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## Factors Affecting Girls' Utilization of Menstrual Hygiene Facilities in Selected Secondary Schools in Eastern Province of Zambia

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### Abstract

This paper explored factors affecting girls' utilization of menstrual hygiene facilities in selected secondary schools in Eastern Province of Zambia. The objectives were to establish girls' attitudes towards Menstrual Hygiene Management Facilities (MHMF) and to find out the kind of support girls received during menstruation. Interview, focus group discussion and observation were qualitative methods of collecting data. The findings showed that most of the menstruating girls did not use MHMF in schools because they were not conducive enough and were not properly cared for. The paper concludes that most girls stayed away from school when menstruating due to inadequate facilities which the girls found uncomfortable and unsafe to use. This paper recommends that the Ministry of Education (MoE) should ensure that a friendly and supportive Menstrual Hygiene Management (MHM) environment that provides menstrual accessories and adequate water, hygiene and sanitation facilities is provided.

**Keywords:** *Menstruation, Menstrual hygiene, Menstrual hygiene management facilities, Practices*

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### 1. Introduction

Menstruation is a natural physiological process surrounded by myths and taboos which may lead to different misconceptions. Menstruation begins to occur in girls between the ages of 9 and 16 with a mean of 13 years (Dasgupta and Sarkar, 2008). For school going girls, lack of shower rooms, adequate water supply and menstrual accessories, may pose a problem in maintaining personal hygiene (Dasgupta and Sarkar, 2008). While in school, girls require a supportive environment in MHM in order to ensure regular school attendance and participation. Sommer and Sahin (2013) stated that many girls globally are affected due to poor management of menstruation and especially in low and middle-income countries.

In the Eastern Province of Zambia, though menstruation is a natural process, it is still a taboo and dealt with in secret. Nonetheless, water, hygiene and sanitation facilities for MHM has been considered as a basic right to ensure girls' comfort, self-confidence and school attendance to reduce gender disparities in education, health and socio-political and economic participation (UNICEF, 2003). Despite the provision of MHMF, many girls continue to pose a problem of absconding from school when they are on menstrual period.

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Inadequacy or lack of Menstrual Hygiene Facilities (MHF) in schools can drastically affect the attendance, participation and performance of girls in class. According to Chinyama *et al.* (2019), girls' participation and psychological well-being while in class is affected when they do not have access to sanitary towels or adequate alternatives because they fear staining their uniforms. This paper endeavored to identify necessary actions to be taken at local and national levels, through which the menstrual hygiene management problems of adolescent school girls could be addressed. This paper is a provider of space and knowledge to all stakeholders involved in provision of MHMF in schools at district and provincial levels, on the attitudes of adolescent girls towards the utilization of these facilities.

## 2. Theoretical Framework

This paper was underpinned by Festinger's (1957) theory of cognitive dissonance. Cognitive dissonance is the state of having inconsistent thoughts, beliefs, or attitudes especially relating to behavioural decisions and attitude change. Cognitive theory (Festinger, 1957) posits that individuals seek to maintain consistency among multiple cognitions, for example, thoughts, behaviors, attitudes, values or beliefs. Inconsistent with cognitions produce unpleasant states that motivate individuals to change one or more cognitions to restore consistency with other cognitions (Festinger, 1957). It suggests that inconsistencies among cognitions in terms of knowledge, opinion, or belief about the environment, oneself, or one's behavior generate an uncomfortable motivating feeling, that is, the cognitive dissonance state. According to the theory of cognitive dissonance, people feel uncomfortable when they experience cognitive dissonance, thus, are motivated to retrieve an acceptable state. This theory was applied to the current study in order to change the attitudes of adolescent girls towards the use of menstrual management facilities in schools when attending to their period because it was able to reduce the value of a belief. If adolescent girls could convince themselves that the dissonant belief was false, they could remove the tension. In essence, this reduced the value of the existing belief and allowed a new consonant belief to take its place. This could be a daunting task especially if it was a long held belief that was part of the adolescent girls' core value system. The study found this theory useful because girls at secondary school might experience negative feelings arising from lack of or insufficient MHMF. This might result in girls having uncomfortable feelings leading to absenteeism from school.

