls
 - Feminine hygiene
 - Access to sanitation facilities
 - Proper use of menstruation products
 - Product disposal
 - Cultural attitudes and stigma related to menstruation

- What impact will this implementation have at the individual, family, community, and national level?
- Are there any long-term or short-term economic consequences?
- Can a socio-ecologic framework be used in assessing this problem and how will this be accomplished?

Important Aspects of Proposed Strategy

- **Social Benefit/Social Return on Investment:** Impact on health outcomes, economic improvement, and productivity at the personal, family, and community levels
- **Feasibility:** How well do the proposed strategies utilize and/or improve capacity of current health systems, training/education required to implement plan, what provisions for education, product, or service delivery?
- **Economic Impact:** Direct costs associated with proposed strategies; transportation and/or opportunity costs to stakeholders
- **Cultural Acceptability:** Cultural perceptions of the proposed strategies and the extent to which they have taken in local cultural context and technologies
- **Legal and Ethical Issues:** Strategies for how these will be addressed, if applicable
- **Scalability:** Application of recommendation to other communities or more extensive coverage beyond Uganda, provided there is evidence of success
- **Sustainability:** Plans for how the program will proceed once funding ends
- **Monitoring and Evaluation:** Comparison of baseline data, to data collected during and after proposed intervention(s) and how this information will be used to inform program improvements and demonstrate impact
- **Risk Identification & Mitigation Strategies:** Potential challenges/risks associated with recommendation(s) and how those will be addressed
- **Innovation:** Are there aspects of the proposal which could be considered particularly innovative or creative; novel application of existing technologies or new products/services proposed?

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Appendices

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Appendix G: Map of Uganda

