

KNOWLEDGE, ATTITUDE, AND PRACTICES TOWARDS MENSTRUAL HYGIENE AMONG FEMALE STUDENTS AGED 18 TO 35 YEARS IN KAMPALA SCHOOL OF HEALTH SCIENCES BULOBA CAMPUS, WAKISO DISTRICT. A CROSS- SECTIONAL STUDY.

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Abstract

Introduction:

Specific objectives of the study were To determine the level of knowledge, attitude, and practices of menstrual hygiene, among female students aged 18 to 35 years in Kampala School of Health sciences Buloba campus Wakiso district.

Methodology:

A descriptive cross-sectional study was carried out with a simple random sampling technique to select participants whereas data was collected using a self-administered questionnaire developed by the researcher. The analysis of the data collected was done manually using tally sheets and data was systematically computed into frequency and percentage using findings to generate tables and figures for easy presentation.,

Results:

50 participants out of 50 invited participants fully completed the study. Participants had good knowledge where teachers were the first informants in 80% of the females, 80% correctly defined menstruation, and 94% considered disposable sanitary pads the ideal menstrual absorbent.

They had averagely good attitudes where 60% reported that they felt scared at first menarche, 40% perceived menstruation as unclean or embarrassing, and 86% of the females reported never encountering secondary stigma as a result of menstruation.

They also had good practices towards menstrual hygiene 54% of the females changed their sanitary material two times a day and 34% changed thrice, 74% of females took a bath twice during their period with 94% using water and soap.

Conclusion:

Attitude toward menstrual hygiene among females is still challenging followed by practices and yet knowledge is generally good.

Recommendations:

There is a need to create awareness of healthy menstrual practices, impart reproductive health education including menstrual hygiene, to acquire skills usually through training or workshops, and matters concerning menstrual hygiene should be discussed with female students and solutions sought to improvise on disposal bins and incinerators.

Keywords: knowledge, attitude, practices, menstrual hygiene, Submitted: 2023-08-05 Accepted: 2023-08-15

1. BACKGROUND OF THE STUDY.

Menstrual Hygiene Management (MHM) is defined by the United Nations as the use of clean menstrual management products to soak menstrual discharge by women that are changeable in privacy as required, with proper access to water, soap, and disposable methods. If hygienic practices are not followed during menstruation like changing pads after every 4 hours, washing and drying our re-usable sanitary towels properly in the sun, and washing hands (PCOS Vitality, 2021) after handling the used sanitary pads, then the chances of getting Urogenital Tract Infections increases many folds. Poor menstrual hygiene can lead to many other issues like fungal or bacterial infections of the reproductive tract, and irritation of the skin that may cause discomfort and can result in dermatitis – a medical condition in which the skin swells, turns red, and at times becomes sore with blisters. If neglected, it leads to toxic shock syndrome and other vaginal diseases. (Kalembe S et al, 2020).

Menstruation is a natural fact of life and a monthly occurrence for the 1.8 billion girls and women of reproductive age (Helene Sanbu Ryeng, 2021). Yet 5 million menstruations across the world are denied the right to manage their monthly menstrual cycle in a dignified, healthy way (Navpreet Kaur, 2021). Furthermore Worldwide, nearly 52% of the female population (26% of the total population) is of reproductive age. (UNICEF, 2019).

In developing countries, absenteeism in schools due to menstruation range from 2% of urban- adolescents in Nigeria to 61.7% of their rural counterparts in Uganda (Akwasi Boakye, 2021).

1.1. Major objective.

To assess the knowledge, attitude, and practices of menstrual hygiene among female students aged 18 to 35 years in Kampala School of health sciences Buloba campus Wakiso district.

1.2. Specific objectives.

- To determine the level of knowledge towards menstrual hygiene among female students aged 18 to 35 years in Kampala School of health sciences Buloba campus Wakiso district.
- To determine the attitude towards menstrual hygiene among female students aged 18 to 35 years in Kampala school of health sciences Buloba campus Wakiso district.
- To determine the practices towards menstrual hygiene among female students aged 18 to 35 years in Kampala school of health sciences Buloba campus Wakiso district.

2. METHODOLOGY.

2.1. Study design.

The descriptive-cross-sectional study involved the use of quantitative methods of data collection. This aimed at collecting detailed information on knowledge, attitude, and practices towards menstrual hygiene at one point in a short period of time.

2.2. Study area.

The study was carried out in the Kampala School of health sciences Buloba campus in the Wakiso district off Mityana Road.

This study area was used because it included many females of reproductive age hence expected to be menstruating thus it assessed how they were coping with menstruation and no study had been carried out. The research study was carried out for 1 month period in December 2022.

2.3. Study population and study participants .

The target population comprised all female students aged 18 to 35 years in Buloba, Wakiso district. The accessible population comprised female students aged 18 to 35 years in Kampala School of health sciences Buloba campus Wakiso district.

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2.4. Sample size determination.

Kothari and Gaurav (2014) defined sample size determination as the number of items selected from the universe to constitute a sample. The sample was calculated using Burton's formula (1975).

$S=2(QR)*O$; where

S= required sample size

Number of days the researcher spent collecting data maximum number of people per day

O=maximum time the interviewer spent on each participant Therefore,

R=5 respondents Q=5 days

O=1 hour

$2(5*5)*1=50$, therefore the researcher used 50 respondents.

2.5. Study variables.

2.5.1. Dependent variable.

The dependent variable of this study was menstrual Hygiene among female students aged 18 to 35 years.

2.5.2. Independent variables.

The independent variables of the study were knowledge, attitude, and practices toward menstrual hygiene.

2.6. Inclusion criteria.

The study included all female students aged 18 to 35 years in Kampala School of health sciences Buloba campus, Wakiso district who voluntarily consented during the time of data collection.

2.7. Sampling technique.

Simple random sampling technique was used to select samples from the source population. The technique was preferred because it ensured freedom from human bias and each member of the target population had an equal and independent chance of being included.

2.8. Data collection tool.

A self-administered, semi-structured questionnaire with both open and close-ended questions was designed by the researcher to collect data from respondents. It consisted of English questions on knowledge, attitude, and practices regarding menstrual hygiene for respondents to answer.

The questionnaire consisted of four sections which included; the first section as social demographic data, second section as knowledge of menstrual hygiene, third section as attitude towards menstrual hygiene, and the fourth section as practices towards menstrual hygiene.