## 3. Literature Review

Puberty is a critical point of a girls' transition into womanhood especially the onset of menstruation as a natural aspect of a woman's life (McMahon *et al.*, 2011). However, due to lack of social support, adequate guidance, on-going gender inequality, male-dominated decision making and taboos surrounding menstruation, girls in most of the low and middle income countries experience shame, fear, confusion and discomfort when trying to cope with their monthly period (McMahon *et al.*, 2011).

According to Hennegan *et al.* (2016a), menstrual hygiene management is influenced by women's rights, their role in society, their guidance and knowledge and the WASH infrastructure and materials. The achievement of good menstrual health will always have an impact on the general health and wellbeing, education, socioeconomic outcomes and dignity of girls (Hennegan *et al.*, 2016a; Sommer, 2010). Assuring the accessibility and affordability of menstrual health solutions, knowledge and enabling girls to adequately manage their monthly period and to feel comfortable about it, is a significant opportunity to influence the way girls view themselves in society (McMahon *et al.*, 2011). This can empower them to reach their full potential (McMahon *et al.*, 2011). Schools and education take a key role in girls' MHM practices. They have the opportunity to educate and train girls in proper and safe hygiene practices and, more importantly, help support and empower them onto their trajectory into womanhood (Sommer, 2010). Lack of infrastructure and adequate support in schools can jeopardize this empowerment making girls abandon education (Sommer, 2010). Examples of factors that can cause girls to abandon school include poor quality and inadequate water supply, lack of latrines and sanitary infrastructure, lack of access to adequate sanitary hygiene products which leave girls with limited options for MHM (Sommer, 2010). Puberty might therefore create a gender gap in education.

Sommer (2010) further noted that in sub-Saharan Africa, 57% of girls attend primary school while only 17% cross over to the secondary level. The outcome of measuring the general impact of menstruation on school absenteeism was mixed, reaching from zero to at least three days of absence during monthly period in sub-Saharan Africa with higher rates in rural areas (Tegegne and Sisay, 2014). The impact of MHM interventions on education and psychosocial outcomes was reviewed in literature in 2016 (Hennegan *et al.*, 2016a). Hennegan *et al.* (2016a) assert that according to several studies conducted in sub-Saharan Africa, the distribution of sanitary pads alone did not show a significant effect on the reduction of school absenteeism, but combined with puberty education it caused more presence in school. Reproductive tract infections were directly associated with MHM while other indirect outcomes were linked to education (Hennegan *et al.*, 2016a). If girls spend more time in school and reach a higher level of education, health outcomes like reduced

maternal death, increased contraceptive uptake and decrease in fertility rate, improved child health, increased vaccination rates, decreased infection rates with HIV, and improved population health in general are reported consequences (UNICEF, 2004). From a gender and human rights perspective, while education and health-related outcomes have earned much attention, girls' dignity and comfort is a valid outcome of MHM interventions (Sommer, 2010). McMahon *et al.* (2011) pointed out that it is invaluable for girls' development and well-being in order for them to get the physical and emotional support they need to manage their monthly menstruation health safely and with confidence so as to take charge of their lives and to feel positive about themselves and their bodies. Even if the direct link to education and health outcomes was difficult to measure, girls valued the adaptation of MHM products and infrastructure to their needs and start to feel more comfortable (Oster and Thornton, 2010).

