MAKERERE UNIVERSITY

INSTITUTE OF GENDER AND DEVELOPMENT STUDIES

THE SOCIAL AND ECONOMIC IMPLICATIONS OF MENSTRUAL PERCEPTIONS ON YOUNG WOMEN'S LIVES IN RURAL HOMESTEADS OF NAKAPIPIRIT, DISTRICT, UGANDA.

BY

MUTESI OLIVER

REG NO: 2018/HD03/428U

A RESEARCH DISSERTATION SUBMITTED TO INSTITUTE OF GENDER AND DEVELOPMENT STUDIES IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE A WARD OF THE MASTERS DEGREE OF ARTS (GENDER STUDIES) OF MAKERERE UNIVERSITY

NOVEMBER, 2026

DECLARATION

I, **Mutesi Oliver** declare that this dissertation is my original work and has never been submitted anywhere for any award of any degree or any academic purpose. I, therefore, take sole responsibility for the errors and inaccuracies that may appear in this dissertation.

Signature: ..... Date: 9/11/2026

MUTESI OLIVER

2018/HD03/428U

APPROVAL

This dissertation has been written under my supervision and is being submitted for consideration for the award of a Master of Art Degree in Gender Studies of Makerere University.

Signature: .....Date: 9/11/2026

ASSOC. PROF. FLORENCE KYOHEIRWE MUHANGUZI

Supervisor

TABLE OF CONTENTS

DECLARATION ..... **i**

APPROVAL ..... **ii**

LIST OF ACRONYMS AND ABBREVIATIONS ..... **vi**

ACKNOWLEDGEMENTS ..... **vii**

ABSTRACT ..... **viii**

CHAPTER ONE **1**

INTRODUCTION **1**

1.0 Introduction 1

1.1 Background 1

1.2. Statement of the problem 3

1.3. Objectives 4

1.3.1. General Objective 4

1.3.2. Specific objectives 4

1.3.3. Research Questions 4

1.4. Significance of the Study 5

1.5. Scope of the Study 6

1.5.1 Geographical Scope 6

1.5.2 Time scope 6

1.5.3 Content scope 6

1.6 Theoretical and conceptual grounding of the study 6

1.7 Conceptualization of the study 8

CHAPTER TWO **10**

LITERATURE REVIEW **10**

2.0 Introduction 10

2.1 Understanding Cultural attitudes Towards Menstruation 10

2.2 Community perceptions of menstruation and young women's participation in economic activities 14
2.3. The Social and Economic effects of menstrual perceptions on young women's Lives 16
2.4 Challenges faced by women in managing menstruation 17
2.5 Gaps in Literature 19
CHAPTER THREE 21
METHODOLGY 21
3.0 Introduction 21
3.1. Research Design 21
3.2. Area of Study 21
3.3. Study Population 22
3.4. Sample selection and Sample Size 23
3.4.1. Selection of study sites 23
3.4.2 Selection of study participants 23
3.5. Methods of Data Collection and Tools 24
3.6 Data management and analysis. 26
3.7 Quality Control 26
3.7.1 Validity of findings 26
3.7.2 Reliability of the data 27
3.8. Ethical considerations 27
3.9 Research Limitations 28
3.10 Researcher Positionality 29
CHAPTER FOUR 30
PRESENTATION AND DISCUSSION OF RESULTS 30
4.0 Introduction 30
4.1 About the study participants 30
4.2 Local Definitions of menstruation 31

4.3 General perceptions of Menstruation 37
4.4 Menstrual Perceptions and Young Women's Participation in Social Activities..... 43
4.5 Menstrual perceptions and women's participation in economic activities. 46
4.6 Challenges faced by young women in managing their menstruation..... 47
CHAPTER FIVE..... 51
SUMMARY OF THE FINDINGS, CONCLUSIONS AND RECOMMENDATIONS 51
5.0 Introduction..... 51
5.1 Summary of the Key Findings 51
5.2 Conclusion 54
5.3 Policy and Programmatic Recommendations 54
5.4 Limitations 55
5.5 Future Research Directions..... 56
References..... 57
Appendices 64
Appendix A: Informed Consent Form..... 64
Appendix B: Interview Guide for Young Women..... 65
Appendix C: Interview Guide for household members 68
Appendix D: Interview Guide for the Elderly 70
Appendix E: Interview Guide for Men 71
Appendix F: Interview Guide for the technocrats (CDO, WASH officer, & NGO workers)..... 73
Appendix G: Interview Guide for Clan Leaders..... 74
Appendix H: FOCUS GROUP DISCUSSION GUIDE..... 76
Appendix I: Interview Guide for FGDs for men (16-19) & 20 years and above 80
Appendix J: I FGD Guide for elderly women 82
Appendix K: Map of Nakapiripirit District. 84

LIST OF ACRONYMS AND ABBREVIATIONS

AUB	Abnormal Uterine Bleeding
CDO	Community Development Officer
IFF	Intersectional Feminist Frame Work
IDIs	In-depth Interviews
KIIs	Key Informants
FGDs	Focus Group Discussions
LDCs	Low Developing Countries
MHH	Menstrual Health and Hygiene
NGO	Non-Governmental Organization
SDG	Sustainable Development Goals
UNFPA	United Nations Population Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
YW	Young Women
DIS	District Inspector of Schools
SC	Sub County

ACKNOWLEDGEMENTS

I am deeply grateful to Prof. Florence Kyoheirwe Muhanguzi for the guidance, patience, and insightful feedback throughout this study. Your support shaped this research and encouraged me to pursue clarity and rigor.

I sincerely thank the participants of Moruita Sub-County for sharing their experiences so openly, and the community leaders and key informants who facilitated my work in the field. Your cooperation and knowledge were invaluable. Special thanks also go to Christine Garde Denning, CEO, Could you Cup.

My appreciation also goes to the organizations working on menstrual health and hygiene in the region, whose expertise provided important context for this study.

Finally, I am thankful to my family and friends for their encouragement and support during the research process. To all who contributed, directly or indirectly, I extend my heartfelt thanks.

ABSTRACT

The study explored how community perceptions, cultural norms, and personal experiences influence menstrual hygiene management (MHM) and participation in the socio-economic activities of young women in Moruita Sub-County, Nakapiripirit district in far eastern Uganda. Qualitative approach was used to study a population that comprised of two groups of Men, and of young women aged 16–19 and 20–24 respectively, and one group of elderly women of 50 years and above. Each group had six participants, totaling 30 Participants in FGDs' approach. The FGD participants constituted brothers, uncles, fathers, and grandparents of the young women. The third categories were the parents in households where the young women live, who included; the males and other female household members. The last category, are the technocrats who were involved in MHH Management at the district constituting 30 in-depth interviews with young women, 47 Key Informant Interviews with other household members (brothers, uncles, Aunties, grandparents, mothers and fathers; elders; traditional leaders; Community development officers and technocrats. The study examined how menstruation is understood, managed, and how these practices affect the daily lives, health, social and economic participation of young women in the 5study site.

Findings reveal a complex interplay between positive and restrictive experiences. Some young women viewed menstruation as a marker of maturity and womanhood, expressing pride in the transition to adulthood. However, these affirming experiences were overshadowed by widespread stigma. Menstrual blood was often regarded as unclean, women are not supposed to touch household items, Girls and women are not allowed to interact with people attending cultural rituals. These beliefs created social isolation, embarrassment, and psychological stress.

The socio-economic consequences are evident. Menstruation is culturally supposed to be invisible and silent, and sometimes, menstruating women and girls are supposed to be invisible and silent too. Within the Ugandan context, millions of girls and women are subject to restrictions in their daily lives simply because they are menstruating. They are restricted to participate in church services, not sleeping near their men generating anxiety in relationships and marital instability. This psychologically affects them as they are culturally restricted, forbidden and unable to mix with others.

Economically, restrictions on accessing cattle, women dependent on livestock could not milk cows hence hindering income-generating activities. Cultural taboos dictate further that women are not allowed to access kraals with a belief that cows become infertile. Many young women relied on improvised absorbents such as cloth, which increased the risk of infection, leakage, and discomfort. Practices like sitting on sand or soil during menstruation further exacerbated physical and emotional strain. Although NGOs distributed reusable pads, trained lead mothers, and installed incinerators, material shortages, improper use, and limited follow-up reduced the effectiveness of these interventions.

Applying a social-ecological model, the study shows that menstrual health challenges are shaped by individual behavior, interpersonal dynamics, community norms, and structural conditions, including inadequate WASH facilities and poverty. When supported with accurate information, safe materials, and community backing, young women can manage menstruation with dignity and maintain social and economic participation.

CHAPTER ONE
INTRODUCTION

1.0 Introduction

Menstruation is a natural and healthy aspect of life for women and girls (UNICEF, 2018). In 2012, WHO/UNICEF Joint Monitoring Programme defined menstrual hygiene management as, an experience by women and adolescent girls of using a clean menstrual management material to absorb or collect menstrual blood that can be changed in privacy as often as necessary, using soap and water in safe and convenient facilities to dispose-off used menstrual management materials.

Women and girls therefore have the right to menstruate with confidence, dignity and support (World Vision,2022). However, in many societies, the natural menstrual cycles are influenced by cultural taboos and societal standards (United Nations, 2021). This study explored how the existing perceptions and misconceptions on menstruation impact the socio-economic status of young women and girls in Ugandan rural communities with a focus on Moruita Sub county in Nakapiripirit District.

1.1 Background

Globally, 300 million women are projected to be menstruating on any given day, and an estimated 500 million people lack access to adequate facilities for managing menstrual hygiene. Girls and women need access to affordable and appropriate menstrual hygiene products, information on good practices, and a supportive environment where they can manage their menstruation without shame or embarrassment in order to manage their period effectively. Despite the increasing focus on menstrual health and hygiene (MHH), there is still a lack of comprehensive information about menstruation within communities. This has contributed to misconceptions and unfavorable menstrual views which fuel bullying, shaming, and gender-based violence, promoting unsanitary and harmful menstrual habits among young girls and women (World Bank, 2022)

WHO and UNICEF's (2021) report on the world progress on household drinking water and sanitation and hygiene, shows that two-thirds of people lacking basic sanitation and hygiene services live in rural areas, with half them in low-developed countries. Sub Saharan Africa and fragile contexts have twice as many people lacking sanitation services. Promoting menstrual health and hygiene is crucial for women's privacy and self-efficacy.

To date, the global agenda is increasingly acknowledging and promoting menstrual health and hygiene management (UNICEF, 2022). Addressing menstrual health and hygiene contributes to achievement of Sustainable Development Goals (SDGs) Goal 3 on promoting good health and well-being; Goal 4 on ensuring quality education for all, including inclusive and equitable access to education; and Goal 5 on promoting gender equality.

Achieving gender parity partly depends on addressing women's and girls' requirements for menstrual health and hygiene (MHH) (United Nations, 2021; Sommer et al., 2021). Yet, menstrual health and hygiene issues are exacerbated by social and economic disparities, negatively impacting women's safety, health, education, and overall development (World Bank, 2022). Menstruation increases women's economic vulnerability due to financial burdens on menstrual supplies, particularly in low-income countries (UNFPA, 2022). Financial difficulties resulting from menstruation products are forcing women and girls to skip work and school, potentially affecting their education and economic prospects in the long term. Furthermore, the organization notes that on average, women face discrimination, neglect, or marginalization for three to eight years of their menstruation life, making them more vulnerable for the majority of their lives.

In 2022, only 53 countries had data on at least one to three out of four indicators of MHH, compared to 31 in 2020 though the extent and depth of the data vary of which in Africa, Kenya, Nigeria, Egypt, Angola, Mozambique and coted'lvoire documented experiences in managing menstrual hygiene. In Asia, countries like Jordan used indicators such as knowledge level on menstruation before menarche (the first menstruation); availability of menstrual materials like sanitary pads, cloth, tampons, access to a private place for bathing and changing at home, as well as participation in activities during menstruation (WHO,2021,2023, 2023).

Menstrual health and hygiene (MHH) remain a taboo topic in many countries many countries due to social norms and cultural beliefs that hinder women and girls' full participation in society (United Nations, 2021). Menstruation is often stigmatized and restricted in low-income countries, leading to misconceptions and a lack of open conversations about the topic (Amatya et al, 2018; Mohammed, & Larsen-Reindorf, 2020.

In East Africa, among kikuyu community from Kenya, a girl's menarche was widely celebrated and regarded as a sign that the girl was fertile and ready for sexual activity, marriage and child delivery. In Tanzania, a 2020 menstrual health policy promised free pads in schools,

but *BMC Public Health* (2023) found that 80% of rural girls still miss exams due to menstruation.. Elders in some Indian villages pressure parents to find grooms for daughters who undergo menarche to safeguard their virginity (McCarthy & Lahiri-Dutt, 2020). Factors such as, age at marriage, and caste may exacerbate women's vulnerabilities during menstruation (Garikipati & Bou-dot, 2017).

In Uganda, parents play a minimal role in passing on basic menstrual knowledge and information (International Rescue Committee, 2021). Most cultures exclude men and boys from women's menstrual experiences, while traditional lifestyles in certain communities hinder the adoption of improved menstrual hygiene practices (International Rescue Committee, 2021). Thus, MHH is poorly understood and supported within households. Modern MHH practices are less common in rural areas like the Karamoja region, where traditional MHH solutions and low education levels remain predominant (International Rescue Committee, 2021).

1.2. Statement of the problem

Menstrual hygiene management is often disregarded despite its importance in women's physical and emotional health, as well as their ability to earn a living (World Bank, 2018). Although there is increasing evidence in public policy proving the link between improved menstrual management and socioeconomic outcomes (Angeli et al., 2022), there are apparent gaps in the evidence to guide programs and policies (Sommer and Clark, 2020). Menstrual health management is portrayed as largely a concern for women and girls, hence the limited understanding and appreciation of women's diverse menstruation experiences and demands. A wide range of menstruation experiences and requirements must be considered through the perspective of race, ethnicity, culture, class, and other characteristics in order to leave no one behind (Sustainable Sanitation Alliance, 2020).

Sommer and Clark (2020) show how the menstrual health management agenda has shifted in the last 15 years (2004–2019), noting that there is limited information regarding the menstrual health needs and experiences, as well as managing the menstrual health challenges of girls and other vulnerable groups in low-income contexts.

In Uganda, studies and monitoring of MHH have mainly been done on women at work and school girls (WHO &UNICEF, 2022). Miiro et al (2018) investigated menstrual health and school absenteeism among adolescent girls, Ssemata et al (2023) examined the social and physical menstrual health environment of secondary schools in Uganda. Kansiime et al (2019) Menstrual

health care and school attendance in Uganda. Kalembe & Emojong's (2020) situational investigation of menstrual health management in 14 districts, including Abim and Moroto in the Karamoja region, only reveals cultural perspectives on menstrual health management. These studies focused on effects of menstruation on school attendance, performance at work, preparedness of school environments to promote menstrual hygiene and the general perceptions surrounding menstruation. Very limited studies have been conducted on the effects of menstruation on the social and economic lives of women in the informal and rural contexts. Societal limitations on menstruating women and girls continue to exclude them from all types of roles and spaces (UNPFA, 2022).). Therefore, this study aims to examine the social and economic consequences of menstrual perceptions on out of school young women within rural home steads of Moruita Sub County, Nakapiripiriti District, to provide localized, context-appropriate evidence for targeted policy and programmatic action.

1.3. Objectives

1.3.1. General Objective

To examine the social and economic consequences of menstrual perceptions on young women in rural Moruita Subcounty in Nakapiripirit district.

1.3.2. Specific objectives

1. To examine the cultural attitudes surrounding menstruation among community members of Moruita Sub County in Nakapiripirit District.
2. To explore the effects of menstrual perceptions on young women's participation in social activities.
3. To examine the effects of menstrual perceptions on young women's participation in economic activities.
4. To identify the challenges faced by young women in managing their menstruation due to prevailing perceptions and their implications on health and hygiene practices.

1.3.3. Research Questions

1. What cultural attitudes do community members in Nakapiripirit District hold toward menstruation?
2. How do community perceptions of menstruation influence young women's participation in social activities in Moruita Sub County, Nakapiripirit District?
3. In what ways do menstrual perceptions affect women's economic participation in Moruita Sub County, Nakapiripirit District?

4. What challenges do young women face in managing menstruation and how do prevailing community perceptions shape their health and hygiene practices?

1.4. Significance of the Study

This study offers important insights for policy makers, practitioners and community leaders working to advance menstrual health and hygiene in regions where cultural norms and household dynamics play a powerful role in shaping women's experience. Much of the existing policy attention has focused on menstrual health within schools leaving a notable gap regarding the daily realities of young women and girls who are out of school and whose experience are shaped within the household environment. Recent scholars such as sommer et al (2021) and Hennegan and Winkler (2020) argue that menstrual health cannot be fully understood when examined only through institutional lenses because most of the restrictive beliefs and practices emerge from within homes and community spaces. By un packing the social and economic implications of menstruation, this study generates evidence that helps explain how misconceptions and stigma limit women's ability to participate confidently and consistently in economic life. Understanding these challenges not only adds depth to the growing body of menstrual health research but also gives policymakers practical ground-level insights that can inform interventions tailored to rural and pastoralist communities such as Nakapiripirit. In line with recent findings by Cavill, Mott, and Smiles (2020), the study reinforces the idea that improving menstrual health contributes directly to broader development priorities including health, gender equality, and inclusive economic growth. The study also carries significance for advocacy and empowerment efforts. By documenting the unique barriers faced by young women, it offers a platform for strengthening their socio-economic agency and supporting programs that challenge harmful norms with context-appropriate strategies. Ultimately, the findings contribute to ongoing efforts to break menstrual stigma, improve health and hygiene outcomes, and promote the dignity and participation of vulnerable women in a region where menstrual health continues to be shaped by deeply rooted cultural perceptions.

This study therefore draws attention of policy actors and practitioners towards the promotion of menstrual health hygiene within households where oppressive societal norms, misconceptions, and perception about women are produced, reproduced, and sustained. Studies have majorly informed policy actors on issues of MHH in institutions like schools and are silent on-the menstrual experiences of young women and girls who are not in school but live in households.

By shedding light on the social and economic implications of menstrual health, the study will make women and manage menstruation with confidence.

1.5. Scope of the Study

1.5.1 Geographical Scope.

This research was carried out in Moruita Subcounty in Nakapiripirit district, Karamoja region; one of the most remote and least developed. (Love Binti International, 2021; Kayizzi,2023). Nakapiripirt was chosen as a district because it bears intersecting charateristrics such as being an agro pastoral, and semi nomadic setting interwined with high, abject poverty; where majority of the population does not have disposable income, and high illiteracy levels, and there is a significant challenge in access to water and sanitation facilities (UNDP, 2014). All of this allowed the study to identify and investigate how the various overlapping features of women in Moruita Subcounty interact to influence the way they experience menstrual health management.

1.5.2 Time scope

The study examined the social and economic consequences of menstrual perceptions of menstruation on young women in rural homesteads of in Nakapiripirit district during 2024 period.This is the period within which menstrual hygiene campaigns were hieghtened in Karamoja region by serveral actors like UNICEF, Love Binti International, WaterAid, Save the Children, and Samaritan Pulse.

1.5.3 Content scope

The study focused on how menstrual perceptions influenced social and economic lives of young women in rural homesteads in Moruita Sub county in Nakapiripirit district. It particularly examined attitudes, views, and beliefs of community members towards menstrual health management.

These perceptions create challenges for women in managing their menstrual cycles and often hinder their full participation in economic activities. The study focused on how the prevalent intersecting factors that rural young women in Moruita Sub County face on a daily basis interaction to produce, reproduce, and perpetuate young women's social and economic experiences with menstruation.