2.9. Quality control issues.

The filled questionnaires were checked for completeness at interview site before leaving the place; partly filled questionnaires were handed back to the respective respondents for completion before being resubmitted to the supervisor.

2.10. Pre-testing of questionnaires.

Before undertaking data collection, the questionnaire was piloted on 5 respondents from St Francis School of health sciences in order to identify problems with the data collection process and areas of improvement and necessary modifications were made. This school had similar characteristics to that of the Kampala School of health sciences where the study would be based. Pre-testing ensures the credibility, accuracy, validity, and reliability of the questions. Where necessary, that resulted in adjustments in the tools so that some questions were deleted, rephrased, eliminated, or even added.

2.11. Pilot Study.

A visit to the study area was made before data collection. This helped the researcher to get prior knowledge and further insight into the study area, the administrative protocols necessary, the target respondents, and informal permission to go to the study area.

2.12. Data analysis and presentation.

The analysis of the data collected was done manually using tally sheets and data was systematically computed into frequency and percentage using findings to generate tables and figures for easy presentation.

2.13. Ethical consideration.

The study protocol was presented for review and approval by the Institutional Review Board of Kampala School of health sciences and approval for data collection was provided.

A data collection letter was presented to the administration of the Kampala School of health sciences, and then written informed consent was sought from all study participants before enrolment into the study after a thorough explanation of the study objectives to them and signed.

Confidentiality was maintained by the use of identification numbers instead of student names as to get more reliable answers from the participants.

Data was safely stored in a safety box under lock and key only accessible to the principal investigator.

There was no psychological harm caused by asking very personal questions on menstrual hygiene during the study.

3. STUDY FINDINGS.

3.1. BIO DATA.

From Table 1, the majority 43(86%) of respondents were aged between 18 to 25 years while the minority 7(14%) were aged between 26 to 35 years. With regards to religious denominations of the respondents, the highest percentage 17(34%) of the respondents were Protestants followed by Catholics, Muslims, and other religions all had 10(20%) then finally seventh day Adventists had the least 3(6%)

From Table 1, the highest proportion of the respondents 17(34%) experienced menarche at the age of 12 years and the least respondents who experienced it at 13 years and above 14 years had equal proportions 10(20%).

3.2. Knowledge Of Menstrual Hygiene.

From table 2, majority of respondents 46(92%) had ever heard of menstruation before their onset off menarche and minority 4(8%) had never heard of menstruation before menarche.

From figure 1, the major sources of knowledge were teachers 40(80%) while health facilities and others played a very small role 3(6%).

From figure 2, majority 40(80%) of the females correctly defined menstruation as the monthly shedding of the uterine endometrial lining and the least 3(6%) of females didn't know what menstruation is.

From table 3; the majority of respondents 40(80%) had knowledge that hormone is the actual cause of menstruation and minority 4(8%) had knowledge that curse caused menstruation.

From table 4, the majority 40(80%) of the females knew that the uterus is the source of blood in menstruation and only 10(20%) thought it is from the vagina.

From figure 3; a significant majority 47(94%) of the girls had knowledge that disposable sanitary pads are the ideal menstrual absorbent and only 3(6%) considered reusable pads.

3.3. Attitude Towards Menstrual Hygiene.

According to table 5, when girls were asked if their first period caused any emotional changes, majority of them 33(66%) said yes while 17(34%) of females said no that their first period didn't cause emotional changes.

From the figure 4; the majority of females 30(60%) reported that they felt scared followed by 10(20%) who felt excited and 7(14%) experienced other feelings while 3(6%) of the girls cried when they saw their first period.

From table 6; when Cultural beliefs associated to menstrual period where asked, most 20(40%) perceived it as unclean or embarrassing and then other beliefs 13(26%).

From the figure 5; the majority of the females 33(66%) said yes while 17(34%) of the females said no that sanitary napkins were not the ideal material for menstrual hygiene.

Table 1: Shows

Age	Frequency (f)	Percentage (%)
18-25years	43	86
26-35years	7	14
Total	50	100
Religion	Frequency (f)	Percentage (%)
Muslims	10	20
Catholic	10	20
Protestant	17	34
Seventh Day Adventists	3	6
Others	10	20
Total	50	100
Age Of First Menarche	Frequency (f)	Percentage (%)
12years	17	34
13years	10	20
Above 14years	10	20
14years	13	26
Total	50	100

Table 2:

Heard of menstruation before Menarche	Frequency (f)	Percentage (%)
Yes	46	92
No	04	8
Total	50	100

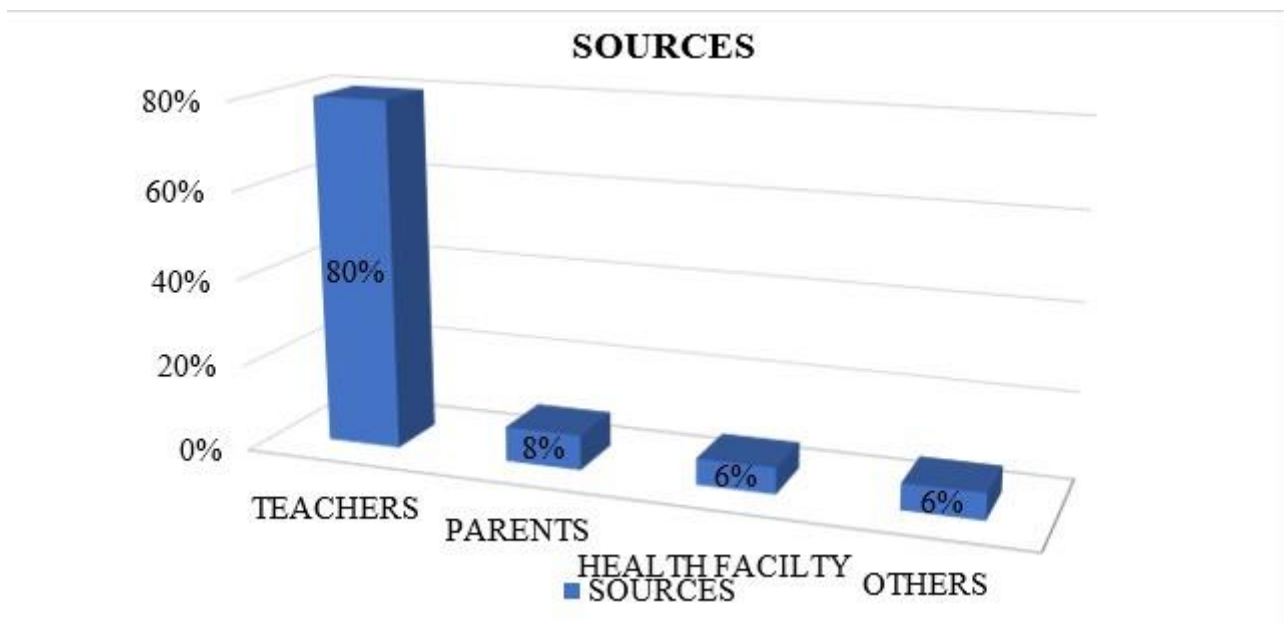


Figure 1: Shows distribution of respondents according to sources of information on menstruation. (N=50)