Sommer (2010) and Munthali (2007) stated that adolescent reproductive health education seemed to be neglected and it was a grey area for intervention in sub-Saharan Africa. More than half of the girls growing up in rural areas received little or no information about menstruation and its management before they first experienced it. The common consequences to the onset of menstruation without prior knowledge is shock, shame, irritation, fear, disgust and a negative perception towards the whole process (McMahon *et al.*, 2011; Munthali, 2007; Sommer, 2010; Tegegne and Sisay, 2014). Adolescents are only given advice on menarche and body changes usually posterior to the onset of menstruation. The subject is mainly not linked to reproductive health; the cause and origin of menstruation are not explained and boys receive even less information than girls (Munthali, 2007; Tegegne and Sisay, 2014). For Munthali (2007), more positive perception and accepting attitude (including less teasing) towards menstruation could be achieved if girls were physically and emotionally prepared and both girls and boys were guided and enabled to understand the changes that happen to their bodies.

Other studies report inadequate or lack of knowledge about menstruation and consequently, poor menstrual hygiene practices among adolescent girls (Dasgupta and Sarkar, 2008). A cross-sectional study undertaken in West Bengal with 160 respondents reported that the majority of the girls did not fully understand the physical process of menstruation and were not prepared for their first period (Dasgupta and Sarkar, 2008). The study further highlighted that many girls were ignorant of scientific facts about menstruation and proper hygiene practices. The findings of Dasgupta and Sarkar's (2008) study coincided with the findings of a WaterAid (2009) cross-sectional study of adolescent girls in four government secondary schools in Nepal about girls' level of knowledge of the physiological and psychological processes of menstruation. The study reported inadequate knowledge of the process of menstruation among the respondents and revealed that the girls' perceptions were mainly influenced by cultural beliefs (WaterAid, 2009). Evidence gathered from these studies in South Asia revealed that formal education about reproductive health was limited among girls attending school (WaterAid, 2009). Mahon and Fernandes (2010), in another study, revealed that girls' information on menstruation was mainly about ritual practices, cultural issues and behavioural cautiousness towards males. There was little or no information regarding the physiological process. The study also revealed the lack of awareness of menstruation management practices, and limited access to facilities needed to maintain good menstrual hygiene (Mahon and Fernandes, 2010).

According to Dasgupta and Sarkar (2008), several studies show that the socio-economic status of a girl or her family can affect behavior related to menstrual hygiene. A study undertaken in West Bengal revealed that only few of the responding girls (11% out of 160 participants) could afford disposable sanitary pads due to their families' low socioeconomic status; so they used rags from torn old clothes (Dasgupta and Sarkar, 2008). UNICEF (2005) reported practices among girls in Bangladesh, similar to the practices in West Bengal which were caused by poverty. Studies undertaken in Nepal and South India, specifically the one undertaken by Nagar and Aimol (2011) also underlined the importance of socioeconomic factors and their influence on girls' knowledge of reproductive health and their menstrual hygiene practices. Girls whose parents or families were highly educated and well off had better knowledge and awareness, and therefore applied better practices than girls from low class families (Nagar and Aimol, 2011).

WaterAid (2009) reported that other studies showed that over half of the girls were regularly absent from school during menstruation, the reason being schools' inability to provide privacy for cleaning and washing on the days when they bleed heavily when they needed to change the cloth or pads at least two or three times during school hours. There was further lack of disposal systems for used cloth or pads, forcing the girls to store their used menstrual accessories in pockets or school bags. It was also revealed that girls tended to perform poor academically when having their periods out of fear that boys might get onto their condition. Hence, they were more concerned about concealing the same than concentrating on learning (WaterAid, 2009).

The above complies with the findings of Pillitteri (2011) whose study looked at menstrual hygiene and management of school going girls in Malawi. The study established that poor menstrual hygiene and management in schools in

Malawi contributed to girls' high rates of absenteeism and poor performance. Pilliteri (2011) also observed that as opposed to schools in rural areas there were enough toilets in urban schools, but most of them were blocked due to inadequate water supply and/or poor maintenance. Further, toilet design was poor and did not provide privacy. Similar findings were revealed by a survey in India in which 28% of the female students disclosed missing school while menstruating, due to lack of facilities for maintaining proper menstrual hygiene (WaterAid, 2009).