1.6 Theoretical and conceptual grounding of the study

The socio-ecological theory of Bronfenbrenner (1979) explains how individual behavior is influenced by multiple environmental factors at various levels - micro, meso, exo, macro and

chrono levels. At the micro-system level, the individual is influenced by the immediate environment family and informal groups. It outlines five levels of environmental influences including micro system, mesosystem, exosystem, macrosystem and chronosystem all nested within each other.

In line with this, the study examined how menstrual perspectives influence young women's personal behavior change, including knowledge & skills, attitudes, self-efficacy, and expectations of menstruation. At the meso and exo levels, the study focused on how participation in these social networks affect young women's knowledge and expectations of menstruation, use of menstrual related resources, and how menstruation affects their participation in social activities and access to the available menstrual hygiene resources -

Social perceptions of menstruation hygiene are mostly shaped at the macro level. At this level of Bronfenbrenner's theory, values, social norms, rules, traditions, ideology, and cultural beliefs are all significant elements that affect the way young women view and manage menstruation

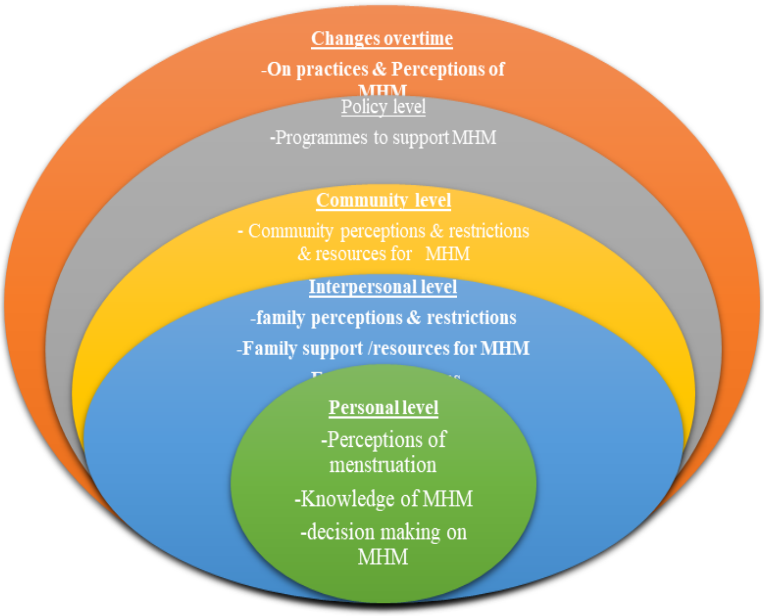
Intersectional Feminist Framework (IFF) advanced by Crenshaw (1989) which argues that a variety - The Intersectional Feminist Framework (IFF) provide a basis of thinking about power, who is excluded, and why, who has resources and why It helps scholars to understand how gender intersects with other identities (socio-economic status, race, class, gender, sexualities, ability, geographic location, refugee and immigrant status), which then contribute to the unique experiences of oppression and privilege.(Mo

The IFFs encourage scholars to combine broader historical with current systems in order to understand discrimination that oppress women. . The IFF recognizes how different aspects of a person's identity might interact to change the way they experience the world and the barriers they might face as a result. The IFF therefore guided the study to identify and pay keen attention to the different categories of (young women in Nakapiripirit) and how they might face additional challenges related to menstruation due to systemic inequalities. It further guided the study to examine how various forms of oppression intersect and interact to shape young woman's' individual experiences of menstruation. Thus, the study identified these forms of oppression, and the social categories of young women in Moruita Sub County, Nakapiripirit and how they experience menstruation in their categories. Overall, employing an intersectional feminist framework provided a comprehensive understanding of the complex ways in which menstrual perceptions shape young women's lives within broader socio-economic contexts while centering marginalized voices in the research process.

1.7 Conceptualization of the study

The study has been conceptualized using Bronfenbrenner's (1979) ecological model. three theories The key issues and systems have been identified integrated in this model to form a comprehensive approach to understanding the interconnection, institutionalization, and overlapping elements that produce, reproduce, and sustain views that influence women's menstrual experiences. These systems are inter connected with each level influencing systems around them. The five systems include micro system, where the immediate environment has direct contact and interactions, meso system which involves connections and interactions between different microsystems, Exo system that includes social settings that an individual does not directly participate in but still affect them. Then, the macro system, this is a broadest layer encompassing the overarching cultural context and lastly, the chronosystem that adds the dimension of time to the model representing the impact of significant life events and changes over a person's life span.

Figure1. Conceptual model of how Perceptions of Menstruation Intersect within the Ecological system of Young Women in Nakapiripirit District.



Source: Adapted from Bronfenbrenner (1979) ecological theory

The figure above shows the intersecting levels of menstrual perceptions that influence young women's socio & economic lives. The study will take into account individual factors at the micro level. These are the biological and practical understandings of menstruation. This study aims to determine the attitudes and knowledge of young women on menstrual cycles, encompassing pain, cramps, flow, and management strategies. At the interpersonal level, the study will examine the mentsrual perceptions of household members, including the nature of support; (resources)

avialed to the young women by household memebers. At the exo level, the community perceptions on menstruation will be established and examined to ascertain how the impact on the socio & economic lives of young women. The macro level, the study will be able to investigate how the formal and informal communal views of menstruation affect young women either directly or indirectly at the macro level. Lastly, the chrono level enabled the study to examine how the nature of Moruita Sub county in Nakapiripirit impacts on menstrual experiences.

The ecological conceptualization of the study from the perspectives of the theories used enabled the "inclusion of a diverse sample within the boundaries of the defined population" (Ritchie, Lewis, and El am, 2003:83). The samples were known to have salience to the menstrual health and hygiene practices that affect women and girls. This allowed the study to examine how each level contributes to or influences menstrual experiences of women and girls, and the inter-dependency of each level in influencing these experiences (Ritchie, Lewis, and El am, 2003).

1.8 Definition of Key Terms

Socio-economic: This is the interplay between social processes and economic activity within a society (Tarver, 2024)

Menstruation: Menstruation is the process in which the uterus sheds blood and tissue through the vagina (Menstrual Perceptions, UNFPA, 2021).

Young women: An adolescent and young female adult aged 16-24 years (UNAIDS, 2014).

Homestead: A group of multiple families or houses that share a compound in an enclosed residential area, surrounded by sharp thorns and with small entry points for people and a larger entry point for cattle (Kidepo Valley National Park, 2024)

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter contains a review of literature related to the themes drawn from the objectives of the study. Scholarly literature from published papers, and journals related to menstrual perceptions, norms & attitudes, and socio-economic implications of menstruation were included in the search for literature so as to identify gaps that the study filled. The themes reviewed included, the cultural and societal attitudes surrounding menstruation, prevailing perceptions on menstruation, challenges faced by women in managing menstruation, and implications of the prevailing perceptions of menstruation on health and hygiene practices of young women.

2.1 Understanding Cultural attitudes Towards Menstruation

In many parts of the world, menstruation is unmentionable (Botello-Hermosa et al, 2024). An earlier study by Essity (2017) on menstrual hygiene matters in 12 countries around the world established that stigma and shame surrounded menstruation. Women and girls use different words to mean that they are menstruating in different parts of the world; women use a variety of euphemisms to refer to menstruation. For instance, in the United States, it is commonly called "Aunt Flo," "that time of the month," or "the curse." In Finland, it is referred to as "mad cow disease"; in Sweden, "lingonberry week"; in Denmark, "communists in the funhouse"; and in Belgium, "the red carpet." German women often use the term "strawberry week," while in France, it is described as "the English have landed." In Brazil, women may say "I am with Chico," whereas in China, the phrase "that little red sister has come" is used. In Malawi, women might say "I have killed a goat," and in South Africa, it is expressed as "Granny's stuck in traffic." These euphemisms reflect the social and cultural taboos surrounding menstruation and the tendency to discuss it indirectly. Mexico and China have the most menstrual stigma Essity,(2016). According to a previous study by Essity (2017) on menstrual hygiene issues in 12 different countries, menstruation was linked to stigma and shame. A recent study by Botello-Hermosa et al. (2024) in Spain explored the perceived knowledge about menstruation. The study asked questions regarding women's familiarity with the menstrual cycle, how they understood characteristics of a normal menstruation, the level of general knowledge women believed they had about menstruation. This study established that women generally had low knowledge of menstruation and their menstrual cycle. Moon et al (2020) emphasizes that men and women alike

should have a solid understanding of menstruation and menstrual products as they are essential aspects of life.

In low- and middle-income nations in Asia and Africa, menstruation is stigmatized or taboo Mukherjee, et al. (2020). Menstruation is linked to limitations, shame, and superstitious beliefs for many women and girls, rather than being recognized as a normal biological process that marks a girl's transition into maturity (Mukherjee, et al., 2020). Sociocultural norms at the family and community levels define how women perceive and manage their monthly cycle (Muralidharan, 2019). A study by Mahajan (2019) in India blames the culture of silence, and shame around menstruation as a risk factor for infection among women. This culture forces woman to hide used pieces of blood-soaked cloth in dark spaces for fear of them being seen by male family members. In such incidences, reusable pads may not dry completely, thus increasing infection risks.

In some incidences, these perceptions hinder women and girls from bathing, and or changing; or cleaning their menstrual supplies regularly which predispose them infections, and also increases shame surrounding menstruation (UNFPA,2021). For example, purchasing menstrual hygiene products makes both men and women feel ashamed (UNFPA, 2021). Compared to women, men in China (64%) and Russia (65%) feel more ashamed to purchase menstruation products (UNFPA, 2021). In Sudan, girls have reported that buying menstrual products is shameful (Atari, Tariquzzaman, & Nancy, 2024). Even then, Women and girls do not always have access to menstruation products (UNFPA, 2021). They instead use rags, leaves, newspaper, or other makeshift materials to absorb or collect menstrual blood (UNFPA, 2021). These materials are prone to leaks, which can cause shame or embarrassment, and an increased risk of urogenital infections, such as yeast infection, vaginitis or urinary tract infections (UNFPA, 2021).

Barrington et al. (2021) notes that stigmatizing, negative, and humiliating attitudes associated with menstruation, have their roots in complex value systems and mythologies. Menstrual cycles are stigmatized and viewed as "*dirty*" or "impure" in many cultures, and they should be kept private (Barrington et al., 2021; Hennegan et al., 2021). Collectively, society views menstruation women as insane, unwomanly, and out of control, and during the menstrual period, they are seen as physically or mentally unwell (Johnston-Robledo & Chrisler, 2020).

Among younger girls, the understanding of menstruation is characterized by an overwhelming lack of knowledge and incorrect notions about how and why it happens, and girls have limited knowledge about menstruation before menarche (Muralidharan, 2019). Even so, menstruation

problems are underreported (National Collaborating Center for Women's and Children's Health, 2007). This is owing to the tradition of silence surrounding menstruation issues in most countries (Botello-Hermosa et al., 2024; Mahajan (2019). Poor menstrual hygiene has a significant impact on a person's physical, mental, social, emotional, and financial well-being (Jain et al, 2022). McCammon et al (2020) note that young women living in slums in India struggle to have a safe and healthy menstrual cycle.

In certain Nepalese societies, there is still a deeply ingrained cultural and religious conviction that menstruation is a spiritual pollution. In some remote parts of western Nepal, the extreme practice of Chhaupadi, which involved confining menstruation women in huts with little ventilation, is still, followed (Mukherjee, et al., 2020). Menstrual constraints frequently affect teenage girls and women who are of menstrual age, for example, menstruating women and girls are not allowed to enter the temple, cannot attend religious or social events, and are not allowed to touch male family members or plants (Mukherjee, et al., 2020). Their beds have to undergo purification on the fourth day of each menstrual cycle. Low levels of education of women and girls is attributed to strict adherence to these taboos and vice versa (Mukherjee, et al., 2020).

Studies on menstrual health and hygiene in Karamoja have majorly focused on school going adolescents. Elzy et al (2017), in their cross-sectional with mixed methods study on Menstrual Hygiene Management among Karamojong adolescent girls found that cultural beliefs greatly influenced menstrual hygiene management. These cultural beliefs associate menses to being a curse, blessings and abomination. These therefore influence the nature of management of menstruation by adolescent girls. UNICEF’s engagement with school children in Abim district in 2019 focused on establishing the knowledge and experiences of adolescents had during their menarche and skilling them on making reusable pads.

This has made many women to silently normalize the experiences of severe pain during menstruation, which has led to delayed diagnosis of certain pathological processes that affect women’s health like endometriosis (Botello-Hermosa et al., 2024). Endometriosis is a disease in which tissue similar to the lining of the uterus grows outside the uterus. It can cause severe pain in the pelvis and make it harder to get pregnant. Endometriosis can start at a person's first menstrual period and last until menopause (WHO, 2023). Botello-Hermosa et al. (2024) recommend further studies to understand the sociocultural perspective of pain management during menstruation.

Taboos and misconceptions about menstruation have historically resulted in dealing with MHM through exclusions rather than developing inclusive approaches to provide clean, safe, and private spaces for women and girls (Rossouw and Ross, 2021). Three broad areas for adequate MHM have been identified by Rossouw and Ross (2021). These are individual knowledge, the material environment and the social environment. Individual knowledge includes knowledge and normalization of the biological process of menstruation, and the social environment refers to addressing the broader taboos, myths, and stigmatization around MHM. The material environment includes both the materials to collect or absorb menstrual blood as well as the facilities to privately and hygienically manage menstruation.

Rossouw and Ross (2021) recognize three major areas for adequate MHM. Individual knowledge, the material environment, and the social environment are the three components. Individual knowledge comprises understanding and normalizing the biological process of menstruation, while the social context relates to tackling the larger taboos, misconceptions, and stigma associated with MHM. The material environment consists of both the materials used to collect or absorb menstrual blood and the facilities for discretely and hygienically managing menstruation.

Menstrual health management and menstruation are cultural constructs. Adolescent girls in South Sudan consider themselves filthy and impure during menstruating (Atari, Tariquzzaman, & Nancy, 2024). The perception that menstruation is filthy or disgusting adds to the limits that women and girls face during vaginal bleeding, which present in many, if not all, cultures. Some constraints are cultural, such as the prohibition on handling food or entering religious sites, or the requirement that women and girls isolate themselves during menses (Atari, Tariquzzaman, & Nancy, 2024)

Women and girls also believe that buying menstrual hygiene products at public venues like shops and pharmacies is shameful (Atari, Tariquzzaman, & Nancy, 2024). They tend to believe that menstruation limits their physical and emotional capacities. These notions have the potential to limit their chances and exacerbate gender inequality (UNFPA, 2021). As a result, certain menstrual characteristics such as pain, tiredness, gastrological and neurological problems are frequently related with negative perception of menstruation that increase women's mental burden (Barrington et al., 2021).

2.2 Community perceptions of menstruation and young women's participation in economic activities

Around the world, menstruation quietly acts as a barrier to women's economic participation. Several studies document significant productivity loss due to menstruation. For example, a PMA2020 survey across West African countries found that up to 19% of working women reported missing work during menstruation (Muralidharan et al., 2021). In places like Australia, interventions demonstrate that change is possible. After making pads freely available in schools and workplaces in 2022, young women's workforce participation increased by 18%. Yet in Jordan's refugee camps, 72% of women hide during their periods, forbidden from cooking or selling goods. A Syrian mother lamented, "My family starves when I bleed. I cannot earn, cannot cook. "I am useless."

In Africa, the economic toll of menstruation is stark. UNICEF (2021) found that one in three girls miss school monthly across ten African countries, translating to a potential 30% reduction in lifetime earnings. In Nigeria, menstrual taboos correlate with a 45% drop in entrepreneurship rates, as women avoid markets for fear of being shamed if they leak or stains show. Girls and women are excluded from economic activities, not because of incapacity, but because of social perceptions and stigma. Kenya offers examples of progress: after scrapping taxes on pads in 2020, girls' school retention rose by 22%, providing a pathway for future economic participation. Yet conflict zones, such as parts of the Democratic Republic of Congo, tell a harsher story. There, 60% of women reportedly exchange sex for sanitary products, cementing cycles of dependency. One 19-year-old in Goma stated bluntly, "I sell my body for dignity, then Iam shamed for that too."

East Africa presents a landscape of contrasts. In Tanzania, a 2020 menstrual health policy promised free pads in schools, but *BMC Public Health* (2023) found that 80% of rural girls still miss exams due to menstruation. One student from Dares Salaam said, "Teachers tell us to 'stay home' during periods. They say we are 'distracting' boys." Rwanda, in contrast, illustrates the potential of community engagement. Workshops educating men about menstruation boosted women's participation in cooperatives by 27%, and leaders observed that husbands now allow wives to attend market days, doubling group incomes.

In Uganda, a workplace survey revealed that menstrual health challenges directly affect women's attendance and well-being (Hennegan et al., 2022). In the United States, one in three low-income women reported missing work monthly due to menstruation, often relying on rags or paper,

which can cause infections. One Detroit factory worker explained, “I have lost jobs because I called in sick too many times. Telling my boss it’s my period it is Humiliating. So I quit.” This pattern is not only about discomfort it is about lost income, missed opportunities, and the social stigma that surrounds the natural bodily process.

Uganda also reflects a mismatch between policy and practice. While the 2020 national menstrual health policy was progressive, practical realities remain difficult. A Makerere University study in 2023 found that only 41% of urban women received free pads, compared to 9% in villages. Around 28% of girls drop out of school after their first period, limiting access to formal employment, and stigma prevents 52% of women from taking jobs requiring mobility, including farming or trading. Vendors in Kampala markets lose $15–20 monthly because they cannot stand for long periods while bleeding. One fruit seller said, “I can’t stand all day bleeding, customers point, laugh and I go home hungry.”

The situation is most acute in Karamoja, where the intersection of drought, conflict, and deep-rooted cultural taboos amplifies menstrual disadvantage. A 2023 government report found that 89% of women use leaves, sand, or cow dung during menstruation. Limited water for washing, shared latrines, and community beliefs that menstruation is a “curse” restrict women’s participation in essential economic activities like livestock trading and mining. Research in *Social Science & Medicine* (2024) showed that women in the region hide for three to five days each month, missing planting or mining seasons, and face 60% higher hunger due to mobility restrictions. A 25-year-old miner in Moroto remarked, “When I bleed, I cannot dig for gold. My brothers say I will ‘curse’ the pit. I lose $10 daily money my children need for sorghum.” Patterns repeat globally: shame leads to absenteeism, absenteeism leads to poverty; period poverty leads to debt, with 15–30% of women’s income spent on treating infections; and school dropouts create skill gaps, with girls missing periods scoring 23% lower in exams. Yet solutions exist when communities lead change. In Ghana, pad-making cooperatives increased women’s earnings by 40% while challenging stigma. South Africa’s Menstrual Dignity Act of 2023 paired free pads with vocational training, lifting youth employment by 17%. In Uganda’s West Nile, engaging elders to challenge menstrual restrictions allowed women to rejoin markets, reducing limitations by 50%.

Menstruation is not merely a private, biological experience; it carries profound social and economic implications. According to UN Women (2024), every dollar invested in menstrual health yields a seven-dollar return to the economy. For Karamoja and similar contexts,

interventions such as distributing reusable pads, engaging community elders to reframe taboos, and promoting home-based income-generating opportunities are essential. Until menstruation is disentangled from stigma and shame, young women will continue paying a hidden tax in missed education, lost income, and curtailed potential. As one Karamojong elder reflected after a workshop, “We’ve bled our daughters dry with silence. It’s time to let them earn.” This study therefore is urgently sanctioned so that it explores how perceptions of menstrual health and hygiene management affected young women’s socio-economic lives in rural Nakapiripirit, Karamoja sub region. This will contribute to policy action for addressing the menstrual needs of young women in all contexts.