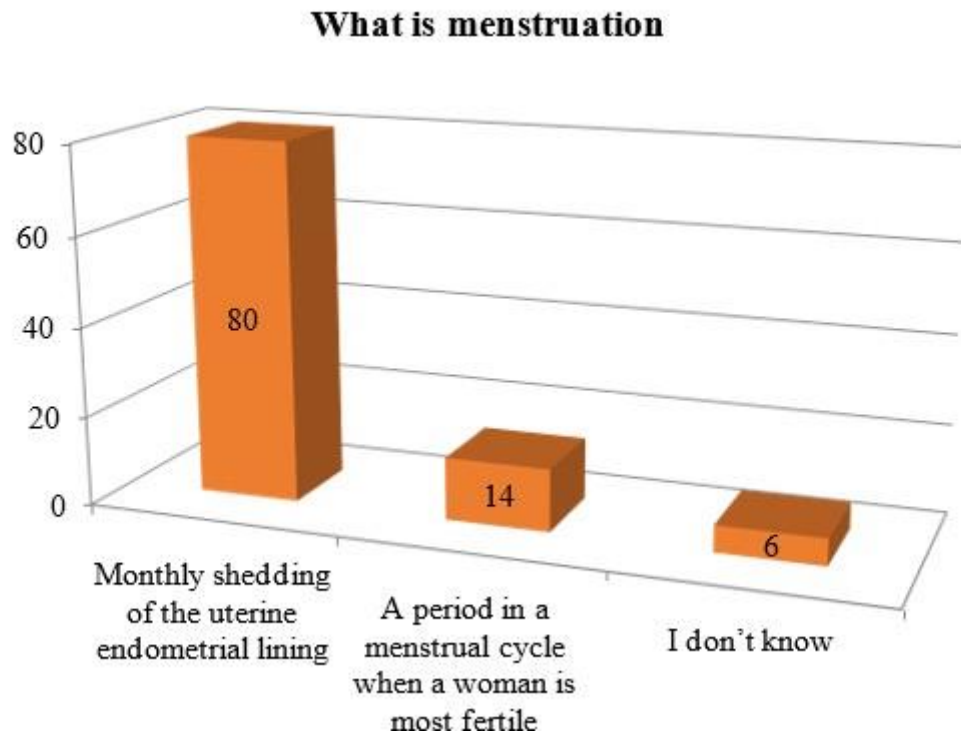


Figure 2: Shows distribution of respondents on how they defined menstruation. (N=50)

Table 3: Shows distribution of respondents according to cause of menstruation they know. (N=50)

Cause of menstruation	Frequency (f)	Percentage (%)
Hormone	40	80
Diseased	00	00
Curse	4	8
Don't Know	6	12
Total	50	100

Table 4: Shows distribution of respondents according to Origin of menstrual blood they know. (N=50)

Origin of menstrual blood	Frequency (f)	Percentage (%)
Uterus	40	80
Vagina	10	20
Urinary bladder	00	00
Don't know	00	00
Others specify	00	00
Total	50	100

