

# EFFECTS OF MENSTRUATION ON GIRLS IN PRIMARY SCHOOLS IN KIBERA SLUMS

A project submitted to the Institute of African Studies in  
partial fulfilment of the requirements for the award of the  
Degree of Master of Arts in Gender and Development  
studies of the University of Nairobi

BY

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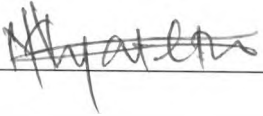


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## DECLARATION

This project is my original work and has not been submitted for a degree to any other University



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This project has been submitted for examination with my approval as a University Internal Supervisor



Isaac Amboseli Were

24. 11. 2006.

Date

## **DEDICATION**

To my father, my mentor and friend, Mr. Kuria Gitonga Kabera.  
For his continued support and guidance throughout my  
education and life. I thank God for him.

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This project has been developed through the will power instilled in me by my family, friends and acquaintances.

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## **LIST OF ABBREVIATIONS**

### **FAWEK**

Forum for African Women Educationalists –Kenya Chapter

### **UNICEF**

United Nations Children Educational Fund

### **MOEST**

Ministry of Education, Science and Technology

### **KESSP**

Kenya Education Sector Support Programme

### **GCN**

Girl Child Network

### **FGDs**

Focus Group Discussions

## **ABSTRACT**

In the poor slums of Kibera, a normal physiological process has become the channel of bondage and oppression to girls of tender ages that hardly recognize what they are going through. This study examined the impact of sexual maturation on the education of the girl child specifically inquiring on school attendance and academic performance during their menses. The research also assessed the sanitation facilities available for the girl child in schools.

The study used Piaget's periods of child development theory. Piaget describes development in terms of sequential changes on how children think. He proposes that children grow through three periods of development, each distinguished by a different way of thinking. According to Piaget, cognitive development through adolescence involves: movement from concrete to abstract thinking and a decrease in egocentric thought. This concept was helpful in explaining development of adolescent and sexual maturation issues which shape stable identities in the process of becoming complete and productive adults.

The major findings of the study were that girls who got their menses were embarrassed of the same and absented themselves from school during this period, which in turn affected their academic performance as compared to the boys. The study further reveals that parents as well as religious organizations do not play an active role in discussing their daughters' reproductive health and more so management of their menses but instead left the burden to teachers.

The study recommends that reproductive health concerns be included as examinable subjects to enhance and generate quality discussions in both formal and informal class interactions, while at the same time the manufacture and provision of free sanitary towels should be put in place to make free primary education practically affordable to girls from vulnerable socio economic backgrounds.

# CHAPTER ONE

## 1.1.0 Introduction

One of the main goals of Kenyan government is to provide educational opportunities to all school age children without discrimination on the basis of gender, race, socio-economic status, religion or geographic location. However, the participation of girls in primary education in Kenya, like in other countries in Sub-Saharan Africa, is influenced by a complex interplay between out-of school and in-school factors. These factors influence and determine parents' and communities' commitment to invest in and support girls' education. They also impact on how well the girls learn and perform in school. Ultimately, they militate against the achievement of basic education for all.

It is imperative to note two issues. First, these factors are common in every community / district in Kenya although their intensity varies from region to region. Second, in-school based obstacles to girls' education have not been an area of much focus in research and debates in Kenya (Abagi, 2004).

There are several out-of-school factors that inhibit girls' participation in education. These include sexual maturation (especially menstruation), poverty, girl-child labour, parents' perceptions and attitudes towards educating girls, socio-cultural (traditional) practices and rites, insecurity and distance from school, HIV/AIDS pandemic and lack of gender responsive legal and policy frameworks.

### **1.2.0 Statement of the Problem**

The problems of mainstreaming gender in education in general and focusing on the girl child in particular are complex because such initiatives have to address perception and attitudes based on cultural and traditional practices in all communities in Kenya.

Women in Kenya constitute majority of the poor, as is evidenced by their low income, illiteracy, and poor quality of life. Underlying this phenomenon is the fact that most women are disadvantaged in access, retention and achievement of education during their basic and high school education period. Many girls in Kenya suffer erratic school attendance due to their changing physiology, as they mature sexually and menstruation starts to take its effect in their education.

Menstruation has for many years been known to be a taboo to those that know it and a subject that is silent or never comes up in most households, learning and occupational institutions and even in religion. Culture after culture, living in accordance with the male norm, has treated menstruation as a disease of the female species. Thus, it has generations after generations not been addressed or discussed freely as it is perceived as a very private issue.

According to studies carried by FAWE and Rockefeller Foundation (2000), girls absent themselves from school for up-to twelve (12) days in a term during their menstruation period. This amounts to 36 days in a year, equivalent to 180 days of their school time from class 4 – 8. This puts them

at a different competing level with the boy children, who continue to learn while the girls are out of school. The problem is further compounded by lack of hygienic sanitary gear during menstruation; which further compromises their health in many ways.

In circumstances where girls have braved their condition to remain in class, they have done so amidst discomfort and embarrassment of their situation. This boils down to poor performance and low education achievements for the girl child. Hence missing out on many life opportunities for self-advancement and economic empowerment.

### **1.3.0 General Objective**

To examine the effects of menstruation on the education of primary school girls in Kibera slums and to devise appropriate responses to enable the girls' uninterrupted learning.

### **1.4.0 Specific Objectives**

- 1.4.1 To establish the extent to which menstruation affects the girl child in primary education.
- 1.4.2 To explore pupils' level of knowledge of the process of sexual Maturation.
- 1.4.3 To find out the societal attitudes and socialization of girls regarding issues of menstruation.
- 1.4.4 To explore the school's environmental and administrative framework in addressing processes of sexual maturation and menstruation.

### **1.5.0 Research Questions**

- 1.5.1 What demands does menstruation pose on the girl child?

- 1.5.2 To establish if menstruation causes diversion of mental attention for the girls during learning process.
- 1.5.3 To find out how society socializes girls on menstruation.
- 1.5.4 To find out how menstruation impacts on girls education.

### **1.5.1 Hypotheses**

- 1.5.6 The period of sexual maturation, especially girls' menstruation, is one of turmoil and stress.
- 1.5.7 It is critical for adolescents to accomplish specific developmental tasks through the support of their parents, teachers and various government mechanisms. Physical and social environmental factors in the school and at home have a more significant influence on the experiences and outcomes of girls' participation in education.
- 1.5.8 Sexual maturation might not be after all, among the key reasons affecting girls' education.

### **1.6.0 Study Justification**

This study intends to give prominence to the issue of menstruation as a significant contributor to existing education disparities between boys and girls. One of the most under-studied areas is the role played by menstruation in hindering girls' participation in education. This study will therefore assist education policy stakeholders to address and articulate the disparities between girls and boys in education achievement and participation and how they are influenced by all levels and stages of a girl's life experiences and their individual human growth and development. Specifically, policy stakeholders will identify the need to

mainstream into the education and gender policy, the effects of sexual maturation process, with great emphasis on the effects of menstruation to girls' participation in education.

### **1.7.0 Scope and Limitations**

The attempt to engage young girls in discussions over highly personal matters of sexual maturation and menstruation was very difficult. Besides feeling embarrassed, some respondents thought that this was a unique “disease” that could not be discussed in the open. The researcher therefore worked on a strategy of gaining the confidence of the young girls prior to discussion. This was not very hard given that the researcher herself is a woman.

Since the study was carried in an environment prone to economic challenges, getting the girls together for the Focus Group Discussion sessions proved to be a big challenge because the girls when not in school are expected to be doing specific duties that help their families to co-exist. Some of these girls were house hold heads, having been orphaned by the HIV/AIDS pandemic.

### **1.8.0 Operational Definitions**

1.8.1 Menstruation: The principal sign of sexual maturity in girls is menstruation

1.8.2 Sexual maturation: A biological process which occurs from the time the sex hormones start increasing in the body to the achievement of adulthood at the age of 21 for girls and 25 years for boys.

1.8.3 Adolescents: This is a girl or a boy whose age is between the time of

beginning sexual maturation and adulthood.

- 1.8.4 Puberty: The onset of maturation, when a child experiences physical, hormonal and sexual changes and eventually possesses the ability to reproduce
- 1.8.5 Poverty: Low income families that can barely afford basic needs.
- 1.8.6 Slum: A heavily populated area of a city characterized by poverty and poor housing.

# CHAPTER TWO

## Literature Review and Theoretical Framework

### 2.0.0 Introduction

Sexual maturation is a biological process, which occurs from the time the sex hormones start increasing in the body to the achievement of adulthood at the age of 21 for girls and 25 years for boys. It begins at puberty and is associated with rapid growth and appearance of secondary sexual characteristics (Center of disease control (CDC) et al. 2000).

The principal sign of sexual maturity in girls is menstruation (Papalia et al. 1992). The ovaries found in the uterus begin to increase the production of estrogen and other hormones during puberty. This begins the monthly menstrual cycle. The menstrual cycle varies from one girl to another. The majority of women will have a cycle that lasts between 25-35 days, with the average being 28 days, but this can be longer or shorter. The first day of bleeding is counted as the beginning of the cycle (day 1). The menstrual cycle is then the number of days before the next "period" starts (the first day of bleeding). A period can last anything from 3 to 10 days<sup>1</sup>.

There are five main hormones involved in the menstrual cycle process<sup>2</sup>: *Estrogen*, although it is thought of as one type of hormone, there are actually different types of estrogen produced by the female body. The two main estrogens involved in the menstrual cycle are estradiol and androgen. Estradiol is responsible for thickening the endometrial lining

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<sup>1</sup> <http://www.homehealth-uk.com/medical/ovulationandmenstrualcycle.htm> - 16/10/2006

<sup>2</sup> [http://www.epigee.org/menstruation\\_how\\_cycle\\_works.html](http://www.epigee.org/menstruation_how_cycle_works.html) - 16/10/2006

along with making the vaginal and cervical mucus more inviting for sperm. Androgen, on the other hand, does not actually start out as estrogen. Rather, the ovaries convert androgen to extra estrogen. This increase in estrogen helps to get rid of the immature egg follicles.