WaterAid (2009) further reports that in developing countries, the health risk potential posed by improper absorbents is significant. A majority of girls in rural areas use unsanitary absorbent materials, such as rags and toilet paper, which can lead to infectious agents. Such agents thrive under blood culture medium hence constitute a source for urinary transmitted infections and pelvic infections (WaterAid, 2009). Maintaining a high standard of hygiene practices under such circumstances is difficult (Adinma and Adinma, 2008). The findings of the above studies are confirmed by yet another study done in the Warha District in India, reporting that a majority of the girls who developed genital tract infections were using cloths, instead of sanitary pads (Oche *et al.*, 2012). Furthermore, Dasgupta and Sarkar (2008) asserted that the lack of necessary facilities, including safe water and appropriate toilet facilities, and the absence of opportunities and proper amenities to keep clean and change pads and menstrual cloths as needed hinder many of the girls from putting to use proper practices of menstrual hygiene. This poses a health risk to them (Dasgupta and Sarkar, 2008).

As a conclusion of this section, the study by Shanbhag *et al.* (2012) is quoted. As they say, "Coming to terms with, or understanding the health problems related to menstruation and the health seeking behavior of adolescent girls, their awareness about pregnancy and reproductive health will help in planning programs for this vulnerable group" (Shanbhag *et al.*, 2012).

#### **4. Methodology**

The study (from which this paper emanates) used a qualitative research, specifically a case study because it is an investigative approach used to thoroughly describe complex phenomena, such as recent event, important issues, for example, menstruation, or programmes in ways to unearth new and deeper understanding of the phenomenon (Bryman, 2012). The study was conducted in four secondary schools with Menstrual Hygiene Management Facilities (MHMFs) in Eastern province. Purposive sampling was used to select eight (8) female teachers and 32 adolescent female learners from the four selected schools. Semi-structured interviews were used to gather data through an interview guide which provided a leeway on how the questions would be asked and how interviewees could respond to the list of the questions posed (Bryman, 2012). Focus group discussion guide was used to collect information from participants in groups. This allowed the researcher to check the data collected using interviews.

##### **4.1. Ethical Issues**

Permission to carry out the study in the selected schools was sought from the District Education Board Secretary (DEBS) and consent from respondents was also obtained. For participants below 18 years, consent was sought from their guardians or parents. Due to the nature of the study, no reference was made to the district and individual schools in which the study was conducted.

#### **5. Findings and Discussion**

The findings and discussion are presented according to the themes derived from the objectives of the study.

##### **5.1. Attitude towards MHMF**

The first research question sought to establish the attitudes of the girls towards menstrual facilities provided in the schools. The findings revealed that the majority of teachers indicated that the girls had a negative attitude to MHMF while only a few used the facilities. The findings gathered from the teachers further showed that the pupils' attitude towards MHMF was bad and the majority of the girls did not inform their teachers about their menstrual status. Others opted to go home instead of informing their teachers and remaining in school. The reason for not informing their teachers was that menstruation was viewed as a personal issue. This showed that the teachers did not develop a relationship with the learners so that they could openly share information with them. Considering that some of the learners were children (aged below 18 years), they needed the help of teachers as much as possible.

The researcher further wanted to find out whether there were boys in the girls' classes and the following shows the responses:

Table 1 shows that 28 participants had boys in their class and 4 indicated that they had no boys in their classes. The presence of boys in the class might influence the girls’ attitude when they were on menstruation, especially when it was heavy. During the focus group discussion participants were asked if menstruation affected their school attendance. They responded that menstruation did affect their school attendance. One participant, P2, from School A said, *“We feel so uncomformable that it is difficult to concentrate in class because we are scared of messing up the uniform.”*

Table 1: Showing if There Were Boys in Class	
	Frequency
Yes	28
No	4
<b>Total</b>	<b>32</b>