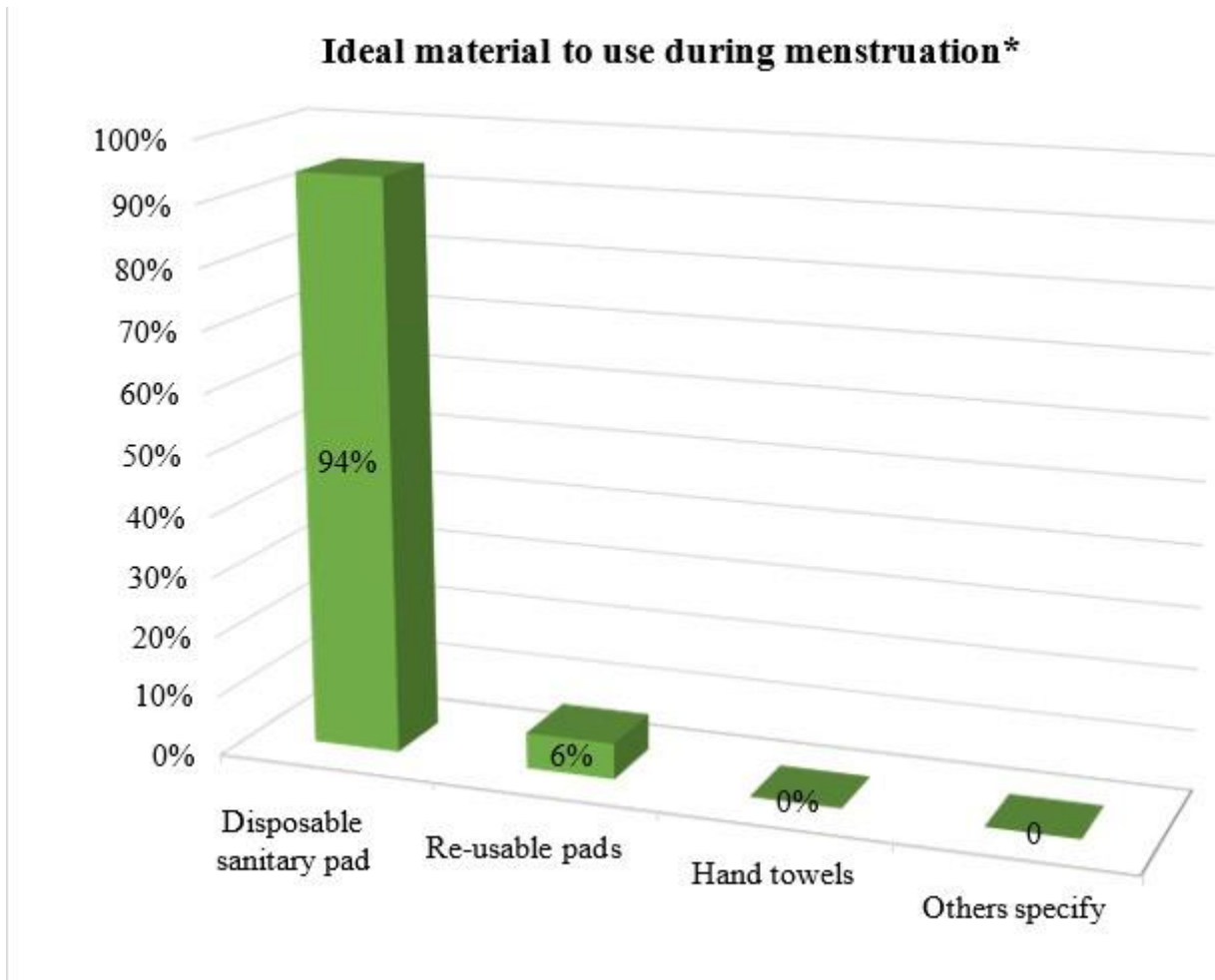


Figure 3: Shows distribution of respondents according to ideal material to use during menstruation. (N=50)

Table 5: Shows distribution of respondents according to whether their first period caused any emotional changes.(N=50)

Response	Frequency (f)	Percentage (%)
Yes	33	66
No	17	34
Total	50	100

Table 6: Shows distribution of respondents according to their Cultural beliefs associated to menstrual period. (N=50)

Response	Fre- quency (f)	Percent- age (%)
Being perceived as unclean or embarrassing Menstrual blood being impure	20	40
Period seen as a disease and debilitating for women Others	17	34
Total	50	100

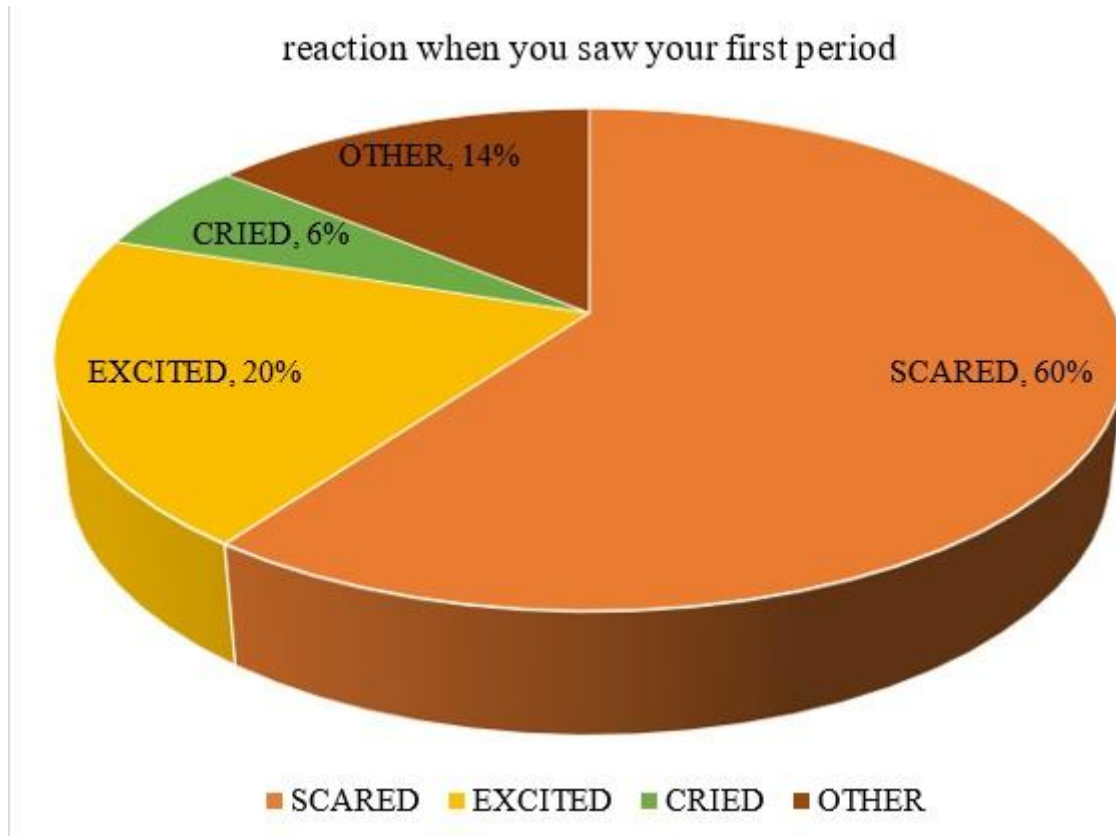


Figure 4: Shows distribution of respondents according to their reaction when they saw first period. (N=50)