*Progesterone*, is produced by the follicle from which the mature egg has been released (once the egg is released, this follicle is known as the corpus luteum. Progesterone helps make the endometrial lining ready for implantation if an egg is fertilized during the cycle. Progesterone also prevents the egg follicles from developing any further.

*Gonadotropin releasing hormone (GnRH)* is produced by the hypothalamus in the brain, GnRH is the controlling force behind the production and levels of estrogen in the body. Towards the end of your cycle, your estrogen levels bottom out and the GnRH is notified to start the production all over again. Once the female body starts secreting high levels of progesterone, GnRH is no longer produced<sup>3</sup>.

The *Follicle stimulating hormone*, as the name suggests, increased levels of this hormone help to stimulate egg follicles, thereby aiding the maturation of the eggs as well as increasing the production estradiol. FSH is secreted by the pituitary gland, which is stimulated by the hypothalamus' production of GnRH.

Lastly, the *Lutenizing hormone*, also produced by the pituitary gland in response to the body's production of GnRH. This hormone works with the egg follicles to produce androgen<sup>4</sup>.

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<sup>3</sup> <http://www.homehealth-uk.com/medical/fertilization.htm> -16/10/2006

<sup>4</sup> <http://www.homehealth-uk.com/medical/fertilization.htm> -16/10/2006

If an egg is fertilized and successfully implants into the uterine lining during this cycle, a woman's body begins to secrete human Chorionic Gonadotropin (hCG). This hormone helps to continue the production of estrogen and progesterone for the remainder of an occurred pregnancy. The corpus luteum also continues to produce progesterone as it is stimulated by the fetus' placenta.

On the other hand, if an egg is not fertilized, it will be expelled along with the endometrial lining from the body. This is what is referred to as the "Period". Menstruation also occurs if an egg has been fertilized but fails to implant in the uterine lining. In this case, the fertilized egg along with the endometrial will be expelled during the "Period". In addition, when no pregnancy occurs during a cycle, the corpus luteum dries up, becoming scar tissue, and the hormonal levels begin to fall. As they drop, the hypothalamus is stimulated and starts producing GnRH. This will signal the pituitary gland to start secreting follicle stimulating hormone (FSH), hence, menstrual cycle begins again<sup>5</sup>.

At first the periods are irregular but overtime they become regular. During menstruation mild cramping is normal. Other symptoms in relation to menstruation include headaches, backaches and abdominal pain. Negative reactions to menstruation may stem from physical discomfort. Menstruation can begin as early as nine years of age (Mussen, 1969).

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<sup>5</sup> <http://www.womenshealthlondon.org.uk/leaflets/cycle/cycle.html>

## 2.2.0 Exploring the school's environmental and administrative framework

In-of-school factors are contributed by the fact that despite water and sanitation being key areas of concern, about 80 per cent of the schools in Kenya have dilapidated toilets, with makeshift structures. Water, sanitation and hygiene situation in Kenyan schools is worrying. According to the rating used by the Ministry of Education Science and Technology (MOEST), the situation is fair when less than 40 children share one latrine. The situation is rated bad where 40 to 100 children share a latrine and dangerous if over 100 pupils share one latrine. (*Kirimi and Mwaniki, 2004*)

A study by MOEST (2003) shows that a majority of public primary schools in Kenya are in the 'dangerous' category. It further stated that, nation-wide, there was an average of 55 school children per toilet in 1999. The situation was worst in the semi-arid North Eastern Province where an average of 95 children shared one toilet. However, the survey shows that in 2003 the situation had become considerably worse with an average of 64 school children sharing one toilet. Some schools in the rural districts such as Kwale, Turkana, Wajir and Mandera districts of Kenya have no latrines at all, and the nearby bushes are used as toilets. Even where latrines exist and the coverage is fairly good, their condition varies from fair to very poor.

In nearly all schools, hygiene education and practices are given low profile. In addition, girls and boys toilets are generally constructed close together. In some schools girls and boys have to share latrines. Experience shows that when girls reach puberty, they drop out of school due to the embarrassment of sharing latrines with boys, or because the facilities don't give them privacy and dignity. Provision of quality education requires that

the girls' and boys' toilets be constructed in different parts of the school compound<sup>6</sup>.

Forty per cent of the schools that are located in rural and slum areas have no toilets. It is hence evident that there is a limited number of toilet facilities which girls can use to change protective "gear", with adequate privacy and sanitation during menstruation. (Abagi, 2004).

In this case, it is imperative to note that even if school environment is conducive and learning facilities are available, girls' participation in education, especially at the primary level, would be affected if some identified out-of-school and in-of-school factors, stated above, are not addressed in a sustainable manner. Safe water and adequate sanitation in schools are as important to quality education as books and pencils. But in many schools basic facilities are not provided. As a result, children may stay away<sup>7</sup>.

Girl's participation in education, in particular, can be discouraged by inadequate sanitation. The United Nations Children's Education Fund recognized that all primary schools need clean, separate latrines for boys and girls. (UNICEF, Report 2004).

In explaining a Kenyan case study on the Public Management of Menstruation, (Mati 2000), asserts that, the age of menarche in Kenya is around 12-13 years, and is known to be influenced among other factors by socio-economic status of the parents. Where primary school starts at age 7, it implies that girls may experience their first period from Standard 6 onwards, if not earlier. Enrolment at a later age especially in rural areas,

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<sup>6</sup> <http://www.netwas.org/newsletter/articles/2004/01/9>

<sup>7</sup> [http://www.unicef.org/wes/kenya\\_23368.html/2004/08/25](http://www.unicef.org/wes/kenya_23368.html/2004/08/25)

### **2.3.0 Existing legal provisions for empowering girls in pursuit of education**

In *Education policy on gender and sanitation*, equal access of girls and boys to primary education has been identified by the international community as a key measure of progress towards gender equality. Indeed the Government of Kenya is a signatory to the major international conventions and agreements on human rights and gender equality development. For instance, Convention on the Elimination of all forms of Discrimination Against Women (CEDAW, 1979), the Universal Declaration of Human Rights of 1948, Declaration of the 4<sup>th</sup> world conference on women (Beijing Declaration, 1995) and the African platform for Action adopted at the 5<sup>th</sup> African regional conference on women at the International conference on population and development (ICPD, Cairo 1994).

The realization of girls and women empowerment through education has been impeded by a number of factors ranging from cultural and religious attitudes, infrastructural and geographical limitations, poverty and most of all inadequate policy. (Ministry Of Education Science and Technology Sessional paper No.1, 2005).

In 2003, the Ministry of Education, Science and Technology developed a framework addressing gender and education as a mainstream issue. The draft policy aimed at highlighting key gender concerns in education such as disparities in enrolment, conducive learning environments, stereotyping in learning materials and what they state as attitudes that inhibit girls' access to education (Kenya Education Sector Support Programme 2005).

However, this draft does not consider issues of sexual maturation at the top of the agenda as a distinct component of gender and education. In addition, the Kenya Education Sector Support Programme of 2005 has indicated issues of water and sanitation in schools as the last objective in the gender and education policy programme summary. Despite generalizing the two components, it is also important to note that it is not after all a priority. In addition, Kariuki et al. (2000) study quotes Odaga (1995) who identifies the lack of underwear and sanitary protection during menstruation as a major problem for girls' school attendance. Not only is this an additional cost for girls but is also a source of great anxiety amongst them.

The Gender and Education draft policy has stipulated Gender Mainstreaming, as one of its key thematic areas. The objective of the theme is to mainstream gender in all educational institutions, policies, programmes and activities. The draft policy calls for development of gender sensitive modules and materials for all target audience. (Gender and Education draft policy, 2006). This would therefore enable access of information to both school administration and children, hence create awareness on issues of sexual maturation and menstruation.

However it is important to note, in the Kenya Education Sector Support Programme of 2005, it is stipulated that the Ministry of Education, Science and Technology, Ministry of Health and Ministry of Water, will jointly implement this component of water and environmental sanitation in schools. It further defines the institutions responsible for the task, hence, the School Sanitation and Hygiene Education Technical Group, will be co-chaired by the Ministry of Health and the Ministry of Education, Science and Technology in order to:

*“Ensure gender sensitive sanitation facilities and guarantee girls the access to sanitary pads and life skills training” (KEESP 2005: 258)*

Finally, Irregular school attendance and performance of girls is affected due to feelings and consciousness about adolescent physical appearance. Anything that makes boys think they look feminine or girls think they look masculine makes them miserable (Papalia and Olds 1992; Stone and Church, 1973).

#### **2.4.0 Menstruation and the girl child's education**

Specifically, some recent research findings from Kenya (Mugenda 2000, Mati 2000, Kariuki et al 2000) have identified sexual maturation (and related issues) as having a major impact on school attendance and performance. This impact is all the greater as most Kenyan children reach puberty while still in primary school. The length of primary school is relatively long (8 years) and for many children, particularly those in rural areas, age of entry into the school system is normally delayed. Consequently adolescence sets in while children are still in primary school.

According to a case study on the "Impact of Institutional Management of Menstruation on Girls' Participation in Primary Education," for a good number of children, and girls in particular, adolescence sets in lower primary (Kariuki et al 2000). Yet this and other studies have identified severe shortfalls in the provision of water and sanitation in primary schools, very poor management of menstruation among young girls and a number of other factors related to adolescence that have a direct impact on school attendance and participation. These problems affect girls more than boys.

In addition to girls inability to afford sanitary wear during their monthly period, these girls resort to inappropriate methods of containing their menstrual flow; old rags and pieces of blanket or sack, toilet paper or even leaves. Some girls do not use anything at all. These methods are unhygienic and a health hazard. The alternate materials do not adequately contain menstrual flow. These lead to unpleasant odours which negatively affect a girl's confidence and expose her to ridicule and exclusion by her peers. Such a girl may withdraw from taking part fully in class and extra curricular activities. A large number of girls simply skip school during their period<sup>9</sup>.

### **2.5.0 Exploring pupils' level of knowledge on sexual maturation.**

Ignorance about sexual maturation and menstruation practices, inadequate guidance and counseling services for girls and boys has been identified as some of the factors influencing; Absenteeism among girls during menstruation, poor management of menstruation due to unaffordable materials, poor sanitation facilities, lack of water in schools, low concentration in class, lack of enforcement of policies related to health standards, lack of women role models in schools and eventually imbalanced gender staffing (MOEST 2000).