The findings showed that boys influenced girls’ attitude to menstruation while in school due to consequences attached to using inappropriate sanitary towels. P4 from School A said, *“When attending their menstruation some girls are easily noticed by boys”*. Additionally, P5 from School B said, *“Boys sometimes laugh at us when we mess up our uniforms.”* It is prudent to state that girls in single sex schools are better off than those in co-education schools. Nevertheless in this modern era, boys and girls should learn to be in the same school without discrimination. Participants were further asked if they were affected by boys’ attitude towards menstruation. They generally indicated that boys’ attitude towards menstruation affected them. One Participant, P8 from School D said, *“We feel embarrassed with their attitude because they making fun of us”* The girls might feel uncomfortable to remain in class and opt to be absent from school. WaterAid’s (2009) study also revealed that girls tended to perform poorly academically when having their periods out of fear that boys might know their condition. So they were more concerned about concealing menstruation than concentrating on learning. As we conclude this section, it is worth noting that in co-education schools, boys and girls should be encouraged to value each other and understand that both were made different from each other and their biological makeup should be respected. From these findings, it can be concluded that boys attending school with girls should be sensitized on the need to respect the girls as their counterparts, as partners in education. This might be possible with the help of female teachers spearheading the sensitization process.

It was necessary that the researcher found out the gender of the class teachers in the classes participants belonged to.

Table 2 shows that 5 participants indicated that they had male class teachers and 27 indicated that their class teachers were females. Finding out whether the class teachers were male or female was necessary as it helped in establishing the relationship between the girls and their teachers, as shown in Table 3. In a school where there are girls, there should be enough female teachers to help in providing advice and good morals, including issues to do with personal care and cleanliness related to hygiene. For example, in Ziwa and Cheyeka (2015) study, all the three former pupils who narrated their experiences as pupils at their former school indicated that the female teachers encouraged them to be chaste and clean at all times. This kind of education which went beyond school subjects was what could help learners acquire what Ziwa and Cheyeka (2015) called ‘education for empowerment’. This kind of education goes beyond what learners acquire in curriculum subjects. It requires that teachers are interested in their learners’ aspirations, opportunities and challenges while in school and beyond school life. For example, in Muyuni *et al.* (2023) study Marianist Brothers visited the homes of their pupils whenever they were absent from school. The visits helped the Brothers to have information on the well-being of their pupils rather than focusing on teaching them school subjects only. This is what the teachers in the current study should emulate.

Table 2: Gender of the Class Teachers	
	Frequency
Male	5
Female	27
<b>Total</b>	<b>32</b>

Table 3 shows that majority of the girls (17) indicated that they were not free to discuss personal issues with their teachers while 15 indicated that they were free to do so. It might not be possible for a girl who is menstruating to share her concerns with a male teacher. The more female teachers there are in schools, the more female learners on menstruation might have someone to share their concerns with. Lack of female teachers could influence menstruating girls to be absent from school. However, in the current study, the majority of girls had female class teachers (as shown in Table 2) but they were not free to approach them during menstruation. Additionally, during the focus group discussion, participants were asked if they confided in their teachers when they were menstruating. Generally, participants indicated that they did not confide in their teachers because it was a private matter and not everyone was supposed to know about it. P1 from School A said, *“We do not, but some they do share because of frequenting the toilet and the teachers end up asking; hence, we have no choice but to disclose.”* The findings showed that majority of the girls on menstruation did not share their situation with their female teachers as they considered menstruation to be a personal or private matter. Those who shared with their teachers did so because they were compelled to. Menstruation should not become a private matter in a situation where girls need help from teachers. Girls should not feel shy to request help from the teachers. Otherwise they would not go to school when menstruating.