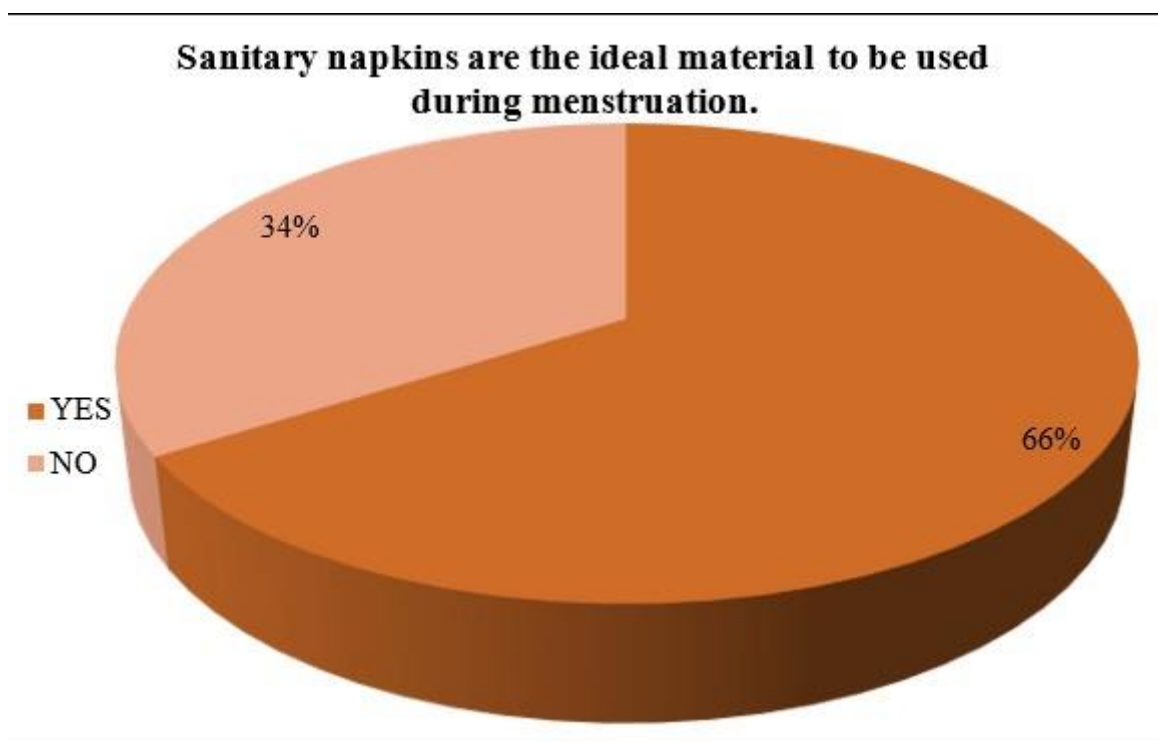


Figure 5: Shows distribution of respondents according to whether Sanitary napkins are the ideal material to be used during menstruation.(N=50)

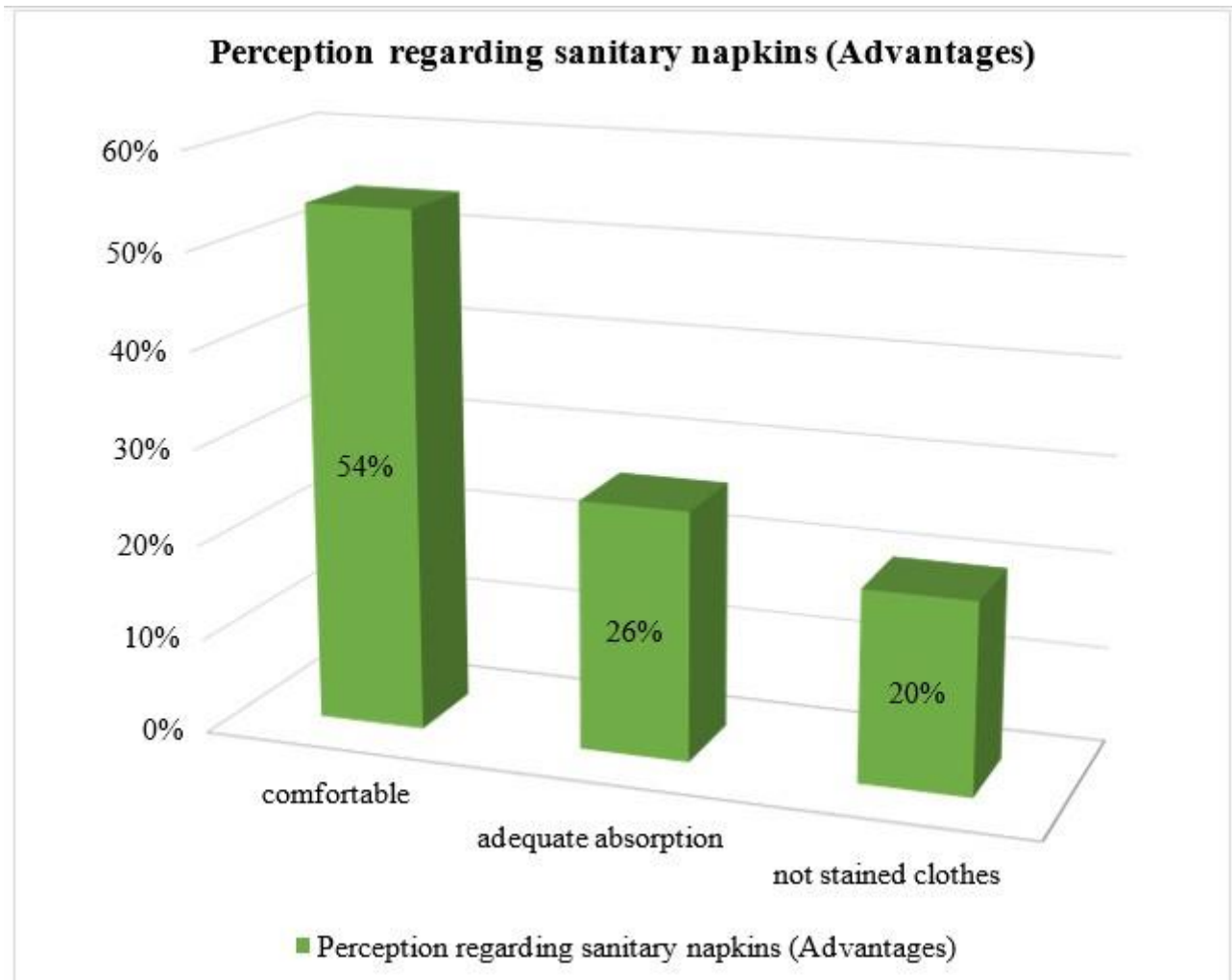


Figure 6: Shows distribution of respondents according to their perception regarding sanitary napkins.(N=50)

From figure 6, more than half 27 (54%) of the females reported that sanitary pads are comfortable and 10(20%) reported not stained clothes with sanitary pad use.

From table 7; the minority 7 (14%) of the females reported having encountered secondary stigma as a result of menstruation and majority 43(86%) of the females reported never encountered secondary stigma as a result of menstruation.

3.4. Practices Towards Menstrual Hygiene.

Figure 7 shows that the majority of respondents 47 (94%) reported the use of disposable sanitary pads and minority 1(2%) as absorbent material used during menstruation.

Figure 8 shows that, slightly more than half 27(54%) of the females changed their sanitary material two times in a day, 17(34%) changed thrice and 3(6%) females changed once and equal percentage for more than thrice.

Figure 9 shows that, nearly three fourths 37 (74%) of females took a bath twice during their period, 10(20%) took thrice and 3(6%) bathed once.