On the other hand, Socialization of girls on issues of menstruation have not received adequate attention in the past, despite the fact that gender disparities in participation and achievement/attainment have been shown to start at adolescence. Abagi and Odipo (1997) report that dropout and repetition rates are higher in upper primary school. However, in the past advocacy for girls' education has focused mainly on factors external to the school environment.

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<sup>9</sup> [http://www.awid.org/go.\(Menstruation and Gender Disparities in Education\)](http://www.awid.org/go.(Menstruation and Gender Disparities in Education)) 17 June, 2005

According to Kariuki et al (2000), only a small number of girls had learnt about sexual maturation and menstruation practices from their mothers. Girls in rural schools and a few from the urban schools when interviewed, said that nobody had talked to them about menstruation and they had just overheard their sisters or sisters in law talking amongst themselves. For others, girls and boys, sexual maturation and menstruation had come as a surprise.

Menstruation is part of the Standard six Home Science curriculum but the pupils indicated that the lessons were factual explanations of sexual maturation focusing mainly on the reproductive system. Both female and male teachers felt embarrassed teaching about sexual maturation and menstruation practices in mixed gender classes. Moreover, this information did not appear to be widely available from any other source; print and electronic media only provided advertisement for protection/sanitation for the girls, but not how to deal with the trauma of menstruation practices. There was virtually nothing for boys. (Kariuki, 2000).

#### **2.6.0 Societal attitudes and socialization of girls with respect to menstruation**

In conclusion, sex education has been treated with great ambivalence in Kenya over the years. School curricula are nationalized, and until recently, there was no curriculum for sex education. Nevertheless, the idea is endorsed, and units of Family Life Education (FLE) are integrated into various curricula. These have been designed by nongovernmental organizations (NGOs), particularly the National Christian Council of Kenya, the Kenya Family Planning Association, the YMCA, the Kenya Catholic

Secretariat, and the National Women's Federation (Maendaleo wa Wanawake). For instance, in 1991, when tested on six topics - menstruation, wet dreams, pregnancy, contraception, Sexually Transmitted Diseases, and AIDS - 80 percent of the adolescents had received instruction on at least one topic between the ages of 12 and 15. Further testing on specific issues, however, showed that only 23 to 37 percent had practical knowledge on specific topics<sup>10</sup>.

Traditionally, any subject related to sex education was undertaken as part of the initiation process. It began, however, much earlier in the extended family and social structures of particular ethnic groups. Adults in the presence of children were expected to avoid any words, acts, or gestures of a sexual nature. The rules of shame might allow openness about sexual matters with a grandparent, however, and among the Kisii a grandmother could be the confidant of her grandchildren on their sexual experiences<sup>11</sup>. Therefore, there has been stigma on discussing sexual maturation issues.

Livson and Pestkin, (1980) assert that girls do not like to mature early. They are generally happier when they mature neither early nor later than their peers. Early maturing girls tend to be less sociable, expressive and poised; more interested and shy; and more negative about menarche.

They are apt to have a poor body image and lower self esteem (Papalia and Olds, 1992). This may be due to reactions to other peoples concerns about their sexuality. Parents and teachers for example may assume that the girls with physically mature bodies are sexually active because they look as if they could be. Therefore, the adults may treat an early maturing girl more strictly and with more disapproval than they treat a late maturing girl (Crockett and Peterson, 1987).

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<sup>10</sup> <http://www2.hu-berlin.de/sexology/IES/kenya>.

<sup>11</sup> <http://www2.hu-berlin.de/sexology/IES/kenya.html#3>

## 2.7.0 Conceptual Framework

This research is based on Piaget's (1952) periods of child development theory (Huitt et. Al, 2003). Piaget describes development in terms of sequential changes in how children think and behave. He proposes that children grow through three periods of development, each distinguished by a different way of thinking and behaviour. According to Piaget, cognitive development through adolescence involves: movement from concrete to abstract thinking and a decrease in egocentric thought.

In regard, Piaget's periods of development are;

1. Sensori-motor (Birth to 2 years old)
2. Concrete Preoperational Sub period (2 to 11 years old)
3. Concrete Operational Sub period (7 to 11 years old)
4. Formal Operational (12 through adulthood)

Based on the development stages given above, it is clear that adolescents face the major task of creating stable identities and becoming complete and productive adults (Perkins, 2001). They take on this task in small steps along the way as they adapt to the changes they experience within themselves that is emotional, psychological, physical, sexual and hormonal and also in the various environments around them. These steps are themselves significant challenges.

Piaget's adolescent development theory compliments this study by further arguing that the transition from concrete to completed formal operational thinking occurs in stages between the ages of 11-14 among adolescents.

According to Piaget and other cognitive theorists like Festinger (1959), Berkowitz (1984) and Brehm et al. (1962), the predominance of egocentric thought during this period leads to some particular views and behaviors among adolescents, including:

1. Self-consciousness
2. The imaginary audience: feeling as though one's actions and appearance is being constantly scrutinized
3. The personal fable: viewing one's thoughts and feelings as unique experiences

Self consciousness and the imaginary audience theories contributed significantly to the understanding of the feelings of embarrassment, self pity and isolation that the adolescent girls go through upon the onset of their menses. The personal fable perspective complemented and shaped the perspective of this study by clarifying the emotional and psychological state of the adolescent girls in primary school as they approach sexual maturation, and exposing the fact that these are normal psychological, physiological and emotional stages of growth that all girls must be prepared to face as they mature in life.

The periods of child development theory therefore helps to explain girls' poor attendance of school, as well as eventual lack of interest in education, considering the psychological and emotional trauma that trigger and precipitate diverse reactions and the adolescent behaviours stated above. The theory further emphasizes that greater exposure and advance preparation of young girls to what they should expect as they mature up tends to alleviate the worst forms of isolation, disenchantment, and embarrassments.

In tackling the issue of how menstruation affects girls' education, Piaget recommends that by sharing experiences with peers or adults, adolescent girls learn that many of their thoughts and feelings are shared by almost everyone. This realization helps them to feel less unique or less "abnormal" and more like others. The egocentric thinking of early adolescence thus diminishes by about the age of 15 or 16 years. This sharing could be done through mentorship to the school children as well as training teachers and the mentors on this specific topic of sexual maturation

# CHAPTER THREE

## Methodology

### 3.1.0 Research Design

This was an exploratory study that took keen interest to ensure that the objectives of data collection process were achieved. The major aim of this study was to elicit qualitative data. Research assistants were trained on data collection techniques, contents of questionnaires, and note taking. Data collected was edited and coded immediately.

### 3.2.0 Sample and sampling procedure

The population that was subjected in this study included 75 girls from the age of 10 to 14 years. These girls were selected from 5 different schools. The study also engaged a total of 10 teachers, two (2) teachers from each school, one (1) female and one (1) male teacher.

The researcher also interviewed one (1) official from the gender desk in the Ministry of Education, Science and Technology, the Executive director of Girl Child Network and the Programmes director of Forum for African Women Educationalists –Kenya Chapter. These officials are working in partnership in the sanitary towel campaign in Kenya, and therefore are aware of the magnitude of school dropouts and poor performance in schools by the girls in Kibera slums caused by menstruation and other compounding factors of sexual maturation. Thus the target population is summarized as follows:

- 1) Number of primary schools - 5
- 2) Number of primary school girls - 75
- 3) Number of primary school teachers- 10

- 4) Director of the Gender desk in the Ministry of Education, Science and Technology,
- 5) Executive director of the Girl Child Network
- 6) Programmes director of the Forum for African Women Educationalists – Kenya Chapter

The researcher employed probability sampling as it is more objective and creates room for scientifically defensible evaluation findings.

The primary schools were selected based on distance, and willingness of the head teachers to co-operate, hence convenient sampling.

The teachers were selected using systematic sampling, thus one standard eight (8) and standard six (6) teacher from each of the five schools.

Thereafter, the researcher engaged one stream of 3 classes from every school. Hence one stream of standard six (6) to standard eight (8) pupils participated and fifteen (15) pupils represented each school. The pupils were selected using simple random sampling, in order to select 5 girls per class, all girls in a particular class, picked a piece of folded paper, indicated YES and NO, and the 5 that had a piece of paper indicating YES were be used.

### **3.2.1 Study Site**

The study was conducted in Nairobi Province:

- a) Kibera slums,
- b) The same was done in 5 primary schools in Kibera slum area.

The above study site was considered because of the following reasons:

1. The population is mainly comprised of the peri-urban area of Nairobi province that is comprised of schools with children from poor household.

2. The children in this area are also likely to be absent as they cannot afford sanitary towels.

### **3.3.0 Unit of Analysis**

Each individual was the unit of analysis in this study. This is primarily because the over arching aim of this research was to capture the negative impact sexual maturation (menstruation) had on the education of primary school going girls.

### **3.4.0 The Target Population**

Kibera is the largest slum in Africa - one of the largest in the world. Kibera occupies 630 acres. Sixty per cent of Nairobi's residents live in one of its many slums. Half of these residents live in Kibera. Hence, 800,000 to more than 1 million people live there. There are more than 100,000 orphaned children living there, the majority orphaned by the AIDS virus<sup>12</sup>.

Kibera is situated about 10 kilometres to the west of the city centre of Nairobi, Kenya. The population comprises of all the ethnic groups in Kenya and one additional tribe which is the Nubians. Kibera initially grew as a village housing the Nubian soldiers of the demobilised arms of British East Africa at the end of the Second World War, in 1947.

Subsequently, as rural-to-urban migration increased, many people moved into the area where they put up temporary structures to live in. Gradually, the initial inhabitants gained various forms of rights to the land and began building mud-and-wattle structures for renting. The slum is largely made of these today<sup>13</sup>.

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<sup>12</sup> <http://www.amref.org/index.asp>

<sup>13</sup> <http://www.oneworld.net/article/view/71289/1/> -Slums have a history too-25 October 2003

Overcrowding in housing is so bad that parts of Kibera average only 12 square feet of housing per person, or the equivalent of floor space per person about 1 meter wide by 1 meter long.