2.3. The Social and Economic effects of menstrual perceptions on young women’s Lives

There is increasing evidence that shows period-related stigma and discrimination, makes it difficult for women and girls to productively engage in society. It results in less educational opportunities and school dropouts, which have long-term consequences such as lower future earnings and higher healthcare costs (The Sanitation and Hygiene Fund, 2023). Menstrual health issues have a costly impact on both women's individual lives and society as a whole. Thus, neglecting menstrual hygiene and health (MHH) causes significant expenses for the society (The Sanitation and Hygiene Fund, 2023).

The Sanitation and Hygiene Fund (2023) study on the socioeconomic impact of investments on Menstruation and Hygiene (MHH) in Europe & Africa, linked absenteeism in formal work to inadequate access to menstruation products or supplies, poor WASH conditions in the workplace, stigma and shame associated with menstruation, and anxiety related to inability to manage periods in a work setting. It was also shown that in West Africa, 11% to 19% of women working outside the home had to skip work due to menstruation.

The same study found that women experienced presenteeism (diminished performance at work due to menstrual-related anxieties and symptoms). This results in poor job performance, which has an influence not just on their sense of job satisfaction and possibilities for growth, but also on their pay and overall productivity. Absenteeism and presenteeism both result in lower incomes for employees and employers, which can lead to increased rates of poverty in households and limited access to critical resources and services for dependent children (The Sanitation and Hygiene Fund, 2023).

Women who work in physically demanding industries, such as construction, and manufacturing also have difficulty regulating their periods. This is because of the usage of mixed-gender, filthy,

or hazardous toilets, as well as a lack of access to water (The Sanitation and Hygiene Fund, 2023). This force them to absent from work which has its related costs on their work performance, job security, and level of income.

At the informal level, the report notes that women around the world work in a variety of informal jobs, including caring for young people or the elderly, working the land where crops are grown to supplement household income, and engaging in other small-scale informal business ventures. Women's informal labor has substantial economic value since it boosts household income, reduces poverty, and promotes economic growth in the informal sector. However, due to insufficient period products or hygienic facilities, menstruation restricts their activities and involvement. If women do not have access to the necessary resources for MHH, it affects their capacity to maintain their entrepreneurial ventures. (The Sanitation and Hygiene Fund, 2023). In India, Menstruation frequently causes restrictions on movement and social engagement. Many everyday activities are prohibited for young women while they are menstruation. It is recommended that individuals stay indoors throughout their menstrual cycle to avoid social settings (McCammon et al, 2020).

2.4 Challenges faced by women in managing menstruation

Millions of women and girls around the world lack access to menstruation products including information, and water to maintain their menstrual health and cleanliness and many of them are still unable to buy menstrual supplies (UN Women, 2024). Menstruation frequently causes psychological, social, and health problems for young women in low- and middle-income countries (McCammon et al, 2020). In terms of knowledge, a recent study by Botello-Hermosa et al. (2024) in Spain explored the perceived knowledge about menstruation. The study asked questions regarding women's familiarity with the menstrual cycle, how they understood characteristics of a normal menstruation, the level of general knowledge women believed they had about menstruation. This study established that women generally had low knowledge of menstruation and their menstrual cycle. In Egypt and Bangladesh, respectively, just 32% and 66% of girls reported knowing about menstruation prior to their first period, with many of them feeling astonished and scared (UN Women, 2024). Moon et al (2020) emphasize that men and women alike should have a solid understanding of menstruation and menstrual products as they are essential aspects of life.

In terms of menstrual hygiene supplies/products, there is a general consensus worldwide that controlling one's menstruation is more of a health concern than a hygiene one, and that it is

primarily a matter of gender equality and human rights (UN Women, 2024). Distressingly, millions of women and girls still lack access to menstrual products (Un Women, 2024). One in four teenagers and one in three adults particularly of color and those from lower-class homes in the United States of America (USA), struggle to purchase period supplies. In the United Kingdom (UK), 3 out of 10 girls in are reported having trouble accessing or affording menstruation supplies, and more than half of them substituted toilet paper for these items (UN Women, 2024). In Bangladesh, Egypt, India, Madagascar and Zimbabwe, adolescent girls and women in urban areas are more likely to use sanitary pads compared to those in rural areas, who are more likely to use cloth, one in 5 adolescent girls; while most women in rural Ethiopia use no materials, compared with 1 in 20 in urban areas (UN Women, 2024).

Moon et al (2020) emphasize that men and women alike should have a solid understanding of menstruation and menstrual products as they are essential aspects of life. That menstrual experience are shaped by social cultural contexts and gender norms that stigmatize and impose expected behaviors (such as silence) for women and girls during menstruating (Barrington et al, 2021). For example, in Spain, the menstrual taboo pushes women to go through menstruation in secret and silence. When discussing menstruation, metaphors are used, leaving women and girls with feelings of shame and embarrassment, as well as limited comprehension and knowledge of menstruation (Botello-Hermosa et al., 2024).

In low-income countries, women and girls from lower-income households are less likely to have access to safe and locked MHM spaces than those from higher-income households. In general, sanitation system planning, and design rarely take into account the menstrual needs of women and girls (Rossouw and Ross, 2021). Another study by Barrington et al (2021) found that the women felt they received insufficient social support or knowledge about menstrual health and hygiene. This influenced their negative experiences of menstruation, and of confidence to engage in activities during menstruation.

Resource restrictions, notably a lack of access to menstruation products and facilities among low-income women, influence negative experiences and feelings such as personal disgust in their inability to manage their menstruation in a clean and preferred manner (Barrington et al, 2021). According to Rossouw and Hana's (2021) study on understanding period poverty in low- and middle-income countries revealed an unequal access to MH products and safe, clean, and private menstrual hygiene spaces based on socioeconomic status. The most noticeable and concerning disparity is access to lockable and secure MHM venues.

The majority of women who menstruate have limited knowledge of the process (Botello-Hermosa et al., 2024. This is related to a culture of silence about menstruation (Das et al., 2015). Women lack understanding about the many types of discomfort connected with menstruation, as well as enough resources for general menstrual management (Majeed et al., 2022). Women with enough knowledge are mostly educated, and aware of a variety of menstrual hygiene products; while women with little awareness of menstruation are often unhappy and scared of their periods (Venema, 2014).

Rossouw & Ross (2021) further established that Ethiopia and Uganda have pit latrines with without hand washing facilities; generally considered unhygienic for MHH. The study recognizes three major areas for adequate MHM. Individual knowledge, the material environment, and the social environment are the three components. Individual knowledge comprises understanding and normalizing the biological process of menstruation, while the social context relates to tackling the larger taboos, misconceptions, and stigma associated with MHM. The material environment consists of both the materials used to collect or absorb menstrual blood and the facilities for discretely and hygienically managing menstruation.

2.5 Gaps in Literature

Several critical gaps remain particularly in the context of rural, out-of-school populations such as those in Nakapiripirit District. Most studies concentrate on school-going girls or formal workforce participants, leaving the experiences of out-of-school young women largely unexamined (Elzy et al., 2017; Barrington et al., 2021). In Nakapiripirit, the majority of young women engage in pastoralism or subsistence farming rather than formal schooling or wage labor. Current research does not capture how menstrual perceptions disrupt these informal economic activities such as herding livestock, trading in markets, or performing seasonal farm labor. This study fills this gap by directly exploring how menstrual stigma affects labor participation in informal, rural economies. While menstrual-related anxiety and absenteeism have been noted in the literature (Barrington et al., 2021; Sanitation and Hygiene Fund, 2023), few studies connect menstrual experiences to mental health outcomes that influence productivity in non-formal work. In Nakapiripirit, shame, anxiety, and fear of social censure may reduce women's ability to engage in essential household and economic tasks. By examining this mental health–economic nexus, the study provides insight into how psychosocial effects of menstruation translate into tangible economic disadvantages. Thirdly, the current research emphasizes access to menstrual products (UN Women, 2024) but largely overlooks the role of material and environmental infrastructure.

In rural homesteads of Nakapiripirit, inadequate pit latrines, scarce water, and lack of private spaces for managing menstruation amplify exclusion and limit participation in economic activities. Rossouw and Ross (2021) highlight the importance of material environments, yet few studies document how insecure facilities compound stigma and economic barriers. This study addresses this oversight by examining how inadequate sanitation infrastructure interacts with cultural taboos to restrict women's labor and mobility.

Global studies reveal pervasive gaps in menstrual knowledge (Botello-Hermosa et al., 2024; Moon et al., 2020), but most interventions target school-based education. In Nakapiripirit, where illiteracy exceeds 60%, women rely on oral traditions or community norms, which can perpetuate misinformation and stigma. This study investigates how knowledge or the lack thereof affects both menstrual management and participation in economic activities, addressing a critical gap in understanding the informal, community-based transmission of menstrual knowledge. While East African research documents school absenteeism and policy challenges (BMC Public Health, 2023; Health Policy and Planning, 2022), little is known about rural communities where drought, conflict, and cultural restrictions intersect, as in Karamoja. Existing literature documents losses in urban markets or formal education, but Nakapiripirit presents unique interactions between menstrual stigma, restricted mobility, and subsistence livelihoods. This study contributes localized evidence on how menstruation shapes economic exclusion in such complex contexts. By focusing on out-of-school young women in Nakapiripirit, this research directly addresses these gaps. It highlights the economic, social, and health implications of menstrual perceptions, sheds light on the infrastructure and knowledge deficits that exacerbate exclusion, and provides evidence to inform targeted, culturally sensitive interventions. In doing so, the study complements global research while offering context-specific insights crucial for policy, advocacy, and the empowerment of women in marginalized rural settings.

CHAPTER THREE

METHODOLGY

3.0 Introduction

This chapter provides the research design, study population, study location, sampling procedures, study scope, and data gathering and analysis methodologies. Additionally, each method's importance and justification are given to show how applicable it is to the study.

3.1. Research Design

A case study design using a qualitative approach was adopted in this study. The case study allows for an in-depth exploration of 'individuals' experiences of events, processes, and systems; concerning MHH (McMillan &Weyers, 2008, p.127). The case study design enabled "*experiential data"* to be gathered from the young women who had experienced menstruation as unique cases (Kothari, 2004, p.36).

3.2. Area of Study

Northeastern Uganda's nine districts, including, Kaabong, Karenga, Kotido, Abim, Moroto, Napak, Amudat, Nabilatuk and Nakapiripirit make up the Karamoja area. However, the study targeted Moruita Subcounty in Nakapiripit District. (The Whitaker Peace & Development Initiative, 2022). The region is recognized for having exceptionally high rates of poverty, and a disproportionately high number of people experiencing hunger, malnourishment, and stunting as a result of restricted access to food. Heavily dependent livelihoods on natural resources are susceptible to environmental shifts such as extended dry spells, flash floods, and seasonal droughts. Inadequate infrastructure, severe environmental degradation, livestock raiding, and limited access to critical health and education services are just a few of the vulnerabilities that the region faces and which hinder development (UNFPA, 2018). Poverty in Moruita Subcounty has persisted despite a number of development programs launched by the government and non-governmental organizations.

The region is still the least developed in terms of social and economic conditions; 70% of young people live on less than $2 per day, and 21% of young men and 37% of young women do not have access to formal education, employment, or training (The Whitaker Peace & Development Initiative, 2022). The Karamojong live a communal lifestyle as extended families in huge homesteads, known as '*manyatta'*, that share a compound. The homestead "*Manyatta"* is a learning institution in which skills and standards are passed down through generations via

socialization processes. Homestead regulations assign social positions based on age, expertise, and gender (Kidepo Valley National Park, 2024).

Nakapiripirit district is a former part of Moroto District that existed as south Karamoja District before 1980. It was merged with central Karamoja in 1980 to form Moroto district; then later again curved out of Moroto district in 2001. The district is bordered by Napak District to the north, Moroto District to the northeast, Amudat to the east, Katakwi in the Northwest, Sironko and Kapchorwa in the south, Kween District to the southeast, Bulambuli District to the southwest, and Kumi District to the west. Nakapiripirit, the main municipal, administrative and commercial center in the district, lies approximately 125 kilometres (78 miles), by road, northeast of Mbale, the nearest large town. This location lies approximately 360 kilometres (220 miles), by road, northeast of Kampala. The coordinates of the district are: 01 55N, 34 40E (Nakapiripirit District, 2015).

3.3. Study Population

The study population was in four categories representing each ecological level namely, the young women aged 15-19, 20-24 years (married and not married). They were primary school dropouts who live within homesteads. The young women provided information on how menstrual perceptions have affected their social and economic lives, including the challenges they experience while undergoing their menses.

The second category of the study population was from the community (Exo-system). They included men and women aged 15 and above, inclusive of elderly men and women. They were brothers, uncles, fathers, and grandparents of young women. This category provided information on the prevailing perceptions on menstruation and values attached to menstruation and how they contribute to MHH within their households.

The third category was the parents in households where the young women live. They included the males and other female household members. They provided information on how the households provide menstrual support to the young women, and the available resources for management of menses. Lastly, are the technocrats who are involved in MHH management at the district. They include the water and sanitation (WASH) officer; the focal person from a non-governmental organization (NGO) dealing with women and girl issues; and the community development officer (CDO). They will provide information on the nature of management of MHH at community levels, challenges observed, and solutions being forged. Additionally, they will offer reports and secondary data regarding their prior interactions with the community

regarding MHH-related issues. By looking at all facets of the same phenomenon, all of these categories will allow the study to gain a detailed research inquiry, a style exclusive to qualitative investigations (Miles & Huberman, 1994; Miller & Brewer 2003).

3.4. Sample selection and Sample Size

3.4.1. Selection of study sites

The study was carried out in Moruita Sub County and it was purposively selected because it possesses a number of overlapping qualities that make it appropriate for examining menstruation experiences. For example, as per the UBOS (2017), the 2014 census revealed that the largest proportion of individuals aged 10-19 (18.2%) had previously been married. Therefore, it is likely that over the years leading up to 2014, members of this group dropped out of primary school. Available district-level data show that in Nakapiripirit District, the primary school completion rate for girls is reported to be 11%, according to the 2012/13 Local Government Council Performance report. However, more recent World Bank analysis found that in 2009 the primary school completion rate for girls in Nakapiripirit was only 5%, suggesting that data are inconsistent and may reflect large dropout rates or very low survival through primary school (World Bank, 2021; Local Government Councils' Performance, ACODE, 2013). That group of young women therefore fit the study's age range because they were between the ages of 15 and 24 by 2024. In order to choose the parishes and villages in Moruita sub county, random selection was used.

3.4.2 Selection of study participants

Purposive sampling was used to select the population from all the ecological levels. At community level, local leaders helped to identify households where Young Women of 15-19 years and 20-24 years stayed. Young women residing within homesteads were purposively selected from the age groups 15–19 and 20–24 based on their lived experiences of menstruation, ensuring that participants could provide first-hand insights into menstrual health management and the socio-cultural challenges associated with it. At the meso level, 30 members of households that had girls aged 15 and above; were purposively selected targeting brothers, sisters, uncles, aunties, grandmothers and grandfathers. At the exo level elderly men and women (10), traditional leaders (2) were purposively selected because they knew the past and prevailing norms, cultural beliefs, and perceptions about menstruation.

At the macro and chrono levels; the CDO (1), WASH officer (1), NGO focal persons (2) were purposively chosen because they have information concerning the prevailing challenges, and trends of MHH and community members were purposively chosen.

Qualitative samples are usually small in size (Ritchie, Lewis, and El am, 2003). The tentative sample size for this study is 100 including FGDs across the different ecological levels, although the actual sample size was determined on basis of saturation point. Ritchie, Lewis, and El am, (2003) advise that the sample frame in qualitative studies should, as a general guideline, produce a group of eligible potential participants that is roughly three to four times the size of the necessary study sample in order to allow for selection. Other authors like Jonsen (2011) note that saturation can be attained after 12 and not more than 20 interviews while Morse (1994) suggests that qualitative samples can be between 30 and 50 interviews.

The distribution of samples for the study is shown in Table below:

Table 1: The Sampling Strategy and Size

Method/Tool	**Category of Participants**	**Sample size**
In-depth Interviews	Young women in homesteads	30
Key informant interviews	Other household members (brothers, uncles, aunties, grandparents, mothers, fathers).	30
	Elderly	10
	traditional leader	2
	Community Development Officer	1
	Technocrats	3
FGDs	Young women aged 15-19	1 (6 young women)
	Young women aged 19-24	1 (6 young women)
	Men (15-19) (20-24)	2 (12 young men)
	Elderly women	1 (6 elderly women)
Total		106

3.5. Methods of Data Collection and Tools

Data collection for this study was done through, key informant interviews, in-depth and focus group discussions.

Key Informant Interviews

Key Informant interviews (KIIs) involve "interviewing a selected group of individuals who are likely to provide needed information, ideas, and insights on a particular subject" (Marshall, 1996, p. 92). KIIs were elderly men and women (10), young women (30), household members (uncles, aunties, brothers, grand fathers and mothers, 30); and technocrats on menstrual health (CDO (1), Wash Officer (1) and NGO focal person on gender issues (2); totaling to 76 participants. KIIs helped gather information on the challenges faced by young women in managing their menstruation due to prevailing perceptions and the implications of these perceptions on their health and hygiene practices. KIIs also helped get information on cultural and societal attitudes surrounding menstruation and on the social and economic implications on menstrual perceptions on women.

In-depth Interviews

The in-depth interviews were conversational to enable validation of information mentioned (Bloor and Wood, 2006.p.104). The interviews were unstructured, guided by open ended questions that enabled "detailed investigation of each person's personal perspective" (Lewis, 2003. p.58a) some of the issues that were explored here were the understanding of menstrual health management and sources and access of information on menstruation among others were some of the issues explored under this method.

Focus Group Discussions

Focus group discussions were utilized to gather data from individuals who share the same experience simultaneously (Payne and Payne, 2004). It provided a chance for interaction, and deliberation on menstrual perceptions (Finch and Lewis, 2003). Five focus group discussions (FGDs) were conducted, comprising two groups of men, two groups of young women aged 15–19 and 20–24, and one group of elderly women. Each group had six participants, totaling 30 individuals. The FGDs illuminated the complex interplay of cultural beliefs, health risks, and social exclusion that shape menstrual experiences in Moruita Sub County in Nakapiripirit, providing an understanding of both individual and community-level challenges. These discussions provided rich insights into cultural and societal attitudes toward menstruation, knowledge levels, sources of information, perceptions and beliefs, and the practical challenges young women face in managing their menstrual cycles. Among the key issues deliberated, participants highlighted how cultural norms restrict women's mobility and interactions during menstruation, branding them as "unclean" and limiting participation in household and

community activities. Young women described sitting on sand or makeshift materials during their periods, a practice that exposes them to significant health risks, including infections. Discussions also revealed gaps in menstrual knowledge, limited access to sanitary materials, and reliance on informal sources of information, such as elders or peers, which sometimes perpetuated myths and stigma. Elderly women reflected on how these norms have been reproduced across generations, while men shared perspectives on social expectations and the economic implications of these practices.

3.6 Data management and analysis.

A combination of content and thematic analysis was applied using the five-stage process of data processing recommended by Creswell and Clarke (2007). In this process, data was first prepared through transcription of the audio recordings of the interviews and group discussions. Second, the data was entered into computer assisted software Nvivo, coded to identify re-current issues and possible gaps for further data collection if deemed necessary. Third, the actual analysis was done by grouping into the emerging categories, themes and concepts inductively; through identifying common themes and contrasts in the data. Fourth, the data was presented and displayed using illustrative quotes and pictures. Content analysis was used for secondary data.