Table 8 shows that, the majority 47 (94%) of females took a bath during their period using water and soap and 3(6%) used lukewarm water.

Table 9 shows that, the majority 30 (60%) of the females stored their used pants soaked in detergent yet 20(40%) used other storage methods.

Table 10 indicates that, almost three fourths

Table 7: Shows distribution of respondents according to whether they encountered and felt secondary stigma as a result of menstruation. (N=50)

Response	Frequency (f)	Percentage (%)
Yes No	7 43	14 86
Total	50	100

absorbent material used during menstruation

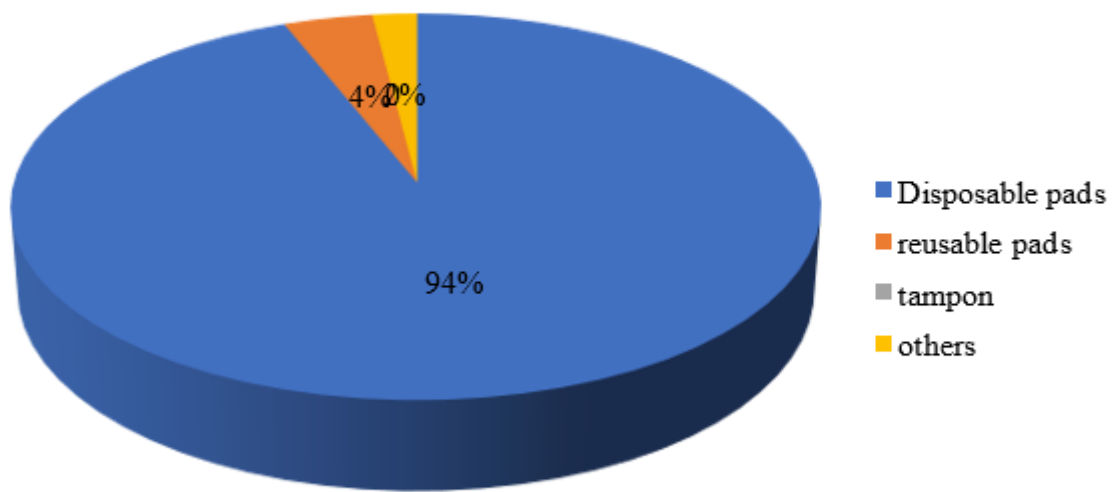


Figure 7: Shows distribution of respondents according to absorbent material used during menstruation. (N=50)

Table 8: Shows practice distribution of respondents according to materials used for bathing during menstrual periods (N=50)

Response	Frequency (f)	Percentage (%)
Water only Lukewarm water Water and soap Others	00 3 47 00	00 6 94 00
Total	50	100

Table 9: Shows distribution of respondents according to their Storage of used pants during periods. (N=50)

Response	Frequency (F)	Percentage (%)
Soaked in detergent Suitcase Bucket Others	30 00 00 20	60 00 00 40
Total	50	100

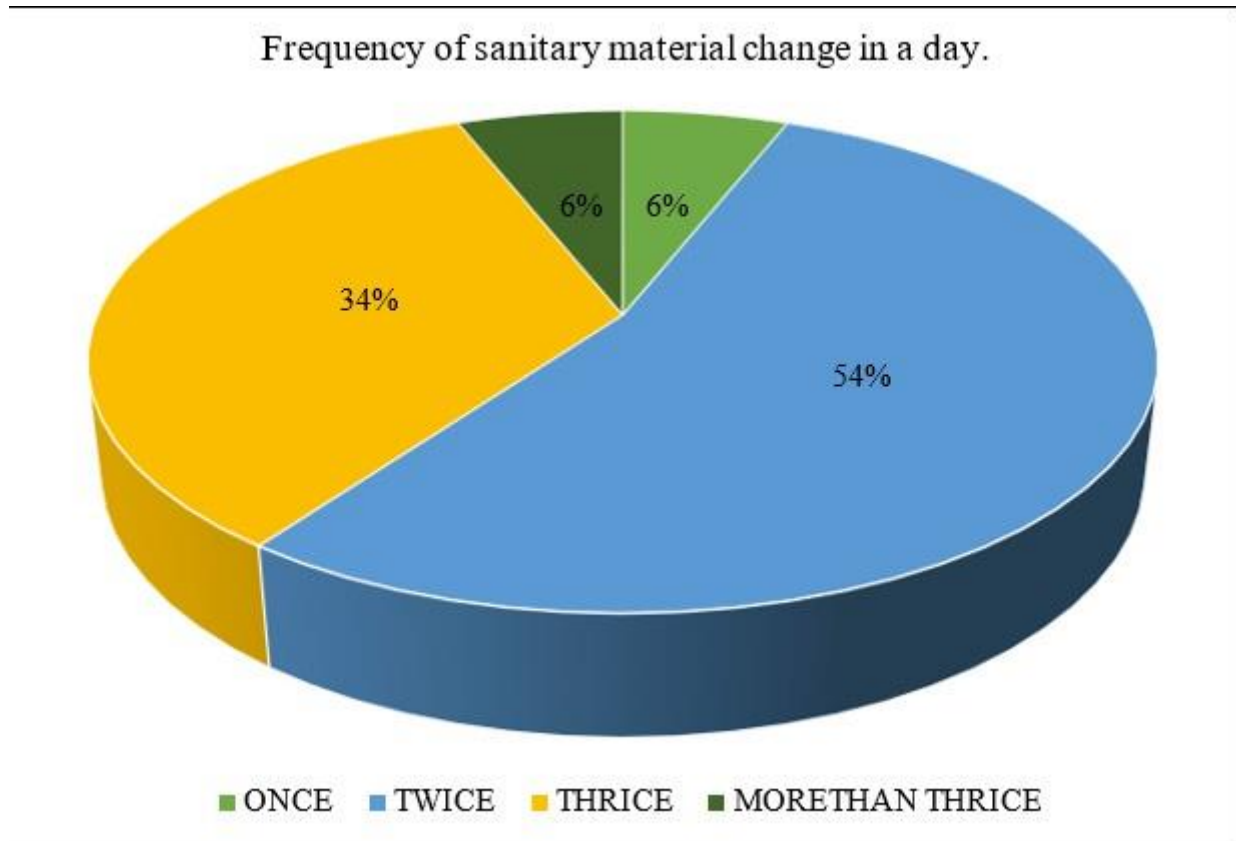


Figure 8: Shows distribution of respondents according to their frequency of changing sanitary material in a day.(N=50)

Table 10: Shows distribution of respondents according to their Storage of pants after washing them. (N=50)

Response	Frequency (f)	Percentage (%)
Wash and expose under direct sunlight	37	74
Wash and hide under shade	13	26
Discard	00	00
Total	50	100

37(74%) washed and exposed their knickers under direct sunlight while 13(26%) washed and hide pants after washing.