There is no running water in most homes in Kibera. To obtain water, residents pay two to ten times what is paid by a Nairobi resident outside the slums. The water is carried back to their houses in jerry cans. However, water flows inconsistently throughout all of Nairobi, even in the plumbed neighborhoods. To use a toilet, some residents must pay about 4 shillings to use a filthy private latrine. Those without other means use a plastic bag which "disappears" over the roof tops at night<sup>14</sup>.

### **3.5.0 Methods of data collection**

The researcher collected data using questionnaires, focus group discussion guides and interview schedules. Focus Group Discussions were used to get in-depth explanation of the processes and practices on how menstruation has impacted on the performance of girls at the primary school level in Kibera slums.

#### **3.5.1 Documentary Sources**

This technique was used to supplement primary data and to inform the orientation of the problem under study. The available literature on sexual maturation (menstruation) and its effects on the girl child education were examined before embarking on field work. In fact, most of the relevant documents from books, the internet and magazines were made use of through out the entire period of the study.

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<sup>14</sup> [http://www.bbc.co.uk/worldservice/specials/1454\\_urbansolutions/](http://www.bbc.co.uk/worldservice/specials/1454_urbansolutions/)

### **3.5.2 Structured Interviews**

The researcher shall use questionnaires to collect data. Both structured (closed) and unstructured (open-ended) questions were used in the questionnaires. This ensured that the findings are easier to analyze and quantify; while on the other hand, they permitted a greater depth of response and the respondent's responses gave more insight into his or her (teacher's) thoughts. The questionnaires were administered to the 10 teachers who completed the questionnaires by themselves.

### **3.5.3 Unstructured Interviews**

This method was used to beef up and strengthen structured interviews. It mainly took the form of conversational interviews. These interviews were held in informal settings at different places with different participants who co-exist in the slums of Kibera.

It was absolutely important to make use of this technique so as to obtain data in less controlled research settings that could provide insights into the subjective views of the informants concerning the research topic.

### **3.5.4 Key Informant Interviews**

In-depth interview was used to collect data. An interview schedule helped the researcher to obtain data required to meet the specific objectives of the study. This involved oral administration of an interview schedule. The interview schedule was semi-structured, to enable the researcher to administer both structured and unstructured questions. The unstructured questions gave room for greater depth of information.

### **3.5.5 Focus Group Discussions (FGDs)**

Five Focus Group Discussions (FGDs) per school, in each of the five schools were used to generate detailed and in-depth information and to take advantage of group dialogue. Each group had six to eight participants. Each FGD had participants from the same class, to enable the girls to identify with their own age group, mind and generally, consisted girls who were directly affected and had experienced menstruation. Focus group guides were used in collection of the data.

The focus group discussion was conducted as follows.

- Group 1 girl in standard 6.
- Group 2 girls in standard 7.
- Group 3 girls in standard 8.

A total of five focus group discussion sessions for pupils were therefore conducted from the five schools. A tape recorder was used to record the information from the key informants. The Focus group discussions took about forty five minutes each.

### **3.5.6 Data Analysis**

Qualitative responses were transcribed. Generalizations based on the study objectives and themes were made. Limited quantitative and descriptive statistics were used mainly to describe and present the results. The data was presented to help measure and describe the distribution of scores or measurements using the statistics that depended on the type of variables under study.

### 3.6.0 Ethical considerations

The researcher adhered to all procedures and ethical considerations related to this study. The research gave due consideration to the integrity of the research processes. The researcher considered the effects of his work, including the consequences or misuse, both for the individuals and groups among whom he carried out the fieldwork; he therefore carried out debriefing sessions for all the respondents. The research was carried out in full compliance with, and awareness of, local customs, standards, laws and regulations.

Undue intrusion into the lives of the individuals that were studied was strictly avoided by the researcher. The welfare of the informants was given the highest priority; their dignity, privacy and interests have been protected at all times. Freely given informed consent was obtained from all respondents. Participants were fully informed of their right to refuse, and to withdraw at any time during the research<sup>15</sup>.

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<sup>15</sup> Ethical Guidelines for International Comparative Social Science Research in the framework of MOEST

# CHAPTER FOUR

## RESEARCH FINDINGS

### 4.1.0 Introduction

The researcher presents the findings on the various objectives of the study in this section. The first part presents the demographic characteristics of the sixty respondents (thirty girls in primary schools, twenty in secondary and ten experts in the education and reproductive sub sector). The rest of the chapter presents the findings on the objectives of the study and the discussion on the emerging trends. As much as possible, the researcher tries to use the words and expressions of the respondents and their perspectives on the subject under study.

### 4.1.1 Demographic characteristics

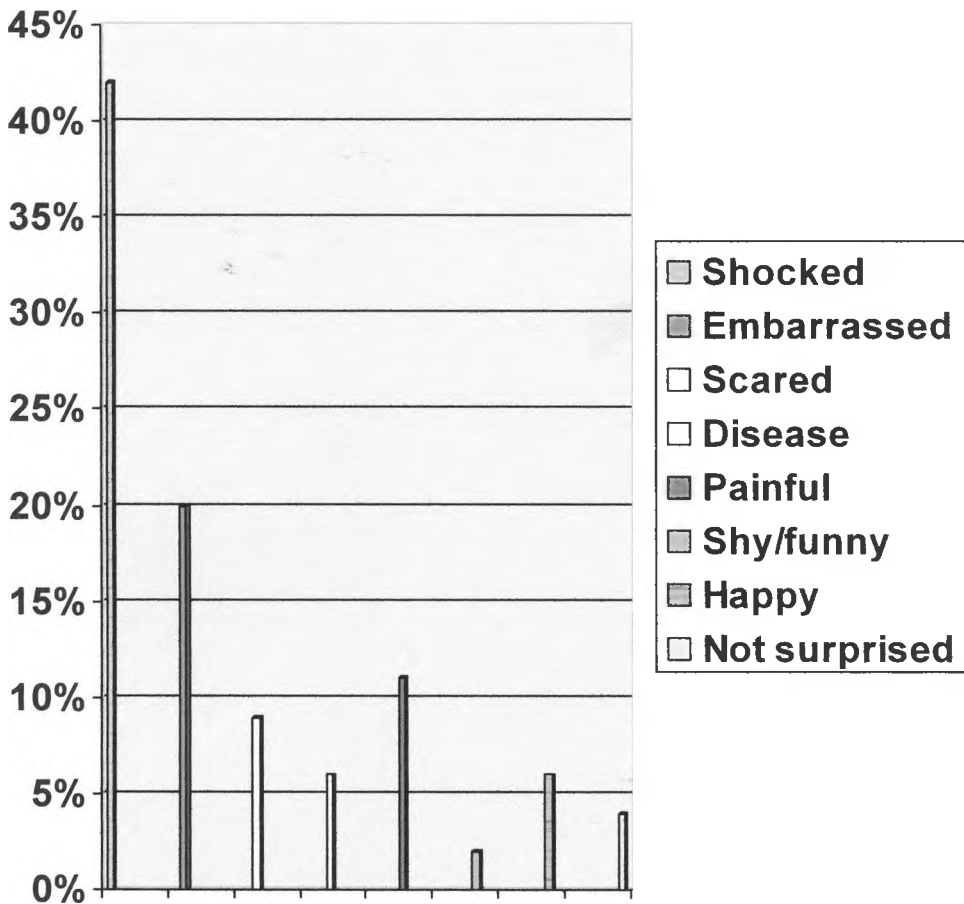
In this study, demographic characteristics were used to refer to age, gender, residence, education and means of earning a living among other variables. Gender is considered as the relationship between men and women in the ways in which their roles are socially constructed and to the cultural interpretations of biological differences between men and women (Wood, 1999). The impact of gender relations in the management of sexual maturation and menstruation related concerns is a clear statement of the dominance of patriarchal structures that do not respect the biological construction of the female anatomy and the internal mechanism and processes of her body.

#### **4.2.0 How menstruation affects the girl child in primary education**

The pupils reported many different experiences upon the onset of menstruation. In one FGD session, a pupil shared her experience in this way:

*'I was at school, right on my desk, and the maths teacher who is a man was in class. Suddenly I felt something warm flowing from my private parts. At first, I was convinced that I had urinated in class and did not know what to do, but I had not experienced the urge to pass urine. I tied my sweater around my waist and asked for permission to go to the toilet. When I realised that it was not urine but blood I screamed. Our home science teacher later informed me about periods and how to use sanitary towels. I was so embarrassed; I wish some one had told me that it happens to girls!'*

**Table 1 Respondents' reaction to first menstruation**



**Source: Field work report, 2006**

Table 1 above depicts the various responses of pupils upon the onset of menstruation. The majority of girls were shocked and experienced negative feelings. Others were embarrassed and scared because they did not expect anything like that to happen to them. Some thought that they had caught a strange disease and even attempted to hide it from parents, teachers and friends. Some pupils reportedly felt pain in the stomach, others felt funny and could not exactly describe how they felt.