3.7 Quality Control

The terms' reliability, which means "sustainable", and validity, which means "fully grounded*"*, are known to be relevant in qualitative research. These two notions contribute to defining the strength of the data by demonstrating the soundness of the evidence (Lewis & Ritchie, 2003, p.270).

3.7.1 Validity of findings

According to Lewis & Ritchie (2003), validity can be achieved if the study authentically portrays the phenomenon being studied as viewed by the study population. They contend that this can only be achieved if the correct research methods are applied in the study. The research used well-known data collection methods and instruments (KIIs, IDIs, and FGDs) for qualitative investigations and the findings are presented from the viewpoint of the study participants. Check questions were used to confirm whether the participants understood and meant what they said as advised by Denscombe, 2014; and triangulation mentioned by Denzin, 1978 as cited in Lewis and Ritchie, 2003; Bryman, 2012. The study used FGDs to verify data from KIIs.

3.7.2 Reliability of the data

Lewis and Ritchie (2003) contend that qualitative research is dynamic and must be conducted skillfully and responsively to ensure the dependability of data. Trustworthiness and consistency in data collection are critical for achieving reliability, as discussed by Glaser and Strauss (1967), Hammersley (1992), and Robson (2002), all cited in Lewis and Ritchie (2003). To achieve this, Lewis and Ritchie, 2003 talk of using a sample design and selection of a symbolically representative population, field work to be carried in a manner that allows participants to portray their experiences and analysis, interpretation of data systematically with evidence. The research techniques that have been suggested for use in this study were applied diligently so as to get dependable results. KIIs enabled the study to choose participants that are symbolically relevant to study, FGDs and IDIs allowed participants to express, recount, and explain their experiences, and the use of a computer assisted software for data analysis ensured delivery of reliable results.

3.8. Ethical considerations

The ethical issues considered in this study are described by Miller and Brewer (2003, p.95) as those that lead to "creating a mutually respectful, win- win relationship in which participants are pleased to respond candidly and valid results are obtained.

Entry into the study population

Permission was obtained from the gate keepers of the respondents before engaging them in the study. These included the community leaders (LC 1, clan leader), household heads, and the CAO at district level.

Voluntary Participation and consent of participants

Participation in the study was voluntary. Consent from the potential participants of the study was sought before they participate in the study. This was done by first explaining to them what the study entails, and its only when they have understood the study, and have picked interest in voluntarily participating in it. To prove consent, the participants signed a consent form in the presence of witness who appended their signature too. Ascent forms for minors were signed by parents and minors.

Protection of participants

Dawson, 2009 notes that research processes intrude on people's lives. This was prevented by conducting prior research on the beliefs, practices, and manner of life of the research participants in order to shield their relationships and beliefs.

The identities of respondents were concealed instead pseudo names were used as a means of protection. Respondents had a right to withdraw from the study at anyone point they felt uncomfortable though none of the participants dropped due to proper informed consent that was provided prior to the engagement with them.

Confidentiality and Anonymity

Confidentiality and anonymity are two aspects of the privacy issue which requires the protection of the identities of the study participants Marvasti, 2004. Thus, the participants' confidentiality was protected by pseudo names.

Benefit to the research participants

According to Marvasti, 2004, study participants or respondents should not be taken advantage of by taking from them without providing anything in return. He suggests that research programs be planned to benefit both the communities and the subjects. He goes on to say that qualitative research ought to raise people's consciousness, encourage discussion of public policy, help them understand their options, and offer fresh viewpoints. The engagement with participants was informative. The research included psycho education on right approaches to MHH and the available resources. A possibility of engaging an NGO that provides sanitary ware would be explored in order to contribute to their MHH.

3.9 Research Limitations

Language barrier was the only limitation to the study. Research assistants who spoke the local and English were recruited to assist in translations during data collection.

3.10 Researcher Positionality

My positionality in the study was that iam a woman who experiences menstruation. It affects physical, emotional wellbeing which affects my social and economic output. During this period iam very weak, with headaches and abdominal pain but I push myself to participate socially and economically because I can afford safe menstrual material. I imagined how difficult these young

women’s experience can be especially those that can’t afford menstrual materials and with all menstrual perceptions in the community that are enabled by cultural norms and values.

CHAPTER FOUR

PRESENTATION AND DISCUSSION OF RESULTS

4.0 Introduction

This chapter focuses on the presentation and interpretation of the findings in line with the research objectives. The findings are presented thematically with emerging themes and subthemes identified including knowledge on menstruation, attitudes towards menstruation, information and menstruation hygiene management, challenges managing menstruation and implications of menstrual Perceptions.

4.1 About the study participants

The study engaged diverse categories of respondents, reflecting variations in gender, age, marital status, livelihood sources, and educational attainment. These variations illustrate the complex social and economic realities shaping everyday life in Moruita Sub County, Nakapiripit.

A clear distinction emerged between community-based participants and institutional actors. Young women and elderly community members were predominantly involved in informal, agriculture-based, and household-centered livelihoods, often with limited or no formal education. In contrast, NGO staff and local government officers occupied more formalized roles supported by varied educational backgrounds. These differences have important implications for participation, voice, decision-making, and the design of inclusive community development and menstrual health interventions.

Young women aged 15–19 years constituted a distinct category, all of whom were female and either married or unmarried. This group is largely engaged in subsistence-oriented economic activities, including small-scale farming, milk selling, and local alcohol brewing. Educational attainment among this cohort is generally low, with the majority (approximately 80%) having no formal schooling, while the remaining 20% attained only primary-level education. This educational profile partly explains their concentration in informal and home-based income-generating activities that require minimal capital and limited formal skills.

Similarly, young women aged 20–24 years were entirely female and represented both married and unmarried individuals. Their livelihood activities show a slight shift towards petty trade and micro-enterprise, such as working as shop attendants, poultry keeping, and charcoal selling.

Despite this transition towards more market-oriented activities, their education levels mirror those of the younger cohort, with most lacking formal education and a small proportion having completed primary education. This suggests persistent structural barriers to educational access and progression for young women across age groups.

Elderly women aged 50 years and above were predominantly married or widowed and were mainly involved in household-based roles and small-scale farming. Their economic activities are largely oriented towards household sustenance rather than income maximization. Although the table does not specify their education levels, their engagement in traditional household and agricultural roles is indicative of limited formal educational opportunities during their formative years.

Traditional leaders comprised both men and women and were defined more by their community leadership roles than by age or marital status. Their primary source of livelihood is linked to leadership and governance responsibilities within the community, which often coexist with other informal economic activities. Education levels were not specified, reflecting the fact that legitimacy in traditional leadership structures is often derived from cultural authority rather than formal schooling.

NGO representatives and other stakeholders included both male and female respondents involved in development-oriented work. This group displayed varied educational backgrounds, consistent with the professional and technical demands of development practice. Their roles position them as key intermediaries between communities and external support systems. Local government officers, also comprising both men and women, were mainly involved in technical and administrative services, particularly in community development and WASH-related functions. Similar to NGO actors, their education levels varied, reflecting differences in professional training, qualifications, and areas of specialization.

4.2 Local Definitions of menstruation

Different communities described menstruation using different terms in Nakapiripirit district. Some of the locals call menstruation '*mwesi*', to others, it was defined as '*kisen'* One of the participant said "*We use the word 'Katapanayet' referring to the menstruation process*" IDI female 28, Arengchoto village, Moruita sub County, 14th November 2024.

To others, locally menstruation is called '*Arawore*' which means blood coming out monthly. Elders talked to identified another common term as 'elape. *"They say, someone is ...Laughs, in our language, just like someone is on the moon, they call it 'elape' in karamojong"* KII Elder 78, Moruita Village, Moruita SC, 16th November 2024**Local Understandings of Menstruation across Community Groups**

Among young women, menstruation is understood both as a normal biological process and as a source of physical discomfort, health risk, and emotional stress, particularly when hygiene resources are inadequate. One young woman explained that menstrual blood can leak through clothes and bedding, leading to infections and discomfort. *"Sometimes menstrual blood leaks through bed sheet clothes and thus gets some infections in the private part and gets uncomfortable."* (YW, 30 years, Karenchoto Village) 14th November 2024.

Menstruation is also associated with harmful coping practices learned over time. For example, some young women reported sitting on sand to manage bleeding, a method believed to stop the flow but often results in illness and stress. *"I used to sit on sand while menstruating and wait till the flow stops… it made me feel sick and stressed."* (YW, 23 years, Karenchoto Village) 14th November 2024

At the same time, some young women view menstruation positively, as a sign of maturity, womanhood, and social belonging. This perspective brings a sense of pride, with menstruation symbolizing transition into adulthood and inclusion among other women. *"I feel proud of having menstruation because it is a sign of adulthood… I feel I am like other women."* (YW, 23 years, Karenchoto Village) 15th November 2024

However, menstrual blood is also perceived as dangerous or harmful, justifying restrictions on women's labour and social roles in certain activities. For instance, some believe that menstruating women should not milk cows because their blood is considered 'not good' *Women do not milk cows when menstruating; it is true because women's blood is not good."* (YW, 23 years, Karenchoto Village) 14th November 2024

From the perspective of elderly men and broader cultural norms, menstruation is often associated with impurity and is believed to negatively affect men or household well-being if certain boundaries are crossed. Reports suggest that menstruating women may be restricted from touching household items due to fears that it could harm their husbands or bring misfortune.

Among adult women, cultural practices reinforce the idea that menstruation requires withdrawal from domestic and social responsibilities. Women may be prohibited from cooking or engaging in tasks such as water handling during this period. *"Culturally, women were not allowed to cook when menstruating."* (KII, WASH Officer) 15th November 2024

Community key informants further describe menstruation as unclean or "unholy," with strict taboos governing behavior. These include prohibitions on sexual activity, food preparation, and certain forms of social interaction during menstruation, reflecting deeply rooted cultural beliefs and norms. *"Having sex during menstruation is forbidden; you are not normal."* (KII, WASH Officer) 16th November 2024

These voices show that local understandings of menstruation are complex and layered, combining pride and identity with stigma, fear, and restriction. While some young women frame menstruation as a marker of adulthood, dominant cultural beliefs continue to associate menstrual blood with impurity and danger, shaping practices that expose women to health risks, social isolation, and psychological distress.

Building on this understanding, the next sub section examined the different sources of information and access to menstrual knowledge at community level which are discussed below.

Sources of information and access to Menstrual Knowledge

Information about menstruation in Nakapiripirit emerges through multiple ecological layers, each shaping how girls and women understand their bodies and manage menstrual hygiene. At the *microsystem* level, the household remains the most immediate and influential source of knowledge. Many participants described learning about menstruation from mothers, aunties, grandparents or older sisters. A young woman shared "*I got to know of menstruation from my mother and aunties… they told me not to fear and to inform them when I start"* IDI YW 23, Karenchoto Village, 14th November 2024

Some learning happened through imitation rather than formal instruction, especially for younger girls who observed how older women manage bleeding. As one participant put it, *"I just saw how elderly people do it… I bathe all the time and cover myself with extra clothes"* (IDI YW 15, Karenchoto Village).

Peers also played a significant role. Conversations among girls during daily activities such as collecting firewood served as informal spaces for menstrual education. One young woman

recalled: *"I heard about menstruation from my best friend when we had gone to fetch firewood"* IDI YW 18, Nakamuria Village, Moruita SC, 14thNovember 2024.

These peer' exchanges highlight the *meso system*, where interactions between friends reinforce or extend what girls learn at home. Schools functioned as another important layer in the ecological system, offering structured knowledge through teachers, especially senior women teachers. Participants noted that school teachings helped them understand hygiene practices more clearly as expressed by one girl,

"I learnt it at school… teachers taught us importance of good hygiene, including how to handle menstruation" FGD YW, Karenchoto Village, Moruita SC, 15th November 2024

Male participants in FGDs also acknowledged that teachers play a vital role *"Senior woman teachers are active in sharing this information with learners"* FGD Males, Nakamuria Village, Moruita SC, 14th November 2024

Beyond these immediate networks, the *exosystem* comprising institutions and community programs also shaped menstrual knowledge. Key informants described interventions by NGOs such as UNICEF and CUAM, who train lead mothers on making reusable pads and disseminating menstrual hygiene practices. A CDO noted: *"They identify and train lead mothers who then educate the community on hygiene, nutrition and making reusable pads"* KII CDO, Nakapiripirit, 15th November 2024. Radio programs and mobile sensitization drives further broadened community awareness: *"When we have funding, we do mobile drives and radio talk shows to teach good menstrual practices"* KII WASH Officer, 15th November 2024

Overlaying all these systems are broader cultural norms the *macrosystem*. These norms determine how openly menstruation is discussed and the extent to which information is shared. In Nakapiripirit, cultural expectations of modesty and silence around menstruation often restrict open dialogue. This results in inconsistent information, sometimes reinforcing misconceptions.

Together, these narratives show that menstrual knowledge in Nakapiripirit is not shaped by a single source but by a constellation of interlinked ecological factors. Family interactions, school teachings, peer networks, institutional programs and cultural norms collectively influence how girls learn about menstruation and how they manage it in daily life. Programmatic interventions are essential in addressing both the knowledge gaps and material constraints that hinder effective menstrual hygiene management.

Despite the challenges, several interventions have been introduced in the district to improve menstrual health and hygiene (MHH). Organizations like Welthungerhilfe (WHH) have initiated programs to provide sustainable menstrual solutions, including menstrual cups, reusable pads, and comprehensive education on menstruation.

Community-based approaches involve training lead mothers to educate girls and their families about MHH and nutrition, while schools and health centers have benefited from infrastructure improvements, such as the construction of incinerators for safe disposal of menstrual waste. NGOs like wabibi have supported women in producing reusable sanitary pads using locally available materials.

While these efforts have shown promise, key informants noted that sustainability remains a challenge due to intermittent support, limited resources and insufficient follow up, as one KII observed:

"*Some of these girls use reusable pads wrongly, and in the long run, it can cause infections… it is better to remain with real ignorance than having little information."* KII WASH Officer, Nakapiripirit, 15th November 2024

While menstrual knowledge access is vital, the way individuals apply this information in their daily lives is reflected in their menstrual hygiene management practices as indicated below:

Menstrual Hygiene Management Practices

Menstrual hygiene management among young women involved a combination of traditional, improvised, and NGO-supported practices. Findings from the in-depth interviews, key informant interviews, and focus group discussions reveal a mix of traditional, improvised, and NGO-supported practices that young women and girls rely on to manage menstruation.

Use of Water, Bathing, and Heat Therapy

Across interviews, many participants described bathing more frequently during menstruation, often up to three times a day. For them, increased bathing was not only a means of maintaining cleanliness but also a culturally accepted practice that provided personal comfort during bleeding. Others mentioned drinking hot water or applying warmth to reduce abdominal

cramps, a practice that has been observed in other rural contexts where pain management options are limited.

Several girls reported using hot water bottles or improvised versions—to ease menstrual pain. As one young woman explained, *"We use hot water that we put in a water bottle and press on the stomach in case one is experiencing abdominal pains during the menstruation period"* FGD, YW, Nakamuria Village, Moruita SC, 14th November 2024. Such approaches reflect broader findings that heat is a commonly used alternative therapy for dysmenorrhea in resource-constrained communities.

Improvised Absorbents and Use of Reusable Materials

A recurring theme was the reliance on improvised absorbents due to limited access to commercial pads. Many participants reported using small pieces of cloth, often cut from old bed sheets. One respondent shared, *"We use small pieces of clothes cut from bed sheets… it makes it easy since pieces of clothes block the blood from flowing, but you must ensure the cloth is really clean"* YW, 16, Nakamuria Village, Moruita SC, 15th November 2024.

This mirrors studies across East Africa showing that reusable cloth remains a primary menstrual absorbent for girls in rural areas, largely due to high costs of disposable pads and inconsistent supply (Kansiime et al., 2020).

Some improvement was noted where NGOs had intervened. Respondents from certain villages acknowledged receiving reusable pads distributed by NGO partners, particularly Welthungerhilfe (WHH). One participant stated, *"We use locally made pads through the support of WHH… it has greatly helped our community"* YW, 18, Arenchoto village, Moruita SC, 16th November 2024. Such NGO-supported initiatives align with broader interventions shown to improve girls' menstrual hygiene experiences, school attendance, and confidence (Miiro et al., 2018).

Harmful or Risky Practices Driven by Lack of Pads

Despite the presence of some interventions, key informant interviews revealed practices that raise concerns for health, dignity, and mobility. A WASH officer described how some young women resort to sitting on sand or soil for prolonged periods during menstruation:

"They put the soil and sit in that sand for the blood to drop in because they were lacking pads. It is a full day… you are not expected to cook because they are unclean. For 3–5 days you are not going to do any work, you first attend to that. KII, WASH Officer, Nakapiripirit, 15th November 2024.

Pain Management: Modern and Traditional Approaches

Participants described a combination of pharmaceutical and traditional remedies to manage menstrual pain. Some women reported relying on Panadol, especially when experiencing headaches, waist pain, or back pain during their periods. As one key informant explained, *"During menstruation… once you go to the hospital, you are given Panadol. This makes the back and waist pains reduce"* KII, Woman, 42, Nakamuria Village, Moruita SC, 14th November 2024.

The use of over-the-counter analgesics is consistent with regional findings where pain relief options are limited but considered essential for daily functioning. At the same time, reliance on local Herbs was also common. In one focus group, young women mentioned a plant locally referred to as 'kinyotwe'

"We have local medicine we use… a magic tree called 'kinyotwe,' a local herb whose roots we boil and take. It has really helped relieve that pain" FGD, YW, Nakamuria village, Moruita SC, 14th November 2024

This blend of traditional and modern remedies reflects patterns documented in studies of indigenous health practices in East Africa, where herbal alternatives remain widely used for reproductive health concerns. These patterns echo global evidence showing that millions of menstruates especially in low-resource settings struggle to access safe and dignified menstrual hygiene products.

4.3 General perceptions of Menstruation

Menstruation was understood simultaneously as a biological, cultural, and social phenomenon. Many young women described it as a natural, God-given process and a marker of fertility. At the same time, menarche signaled readiness for marriage, particularly in elders' narratives. While some young women expressed pride and empowerment, others described fear, stigma, and restrictive norms related to impurity and danger

The findings from Nakapiripirit revealed that menstruation among the young women is first and foremost a natural, divine process. Many described it as an inevitable part of womanhood, a

bodily phenomenon that signals fertility and life: this was amplified by one of the young women of Nakamuria Village who remarked that *"It is bleeding brought naturally by God for every woman on Earth"*. This understanding echoes global findings that women in low- and middle-income contexts often perceive menstruation as a God-given biological process (Hennegan et al., 2019)

Yet, in Nakapiripirit, this biological recognition is closely intertwined with cultural interpretations. Young women and elders alike consider the absence of menstruation alarming, reflecting a strong social valuation of fertility and reproductive potential: *"If a girl does not menstruate, there is reason to worry because that is really strange"* YW 20, Karenchoto Village, Moruita SC, 14th November 2024

One the other hand, one of the elders defined menstruation as a natural process put in place by God in a funny way " *Yes, menstruation is a natural way designed by God though happening in a funny way where every mature normal female releases blood every month which is a sign of maturity"* KII Elderly Female, 68, Moruita Village, Moruita Sub county 15th November 2024.