Figure 10 shows that, the majority 30 (60%) of females disposed off used sanitary materials by burning, 14(28%) in toilets and at least 3(6%) disposed in rubbish pit and equal percentage used other means of disposal.

4. DISCUSSION.

4.1. Knowledge of menstrual hygiene.

A significantly high number of females had good knowledge of menstrual hygiene. It was evident that a majority of respondents 46(92%) had never heard of menstruation before their onset of menarche. This could be attributed to the study settings which are good information sources on menstruation. Similarly, a study in Entebbe reported by Miiro showed that the majority of 269 girls (76.6%) reported that they had heard about

Frequency of bath during menstruation.

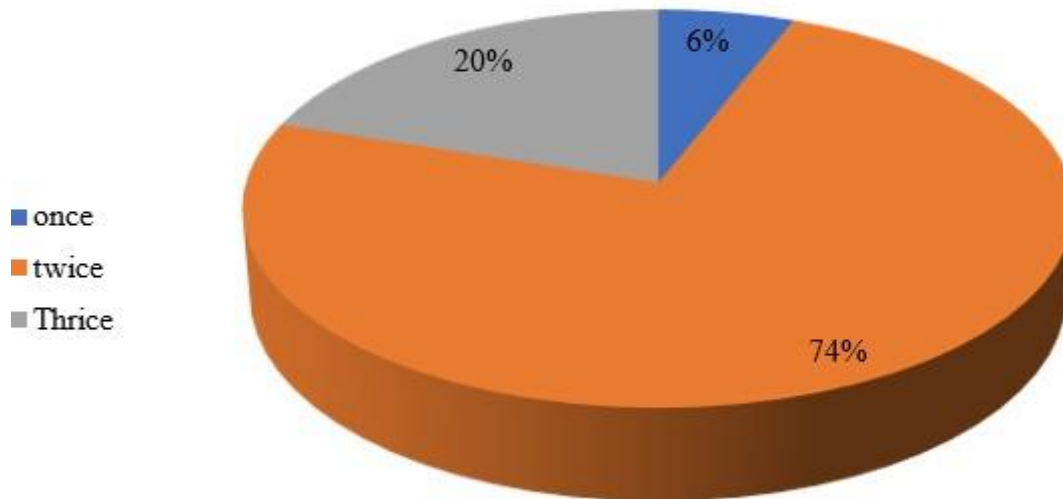


Figure 9: Shows distribution of respondents according to their frequency of taking baths during menstruation. (N=50)

periods before their menarche (G Miiro 2018).

In this study, teachers were the first informants in 40 (80%) of the females followed by mothers 4(8%), then others. This may be because teachers spend more time with students at school than mothers. The best are the teachers who may conduct classes on menarche, menstrual hygiene, and RTI/STI under the routine school curriculum. This finding is contrary to a study in Entebbe by Miiro that reported the main source of information was most commonly the mother (40.6%), followed by peers (24.7%), teachers (14.2%), and other sources (20.5%). (G Miiro 2018)

Majority 40(80%) of the females correctly defined menstruation as the monthly shedding of the uterine endometrial lining. This finding is because the respondents have studied menstruation in their course units. Contrary findings re-

ported by Judy Michael in Quetta Pakistani revealed that (44.1%) respondents knew that the definition of menstruation is a physiological process and while, (22.4%) had no idea about what menstruation is (Judy Michael, 2020).

The majority 40(80%) of the females knew that the uterus is the source of blood in menstruation and only 10(20%) thought it was from the vagina. This finding may be due to health education programs in schools that focus on menstrual health and hygiene among girls whereas Judy Michael, 2020 in Quetta Pakistani revealed that, 60.2% of girls knew that menstrual blood discharges from the vagina.

A significant majority 47(94%) of the girls had knowledge that disposable sanitary pads are the ideal menstrual absorbent and only 3(6%) considered reusable pads. Similarly, a very high pro-