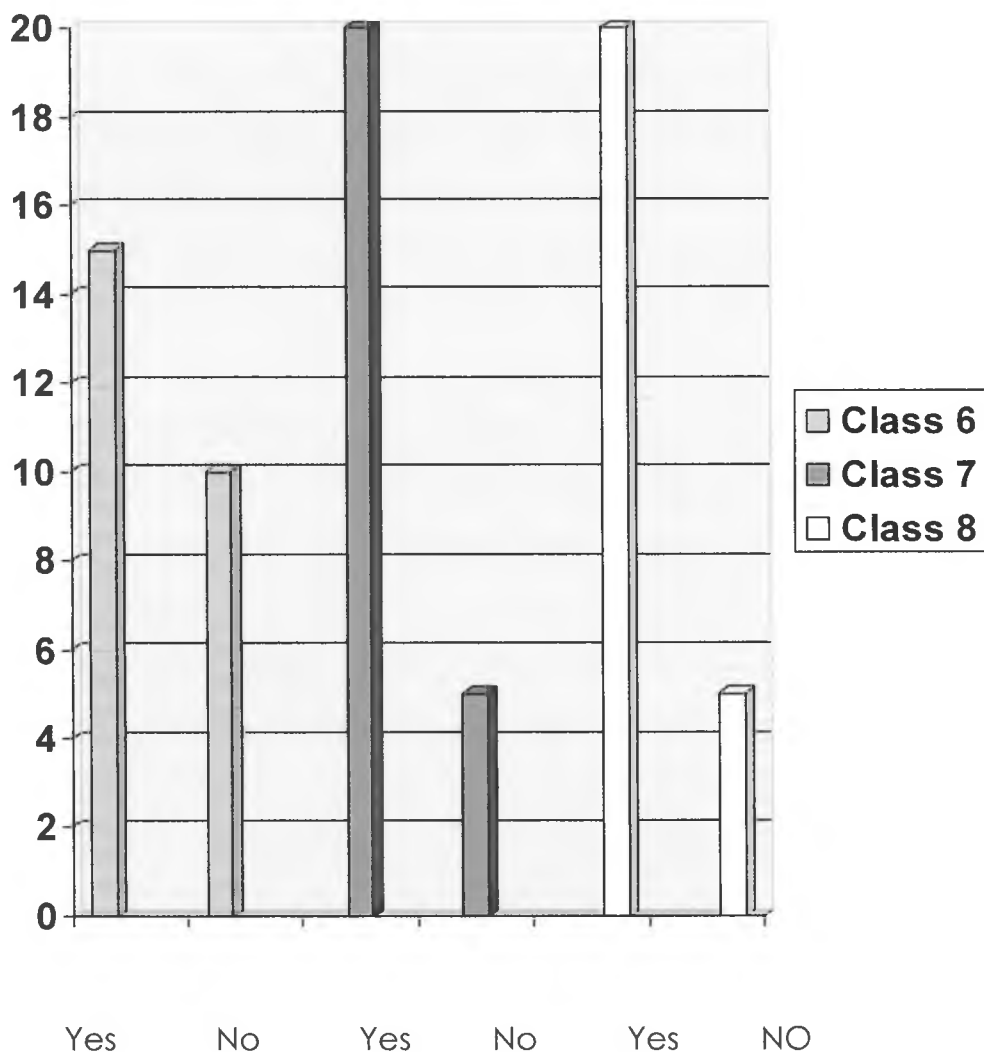
But other pupils report being happy due to the new development. This particular lot were those that had been prepared in advance by teachers, parents and friends to expect the flow, and were actually waiting anxiously for the great day.

### 4.3.0 Exploring pupils' knowledge of the process of sexual maturation

When the pupils were asked whether they knew what menstruation is, more than half of them were able to answer positively regardless of whether they were in class six, seven or eight. The rest had no idea at all, only to realize that it happens to them when closely probed in an FGD sessions.

**Table 2**

**Knowledge of Menstruation:**



**Source: Field work report, 2006**

The table above shows majority of girls in upper primary school understand what menstruation is. Some of them did not recognise the word 'menstruation', but when asked whether they have undergone through the process monthly blood flow, they were quick to answer and eager to learn more about the phenomena.

When the respective class teachers were asked to say what they understand by the process of sexual maturation, their answers were mainly that the female egg and the male cell are ready to fertilize or to be fertilized. The social aspects of sexual maturation never featured in any of their responses. Most teachers were also convinced that the subject of sexual maturation was not adequately covered in the school curriculum, especially since the withdrawal of home science as an examinable subject.

#### **4.4.0 Pupils' understanding of puberty**

The target pupil population was able to define what puberty is. This they did in many different words that convey more or less the same idea and meaning. Most respondents in structured interviews described puberty as the change from childhood to adulthood. Others saw it as '*changes of our bodies*'. Some girls described puberty as '*....the stage where feelings for the opposite sex begin to develop...*' others described puberty as '*...the period between 12 – 16 years when the body starts to mature...*'

For some of the pupils, puberty refers '*...to that time when girls get periods...*', and still to others, '*it is the time when you stop being a child to become and adult*'.

One pupil in a structured interview describes puberty as ... *the time when one becomes an adolescent....*

In one of the FGDs, the pupils were asked to give signs that show that one has entered puberty. The responses were varied but specific.

It clearly emerged that features that show the onset of puberty are:

- The changing body structure
- When the hips expand
- When the voice breaks
- The enlargement of the breasts
- The chest becomes broader

From the above illustrations, it can be inferred that most girls in upper primary schools in Kibera are aware about menstruation and puberty. This awareness is attributed to the fact that the pupils are introduced to reproductive health education in class six. Virtually all pupils agree that they have indeed covered the topic on sexual maturation in class work. Some of the pupils however, get to know about puberty as early as class three or four, upon the onset of menstruation, when they demand to be told what is happening to them and how to cope with menstruation.

When asked whether they thought it was important for them to be informed on the issues surrounding their sexual maturation, all the pupils agreed, citing the following reasons:

- It is important as it prepares us for the onset of menstruation
- It helps us to understand our body and to appreciate the changes and to devise coping mechanisms

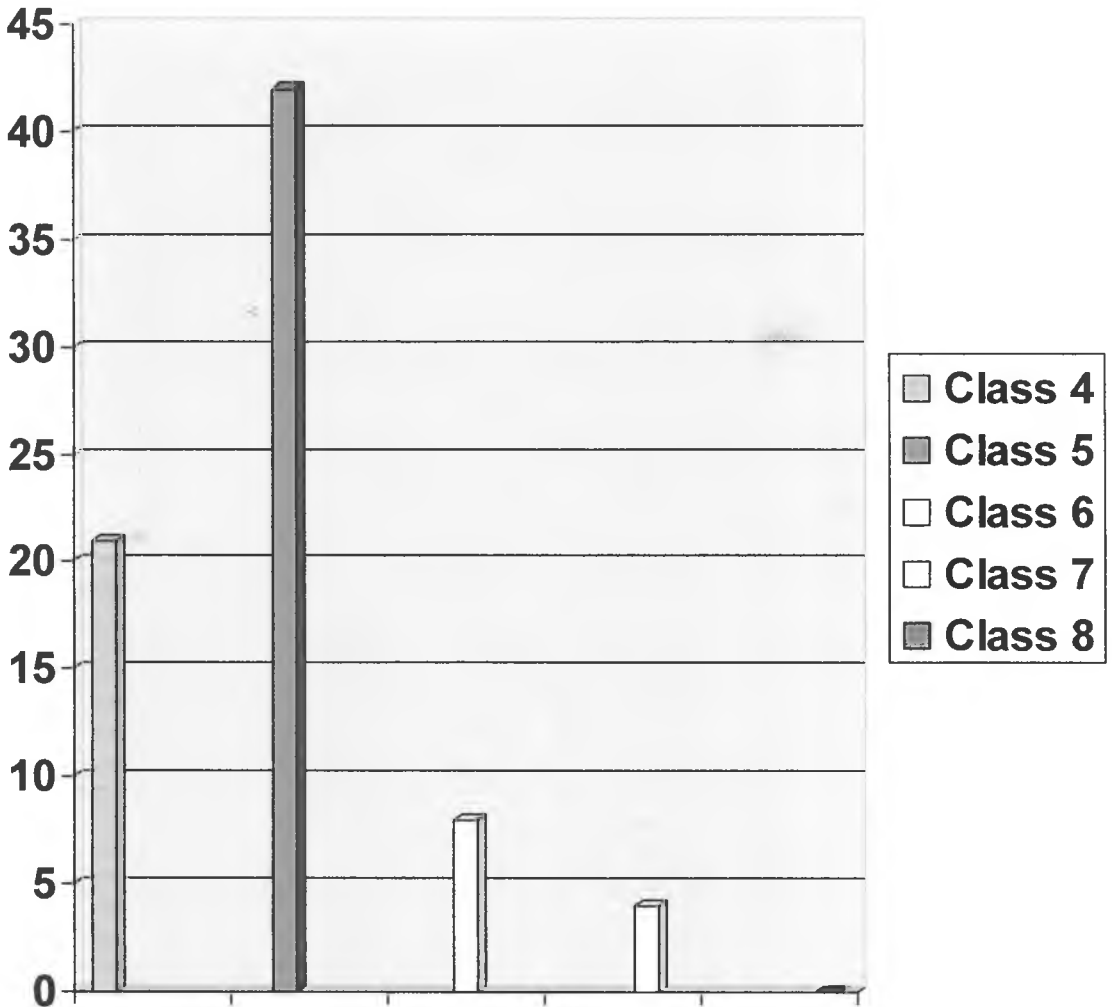
- The information is important otherwise it can start when we are not aware, one can even think that it is a disease
- It is a safeguard against getting pregnant
- This information is important because we do not get it from our parents back at home
- The information helps us to avoid unprotected sex and helps us to develop self control
- The information makes us know that we are normal human beings
- It helps us know how to protect ourselves against HIV/AIDS and other Sexually Transmitted Diseases.

From the above, it clearly emerged that giving pupils necessary information on sexual maturation equips them with power and tools for self control in the management of changing physical needs and desires in the wake of deadly diseases, the threat of pregnancy and the self appreciation.

Most teachers were also convinced that the subject of sexual maturation was not adequately covered in the school curriculum, especially since the withdrawal of home science as an examinable subject.