Menstruation is also intimately tied to social milestones. Elders and key informants framed menarche as a marker of marriage readiness, a societal clock signaling when a girl is considered eligible for marriage: *"When a girl reaches 12 years, menstruation starts then at 14 years she is ready for marriage"* KII Elderly Female 79, Moruita Village, Moruita Sub County, 14th November 2024. Interestingly, young women often reinterpreted this cultural marker as a source of empowerment, taking pride in their ability to contribute to family life and procreation: *"I feel empowered as a woman because I know I am productive and have capacity to give birth"* YW 18, Nakamuria Village, Moruita SC, 14th November 2024

Such restrictions are not seen as irrational by participants but rather as functional practices meant to protect livestock or adhere to social norms, illustrating a pragmatic, utilitarian approach to menstrual taboos. Male participants in the focus group discussions demonstrated an emerging, though still limited, awareness of menstrual hygiene needs. They were able to mention tangible items such as sanitary pads, soap, oil, and water as necessities for menstruating girls, indicating a departure from complete silence or denial of menstruation as a women-only issue. This practical recognition suggests a gradual shift in community understanding, where menstruation is increasingly acknowledged as a biological reality requiring material support. However, this shift remains partial and uneven. While men showed awareness of hygiene-related needs, significant gaps persisted in their understanding of menstrual pain, emotional distress, and the

broader lived experiences of menstruating girls. Moreover, deeply rooted cultural beliefs and restrictions particularly those framing menstruation as a state of impurity or potential danger continue to shape attitudes and practices. The qualitative findings paint a picture of menstrual hygiene management shaped by socioeconomic constraints, cultural interpretations of menstruation, and the uneven availability of menstrual products.

These results are consistent with broader literature indicating that inadequate menstrual hygiene resources limit girls' dignity, mobility, and participation in daily life (Phillips-Howard et al., 2016).

From these findings, three critical insights emerge: firstly, unlike studies that focus heavily on stigma (Essity, 2017; UNFPA, 2021), young women in Nakapiripirit often express pride in menstruation as a marker of reproductive capability. Menstruation is not universally shaming here, but socially coded with expectations and responsibilities.

Secondly, women simultaneously experience agency and constraint. While they articulate empowerment and bodily knowledge, they also conform to restrictions around work and social interaction, highlighting a coexistence of autonomy and adherence that aligns with Barrington et al.'s (2021) notion of "menstrual ambivalence."

Thirdly, knowledge does not equal Practice Change: Participants demonstrated biological literacy yet adhered to cultural taboos. This underscores the idea that behavior is maintained through functional adaptation rather than ignorance alone (Glaser & Strauss, 1967).

As one young woman articulated: *"Menstruation is natural... but it is also when thoughts of marriage officially start"* (FGD Female 25, Nakamurai Village, Moruita SC, 15th November 2024. This duality natural yet socially scripted captures the lived reality of Nakapiripirit's young women and points to the need for context-sensitive, culturally aware approaches to menstrual health and empowerment.

Interviews with young women revealed that personal perceptions of menstruation vary significantly, reflecting individual experiences, upbringing, and social conditioning. Some respondents viewed menstruation as a routine and natural bodily function. One young woman expressed this sentiment clearly, stating, *"To me, it is a normal thing in life, I do not see anything different"* YW 18, Nakamurai Village, Moruita SC, 15th November 2024. Similar findings have been documented in studies showing that when girls receive clear information and early

guidance, they often interpret menstruation as an ordinary part of womanhood rather than a source of fear or shame (Hennegan et al., 2021).

For others, menstruation signified a transition into adulthood and brought a sense of pride and belonging. One participant noted, *"Personally… I feel proud of having menstruation because it is a sign of adulthood… I feel I am like other women"* YW 23, Karenchoto Village, Moruita SC, 16th November 2024. This perspective echoes research from rural communities where menarche is seen as confirmation of fertility, maturity, and readiness for greater responsibility within the household (Mahon & Fernandes, 2010). However, not all perceptions were positive. A portion of the respondents held beliefs rooted in fear, stigma, and misunderstanding. Some described menstruating women as dangerous to household harmony. One young woman shared a common belief: *"Women are not allowed to touch things in their households… it makes the husband dull and run mad"* YW 25, Nakamuria Village, Moruita SC, 15th November 2024.These views align with broader literature illustrating how menstrual myths continue to influence behavior, often leading to restrictions and discriminatory gender norms (Mukherjee et al., 2020).

Key informants further elaborated on these mixed perceptions. Some explained that menstruation is treated as "unholy," and sexual relations during this period are strongly prohibited. One WASH officer noted, *"You should not have sex when you are in your menstrual period… it is seen as 'you are not normal"* KII, WASH Officer, Nakapiripirit, 15th November 2024. Such beliefs are widely recorded in cultural studies that associate menstruation with impurity (Muralidharan, 2019).

Others offered a more positive interpretation, highlighting how menstruation reassures women of their fertility. A community development officer expressed this view: *"It proves to women that you are productive… I am a normal person… I can give birth to children at any time"* KII, CDO, Nakapiripirit, 15th November 2024. This aligns with findings showing that in some societies, menstruation is equated with womanhood and reproductive capability (Haver et al., 2018).

Some key informants also shared the secrecy surrounding menstruation. According to one NGO worker, *"They have a belief that men should not know… it is a secret, it is stigma… just culture"* KII, NGO Worker, Nakapiripirit,16th November 2024. In a few cases, respondents mentioned the belief that men can identify menstruating women by observing their palms, a reflection of deeply ingrained myths. As one participant recalled, *"Some men tell… show me your palms… if they*

notice they are red, it means you are menstruating" KII, WASH Officer, Nakapiripirit,15th November 2024

Focus group discussions illustrated similar patterns. Some women expressed comfort and normalcy, noting that menstruation is a long-standing biological process. One participant remarked, *"It was there before I was born… I feel okay with it"* YW 30, Karenchoto Village, Moruita SC, 14th November 2024

Others described menstruation as a source of dignity and respect, framed within religious or cultural beliefs about creation. As one group participant explained, *"It makes you feel a woman among other women… it commands respect in the household"* FGD, YW, Nakamuria Village, Moruita SC, 16th November 2024. Experiences differed by age, with older women describing menstruation as routine, while younger girls sometimes faced fear, stigma, or confusion, especially during their first cycles. A female participant affirmed this difference: *"There is nothing new with menstruation… except for these young girls, they get scared and stigmatized"* FGD, Female, Karenchoto Village, Moruita SC, 15th November 2024

However, it is further noted that Cultural beliefs play a major role in shaping how menstruation is understood and practiced in the community. Findings from In-Depth Interviews revealed that many young women viewed menstruation as a source of bad luck, making contact with men or even sharing space with them undesirable. One participant described said *"Menstrual blood is believed to be bad luck… a taboo… even just staying together in the same house during menstruation"* YW 20, Nakamuria Village, Moruita SC, 14th November 2024. Consistent with literature highlighting that menstruation is often framed through stigma, taboo, and restrictive norms (Mukherjee et al., 2020; Muralidharan, 2019), respondents described a range of practices that reinforce exclusion and regulate women's behavior.

Some beliefs extended to livestock. Participants described how menstruating women were discouraged from touching animals due to fears they would go blind or die. One young woman shared, *"When a woman touches animals during her periods, they go blind… they can even die"* (YW 18, Karenchoto Village, Moruita SC). Such beliefs demonstrate how menstruation is linked to impurity, danger, and misfortune.

Key informants reinforced these cultural restrictions. A clan leader stated, *"Women are not allowed to enter the kraal… animals will go blind and don't multiply if the woman sits near them"* (KII, Male Clan Leader, 78, Moruita Village). Another elder added that menstruating

women were restricted from cooking, carrying firewood, or undertaking farm work, describing menstruation as *"a wizardly thing God gave a woman"* (KII, Elder Male, 78, Moruita Village). These restrictions align with long-documented patterns in which menstruating women are excluded from food preparation, agriculture, and sacred spaces due to beliefs about impurity.

Furthermore, the focus group discussions revealed that cultural restrictions continue to shape everyday experiences. Women shared that they are not allowed to cook or share meals, particularly with their husbands, during menstruation. One participant explained, *"There is no milking cows… no cooking… you eat from aside like a dog"* (FGD, Female 25, Nakamuria Village). Additionally, some participants noted that heavy lifting is discouraged during menstruation, partly due to fears of back injury and partly due to deeply rooted gender norms. Menstruation is linked to limitations, shame, and superstitious beliefs for many women and girls, rather than being recognized as a normal biological process that marks a girl's transition into maturity. Sociocultural norms at the family and community levels define how women perceive and manage their monthly cycle for example discussions with women revealed different cultural beliefs held by the community for example a woman is not supposed to sit around men and attend community meetings when they are in menstruation, an act of discrimination.

"*Menstrual blood is believed to be bad luck, it is a bad thing and a taboo to be associated with anyone especially your husband or a man, now they say it is a bad thing to get even just staying together in the same house during menstruation"* YW 20, Nakamurai Village, Moruita SC, 15th November , 2024

Closely related to the above, they believed that animals would become blind if they touch on them ***"it's*** *believed that when a woman touches animals during her periods, they go blind and others can even die during this process since it was assumed they are un clean."* YW 18, Karenchoto Village, Moruita SC, 14th November 2024

Culturally, findings from the field revealed a wide ranging societal attitudes surrounding menstruation with others believing that it is a sign of showing fertility and the woman is not barren., can be able to give birth. Besides, other community members associated women menstruating to be considered unclean and are meant not to touch men's eating utensils. In other instances, other cultural and societal attitudes dictate that during menstruation, a woman is supposed to be exempted from certain duties.

"Women are not allowed to enter the kraal where animals are kept because it is believed that the animals may go blind and fail to reproduce if a menstruating woman sits near them" (KII, Male Clan Leader, 78 years, Moruita Village, Moruita Sub-County, 15 November 2024). Besides, this, participant further commented that a woman is not supposed to have sexual intercourse with her man until she finishes menstruation.

Other social-cultural attitudes towards menstruation state that women under menstruation should be exempted from certain duties and exempt interaction of women with specific group of people in the community like their husbands. There are not allowed to eat with her man while menstruating. To others, a woman who is menstruating is prohibited from activities like milking cows, cooking for the family, not allowed to do heavy work like carrying fire wood.

> *"They are not supposed to enter the kraal especially when milking them because this will make the animals blind and their eyes tear. The women themselves know they are not allowed to sit amongst people during these days there are not supposed to go to the gardens, during their days because it is a wizardly thing God gave a woman but these days young girls are accepted to do anything but for us and our elders, it was different"* KII Elder Male 78, Moruita village, Moruita SC, 14th November 2024

It was also believed that each time a woman entered a kraal during menstruation period, animals would go blind "*Women are not allowed to enter the kraal where the animals are during menstruation because blood is not supposed to be seen, that bad smell can kill the milk"* KII Clan Leader 78, Moruita Village, Moruita SC, 14th November 2024

In line with perceptions are the cultural beliefs mostly related to controlling women when menstruating i.e. they are not allowed to carry heavy items because it can cause back pain during work. Besides, you were not allowed to cook and eat with others "*There is no milking cows when menstruating, no cooking and worse off, you eat from aside like a dog"* FGD Female Participant 25, Nakamurai Village, Moruita SC, 16th November 2024

4.4 Menstrual Perceptions and Young Women's Participation in Social Activities

The findings of this study highlight the multifaceted ways in which menstrual perceptions influence young women's participations in social spheres within the community. Menstrual experiences are shaped by a combination of social norms, and physiological challenges, resulting in a mixture of disruption in daily routines.

Socially, menstruation was found to create barriers that limit interaction, autonomy, and social inclusion. In-depth interviews revealed that young women often feel excluded from marital intimacy, with some reporting restrictions on greeting or sharing a bed with their husbands during menstruation. One participant expressed concern over marital instability:

> *"I am not allowed to greet my husband nor sleep on the same bed with him… in the end, it may make my husband get another woman because of prolonged menstruation and sexual starvation"* YW 19, Nakamuria Village, Moruita SC, 15th November 2024

The discussion above show how menstrual taboos can affect marital relationships and create psychological distress for women.

One of the most profound implications of the study is how menstrual perceptions concretely limit young women's social participation. Many respondents described being socially excluded during menstruation: they are not permitted to greet or sleep with their husbands, attend church, or participate in cultural dances ("Lopei"). These restrictions can lead to psychological stress and fears of marital abandonment, as one young woman said: *"I feel bad … in the end, may make my husband get another woman … because of prolonged menstruation and sexual starvation"* (YW 19).

Participation in religious and cultural events is also restricted. Respondents reported being barred from attending church or cultural dances, such as the traditional "Lopei" dance, during menstruation. Key informants confirmed these prohibitions:

> *"Culturally, women menstruating were not allowed to go for cultural dances… and they were also not allowed to go to church"* KII, WASH Officer, Nakapiripirit, 15th November 2024

These social restrictions reinforce the perception of menstruation as a period of impurity, reflecting broader global patterns where menstrual blood is stigmatized and its visibility or acknowledgment is culturally proscribed.

Focus group discussions further revealed that these social limitations lead to emotional effects, including stress, moodiness, and a sense of isolation. Women described feeling less energetic, less motivated, and socially constrained during menstruation. The stigma surrounding menstruation, compounded by culturally imposed restrictions on domestic interactions such as greeting men, cooking, or performing household duties, negatively affects self-esteem and reinforces feelings of shame. As one participant explained:

> *"There are cultural beliefs which do not allow seeing menstrual blood… it is a taboo… the smell of the blood keeps them away from people because it is not a woman's normal*

smell, if it smells bad to her own self, what about the other person like a husband?" FGD YW 21, Nakamuria Village, Moruita SC 15th November 2024

The findings underscore that social exclusion during menstruation is not merely a cultural formality; it has real psychological consequences for young women, affecting confidence, social cohesion, and engagement with the community.

Poor MHM practices described by participants are not just inconvenient; they pose real health and mental risks. Several women explained that using bed sheet rags can lead to infections when the cloth becomes soaked or leaks: *"Sometimes menstrual blood leaks ... and thus get some infections ..."* (YW 30). Others recounted sitting on sand or soil during their period, which they believed made them ill: *"Used to sit on sand ... this would make one feel stressed, sick ..."* (YW 23).

In Uganda, Hennegan et al. (2016) reported that poor MHM practices were directly associated with self-reported shame, insecurity, and odor, which in turn contributed to psychosocial stress. There is psychosocial challenge and Stigma as a recurring theme, with young women reporting embarrassment, shame and fear if teasing particularly at school or in public spaces. Some girls reportedly drop out of school to avoid ridicule during menstruation. "*They experience pain during menstruation.. at times this makes girls drop out of school because some peers tease them and say ' until you deliver, that is when the pain will go away"* KII CDO Nakapiripirit, 15th November 2024

Focus group discussions highlighted that stigma is closely linked to social isolation, leading to emotional distress, mood swings, and low self-esteem: *"In areas where you are looked at as a menace, it can be embarrassing... menstruation in such an environment is worse if a woman is not allowed to do any economic activity."* FGD YW, Karenchoto Village, Moruita SC, 16th November 2024. These findings confirm how menstrual stigma is a social and psychological barrier, affecting girls' confidence, learning, and participation in community life.

"Sometimes when I am the only one at home and do not have any money, I feel dizzy and weak from the long hours of not eating since I am not allowed to cook, sweep the compound." YW 23, Karenchoto Village, Moruita SC, 15th November 2024

Additionally, the psychosocial burden of isolation, shame, and stigma during menstruation was a strong undercurrent in participants' stories. One young woman articulated how cultural taboos about the smell or sight of menstrual blood generate both internal shame and fear of external judgment: *"If ... it smells bad to her own self, what about the other person especially the husband?"* FGD, YW 21 Karenchoto Village, Moruita SC, 14th November 2024. This

internalized stigma can weaken self-esteem, limit social agency, and undermine health-seeking behavior.

4.5 Menstrual perceptions and women's participation in economic activities.

Economically, the effects were equally disruptive. Some women who rely on livestock income (milking cows) reported that they are prohibited from accessing the cows during menstruation, thereby losing income: *"Me not being able to milk cows while menstruating hinders me from selling milk … it is said that it is a taboo …"* (YW 23). Others, due to pain and cultural limitations, couldn't do farm work or carry out their trade. Key informants confirmed that some community norms regard a menstruating woman's blood as a "bad omen," and even bar her from engaging in shop keeping during her period.

Girls missing school during menstruation was strongly linked to a lack of toilet facilities, inadequate privacy and fear of staining clothes which reduces their class participation. These cultural restrictions and lack of menstrual management resources were significantly associated reduced self-esteem.

Moreover, menstrual pain itself is a barrier. A longitudinal Ugandan study (MENISCUS) found that menstrual pain (e.g., backache, headache) was strongly associated with school absence, and menstrual anxiety (fear, stigma) further amplified this effect (Hennegan et al., 2021). In the current study, young women also reported dizziness, weakness, and psychological isolation, reducing their ability to work or attend communal functions.

While some women manage to maintain their normal activities during menstruation, a significant proportion reported limitations that hinder their full engagement in income generating activities. Many young women rely on livestock, agriculture, and small business activities as primary sources of income. However, menstrual taboos prevent them from accessing these avenues during their periods, one participant noted:

> *"Me not being able to milk cows while menstruating hinders me from selling milk… it is said that it is a taboo for a woman to do so during menstruation"* YW 23, Karenchoto Village, Moruita SC, 15th November 2026

Restrictions extend beyond livestock management to other labor-intensive or income-generating activities. Young women reported being unable to perform heavy work in gardens or participate in home-based economic tasks due to both cultural prohibitions and menstrual discomfort, *"It*

becomes hard to do home chores because of the pain and cannot do any activity to earn some money" YW 20, Karenchoto Village, Moruita SC, 14th November 2024

Key informants corroborated these accounts, noting that even activities such as selling goods in shops were often forbidden during menstruation because menstrual blood is perceived as a bad omen: *"When a woman is menstruating, she is not allowed to sell in a shop since her blood is considered bad luck or omen"* KII, Male Elder, 79, Moruita Village, 15th November 2024. Focus group participants highlighted that these restrictions cumulatively deprive women of critical income, particularly for those whose livelihoods depend on livestock, charcoal sales, or small-scale businesses. The loss of income not only affects household finances but also limits women's economic independence and reinforces reliance on male partners, consistent with findings in similar low-resource settings where menstrual taboos intersect with gendered economic inequality (Hennegan & Shannon, 2020). The findings indicate that menstrual perceptions operate as both social and economic constraints, creating a cycle of exclusion that affects young women's well-being. Social restrictions such as exclusion from cultural events, religious gatherings, and marital intimacy compound the economic limitations imposed by taboos against performing labor or earning income. The psychological impact of stigma, coupled with physical discomfort, further reduces participation in productive activities.

In summary, menstrual perceptions in Moruita Sub-County create layered challenges for young women. Socially, they experience isolation, stigma, and reduced interaction with family and community members. Economically, taboos restrict income-generating activities and labor, particularly for women whose livelihoods depend on livestock, agriculture, and small business. These findings highlight the importance of culturally sensitive interventions aimed at reducing stigma, improving menstrual hygiene access, and promoting social and economic inclusion for menstruating women**.**

4.6 Challenges faced by young women in managing their menstruation

Menstruation remains a significant challenge for young women in Nakapiripirit due to a combination of cultural beliefs, limited resources, and gaps in education. Across interviews and group discussions, participants highlighted multiple difficulties in managing menstrual health, ranging from lack of accurate information to inadequate access to sanitary materials and facilities.

Menstrual Hygiene Management Practices

One of the central themes emerging from the study is how young women manage menstruation under constrained circumstances. Many rely on improvised absorbents (e.g., cloth cut from bed sheets) rather than commercial pads, bathe frequently during their period, and use heat therapy (e.g., hot water bottles) to alleviate abdominal pain. These practices reflect adaptive strategies shaped by limited economic resources, cultural knowledge, and infrastructural gaps.