	<b>Frequency</b>
Yes	15
No	17
<b>Total</b>	<b>32</b>

Participants were asked if they went to school when menstruating. The results revealed that 18 participants indicated that they did and 14 indicated that they had challenges attending school every day when they were on their menstrual period. The number of girls who did not attend school was quite large. Their performance might be affected by their absence from school. In order for the girls to remain in school, they had to carry necessary menstrual accessories to school. When asked whether they carried necessary menstrual accessories to use at school. 24 responded in the affirmative, 3 indicated that they sometimes did so and 5 indicated that they did not carry anything. When the 5 were asked how they managed the menstrual period while at school, 3 indicated that they relied on what they received from the school or friends and 2 went back home when they felt wet and uncomfortable. The number of girls who went back home might seem to be insignificant but their decisions could contribute to the poor performance in school subjects. According to Freeman *et al.* (2011), in sub-Saharan Africa, water, sanitation and hygiene interventions aim at keeping girls in school. Through provision of sanitary materials, water, soap and privacy, school absenteeism among girls is reduced (Freeman, *et al.*, 2011). So girls can be motivated to remain in school if MHF are conducive.

The researcher asked participants whether there were rooms in their schools for them to clean themselves. All the participants indicated that they had such facilities. Having rooms in school is one thing, using them, and if they are conducive enough, is another thing. So the researcher further wanted to find out whether participants used the rooms and whether they were conducive enough. The responses were as follows:

Table 4 shows that 18 participants indicated that they used rooms provided at school to clean themselves when menstruating, 8 indicated that they sometimes used them and 6 indicated that they did not use these rooms. In terms of whether the rooms were conducive enough or not, 24 participants responded in the negative and 8 responded in the positive. These findings revealed that the girls had negative attitudes towards MHF provided in their schools. Furthermore, in response to the question whether the shower rooms had running water or not, all the 8 participants responded that the shower rooms had running water. The findings from the teachers showed that the rooms had no privacy as they had no doors or shower curtains. This was supported by P7 from School B, who took part in an interview and said, *“We do not shower at school because we feel that someone might walk in and find us showering due to lack of privacy in shower rooms.”* In addition, P3 from School C said, *“I cannot use these rooms because there is no privacy and I do not want to be noticed by anyone that I am cleaning myself simply because I am on my monthly period”*. The shower rooms were also not clean enough because the cleaning was done only once in a day. In this error of pandemics it is necessary that shower rooms are cleaned more than once. Dirty rooms could cause not only girls but boys to avoid using them. For girls it might lead to staying at home whenever they are menstruation, as revealed by Freeman *et al.* (2011).

<b>Table 4: Using Rooms At School To Clean Themselves During Menstruation</b>	
	<b>Frequency</b>
Yes	18
No	6
Sometimes	8
<b>Total</b>	<b>32</b>

<b>Table 5: Rooms Conducive For Girls to Clean Themselves During Menstruation</b>	
	<b>Frequency</b>
Yes	8
No	24
<b>Total</b>	<b>32</b>

In the FGD participants indicated that they could not shower at school because the sanitary workers were males. A participant from School D, P7, added, “*We cannot shower from school because the shower rooms are dirty and the school does not provide bathing soap.*” The findings revealed that there was no privacy in shower rooms due to lack of shower curtains and doors or the shower being cleaned by a male. P1 responded in a FGD, “*Sometimes there is no running water and we feel that witches can have access to our blood if the shower rooms are not properly cleaned.*” Cultural beliefs also influenced the girls’ use of MHMF. As put by P1 witches could have access to the girl’s blood if it was not properly discarded of. These beliefs were not peculiar to Zambia alone but to other countries in Africa too. For example, WaterAid’s (2009) study reported inadequate knowledge of the process of menstruation and girls’ perceptions mainly influenced by cultural beliefs as some of the factors inhibiting girls from using MHMF. In line with Festinger’s (1957) theory of cognitive dissonance, girls should not stick to the traditional beliefs which inhibit them from making positive and beneficial changes in their lives.

Similarly, all the 8 teachers interviewed agreed that the shower rooms were not conducive enough as they were not clean and some had male cleaners. One of the teachers said:

I think the government should provide more funds to schools so that hygiene facilities for all pupils are improved. Shower rooms may be available but they are not clean and some need repair. This situation compels some girls to abscond school when menstruating. Their academic performance is also compromised.