**Table 3**

**When respondents first heard of sexual maturation/puberty**

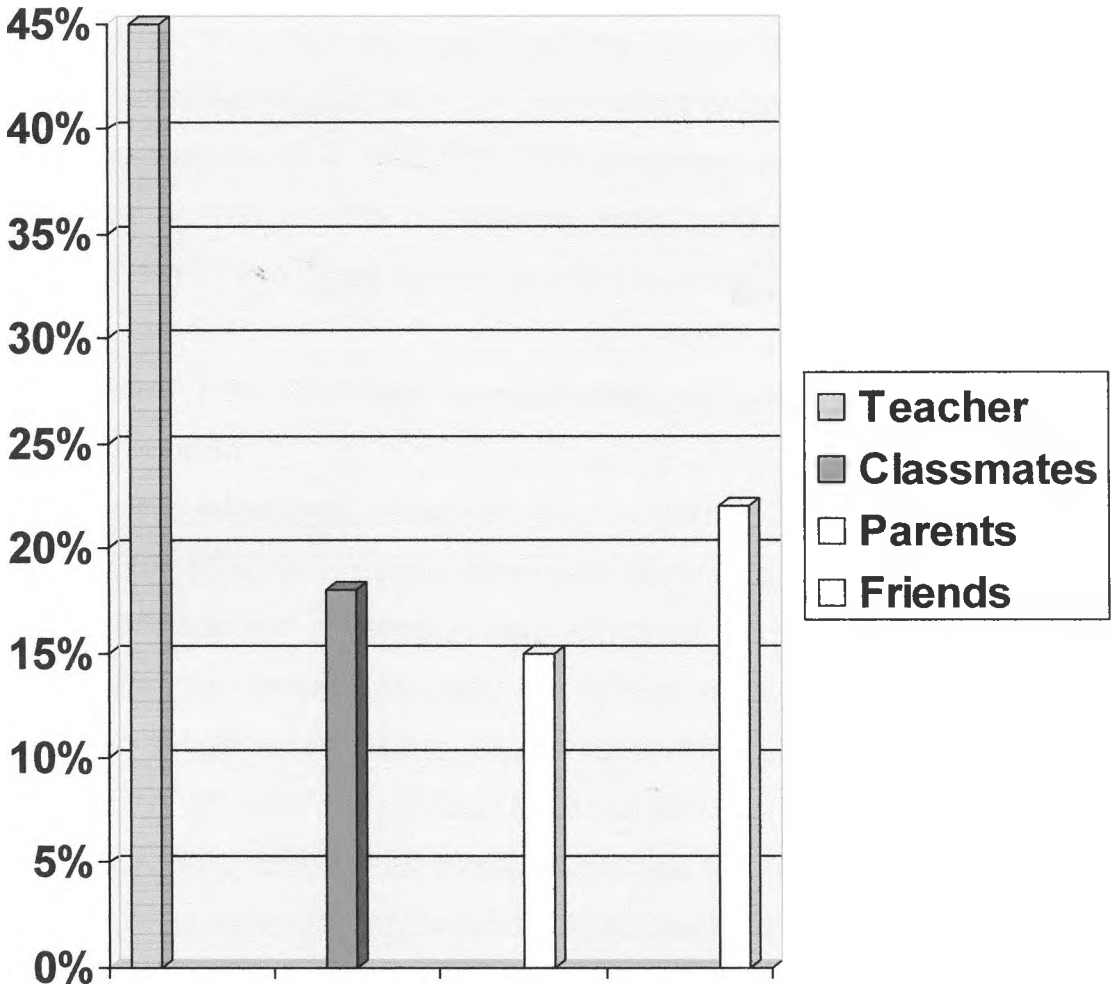


**Source: Field work report, 2006**

Table 3 above shows that most respondents first heard of sexual maturation/puberty at class five. Twenty of them had already heard about menstruation while in class four. The study reveals that most pupils tend to make discreet inquiries about sexual maturation upon the onset of menstruation. The subject is also taught in upper primary and by the time the pupils reach class eight, virtually all of them are familiar with the term and implications of puberty.

**Table 4**

**Who first told you about sexual maturation/puberty?**



**Source: Field work report, 2006**

Table 4 above shows that most pupils get to know of puberty related concerns through their teachers, followed by friends, class mates and finally their parents. At a glance, the table shows that sexual maturation concerns are not frequently discussed at home, and that teachers are left

the responsibility of educating and socializing these young people on sexual maturation.

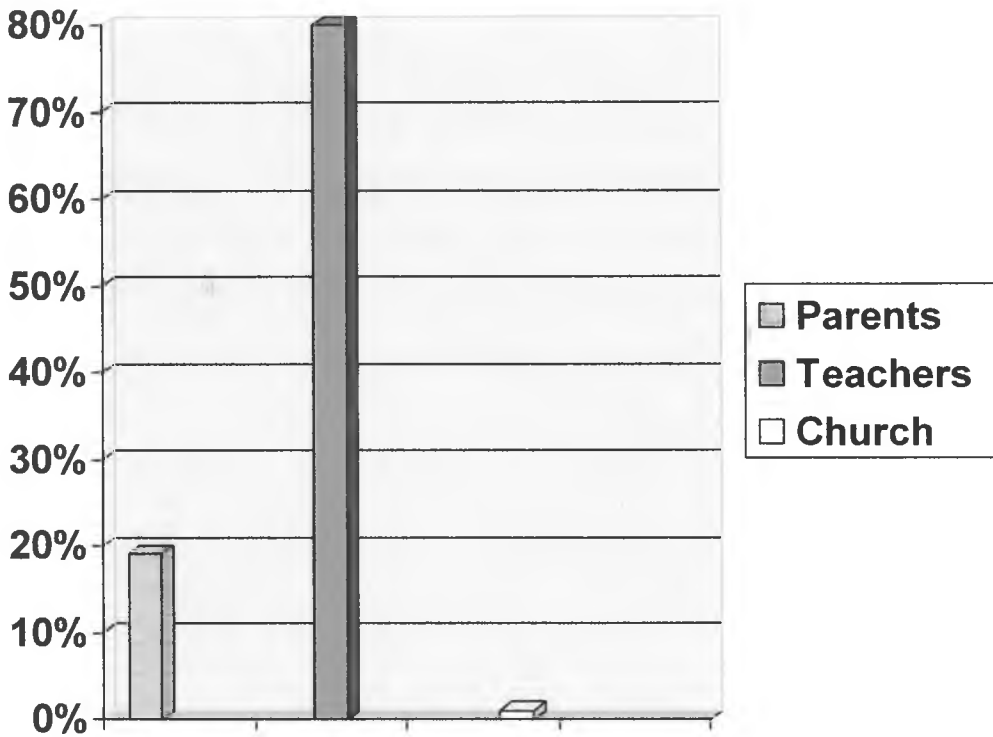
On the other hand, those pupils who get their information from fellow pupils and friends do not necessarily get the right information. Many myths on sex and pregnancy are normally generated by this kind of information sharing. The good part is that they also share experiences that they go through, and therefore able to prepare each other for menstruation and what to expect at the onset of their monthly periods.

#### **4.5.0 Societal attitudes and socialization of girls with respect to menstruation**

In the in-depth interviews, teachers were asked as experts whether the syllabus they teach these pupils were in line with societal expectations on sexual maturation. It emerged that teachers actually do not have sufficient time to discuss concerns on sexual maturation because this subject is no longer examinable. At the same time, it is not very clear to these teachers whether they should take the lead on imparting lessons on sexual maturation, given that the church has the capacity to do the same, yet it seems that the church has abdicated this responsibility

**Table 5**

**Who discusses sexual maturation with the respondents**



**Source: Field work report, 2006**

The table above shows that the responsibility of socializing pupils in sexual maturation strictly lies with the teachers. Eighty per cent of respondents concede that it is the teachers who educate them on these issues. Nineteen per cent of the respondents agree that their parents talk to them and discuss sexuality concerns. The church seems to have left this kind of work to teachers and parents. Most teachers, however, strongly recommend in their structured responses that the church must take responsibility in educating these young people on matters of sexuality. The study hence reveals that the work of socializing and educating the young on sexual maturation is a shared responsibility, which calls for a multi faceted approach by all stakeholders at different levels.

In the cases where parents talked to their children, it is important to note that it is the children themselves who took the initiative to ask for information from their parents. In other words, very few parents initiate discussions along sexual maturation. The study further reveals that the most likely parent to volunteer sexual information is the mother. Even in the event where the girls go directly to ask their fathers, they are still referred back to their mothers. This study therefore reveals that fathers ought to devote more time in their adolescent children to assist mothers in giving necessary support and counseling in shaping the behaviour of these young people.

**Table 6**

**How often do pupils approach teachers with sexual maturation problems**



**Source: Field report, 2006**

The table 6 above strongly suggests that pupils frequently approach teachers with their sexual maturation concerns. The most frequently consulted teachers are female teachers. Male teachers are only consulted in the absence of female teachers.

The main reason why pupils consult teachers frequently is menstruation. The dominant concern is money for buying sanitary towel, especially when the menses arrive unawares. For some pupils, it is their first time and they do not know what to do. Most pupils are more free with their

teachers over sexual maturation matters than their own parents, and teachers feel overburdened in this respect.

#### 4.6.0 School's environmental and administrative coping mechanisms.

Table 7

Where were you when you first menstruated?



Source: Field report, 2006

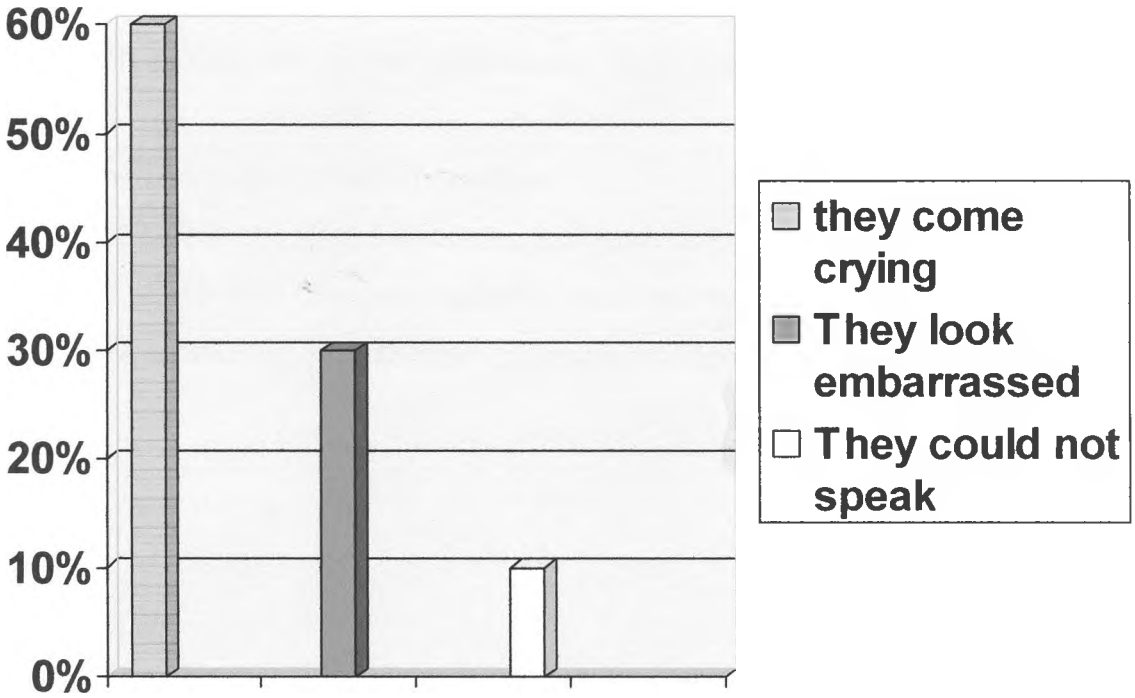
The table above shows that sixty one per cent of the pupils experienced menstruation for the first time in the school environment. Thirty eight per

cent of them experienced it at home, while the remaining one per cent could not remember exactly where they were.