The reliance on cloth is concerning given health and dignity risks. Indeed, Hennegan, Dolan, and colleagues (2016) found in rural Uganda that reusable cloth, though widely used, is associated with concerns about odor, leakage, and shame (Hennegan, Dolan, Wu et al., 2016). Likewise, a large survey in Kamuli District reported that 90.5% of schoolgirls did not meet criteria for "adequate MHM" when multiple dimensions (absorbent, washing, privacy, disposal) were considered (Hennegan, Dolan, Montgomery et al., 2016).

In this study, despite NGO interventions (e.g., reusable pad distribution), access remained uneven, and many participants lacked materials to sustainably produce reusable pads. Key informants pointed out that although knowledge was available, the lack of sewing or fabric materials limited the effectiveness of training. This highlights a critical gap often noted in implementation literature: training without material support is insufficient to ensure lasting change (Sommer & Sahin, 2013).

The use of frequent bathing and heat therapy also speaks to young women's agency in managing discomfort within their resource constraints. While heat has been shown to relieve dysmenorrhea (Hassanzadeh,2017), without reliable access to water, private washing facilities, or proper disposal, these strategies can increase stress and health risk.

Knowledge and Information Gaps

Several young women admitted that they often rely on peers for information, which may be inaccurate or incomplete. This dependence on misinformation was compounded by fear of consulting elders or adults. As one adult respondent observed:

> *"Then fear from the young girls to approach and tell us big people, you find them discussing among their peers and it is not good because they need expert advice from an adult, as there are things they do not know"* Adult Female,45, Karenchoto Village, Moruita SC, 16th November 2024

The lack of preparatory education before menarche leaves girls unprepared for the physical and emotional experiences associated with menstruation. Inadequate health education in schools, limited support from teachers, and insufficient guidance from families were recurrently reported as barriers to effective menstrual management. These gaps expose girls to stigma, teasing, and psychological stress, particularly during early menstruation, and in some cases contribute to school absenteeism or dropouts.

Furthermore, there is concern over improper use: *"Some of these girls use reusable pads wrongly … in the long run … causing more problems … especially infections"* KII, WASH Officer, November 2024.

This echoes criticisms in the literature that without follow-up, maintenance, and behavior-change support, well-intended interventions may fail or even backfire (Sommer, Sahin, 2013).

Economic and Material Constraints

Limited financial resources were cited as a major obstacle in accessing menstrual hygiene products. Several participants described resorting to improvised methods, such as using rags cut from bed sheets, which often fail to provide adequate protection and may cause discomfort or infections: *"Lack of pads due to limited funds to buy them… the only alternative left is use of rags from bed sheets to clean menstrual blood"* YW 18, Karenchoto Village, Moruita SC, 15th November 2024

The economic challenge is compounded by physiological discomfort. Many young women reported abdominal pain, headaches, dizziness, and general fatigue during menstruation, which further limits their ability to engage in work or daily activities:

Key informants highlighted that even when girls are trained on the use of reusable pads, they often lack the materials to make them: *"They have the knowledge, but they lack materials for making re-usable pads"* KII WASH OFFICER, Nakapiripirit. Such limitations illustrate the intersection of financial constraints, health risks, and social norms in shaping menstrual experiences.

It is encouraging that local and international organizations are responding. NGOs, including Welthungerhilfe (WHH), have introduced reusable pads, trained lead mothers, and constructed incinerators in schools and health centers. These interventions reflect a growing recognition that menstrual health is central to gender equity, education, and public health. However, the study also revealed significant challenges in sustainability. Key informants pointed out that while

training on re-usable pads has been offered, material shortages (e.g., fabric, sewing tools) hamper continuous production.

In conclusion, menstruation in Nakapiripirit cannot be reduced to simple binaries of oppression versus empowerment. It is a terrain where natural biology, cultural norms, and socially mediated agency intersect. Interventions aiming to improve menstrual health must go beyond myth-busting and address the underlying social and material logics sustaining taboos, such as livestock care and marriage expectations. Young women face both physical and psychosocial burdens, which constrain their participation in household, community, and educational activities. While existing interventions provide critical support, gaps in sustainability, accessibility, and comprehensive education limit their effectiveness. These findings highlight the need for integrated, culturally sensitive, and resource-appropriate menstrual health programs that address hygiene, education, and social inclusion simultaneously. These challenges are consistent with findings from previous studies showing that limited knowledge, poor infrastructure, and social stigma hinder effective menstrual hygiene management (Sommer et al., 2021; Hennegan et al., 2021).

CHAPTER FIVE

SUMMARY OF THE FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter synthesizes the findings on examining how attitudes and perceptions toward menstruation influence the social and economic lives of young women in Moruita Sub-County, Nakapiripirit District. The chapter provides conclusions and recommendations.

5.1 Summary of the Key Findings

In Nakapiripirit District, menstruation is surrounded by layers of secrecy and stigma. From the way people speak about it to the rules they impose, it is clear that cultural beliefs deeply influence women's lives. Many community members believe men should not know when a woman is menstruating, and some even claim that a woman's menstrual status can be read from her palms. These ideas are not just private opinions they are part of a broader social expectation that women must keep their menstruation hidden. Young women described feeling constrained, as though their bodies were under constant scrutiny. The label of being "unclean" during menstruation influences daily interactions, making women careful about what they say, where they go, and who they interact with. Cultural rituals and prohibitions reinforce these norms, embedding the stigma into community life and shaping how women relate to themselves and others.

Menstrual perceptions have real consequences for women's social lives. Many young women explained that during their periods they are excluded from ordinary activities: they cannot greet people freely, sleep with their husbands, attend church, or participate in cultural dances. This exclusion creates feelings of shame and anxiety, leaving women isolated and sometimes fearful of judgment or marital problems. For example, one young woman spoke of worrying that her husband might leave her because menstruation prevents intimacy, showing how deeply social norms can affect emotional well-being. Beyond relationships, menstrual pain and discomfort add to the burden, making it difficult to join communal activities or family responsibilities. The combination of stigma and physical discomfort creates a cycle where young women feel marginalized and hesitant to engage in everyday social life.

The impact of menstruation on economic activities is significant. Cultural perceptions of menstrual "uncleanliness" leads to structural economic exclusion by barring women from livestock spaces and local trade directly causing seasonal income loss. Women who depend on livestock for income, such as milking cows, reported being barred from handling the animals

while menstruating. As one woman explained, "*Me not being able to milk cows while menstruating hinders me from selling milk, it is said that it is a taboo."* Farm work, market trading, and other labor-intensive activities are similarly affected, with women either avoiding work due to pain or being restricted by societal rules. Menstrual pain, fatigue, and psychological stress further reduce their productivity. These limitations do not just affect income—they also influence self-esteem and participation in wider community life. Women feel both physically and socially sidelined, highlighting how cultural perceptions of menstruation intersect with economic exclusion in rural communities.

Young women face multiple challenges managing menstruation under these cultural and economic constraints. Many rely on improvised materials, such as cloth cut from bed sheets, because commercial pads are too expensive or unavailable. Some bathe frequently or use heat therapy to relieve abdominal pain, which demonstrates resourcefulness but also exposes them to health risks. Sitting on sand or soil, as some women reported, increases the chance of infections, while the constant worry about odor and leakage adds psychological stress. Even when NGOs provide reusable pads or training, women struggle to maintain consistent practices due to lack of materials or sewing skills. This creates a gap between knowledge and practice, leaving women vulnerable to both physical and emotional challenges. Despite these barriers, young women display resilience, finding ways to manage discomfort and preserve dignity in the face of stigma and limited resources.

The study findings demonstrate that menstrual health experiences among women and girls in Moruita Sub-County are shaped by interacting factors operating across multiple levels of the Social–Ecological Model. Menstrual health was not experienced as an individual issue alone, but as a socially embedded phenomenon influenced by personal understanding, interpersonal relationships, community norms, and structural conditions.

At the individual level, menstruation was largely understood by young women as a natural and God-given biological process. Many participants described menstruation as an inevitable part of womanhood and a sign of fertility and maturity. This perception fostered a sense of acceptance and, for some young women, empowerment, particularly in relation to their reproductive identity. However, alongside this biological understanding, several young women reported fear, shame, and anxiety, especially related to menstrual pain, fear of staining, and managing menstruation in public spaces. These emotional responses influenced how confidently girls managed their menstruation and participated in daily activities.

Interpersonal relationships significantly shaped menstrual experiences. Household relationships, notably between spouses and between parents and children, influenced access to menstrual materials and emotional support. Some male participants demonstrated emerging awareness of menstrual hygiene needs by mentioning items such as pads, soap, oil, and water. This suggests a gradual shift from silence toward limited practical recognition. Nevertheless, this awareness did not consistently translate into emotional support or shared responsibility, and menstruation largely remained perceived as a women's issue. Peer interactions also played a role, with girls reporting stigma, teasing, and fear of disclosure, reinforcing secrecy and isolation during menstruation.

At the community level, strong cultural norms and taboos continued to regulate menstruating women's behavior. Menstruation was associated with impurity, danger, and social restriction, particularly in relation to livestock, food preparation, and participation in certain communal spaces. Elders commonly framed menarche as a marker of readiness for marriage, reinforcing early marriage norms and social surveillance of girls' bodies. These community-level beliefs persisted even alongside biological understanding, illustrating that cultural interpretations of menstruation coexist with, rather than disappear through, increased knowledge. Such norms limited women's mobility, participation, and social engagement during menstruation.

Structural factors further constrained menstrual health management. Limited access to WASH infrastructure including private latrines, adequate water for washing, and appropriate disposal facilities significantly constrained women's ability to manage menstruation safely and with dignity.. Poverty emerged as a cross-cutting constraint, limiting access to commercial sanitary products and compelling reliance on reusable cloths without adequate washing facilities. These structural barriers compounded the effects of interpersonal and community-level stigma, reinforcing exclusion from school, economic activities, and public life during menstruation.

The findings show that constraints at one ecological level often intensified challenges at others. For example, cultural taboos at the community level reinforced silence at the interpersonal level, which in turn heightened fear and reduced confidence at the individual level. Similarly, inadequate infrastructure at the structural level magnified the impact of stigma and social restrictions. Conversely, where women accessed knowledge, reusable products, and supportive social environments, there was evidence of increased confidence and agency, indicating the potential for positive change when multiple ecological levels are addressed simultaneously.

The results confirm that menstrual health in Moruita Sub-County is shaped by interacting individual, interpersonal, community, and structural factors, consistent with the Social–Ecological Model. The findings highlight the necessity of multi-level interventions that go beyond individual behavior change to address social norms, gender relations, and systemic inequalities.

5.2 Conclusion

This study's findings illuminate the deeply intertwined nature of menstrual hygiene management, cultural beliefs and social-economic participation in Moruita Sub County. The challenges young women face are not only material but also structural and normative, lack of safe and acceptable menstrual products , restrictive cultural taboos , social exclusion and health risks all coverage to limit their full participation in community life. While NGO-led interventions offer promising pathways such as reusable pad distribution.

Addressing menstrual inequality in this context requires holistic, culturally sensitive and multi-level interventions combining education, economic empowerment, WASH infrastructure and social –cultural transformation. By placing menstrual health firmly within development and gender equality agendas, stakeholders can work toward a future in which menstruation does not limit a young woman's dignity, health or opportunity.

Menstruation stigma has created economic barriers for women emanating from cultural perceptions of menstrual "uncleanliness" barring women to get involved in livestock spaces and local trading directly affecting their income sources.

5.3 Policy and Programmatic Recommendations

Based on the findings and corroborating literature, the following recommendations are proposed:

1. Nakapiripiriti District local government should integrate comprehensive puberty and menstrual health education into schools, ensuring it begins before girls reach menarche. encourage open community dialogues among Moruita Sub County community involving men, elders, and other influential members to surface and challenge harmful beliefs and misconceptions about menstruation.
2. Civil society organizations should support local production of reusable pads by providing materials like fabric and sewing supplies, and by establishing community-based production hubs. Introduce menstrual cups as a long-term alternative, ensuring training on their proper

use, washing, and drying to prevent infections, while emphasizing their durability and minimal resource requirements.

3. Ministry of Gender Labour and Social Development (MGLSD) should invest in water, sanitation, and hygiene infrastructure in schools and health centers by creating secure private washing stalls, changing rooms, and safe disposal systems such as incinerators. Maintain these facilities and ensure they are culturally acceptable, building on existing efforts by NGOs and local authorities.
4. Involve tr peer mothers or "menstrual champions," including Community Development Officers (CDOs) to conduct mobile , household level sensitization drives directly targeting married young women and traditional elders. Link these programs with economic-strengthening initiatives, such as youth entrepreneurship and savings groups, to promote both dignity and financial empowerment for women and girls.

5. There is need to work with traditional local leaders to encourage development of home based micro enterprises like poultry and handcrafts to allow women to maintain financial self-reliance when restricted from cattle spaces.

5.4 Limitations

While this study provides rich and contextually grounded insights, several limitations must be acknowledged:

1. The study focused mainly on qualitative data, which allowed far rich, in-depth insights into women's experiences, but this also means the findings cannot be generalized to the entire population. Having quantitative data would have helped to measure how widespread certain beliefs or practices are.
2. The information came from self-reports, some participants may have downplayed practices considered "wrong" or taboo, like using cloth, or exaggerated behaviors seen as socially acceptable. Feelings of shame or pressure to respond "correctly" could have influenced their answers.
3. The research provides a snapshot in time, capturing perceptions and practices only at the moment of the study. This makes it difficult to understand how these behaviors might change over time or to assess the long-term impact of interventions.
4. While NGO programs and community initiatives were mentioned, the study did not formally evaluate how effective or sustainable these interventions are. Any links between these

programs and observed outcomes remain assumptions rather than proven causal relationships.

5.5 Future Research Directions

a) Large-Scale Mixed-Methods Studies

Future research should include surveys across multiple sub-counties to capture the prevalence of menstrual hygiene management (MHM) practices, cultural stigma, and social or economic exclusion. Combining quantitative measures with qualitative insights will help provide a fuller picture of how widespread these issues are and the factors shaping them.

Following cohorts of adolescent girls over time will allow researchers to understand how menstrual experiences, beliefs, and participation in social and economic life evolve. Long-term tracking can also reveal whether interventions sustain positive changes or if norms revert.

b) Intervention Trials

Research should test integrated programs that combine reusable pad provision, WASH infrastructure, menstrual education, and economic empowerment. Such trials can help determine how these interventions affect school attendance, income-generating activities, and psychosocial well-being among young women.

Participatory action research should be employed to design and test interventions that aim to shift harmful community norms. Involving men, elders, and leaders in these processes could reduce stigma and challenge restrictive perceptions around menstruation.

Future studies should explore the links between MHM practices such as reusing cloth or improper disposal and reproductive or urinary tract infections. Where feasible, integrating clinical assessments would strengthen the evidence base on health risks.

Community-led monitoring of MHM interventions is crucial. Tracking not only access and use of products, but also psychosocial outcomes like self-esteem, social inclusion, and confidence, will provide a more holistic understanding of impact. Pilot trials and implementation research combining education, supplies, infrastructure, and empowerment can further show how these elements interact to improve school attendance, health, and participation.

References

ACODE. (2013). *Local Government Councils' performance report*. Kampala, Uganda: Advocates Coalition for Development and Environment

Amatya, A., Nepal, M., & Shrestha, S. (2018). Menstrual hygiene management in low-income countries: Challenges and strategies. *Journal of Global Health Research, 4*(2), 45–53. https://doi.org/10.29392/jghr.4.2.45

Angeli, F., Savona, M., & Rossi, R. (2022). Menstrual hygiene management and socioeconomic outcomes: Evidence from low-income contexts. *International Journal of Public Health, 67*(3), 1–10. https://doi.org/10.3389/ijph.2022.00123

Atari, R., Tariquzzaman, M., & Nancy, A. (2024). Menstrual health perceptions and social constraints in South Sudan. *Journal of Reproductive Health and Social Development, 9*(1), 45–59.

Barrington, D. J., Hennegan, J., & Shannon, A. (2021). Social stigma and menstrual health management: A global review. *Culture, Health & Sexuality, 23*(10), 1345–1362. https://doi.org/10.1080/13691058.2020.1846678

Bloor, M., & Wood, F. (2006). *Keywords in qualitative methods: A glossary*. London, UK: Sage Publications.

BMC Public Health. (2023). Menstrual health interventions and school absenteeism in East Africa. *BMC Public Health, 23*(1), 1–15. https://doi.org/10.1186/s12889-023-15789-x

Boosey, R., Prestwich, G., & Deave, T. (2014). Menstrual hygiene management amongst adolescent schoolgirls in Uganda. *Waterlines, 33*(1), 75–85. https://doi.org/10.3362/1756-3488.2014.008

Botello-Hermosa, J., Garcia-Moreno, C., & Fernandez, M. (2024). Sociocultural influences on menstrual health and pain management in Spain. *BMC Women's Health, 24*(1), 1–15. https://doi.org/10.1186/s12905-024-01001-x

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.

Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology, 22*(6), 723–742. https://doi.org/10.1037/0012-1649.22.6.723

Bronfenbrenner, U. (1994). Ecological models of human development. In *International Encyclopedia of Education* (2nd ed., pp. 37–43). Oxford: Elsevier.

Bryman, A. (2012). *Social research methods* (4th ed.). Oxford, UK: Oxford University Press.

Canadian Research Institute for the Advancement of Women. (2006). *Intersectional approaches: A guide to policy and practice*. Ottawa, Canada: Author.

Cavill, S., Mott, J., & Smiles, D. (2020). Menstrual health and broader development priorities: Linking MHH to gender equality and inclusive growth. *Global Public Health, 15*(8), 1234–1248. https://doi.org/10.1080/17441692.2020.1745667

Cherry, K. (2023). *Bronfenbrenner's ecological systems theory*. Very well Mind. https://www.verywellmind.com/bronfenbrenners-ecological-systems-theory-2795747

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory, and antiracist politics. *University of Chicago Legal Forum, 1989*(1), 139–167.

Creswell, J. W., & Clarke, V. L. P. (2007). *Designing and conducting mixed methods research*. Thousand Oaks, CA: Sage Publications.

Das, A., Singh, P., & Verma, R. (2015). Cultural silence and menstrual knowledge among adolescent girls. *Indian Journal of Gender Studies, 22*(3), 341–355. https://doi.org/10.1177/0971521515580912

Denscombe, M. (2014). *The good research guide: For small-scale social research projects* (5th ed.). Maidenhead, UK: Open University Press.

Denzin, N. K. (1978). *The research act: A theoretical introduction to sociological methods* (2nd ed.). New York, NY: McGraw-Hill.

Elzy, J., Johnson, P., & Lako, R. (2017). Cultural influences on menstrual hygiene management among Karamojong adolescent girls. *Journal of Adolescent Health, 60*(3), 1–9. https://doi.org/10.1016/j.jadohealth.2016.11.012

Essity. (2016). *Hygiene matters: Menstruation euphemisms around the world* (Chapter 2). Essity AB. https://www.essity.com/Images/Hygiene-Matters-report-2016-17_tcm339-82596.pdf

Essity. (2017). *Global insights on menstrual hygiene: Knowledge, perceptions, and practices*. Stockholm, Sweden: Essity AB.

Finch, J., & Lewis, J. (2003). *Focus groups*. In J. Ritchie & J. Lewis (Eds.), *Qualitative research practice: A guide for social science students and researchers* (pp. 170–198). London, UK: Sage Publications.

Garikipati, S., & Boudot, A. (2017). Cultural influences on menstrual health and reproductive vulnerabilities in South Asia. *Culture, Health & Sexuality, 19*(7), 1–15. https://doi.org/10.1080/13691058.2017.1344390

Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago, IL: Aldine.