Dasgupta and Sarkar’s (2008) findings also showed that lack of facilities, including safe water and appropriate toilet facilities, and the absence of clean facilities for changing pads and other menstrual materials might hinder girls from putting to use proper practices of menstrual hygiene. This might pose a health risk to them (Dasgupta and Sarkar, 2008). It might also discourage them from attending school when menstruating. The recommendation by one of the teachers that the government should provide funds for the improvement of MHMF in schools, should be enforced without delay.

The researcher further wanted to find out if disposable bins were available in the shower rooms and the type of disposable sanitary towels provided at school. 24 Participants affirmed that the rooms had disposable bins and 8 responded in the negative. Considering that there were no disposable bins in some shower rooms, participants were asked where they disposed of used sanitary materials. The findings showed that 18 participants used bins, 4 pit latrines, 2 disposed in rubbish pits at school and 8 disposed at home. These varying responses revealed that not all secondary schools in Eastern Province in particular and Zambia in general provided learners with safe disposable bins. This showed that girls were not provided much support to manage their menstruation.

**5.2. Support given to girls**

When the teachers were asked if menstruating girls could afford sanitary towels, all the 8 teachers indicated that most girls could not afford sanitary pads. Three (3) recommended provision of sanitary accessories to girls and 3 others recommended provision of waste bins while 2 recommended putting up shower rooms in all the schools. Supporting

menstruating girls should be a responsibility of all stakeholders including parents, teachers and the Zambian government through the Ministry of Education (MoE). Parents are the immediate family members so they should ensure that they sensitize the girls on how to manage the changes that take place in their bodies. Understandably, some parents are poor and may not afford to purchase safe sanitary towels for their daughters. As Nagar and Aimol (2011) put it girls whose parents or families were highly educated and well off had better knowledge and awareness, and therefore applied better practices than girls from low class families. However, this should not be an excuse for parents whose socioeconomic status is low to remain silent on issues to do with the reproductive health of their children. Headship and childcare is a responsibility which cannot be transferred to other people. It is a responsibility which should help menstruating girls change their mindset on beliefs that discourage them to use MHF while at school.

Teachers are also tasked with the responsibility of being professional and mindful of their pupils and the challenges they face. Where schools cannot afford to provide support to girls, effort should be made by the government through the MoE to partner with Non-governmental Organizations (NGOs) spearheading the wellbeing of the girl child in secondary schools in Zambia. Some of the NGOs provide free sanitary towels and sensitize the girls on how to use them. According to Clottery and Salem (2019) Menstrual hygiene management classes have been introduced in some rural secondary schools in Zambia in partnership with organizations such as World Vision. Reusable sanitary pads have been introduced to rural communities resulting in a reduction on the number of girls absconding classes due to menstrual heavy flows (Clottery and Salem, 2019). The findings from the current study showed that some of the girls did not attend school due to lack of safe sanitary pads. So efforts by the government might not cater for all the learners in the rural parts of the country. As such, the MoE, though it is burdened with other challenges inclusive of insufficient, if not lack of infrastructure, should put it as first priority to provide safe space for girls' Menstrual Hygiene Management (MHM) in all schools, especially in rural areas where cultural and superstitious beliefs may deviate menstruating girls from proper use of MHF.

Additionally, the findings showed that the schools ensured that there were facilities, such as shower rooms and sanitary bins the girls could use. Though the shower rooms did not have proper doors, the running water helped to keep the girls clean if they had a shower. The MoE did what it could to provide MHF but some girls were influenced by traditional beliefs and avoided using the facilities. Furthermore, there was the belief that used sanitary pads could not be thrown in public places for fear that the girl's blood might be stolen by evil spirits. This belief arose from the rituals related to rites of passage identified as those various rituals which an individual undergoes to mark a transition from one stage of life to another and observed through taboos (Nwadiokwu *et al.*, 2016; Omonisi, 2020). It is not surprising, therefore, that girls who undergo menstrual rites of passage may not be willing to use MHF provided in schools. These traditional practices could not only deter girls from using the facilities but also contributed to the poor school attendance and academic performance of menstruating girls. One participant highlighted, *"sometimes we run out of pads due to heavy flows and the school does not provide us with enough pads. So we miss school."*