The concern here, and the question raised is whether the school environment is a safe place with the requisite facilities for menstruating girls. The concerns over privacy of the pupils and toilet facilities kept coming up. In some school environments, girls are expected to share toilet facilities with boys, a scenario that makes many girls absent themselves from school for as long as their menses last. The literature survey of this study earlier revealed that in some schools in Kenya, the number of pupils using the same toilet facility is as high as 110 pupils per toilet. This heavily compromises hygiene.

**Table 8**

**Pupils' reaction at the onset of menstruation**



**Source: Field report, 2006**

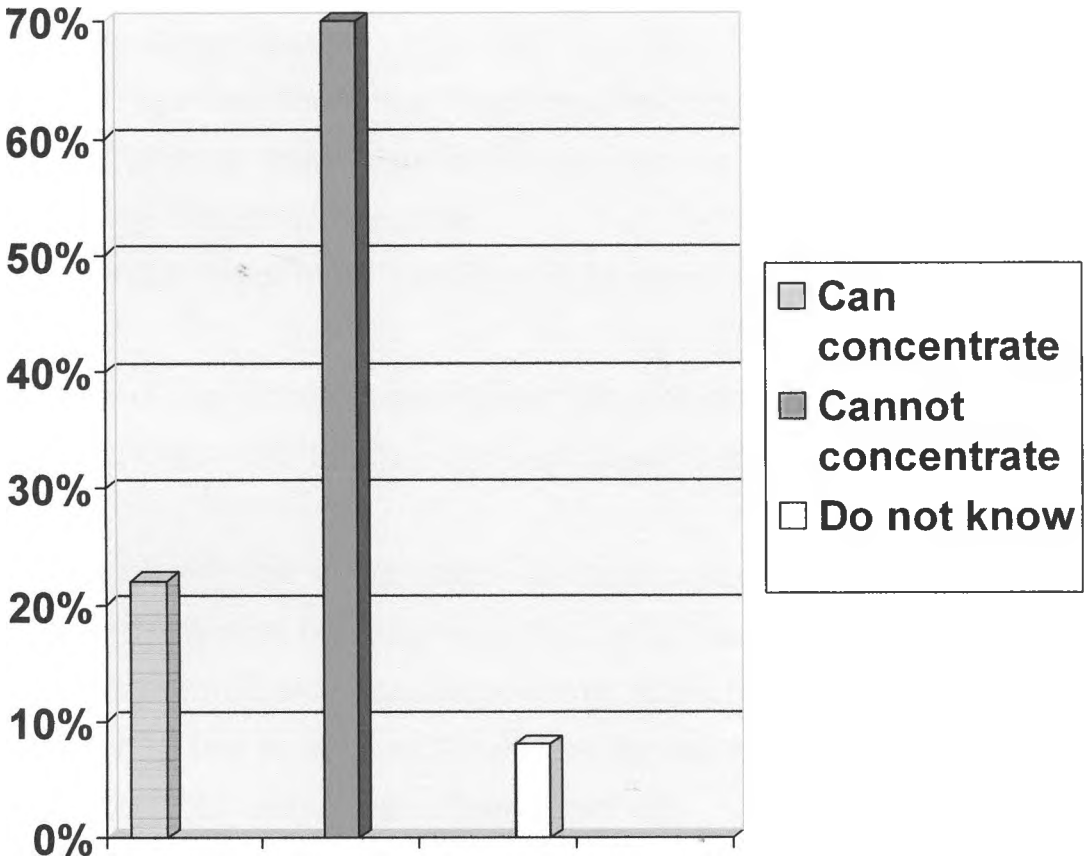
The table 8 above illustrates the state of pupils at the onset of the menses. Sixty per cent of teachers report the girls coming to them crying out of not knowing what they are going through. Even girls who have undergone these processes also come crying to the teachers due to lack of sanitary towels. Thirty per cent of the teachers reported that the girls come to them feeling very embarrassed as if they had committed some kind of crime. The rest of the teachers maintain that the girls who came to them whilst menstruating for the first time could not speak at all and had to be counselled before they could be themselves again.

According to in depth analysis, teachers can tell if the girls stay out of school due to sexual maturation problems. The reasons they cite are as follows:

- Made a follow up to determine why she stayed away from school
- When pupils are given permission, they extend it for about three days
- Some develop stomach cramps
- Some pupils soil their uniforms and have to be sent home
- When they miss class consistently over the months
- Their friends report that their colleague is down with stomach ache

**Table 9**

**Menstruation and concentration in class**



**Source: Field work report, 2006**

The table above shows that the majority of pupils are not able to concentrate in class during menstruation. Only twenty two per cent agree that they can concentrate, while the remaining eight per cent are not sure.

The reasons that the respondents cite for lack of concentration include the following that emerged from respondents' structured questionnaire:

1. Being afraid of the overflow

2. Being too scared
3. Painful cramps
4. Feeling too tired to concentrate
5. Afraid that the boys might see some discharge and laugh
6. Normally feel sleepy
7. Mind wonders since mum is not around and can't tell dad
8. Lack of pads worry them as the rags are not safe
9. Scared of staining the dress
10. Having to wear three panties and it is uncomfortable

As a result of the above, many pupils do not concentrate in class. This adversely affects their learning and performance in school.

Pupils who experience menstruation during exams are convinced they just fail due to discomfort because they cannot sit for long and imagine that they emit foul smell. Many pupils however, have never experienced their menses during any exams and therefore do not know exactly how they would perform. Others see no difference at all.

When asked if their teachers have ever mentioned the topic of menstruation outside the class room, the respondents were in agreement, citing incidences where inspections for cleanliness were done, and that once in a while the teachers gather together all girls to teach them certain realities of life with regard to sexual maturation.

At times, teachers do react to specific queries and problems that are raised by specific girls. The main queries that do arise are in respect of pregnancy and protection against pregnancy, HIV/AIDS, the menses and how to access and use sanitary towels, love affairs and relationships with

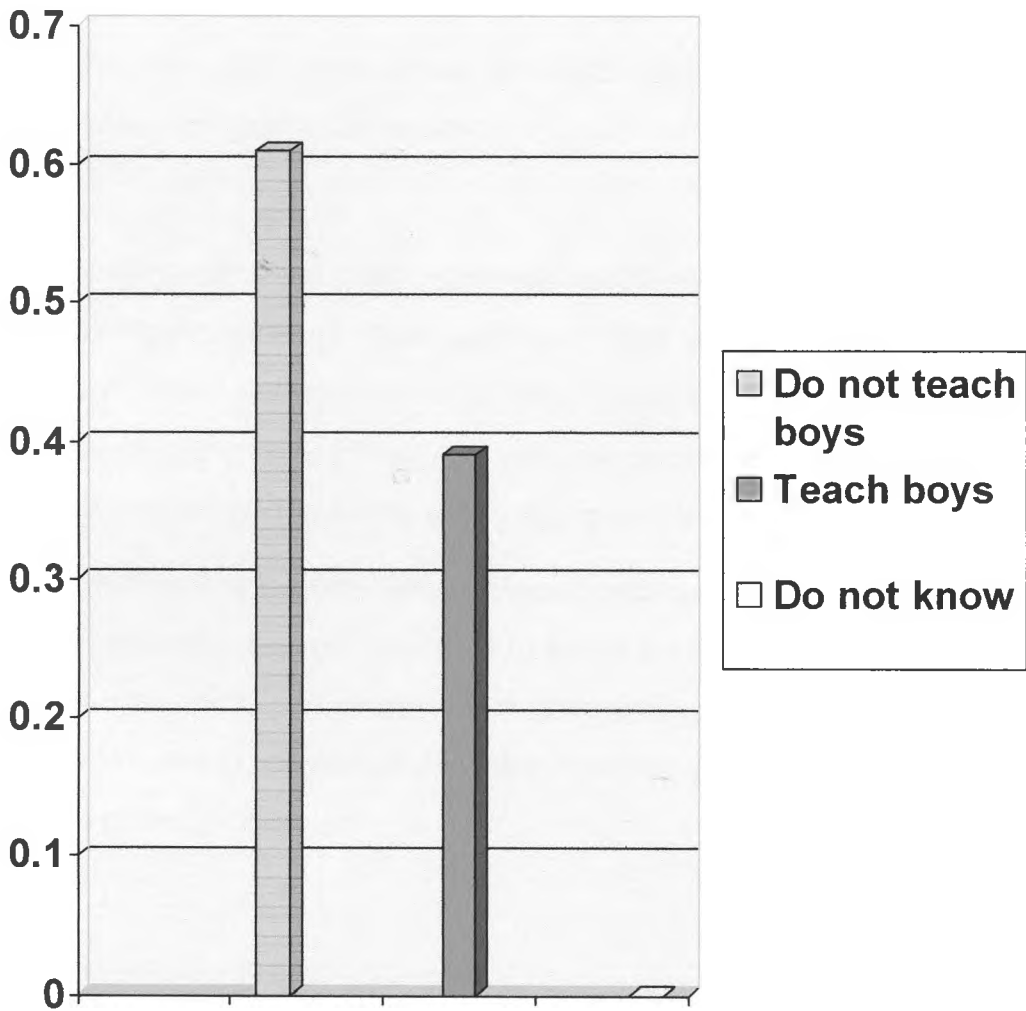
the opposite sex. These topics also inform guidance and counselling sessions.