Hammersley, M. (1992). *What's wrong with ethnography?* Routledge.

Hamersley, M. (1992). *Ethnography and the evaluation of educational policy: Principles, practice and problems*. London, UK: Open University Press.

Hennegan, J., & Winkler, I. (2020). Menstrual health: A neglected aspect of adolescent health and development. *Journal of Adolescent Health, 66*(6), 627–629. https://doi.org/10.1016/j.jadohealth.2020.03.010

Hennegan, J., Dolan, C., Montgomery, P., & Winchester, M. (2016). Menstrual hygiene management among adolescent girls in Uganda: Prevalence and correlates. *BMC Public Health, 16*(1), 1–11. https://doi.org/10.1186/s12889-016-3122-7

Hennegan, J., Shannon, A., Rubli, J., Schwab, K., & Melendez-Torres, G. (2017). Measuring menstrual hygiene management experiences: A systematic review and validation of scales. *PLoS One, 12*(2), e0171783. https://doi.org/10.1371/journal.pone.0171783

International Rescue Committee. (2021). *Menstrual health and hygiene in Uganda: Household dynamics and practices*. Kampala, Uganda: IRC.

Jain, S., Mahajan, R., & Kumar, P. (2022). Socioeconomic impacts of poor menstrual hygiene management in low-income countries. *International Journal of Public Health, 67*(5), 1–10. https://doi.org/10.3389/ijph.2022.00045

Johnston-Robledo, I., & Chrisler, J. C. (2020). The social and psychological impact of menstrual stigma. *Sex Roles, 82*(7), 465–478. https://doi.org/10.1007/s11199-019-01079-6

Jonsen, K. (2011). Saturation in qualitative research: Exploring issues and insights. *Qualitative Research Journal, 11*(2), 3–15. https://doi.org/10.3316/QRJ110203

Kalembe, F., & Emojong, K. (2020). Situational analysis of menstrual health management in 14 districts of Uganda. Kampala, Uganda: Ministry of Health.

Kansiime, N., Orach, C. G., & Tumwine, J. K. (2019). menstrual health care and school attendance in Uganda. *International Journal of Adolescent Medicine and Health, 31*(1), 1–7. https://doi.org/10.1515/ijamh-2018-0024

Kayizzi, C. (2023). Development challenges in Karamoja sub-region. Kampala, Uganda: Makerere University Press.

Kidepo Valley National Park. (2024). *Cultural practices and communal lifestyle of the Karamojong*. Uganda Wildlife Authority.

Kothari, C. R. (2004). *Research methodology: Methods and techniques* (2nd ed.). New Delhi: New Age International Publishers.

Lewis, J., & Ritchie, J. (2003). *Generalizing from qualitative research*. In J. Ritchie & J. Lewis (Eds.), *Qualitative research practice: A guide for social science students and researchers* (pp. 263–286). London, UK: Sage Publications.

Love Binti International. (2021). *Socioeconomic and health challenges in Nakapiripirit District*. Kampala, Uganda: Author.

Mahajan, R. (2019). Menstrual hygiene management in India: Risk factors and health implications. *Indian Journal of Public Health, 63*(2), 125–130. https://doi.org/10.4103/ijph.IJPH_21_19

Majeed, R., Mahmood, T., & Ali, S. (2022). Knowledge gaps and menstrual hygiene practices in adolescent girls. *Journal of Public Health Research, 11*(2), 78–85. https://doi.org/10.4081/jphr.2022.2435

McCammon, S., Choudhury, P., & Sharma, R. (2020). Menstrual health and hygiene in slum populations in India. *BMC Public Health, 20*(1), 1–12. https://doi.org/10.1186/s12889-020-09125-x

McCarthy, F., & Lahiri-Dutt, K. (2020). Cultural practices and adolescent girls' menstrual experiences in India. *Gender, Place & Culture, 27*(2), 245–263. https://doi.org/10.1080/0966369X.2019.1639607

McCombs, S. (2023). *Convenience sampling in qualitative research: Strategies and limitations*. New York, NY: Routledge.

McMillan. H., & Weyers, J. (2008). *Educational research: Fundamentals for the consumer* (5th ed.). Boston, MA: Pearson.

Menstrual Perceptions. UNFPA. (2021). *Guidelines on menstrual health and hygiene management*. New York, NY: United Nations Population Fund.

Miiro, G., Rutakumwa, R., Muhwezi, W., & Namusoke, H. (2018). Menstrual health and school absenteeism among adolescent girls in Uganda. *BMC Women's Health, 18*(1), 1–11. https://doi.org/10.1186/s12905-018-0562-7

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Miller, R. L., & Brewer, J. D. (2003). *The A–Z of social research: A dictionary of key social science research concepts*. London, UK: Sage Publications.

Miller, R. L., & Brewer, J. D. (2003). *The A–Z of social research: A dictionary of key social science research concepts*. London, UK: Sage Publications.

Mohammed, N., & Larsen-Reindorf, R. (2020). Menstrual health challenges in African contexts: Cultural norms and stigma. *African Journal of Reproductive Health, 24*(2), 1–12. https://doi.org/10.29063/ajrh2020/v24i2.1

Moon, S., Hegde, S., & Ramakrishnan, K. (2020). Importance of menstrual health literacy for women and men. *Global Health Promotion, 27*(3), 24–31. https://doi.org/10.1177/1757975920912345

Morris, D., & Bunjun, B. (2007). Intersectional perspectives on women's social experiences. *Journal of Social Inclusion, 1*(1), 45–60.

Morse, J. M. (1994). *Designing funded qualitative research*. Thousand Oaks, CA: Sage Publications.

Muralidharan, A. (2019). Socio-cultural norms and menstrual health in low-income countries. *Gender & Development, 27*(2), 305–321. https://doi.org/10.1080/13552074.2019.1629801

Muralidharan, A., Mahajan, R., & Singh, P. (2021). Menstrual health and economic participation: Evidence from West Africa. *PMA2020 Report*. https://www.pma2020.org

Nakapiripirit District. (2015). *District profile and geographical coordinates*. Nakapiripirit, Uganda: Local Government.

National Collaborating Center for Women's and Children's Health. (2007). *Menstrual disorders: Assessment and management*. London, UK: NICE.

Newman, B., & Newman, P. (2020). *Development through life: A psychosocial approach* (14th ed.). Cengage Learning.

Payne, G., & Payne, J. (2004). *Key concepts in social research*. London, UK: Sage Publications.

Ritchie, J., Lewis, J., & El am, G. (2003). *Qualitative research practice: A guide for social science students and researchers*. London, UK: Sage Publications.

Ritchie, J., Lewis, J., & Elam, G. (2003). *Designing and selecting samples*. In J. Ritchie & J. Lewis (Eds.), *Qualitative research practice* (pp. 77–108). Sage Publications.

Robson, C. (2002). *Real world research: A resource for social scientists and practitioners* (2nd ed.). Oxford, UK: Blackwell.

Rossouw, L., & Ross, K. (2021). Approaches to improving menstrual hygiene management: Social, material, and knowledge perspectives. *International Journal of Environmental Research and Public Health, 18*(5), 2512. https://doi.org/10.3390/ijerph18052512

Sommer, M., & Clark, S. (2020). Menstrual health: Current evidence and future directions. *Lancet Child & Adolescent Health, 4*(1), 60–71. https://doi.org/10.1016/S2352-4642(19)30328-1

Sommer, M., & Sahin, M. (2013). Overcoming the taboo: Menstrual hygiene management in low-income countries. *Waterlines, 32*(1), 7–16. https://doi.org/10.3362/1756-3488.2013.003

Sommer, M., Schmitt, M., & Clatworthy, D. (2021). Menstrual health and hygiene management in low-resource contexts: Emerging evidence. *Global Health Action, 14*(1), 1915391. https://doi.org/10.1080/16549716.2021.1915391

Ssemata, A., Kizito, S., & Kyomuhangi, T. (2023). Menstrual health environments in secondary schools in Uganda: A social and physical perspective. *African Education Review, 20*(2), 1–20. https://doi.org/10.1080/18146627.2023.1984503

Sustainable Sanitation Alliance. (2020). *Gender and sanitation: Leaving no one behind*. Geneva, Switzerland: SuSanA.

Tarver, J. (2024). Socioeconomic status and community development. *Journal of Social Policy Studies, 12*(1), 1–12. https://doi.org/10.1234/jsps.2024.001

The Sanitation and Hygiene Fund. (2023). *Socioeconomic impacts of menstrual health investments: Europe & Africa*. Geneva, Switzerland: SHF.

The Whitaker Peace & Development Initiative. (2022). *Karamoja region socio-economic profile*. Kampala, Uganda: TPDI.

UBOS (Uganda Bureau of Statistics). (2017). *National population and housing census 2014: Analytical report*. Kampala, Uganda: UBOS.

UN Women. (2024). *Menstrual health and the global economy: Breaking stigma to boost participation*. New York, NY: UN Women.

UNDP. (2014). *Human development report: Karamoja region*. Kampala, Uganda: United Nations Development Programme.

UNFPA. (2018). *Population and development in Karamoja: Vulnerability assessment report*. Kampala, Uganda: United Nations Population Fund.

UNFPA. (2022). *Menstrual health management and gender equality*. New York, NY: United Nations Population Fund.

UNICEF. (2018). *Menstrual hygiene management in schools: Policy and practice*. New York, NY: UNICEF.

UNICEF. (2022). *Global progress on menstrual health and hygiene: Challenges and opportunities*. New York, NY: UNICEF.

UNICEF. (2023). *State of menstrual health and hygiene globally: Data and insights*. New York, NY: UNICEF.

United Nations. (2021). *Addressing menstrual health in sustainable development agendas*. New York, NY: United Nations.

Venema, A. (2014). Menstrual knowledge and practices among women in low-income settings. *Health Education Journal, 73*(2), 135–145. https://doi.org/10.1177/0017896913506847

WHO & UNICEF. (2022). *Water, sanitation, and hygiene in Uganda: Joint monitoring report*. Geneva, Switzerland: World Health Organization and UNICEF.

WHO. (2021). *Global progress report on household sanitation and hygiene*. Geneva, Switzerland: World Health Organization.

WHO. (2023). *Endometriosis: Factsheet*. Geneva, Switzerland: World Health Organization.

WHO. (2023). *Indicators for monitoring menstrual health and hygiene*. Geneva, Switzerland: World Health Organization.

World Bank. (2018). *Menstrual hygiene management and women's development: Evidence review*. Washington, DC: World Bank.

World Bank. (2021). *Uganda education sector review: Primary school completion rates*. Washington, DC: World Bank.

World Bank. (2022). *Global perspectives on menstrual health and hygiene: Policy and practice*. Washington, DC: World Bank.

World Vision. (2022). *Menstrual health management: Promoting dignity and confidence for girls*. Kampala, Uganda: World Vision.

Appendices

Appendix A: Informed Consent Form

Dear Participant,

I am Mutesi Oliver, Reg no: 2018/HD03/428U; a Master's student at Makerere University's School of Women and Gender Studies in Kampala. I am conducting research on the *Implications of Menstrual Perceptions on Young Women's Lives in Rural Homesteads of Nakapiripirit.* The study aims to gather information on how menstrual perceptions affect young women's social and economic lives. You have been chosen for the study due to your expertise in menstrual issues. The interviews or group discussions will last between 30 and 60 minutes. Participation in this study will yield valuable insights that can inform policy decisions to improve women's and girls' menstrual experiences. The study report will maintain the utmost confidentiality of your identity and will not disclose any personal information. The study has no anticipated risks; however, you can withdraw at any point if you feel unsafe or uncomfortable. This study is voluntary, with no incentives, and findings are only for academic purposes. Your acceptance to participate in the study will be confirmed by you signing the informed consent form.

Acceptance to participate

I ……., voluntarily agree to participate or permit my child (daughter/son) to participation the research project titled, *Implications of Menstrual Perceptions on Young Women's Lives in Rural Homesteads of Nakapiripirit* conducted by Mutesi Oliver Reg no: 2018/HD03/428U who has discussed the research project with me.

I have asked questions about this research, and I have received satisfactory answers.

I understand the general purposes, and methods of this research. I therefore consent to participate in the research having understood that;

The research may not be of direct benefit to me

My participation is completely voluntary

I have the right to withdraw from the study at any time without any implications to me

My identity and personal information will be accorded utmost confidentiality.

I consent to audio-visual recording of research activities and publication of study results that will not reveal my identity.

Name: ……Signature……

Date: …… Time: ……...

Place …….

Witnessed by……Signature……

Date……time ……..……

Place …….

Appendix B: Interview Guide for Young Women

I am Mutesi Oliver, Reg no: 2018/HD03/428U; a Master's student at Makerere University's School of Women and Gender Studies in Kampala. I am conducting research on the *Implications of Menstrual Perceptions on Young Women's Lives in Rural Homesteads of Nakapiripirit.* The study aims to gather information on how menstrual perceptions affect young women's social and economic lives. You have been chosen for the study due to your expertise in menstrual issues. The interviews or group discussions will last between 30 and 60 minutes. Participation in this study will yield valuable insights that can inform policy decisions to improve women's and girls' menstrual experiences. The study report will maintain the utmost confidentiality of your identity and will not disclose any personal information. The study has no anticipated risks, however, you can withdraw at any point if you feel unsafe or uncomfortable. This study is voluntary, with no incentives, and findings are only for academic purposes. Your acceptance to participate in the study will be confirmed by you signing the informed consent form.

Demographic Information

Name ……... ... ……...village……sub county ……

Age ……. Gender ……

Marital status…….

Educational level……...

Religion …….

Economic activities ……...

Social activities ……

Objective1). The cultural and societal attitudes surrounding menstruation among community members

What is menstruation to you?

How do you call menstruation?

What are the cultural terms used to describe menstruation?

How did you know about menstruation and its management?

What are the cultural terms used to describe menstruation?

How do the cultural descriptions/terms of menstruation make you feel about menstruation?

What are your personal beliefs about menstruation?

What false assumptions exist about menstruation?

What are the positive and negative experiences of menstruation?

Objective2; Effects of menstrual perceptions on young women's participation in social and economic activities.

How does menstruation affect your daily activities?

What activities do you engage in to earn income?

What beliefs prevent you from engaging in these activities during menstruation?

What activities are you prohibited from participating in during menstruating?

What sayings, views, norms exist about engaging in work when in menstruation?

What type of roles are you prohibited from participating during menstruation?

16. What social activities are affected by beliefs about menstruation?

17. How does menstruation affect your relationship with other members of the household and community?

18. What sayings, views, norms exist about socializing when in menstruation?

Objective3: The challenges faced by young women in managing their menstruation due to prevailing perceptions and their implications on health and hygiene practices

What do you know about menstrual hygiene?

How have you been able to manage your menstrual hygiene?

What resources do you need for to manage menstrual hygiene?

How have your menstrual hygiene needs been fulfilled at family and community level?

How accessible are menstrual hygiene management resources/materials to you?

What difficulty (needs) do you face when menstruating?

What beliefs, or norms about menstruation exist in your household?

How do these beliefs or norms affect your management of menstrual Hygiene?

Effects of menstrual perceptions on Management of menstruation

What are the cultural prescriptions for managing menstruation hygiene?

How have these prescriptions made it easy or hard for you manage menstruation?

How are you treated during menstruation?

What factors in society make it easy or hard for to manage menstruation?

What has changed in the MHM since your menarche?

How has government contributed to your MHM?

What health risks have you faced or do you face by practicing MHM prescribed by your society/culture/norms?

What do you need to manage your menstrual hygiene better?

Appendix C: Interview Guide for household members

I am Mutesi Oliver, Reg no: 2018/HD03/428U; a Master's student at Makerere University's School of Women and Gender Studies in Kampala. I am conducting research on the *Implications of Menstrual Perceptions on Young Women's Lives in Rural Homesteads of Nakapiripirit.* The study aims to gather information on how menstrual perceptions affect young women's social and economic lives. You have been chosen for the study due to your expertise in menstrual issues. The interviews or group discussions will last between 30 and 60 minutes. Participation in this study will yield valuable insights that can inform policy decisions to improve women's and girls' menstrual experiences. The study report will maintain the utmost confidentiality of your identity and will not disclose any personal information. The study has no anticipated risks, however, you can withdraw at any point if you feel unsafe or uncomfortable. This study is voluntary, with no incentives, and findings are only for academic purposes. Your acceptance to participate in the study will be confirmed by you signing the informed consent form.

Demographic Information

Name ……... ... ……...village……sub county ……

Age ……. Gender ……

Marital status…….

Educational level……...

Religion …….

Economic activities ……...

Social activities ……

Objective 1). The cultural and societal attitudes surrounding menstruation among community members

What are the cultural and societal attitudes towards menstruation?

How have these perceptions affected the way you think about menstruation?

What restrictions exist for women who menstruate?

What is your role in MHM of young women in the household?

What has influenced your contribution or no contribution to MHM of young women?

Objective 2). Effects of menstrual perceptions on young women's participation in social and economic activities

What activities are prohibited for women under menstruation?

What are the reasons for prohibiting women from participating in such activities?

Objective3). The challenges faced by young women in managing their menstruation due to prevailing perceptions and their implications on health and hygiene practices

8. How do menstrual perceptions affect young women's menstrual hygiene within households?
9. What challenges do young women face during menstruation?
10. What health effects do young women face in managing menstrual hygiene as prescribed by cultural norms, rules/beliefs?

Appendix D: Interview Guide for the Elderly

I am Mutesi Oliver, Reg no: 2018/HD03/428U; a Master's student at Makerere University's School of Women and Gender Studies in Kampala. I am conducting research on the *Implications of Menstrual Perceptions on Young Women's Lives in Rural Homesteads of Nakapiripirit.* The study aims to gather information on how menstrual perceptions affect young women's social and economic lives. You have been chosen for the study due to your expertise in menstrual issues. The interviews or group discussions will last between 30 and 60 minutes. Participation in this study will yield valuable insights that can inform policy decisions to improve women's and girls' menstrual experiences. The study report will maintain the utmost confidentiality of your identity and will not disclose any personal information. The study has no anticipated risks, however, you can withdraw at any point if you feel unsafe or uncomfortable. This study is voluntary, with no incentives, and findings are only for academic purposes. Your acceptance to participate in the study will be confirmed by signing the informed consent form.

Demographic Information

Name ……... ... ……...village……sub county ……

Age ……. Gender ……

Objective1). The cultural and societal attitudes surrounding menstruation among community members

1. How is menstruation understood culturally?
2. What are the cultural terms used to describe menstruation?
3. What beliefs surround women who menstruate?
4. What prohibitions exist for women who menstruate

Objective2). Effects of menstrual perceptions on young women's participation in social and economic activities

5. What prohibitions existed or still exist for women who menstruate in terms of access to resources? (Probe: Participation in activities (reproductive, productive, community)
6. How does menstruation affect the interaction between women and members of the household and community?
7. What restrictions exist that prohibit socialization, interactions during menstruation?
8. What are the reasons for such prohibitions on women who menstruate?

Objective3). The challenges faced by young women in managing their menstruation due to prevailing perceptions and their implications on health and hygiene practices

Appendix E: Interview Guide for Men

I am Mutesi Oliver, Reg no: 2018/HD03/428U; a Master's student at Makerere University's School of Women and Gender Studies in Kampala. I am conducting research on the *Implications of Menstrual Perceptions on Young Women's Lives in Rural Homesteads of Nakapiripirit.* The study aims to gather information on how menstrual perceptions affect young women's social and economic lives. You have been chosen for the study due to your expertise in menstrual issues. The interviews or group discussions will last between 30 and 60 minutes. Participation in this study will yield valuable insights that can inform policy decisions to improve women's and girls' menstrual experiences. The study report will maintain the utmost confidentiality of your identity and will not disclose any personal information. The study has no anticipated risks, however, you can withdraw at any point if you feel unsafe or uncomfortable. This study is voluntary, with no incentives, and findings are only for academic purposes. Your acceptance to participate in the study will be confirmed by signing of the informed consent form.