### 5.2.1. Type of Sanitary Towels Used

In the process of the focus group discussion, participants were also asked the type of sanitary towels they used at school. Pads and cotton wool were found to be the common towels used by most girls as they were affordable and comfortable. One participant from School A said, *"We sometimes use a piece of cloth if we do not have pads."* The use of cloth revealed that some girls could not afford to purchase safe and comfortable sanitary towels. One might argue that by using cloths menstruating girls used their initiative to find alternatives to the management of menstrual hygiene. It is worth noting that the cloth used might not have been prepared for menstrual use and could cause discomfort compelling girls to miss attending school. The type of sanitary towel used was one of the factors contributing to girls' utilization of Menstrual Hygiene Facilities (MHF) in the province and Zambia at large.

### 5.3. Factors Contributing to Girls' Utilization of MHF

The findings gathered from the interviews and focus group discussions with the girls showed that some girls felt uncomfortable during menstruation due to the period pains. Others were afraid of messing up their uniforms, which would be embarrassing especially for girls who were in co-education schools. They opted to stay away from school. Another contributing factor is that there was no privacy in shower rooms which the girls could use during menstruation. This is in agreement with Sommer *et al.* (2016) who pointed out that a large proportion of households (and schools) in Sub-Saharan Africa and South Asia do not have access to any form of sanitation facilities which raises concerns with respect to privacy during menstruation. Other examples of factors that can cause girls to abandon school include poor quality and inadequate supply of water, lack of latrines and sanitary infrastructure, lack of access to adequate sanitary hygiene products which leave girls with limited options for MHM (Sommer, 2010). Schools may have running water but

the facilities themselves are not secure enough. Puberty, and menstruation in particular, therefore, creates a gender gap in education.

With regard to the challenges faced by menstruating girls, the following were highlighted: lack of modern sanitary towels, shower rooms which had no privacy and which were dirty and unavailability of waste disposal bins which caused some girls to dispose used sanitary towels at home. Though the convenient rooms had showers, menstruating girls did not use them for bathing. The study also established that most girls used modern sanitary towels during menstruation while other girls used pieces of cloth or cotton wool. The use of cotton wool and pieces of cloth was not ideal as the girls might feel uncomfortable or mess up. This could be another contributing factor for girls to lose concentration in class and abscond attending school.

## 6. Conclusion

The main purpose of this article was to explore factors affecting girls' utilization of MHMF in schools. In order to understand this perennial issue, the paper was underpinned by Festinger's (1957) theory of cognitive dissonance clarified as the state of having inconsistent beliefs related to attitude change. In line with cognitive dissonance, we have established that hygiene facilities in selected secondary schools of Eastern Province of Zambia posed challenges that led to girls not to attend school when menstruating, as hygiene is of paramount importance. School hygiene environments sought much to be desired as most shower rooms were not properly cleaned, had no doors and shower curtains, were cleaned by men, and lacked cleaning detergents and suitable disposable menstrual materials. Social and cultural beliefs concerning menstrual blood caused the girls to adhere to menstrual traditional norms when at school believing that the dissonant belief was true. On the contrary, menstruating girls should convince themselves that the dissonant traditional belief was false and allow a new consonant belief to take its place, daunting a task though this might be. Motivated by this experience, the girls might take advantage of the MHMF provided in schools thereby improving their attendance and performance in academic subjects. In order to help menstruating girls remain in school, the article recommends that more conducive, suitable and safe facilities should be constructed in all schools in Eastern Province and Zambia in general. Finally, issues to do with adolescent menstruation cannot be exhausted in one study. A quantum of issues still remain unanswered.

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