Other pupils strongly oppose going to teachers with sexuality and menstruation concerns because the teachers make them hot topics of discussions at the staff room.

When asked whether they are able to tell their friends when they are menstruating, majority of pupils reported sharing experiences with their friends of the same sex. This sharing, they noted helped them in coping with the situation and facilitate the exchange of sanitary towels and other necessary tools.

**Table 10**

**Should boys be taught about sexual maturation?**



**Source: Field work report, 2006**

The table above clearly shows that the majority of respondents believe that boys should not be given education on sexual maturation. Their position is that the boys will laugh at them once they know what the girls are undergoing.

They further insist that boys have no business being taught female issues, since they are likely to embarrass the girls in public. Further, these girls are convinced that when boys know exactly when their periods start, they will discuss them in class, while some of them carry mirrors to school and use them to peep at girls' underwear.

The other thirty nine per cent however feel that boys should be taught all these sexuality concerns. Their position is that when they know what girls go through, then the boys can assist whenever necessary. At the same time, they add that since the boys will eventually marry them anyway, it is only fair that they get to know every thing well in advance.

They added that since boyfriends always asked whether they were in their periods, it would be good for them to know exactly what they go through so that the boys do not make them pregnant or force them to have sex whilst menstruating, or somehow think that the girls are just denying them sex for no good reason.

# CHAPTER 5

## CONCLUSION AND RECOMMENDATIONS

### 5.1 CONCLUSION

This research examined the effects of menstruation on the education of primary school girls in Kibera slums and sought to devise appropriate responses to enable the girls' uninterrupted learning. The research also explored pupils' knowledge of the process of sexual maturation and established the societal attitudes and socialization of girls regarding concerns inherent in the processes of menstruation and sexual maturation. Further, the study explored the school's environmental and administrative frameworks in addressing processes of sexual maturation and menstruation.

Arising out of the findings and discussions in chapter four, this study makes the following conclusion:

School girls who get menstruation whilst in primary school are compelled to miss school for a few days every month as they are unable to adequately manage their menses occasioned by socio-economic factors. For one whole year, it is calculated that the time loss comes to about sixty days. Interrupting scheduled learning for sixty days in a year negatively impacts on the girls' academic performance with regard to concentration, exposure to new topics and their performance in examinations.

The research findings further revealed that majority of the girls are inadequately prepared at the onset of their first menses, and therefore

suffering deep embarrassment, psychological tortures and emotional imbalances that distort learning and encourage some of them to drop out of school altogether.

## **5.2 RECOMMENDATIONS**

From the findings it is quite evident that despite the fact that the government has put in place universal free primary education, the biological differences between boys and girls in the management of sexual maturation has not been well conceptualized so that proper interventions can be drawn. It is therefore important to oblige the government to among other things carry out the following:

1. Put in place measures that can assist the school going girls to manage their menses that include counselling and awareness creation on the ABCs of menstruation.
2. The provision of free sanitary towels to school girls should be made compulsory to enable them be confident and also access the free primary education.
3. There is need for advocacy mechanisms to be put in place to educate the girls as early as possible in primary schools, on their reproductive health rights more so how to manage their menses.
4. Issues concerning reproductive health should also form part of the compulsory curriculum in primary schools and both boys and girls should be educated on the same.
5. There is need for media strategy campaigns on the negative impact of sexual maturation on the girls' education to enable parents take the issue more seriously and educate their daughters

on how to manage their menses instead of leaving the burden of doing so solely to the teachers.

In addition, Kenya government development partners should:

6. Ensure concerted efforts to be put in place by all the likeminded organizations dealing with issues relating to girl child education and sanitary towels campaign to ensure that the price of the commodity is not only zero rated but minimally charged to enable majority of girls afford the same instead of using other crude methods that is damaging to their health in the management of their menses.
7. Mobilise local initiatives for the manufacture of cheap sanitary towels using locally available raw materials should be encouraged and the girls be taught the skills of preparing their own sanitary towels.

Finally, Parents and school administration:

8. To address issues of sexual menstruation and hygienic menstruation practices at home and in school without vagueness to prepare the girl for that particular stage in life and to help them overcome feeling of dejection and embarrassment.

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## APPENDIX I

### FOCUS GROUP DISCUSSION GUIDE

#### **Focus group discussion guide for primary school girls.**

1. What is puberty?
2. Have you covered sexual maturation in your class work?
3. Do you think it is important to be informed on issues surrounding sexual maturation?
4. When did you first hear about sexual maturation or puberty?
5. What was your reaction?
6. Have your parents ever mentioned anything about sexual maturation?
7. Have your parents ever talked to you about menstruation?
8. Did you ask them first or did they volunteer the information?
9. Have you started menstruating?
10. How was your first experience?
11. Where were you when it first occurred?
12. Were you scared?
13. When you are menstruating, are you able to concentrate in class?
14. How has it been like, doing examinations while you are menstruating?
15. Have your teachers ever mentioned topics of menstruation outside the class room?
16. Do your friends know that you are menstruating?
17. Do you think it is important for boys to be taught about sexual menstruation?

## APPENDIX II

### QUESTIONNAIRES FOR PRIMARY SCHOOL TEACHERS

Dear teacher,

Here are some questions in relation to girls' participation in relation to sexual maturation. Please fill in the blanks or tick as per the instruction given, against the word or sentence that is most applicable to you.

Note: The information you give is confidential and will not be available to anybody else but the researcher.

**Instruction: Please fill in the blanks**

1. Name \_\_\_\_\_

2. Name of School \_\_\_\_\_

**Instructions: Please tick (✓) in the appropriate box**

3. Sex Male  Female

4. Are you a class teacher? No  Yes

**Instruction: Please fill in the blanks**

5. What do you understand by the process of sexual maturation? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. How adequately do you think the subject is covered in various subjects?

\_\_\_\_\_

\_\_\_\_\_

7. Do you think the primary school syllabus provision on sexual maturation is in the line with the societal expectations?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Instructions: Please tick (✓) in the appropriate box**

8. Has a pupil ever approached you with a problem concerning sexual maturation that they are experiencing?

No  Yes

**Instruction: Please fill in the blanks**

9. How many cases involved menstruation?

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10. What kind of assistance did the girls with menstruation cases want from you?

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11. When the girls approached you with menstruation cases, were they crying or portrayed expressions of embarrassment before uttering their specific \_\_\_\_\_ needs?

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**Instructions: Please tick (✓) in the appropriate box**

12. Have you had an experience with pupils that miss classes due to their menstruation?

Yes

No

13. How did you find out that they miss classes due to menstruation?

*(Instruction: Please fill in the blanks)*

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14. Have you ever reported the issue to the head teacher?

Yes

No

**Instructions: Please tick (✓) in the appropriate box**

15. In your opinion whom do you think is best suited to teach sexual maturation to pupils.

*(You can tick in more than one box)*

Parents

Teachers

Church

Other (Specify)

16. Have you summoned the parents to these girls that have missed class due to menstruation or related issues?

Yes

No

17. Which parent / guardian did you summon?

Both parents  Mother  Father

***Instruction: Please fill in the blanks***

20. What was the reaction from the parent/guardian?

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What would you do to change the societal attitude of not addressing menstruation as a key impediment in girls' education?

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***Thank you for your response***

**APPENDIX III**

**INTERVIEW SCHEDULES**

**Interview schedule for institutional officials of MOEST, FAWEK and GCN**

1. Name \_\_\_\_\_

2. Sex    Male     Female

3.        Governmental        or        Non-governmental        Organization?  
\_\_\_\_\_  
\_\_\_\_\_

4. What is the current status of sexual maturation issues in the Kenya education policy? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Do you think the effect of sexual maturation is an issue of concern in primary schools that needs attention? Explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What efforts have been made by the government to address issues of sexual maturation in the education sector?

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7. What campaigns have you been engaged in to especially address the issue of menstruation among primary school girls?

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8. What has been the reaction of the society (Parents, colleagues, pupils, churches and teachers?)

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9. What recommendations/changes would you like to see put in place by stakeholders regarding sexual maturation?

Parent\_\_\_\_\_

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Teacher\_\_\_\_\_

Government\_\_\_\_\_

Church\_\_\_\_\_

Other\_\_\_\_\_

10. Do you think the topic of sexual maturation is adequately covered in primary school curriculum? Explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Do you think the syllabus provisions on the subject are in line with the societal expectations?

\_\_\_\_\_  
\_\_\_\_\_

15. Have you experienced any problems as encountered by teachers, parents or pupils regarding the changes occurring due to sexual maturation? If, yes, explain

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16. Is parents/teacher interaction crucial in helping the children cope with the process of sexual maturation? Explain

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17. What do you see as your role in helping the children cope with the changes?

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18. What recommendation would you make to the schools to help pupils cope with changes occurring due to sexual maturation?

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## APPENDIX IV

### BUDGET

<b>ACTIVITY</b>	<b>AMOUNT (Kshs)</b>
Communication	2000
Transport	1500
Cyber café	2000
Printing of documents	4000
Binding	300
<b>Total</b>	<b>9,800</b>

## Appendix v

### Work plan

<b>MONTH (July – September 2006)</b>	<b>ACTIVITY</b>
July 3 <sup>rd</sup> to 7 <sup>th</sup>	Sampling of schools in kibera area
July 17 <sup>th</sup> to 21 <sup>st</sup>	Contact school head teachers and institutional officials. (MOEST, FAWEK and GCN)
August 1 <sup>st</sup> to 2 <sup>nd</sup>	Visit sampled school to brief the teachers and pupils.
August 14 <sup>th</sup> to 18 <sup>th</sup>	Data collection
August 28 <sup>th</sup> to September 14 <sup>th</sup>	Data entry and analysis
September 15 <sup>th</sup>	Preliminary draft of research report
September 21 <sup>st</sup>	Complete analysis and research report
October 3 <sup>rd</sup>	Presentation of research report