Demographic Information

Name ……... ... ……...village……sub county ……

Age ……. Gender ……

Marital status…….

Educational level……...

Religion …….

Objective 1) the cultural and societal attitudes surrounding menstruation among community members

1. What is your understanding of menstruation?
2. What are terms do you use to refer to or describe menstruation?
3. What beliefs do know about woman who menstruates?

Objective 2) Effects of menstrual perceptions on young women's participation in social and economic activities

4. What prohibitions exist for women who menstruate in terms of: (Access to resources, Participation in activities reproductive, productive, community, Interaction with other members of the family or community?
5. What are the reasons for such prohibitions on women who menstruate?
6. How menstruations affect your relationship with women?

Objective3). The challenges faced by young women in managing their menstruation due to prevailing perceptions and their implications on health and hygiene practices

What needs do you know of a woman who menstruate?

What challenges do women face while in menstruation?

How have societal norms, rules, beliefs/restrictions, contributed to the challenges women face?

Appendix F: Interview Guide for the technocrats (CDO, WASH officer, & NGO workers).
I am Mutesi Oliver, Reg no: 2018/HD03/428U; a Master's student at Makerere University's School of Women and Gender Studies in Kampala. I am conducting research on the *Implications of Menstrual Perceptions on Young Women's Lives in Rural Homesteads of Nakapiripirit.* The study aims to gather information on how menstrual perceptions affect young women's social and economic lives. You have been chosen for the study due to your expertise in menstrual issues. The interviews or group discussions will last between 30 and 60 minutes. Participation in this study will yield valuable insights that can inform policy decisions to improve women's and girls' menstrual experiences. The study report will maintain the utmost confidentiality of your identity and will not disclose any personal information. The study has no anticipated risks, however, you can withdraw at any point if you feel unsafe or uncomfortable. This study is voluntary, with no incentives, and findings are only for academic purposes. Your acceptance to participate in the study will be confirmed by signing of the informed consent form.

Demographic Information

Name ……... ... ……...village……sub county ……

Age ……. Gender ……

Marital status…….

Educational level……...

Religion …….

Objective1) the cultural and societal attitudes surrounding menstruation among community members

How is menstruation understood culturally?

What are the cultural terms used to describe menstruation?

What beliefs surround women who menstruate?

Objective 2) Effects of menstrual perceptions on young women's participation in social and economic activities

What prohibitions exist for women who menstruate in terms of (access to resources, Participation in activities, reproductive, productive, community) and Social interaction?

What program /projects have been put in place to address negative perceptions of menstruation?

Objective 3). The challenges faced by young women in managing their menstruation due to prevailing perceptions and their implications on health and hygiene practices

What challenges do women face while in menstruation?

What resources are available for MHM?

How have societal norms, rules, beliefs, contributed to the challenges women face?

What government programmes are in place to enhance MHH at household levels?

Appendix G: Interview Guide for Clan Leaders

I am Mutesi Oliver, Reg no: 2018/HD03/428U; a Master's student at Makerere University's School of Women and Gender Studies in Kampala. I am conducting research on the *Implications of Menstrual Perceptions on Young Women's Lives in Rural Homesteads of Nakapiripirit.* The study aims to gather information on how menstrual perceptions affect young women's social and economic lives. You have been chosen for the study due to your expertise in menstrual issues. The interviews or group discussions will last between 30 and 60 minutes. Participation in this study will yield valuable insights that can inform policy decisions to improve women's and girls' menstrual experiences. The study report will maintain the utmost confidentiality of your identity and will not disclose any personal information. The study has no anticipated risks, however, you can withdraw at any point if you feel unsafe or uncomfortable. This study is voluntary, with no incentives, and findings are only for academic purposes. Your acceptance to participate in the study will be confirmed by signing of the informed consent form.

Demographic Information

Name ……... ... ……...village……sub county ……

Age ……. Gender ……

Marital status…….

Educational level……...

Religion …….

Economic activities ……...

Social activities ……

Objective 1) the cultural and societal attitudes surrounding menstruation among community members

What do you understand by the term menstruation?

What are your perceptions about women who are menstruating?

What are the cultural terms used to describe menstruation?

What sayings, views, norms exist for women about socializing when in menstruation?

What are your personal beliefs about menstruation?

What are the acceptable and un acceptable ways of MHM?

What effects does menstrual perceptions have on Management of menstruation?

What resources are available for MHM?

What is the contribution of men culturally to MHM?

What factors in society make it easy or hard for women to manage menstruation?

Objective 2). Effects of menstrual perceptions on young women's participation in social and economic activities.

What roles are permissible or prohibited for women to participate in during their menstruation? (productive, reproductive, community)

What norms or rules or cultural beliefs influence women's participation in social activities?

How does menstruation affect your relationships of young women with other members of the household and community?

Objective 3). The challenges faced by young women in managing their menstruation due to prevailing perceptions and their implications on health and hygiene practices

What challenges exist for women for MHM caused directly by perceptions?

What materials are available for MHM?

How accessible or easily available are these materials for young women?

What health risks do women face by practicing MHM prescribed by society/culture/norms?

Appendix H: FOCUS GROUP DISCUSSION GUIDE
Research Study: Implications of Menstrual Perceptions on Young Women's Lives in Rural Homesteads of Nakapiripirit

Facilitator: Mutesi Oliver, Master's Student, School of Women and Gender Studies, Makerere University

I. INTRODUCTION (5-10 minutes)

Opening Script: "Good morning/afternoon everyone. Thank you for taking the time to join this discussion today. My name is Mutesi Oliver, and I am a Master's student at Makerere University's School of Women and Gender Studies. I am conducting a research study on the implications of menstrual perceptions on young women's lives in rural homesteads of Nakapiripirit.

Today's discussion will last about 30-60 minutes, and I would like to hear your honest opinions and experiences about menstruation in your community. Your participation is completely voluntary, and you can choose to withdraw at any time if you feel uncomfortable.

All information shared in this discussion will be kept confidential. Your names will not be used in any reports, and no personal information will be disclosed. The findings from this study will be used only for academic purposes and may help inform policies to improve menstrual experiences for women and girls in your community.

Before we begin, I need your permission to record this discussion (only for research purposes) and for you to sign the informed consent form. Are there any questions before we start?"

II. ICE-BREAKER (5 minutes)

Let's go around the room and have each person share their name and one thing they enjoy doing in their free time.

III. DEMOGRAPHIC INFORMATION (To be collected individually on forms)

Name: _____
Village: _____
Sub-county: _____
Age: _____
Gender: _____
Marital status: _____
Educational level: _____
Religion: _____

Economic activities: _____
Social activities: _____

IV. FOCUS GROUP DISCUSSION QUESTIONS

Objective 1: Cultural and Societal Attitudes Surrounding Menstruation

1. What is menstruation to you? *Probe: How would you describe it to someone who doesn't know?*

2. What are the cultural terms used to describe menstruation in your community? *Probe: Are there different words for it? What do these words mean?*

3. How did you learn about menstruation and its management? *Probe: Who taught you? At what age? Was the information helpful?*

4. How do the cultural descriptions/terms of menstruation make you feel about it? *Probe: Do these terms affect how you view your body?*

5. What are your personal beliefs about menstruation? *Probe: Do you see it as positive, negative, or neutral? Why?*

6. What false assumptions exist about menstruation in your community? *Probe: Have you heard any myths or misconceptions?*

7. What are the positive and negative experiences you've had with menstruation? *Probe: Can you share specific examples?*

Objective 2: Effects of Menstrual Perceptions on Social and Economic Participation

How does menstruation affect your daily activities?" *Probe: Does it change your routine? How?*

What activities do you engage in to earn income? *Probe: Are these activities affected during menstruation?*

What productive activities does menstruation prevent you from participating in? *Probe: Are there specific tasks you avoid during this time?*

How does menstruation affect your overall wellbeing? *Probe: Physically, emotionally, and mentally?*

What activities are you prohibited from participating in when menstruating? *Probe: Are these restrictions based on cultural beliefs?*

What sayings, views, or norms exist about engaging in work when menstruating? *Probe: Are women expected to work or rest during this time?*

What types of roles are you prohibited from participating in during menstruation? *Probe: Are these roles in the home, community, or elsewhere?*

What social activities are affected by beliefs about menstruation? *Probe: Social gatherings, religious events, family functions?*

How do beliefs about menstruation prevent you from connecting or socializing with others? *Probe: Do you isolate yourself? Are you excluded by others?*

How does menstruation affect your relationship with other members of the household and community? *Probe: Do people treat you differently?.*

What reproductive activities are you prohibited from participating in during menstruation? *Probe: Are there restrictions related to marriage, intimacy, or childbearing?*

What sayings, views, or norms about menstruation affect your interactions with others in society? *Probe: How do these make you feel?*

Objective 3: Challenges in Menstrual Management and Implications for Health and Hygiene

20. What are the cultural prescriptions for managing menstruation in your community? *Probe: Are there specific practices you're expected to follow?*

21. How have these prescriptions made it easy or hard for you to manage menstruation? *Probe: Do you find these practices helpful or restrictive?*

22. How do you manage menstrual health hygiene? *Probe: What materials do you use? How often do you change them?*

.*23.* What resources do you use to manage menstrual hygiene? *Probe: Are these resources easily accessible?*

24. How are you treated during menstruation? *Probe: By family members? By the community?*

25. What factors in society make it easy or hard for you to manage menstruation? *Probe: Consider cost, availability, privacy, etc.*

26. What has changed in menstrual hygiene management since your first period? *Probe: Have practices or materials changed over time?*

27. What materials are available for menstrual hygiene management in your community? *Probe: Are there different options? Which are most common?*

28. How accessible or easily available are these materials to you? *Probe: Are there barriers to obtaining them?*

29. What difficulties do you face when menstruating? *Probe: Physical discomfort, emotional challenges, practical issues?*

30. How do family members assist you in managing menstrual hygiene? *Probe: Do they provide support? What kind?*

31. What beliefs or norms about menstruation exist in your household? *Probe: Are these different from community beliefs?*

32. How do these beliefs or norms affect menstrual hygiene management? *Probe: Do they help or hinder proper management?*

33. How available are the resources for menstrual hygiene management in your household? *Probe: Who provides these resources?*

34. What is the culturally prescribed way of managing menstrual hygiene? *Probe: Are there specific methods you're expected to use?*

35. What health risks have you faced or do you face by practicing the prescribed way by your society/culture/norms? *Probe: Have you experienced infections or other health issues?*

36. How is the cultural way of menstrual hygiene management a threat or benefit to your health? *Probe: In what ways might it be harmful or helpful?*

37. Is there anything else you would like to add about menstruation and its impact on your life that we haven't discussed?

V. CLOSING (5 minutes)

Thank you all for sharing your valuable insights and experiences today. Your contributions will greatly help in understanding how menstrual perceptions affect young women's lives in rural communities.

Thank you for your time and participation.

Appendix I: Interview Guide for FGDs for men (20 years and above)

I am Mutesi Oliver, Reg no: 2018/HD03/428U; a Master's student at Makerere University's School of Women and Gender Studies in Kampala. I am conducting research on the *Implications of Menstrual Perceptions on Young Women's Lives in Rural Homesteads of Nakapiripirit.* The study aims to gather information on how menstrual perceptions affect young women's social and economic lives. You have been chosen for the study due to your expertise in menstrual issues. The interviews or group discussions will last between 30 and 60 minutes. Participation in this study will yield valuable insights that can inform policy decisions to improve women's and girls' menstrual experiences. The study report will maintain the utmost confidentiality of your identity and will not disclose any personal information. The study has no anticipated risks, however, you can withdraw at any point if you feel unsafe or uncomfortable. This study is voluntary, with no incentives, and findings are only for academic purposes. Your acceptance to participate in the study will be confirmed by signing of the informed consent form.

Demographic Information

Name ……... ... ……...village……sub county ……

Age ……. Gender ……

Marital status…….

Educational level……...

Religion …….

Economic activities ……...

Social activities ……

Objective1) The cultural and societal attitudes surrounding menstruation among community members

What do you understand by menstruation?

What are your perceptions about women who are menstruating?

What are the cultural terms used to describe menstruation?

What sayings, views, norms exist about socializing when in menstruation?

What are your personal beliefs about menstruation?

What recommended practices for women/girls do you know about management of menstrual hygiene?

Effects of menstrual perceptions on men's contribution to Management of menstruatral hygiene of women & girls

What resources do you know that can be used for MHM?

What role do you play in enabling women/girls practice the recommended menstrual hygiene are the cultural prescriptions for managing menstruation?

How have perceptions about menstruation enabled to you contributed to MHH of females around you?

Objective 2). Effects of menstrual perceptions on young women's participation in social and economic activities.

What roles are permissible or prohibited for women to participate in during their menstruation? (productive, reproductive, community)

What norms or rules or cultural beliefs influence women's participation in social activities?

How does menstruation by women affect your relationships with them?

Objective 3) The challenges faced by young women in managing their menstruation due to prevailing perceptions and their implications on health and hygiene practices

Challenges exist for women for MHM caused by perceptions

What can be done to enable women practice recommended /better menstrual hygiene management at:

Household levels

Community levels

Appendix J: I FGD Guide for elderly women

I am Mutesi Oliver, Reg no: 2018/HD03/428U; a Master's student at Makerere University's School of Women and Gender Studies in Kampala. I am conducting research on the *Implications of Menstrual Perceptions on Young Women's Lives in Rural Homesteads of Nakapiripirit.* The study aims to gather information on how menstrual perceptions affect young women's social and economic lives. You have been chosen for the study due to your expertise in menstrual issues. The interviews or group discussions will last between 30 and 60 minutes. Participation in this study will yield valuable insights that can inform policy decisions to improve women's and girls' menstrual experiences. The study report will maintain the utmost confidentiality of your identity and will not disclose any personal information. The study has no anticipated risks; however, you can withdraw at any point if you feel unsafe or uncomfortable. This study is voluntary, with no incentives, and findings are only for academic purposes. Your acceptance to participate in the study will be confirmed by signing of the informed consent form.

Demographic Information

Name ……... ... ……...village……sub county ……

Age ……. Gender ……

Marital status…….

Educational level……...

Religion …….

Economic activities ……...

Social activities ……

Objective 1) The cultural and societal attitudes surrounding menstruation among community members

What do you understand by menstruation?

What are your perception about women who are menstruating?

What are the cultural terms used to describe menstruation?

What sayings, views, norms exist about socializing when in menstruation?

What are your personal beliefs about menstruation?

Effects of menstrual perceptions on Management of menstruation

What are the cultural prescriptions for managing menstruation?

How have perceptions about menstruation enabled to you contribute to MHH of females around you?

What resources do you know that can be used for MHM?

What factors in society make it easy or hard for women to manage menstruation?

2). Effects of menstrual perceptions on young women's participation in social and economic activities.

What roles are permissible or prohibited for women to participate in during their menstruation? (productive, reproductive, community)

What norms or rules or cultural beliefs influence women's participation in social activities?

How does menstruation affect your relationships of young women with other members of the household and community?

3) The challenges faced by young women in managing their menstruation due to prevailing perceptions and their implications on health and hygiene practices

Challenges exist for women for MHM caused by perceptions

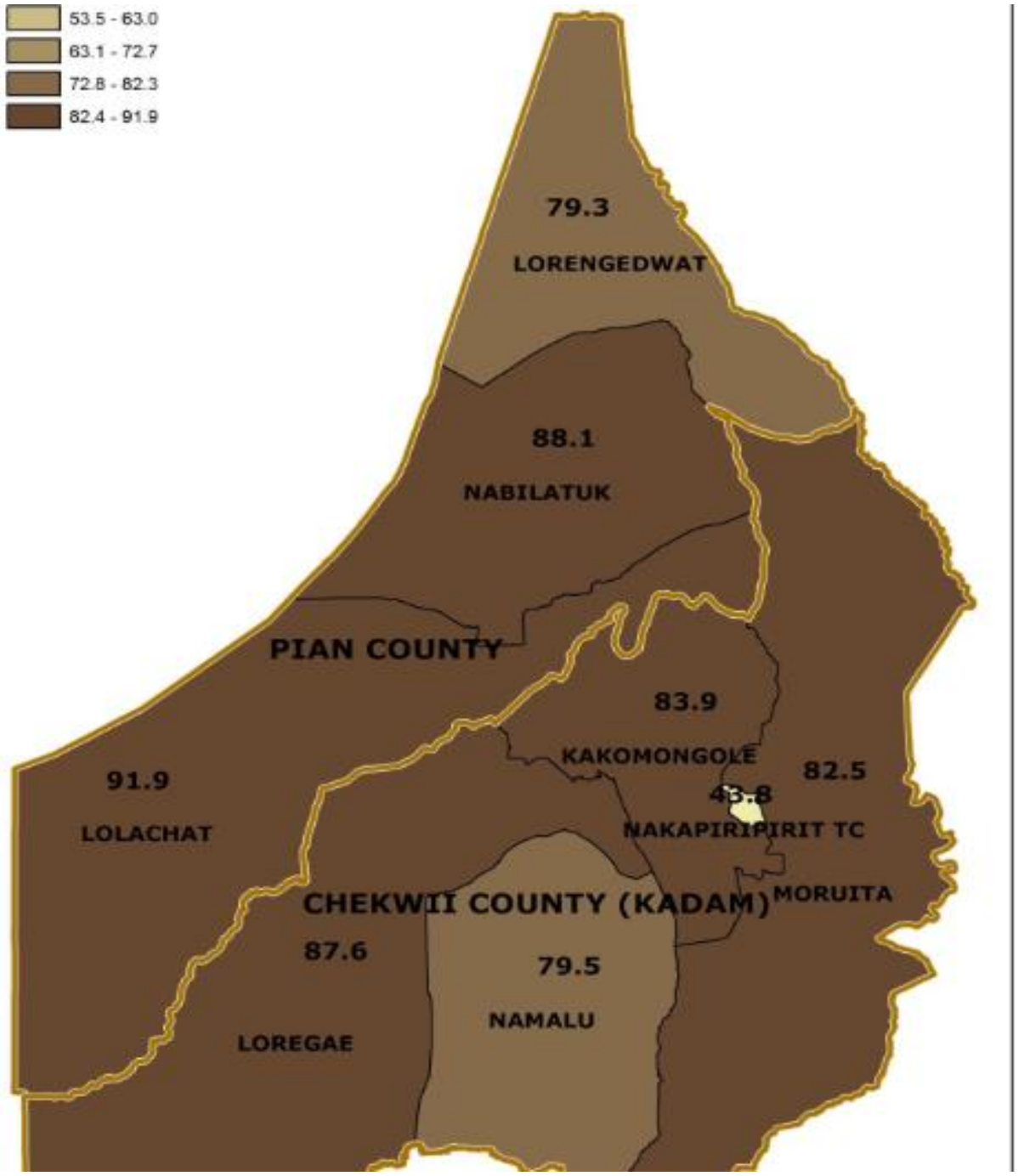
What materials are available for MHM?

How accessible or easily available are these materials for young women?

What health risks do women face by practicing MHM prescribed by society/culture/norms?

What has changed overtime in MHM?

Appendix K: Map of Nakapiripirit District.



Adapted from UBOS (2017). National Population and Housing Census 2014 Report.