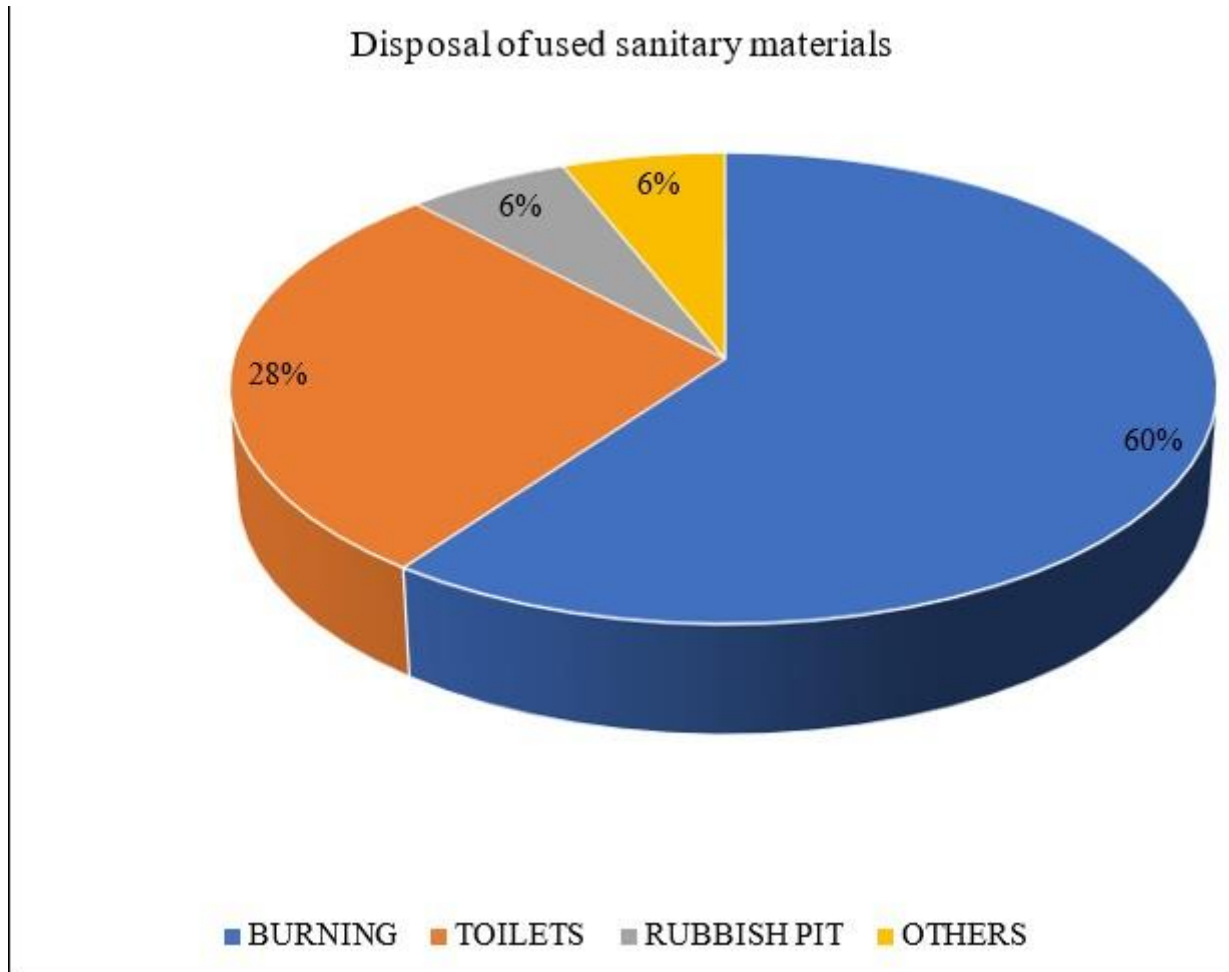


Figure 10: Shows distribution of respondents according to their disposal of used sanitary materials. (N=50)

portion 179 (92.7%) of the adolescent girls knew that the ideal material to use during menstruation is the disposable sanitary pad (Zainah Nakaye 2017) in Uganda the awareness of sanitary pads is higher, which is possibly due to the interplay of a number of factors like availability, accessibility, and cost, exposure to mass media, local customs as well as storage and disposal issues.

All respondents 50(100%) had knowledge that hormone is the actual cause of menstruation Indeed; many well-conducted studies highlighted the cause of menstruation as being hormonal. This finding may be attributed to the fact that girls are well informed by their teachers, friends, and media that menstruation is caused by hormones. The finding may also perhaps be explained by the fact that more females do medi-

cal courses where menstruation is covered in detail. Similarly, Judy Michael, 2020 in Quetta Pakistani revealed that (69.6%) knew it is caused by hormones while (22.4%) had no idea about menstruation, and (15.2%) its cause yet the majority (82.4%) of the girls reported that hormones are the main cause of menstruation in a study in Uganda by Zainah Nakaye 2017.

4.2. Attitude toward menstrual hygiene.

The majority of the girls reported that they experienced emotional changes during their first experience of periods. The majority of females 30(60%) reported that they felt scared followed by 10 (20%) who felt excited and 7(14%) who experienced other feelings while 3(6%) of the girls cried when they saw their first period. This could

be attributed to the experience of the novel yet scary experience of seeing blood flowing from their genitals for the first time at menarche. Additionally, the girl's psychological reactions to menarche are the result of a complex interplay of biological, psychological, and social influences. Genes, hormones, environmental factors, and nutrition influence the initiation process of menstruation although peer relationships, self-esteem, and the way she feels about being a woman determine how she adapts to the changes menarche imposes. The findings by Judy Michael 2020 in Quetta Pakistani about the reaction to first menstruation are contrary to Happy 6.4%, Scared 28.3%, Discomfort 43.2%, Emotional disturbance 21% and others 1.1%.

When Cultural beliefs associated with the menstrual period were asked 20(40%) perceived it as unclean or embarrassing followed by 17(34%) Menstrual blood being impure and then other beliefs 13(26%). Contrary findings have also been reported by Akwasi in the Northern Region of Ghana showing (68.2%) believed that menstruating girls should avoid some food and another (70.1%) thought that menstruating girls were dirty or unclean. 57.5% of them say menstruation is too shameful to discuss (Akwasi Boakye et al, 2018)

When asked about if sanitary napkins are the ideal material to be used during menstruation, the majority of the females 33(66%) said yes while 17(34%) of the females said no that sanitary napkins were not the ideal material for menstrual hygiene. The explanation is the awareness of sanitary pads is higher, which is possibly due to the interplay of several factors like availability, accessibility, cost, exposure to mass media, local customs as well as storage and disposal issues. Similarly, in Uganda a very high proportion 179 (92.7%) of adolescent girls knew that the ideal material to use during menstruation is the disposable sanitary pad (Zainah Nakaye 2017) This finding is consistent with the Situation analysis of menstrual hygiene management in 14 districts in Uganda reported that Out of the 250 women and girls interviewed; Use of disposable pads was most common among school going girls and career

women. 46% specifically used disposable pads, while (29%) of girls and (13%) of women used reusable pads (Sarah Kalembe, 2020).

More than half 27(54%) of the females reported that sanitary pads are comfortable, 13 (26%) reported adequate absorption, and 10(20%) reported not stained clothes with sanitary pad use. Similarly, in a study in Entebbe (Miuro et al., 2018) majority reported they chose these because they reduced concern about leaks (74.4%), were more comfortable (86.3%), were easier to dispose of (72.5%) and there was no need to wash or dry them (92.1%). Overall, 239(77.6%) of girls who reported ever using disposable absorbents reported being able to afford to use them every day of each period. Similarly, the Findings of Reasons for choosing disposable pads are Less worry about leaks (76.1%), More comfortable. (87.4%), Easier disposable (72.5%) No need to wash/dry (84.0%) and more modern 30(17%) (G Miuro, 2018)

It was also observed that the highest percentage 43(86%) of the females reported never encountered secondary stigma as a result of menstruation contrary to findings in study in Entebbe (64.3%) ever had a menstrual accident with blood leaking to clothes (G Miuro, 2018), this observation could be due to menstrual disasters associated with staining which school communities have not embraced, hence the stigma.

4.3. *Practice menstrual hygiene.*

The majority of respondents 47(94%) reported the use of disposable sanitary pads and a minority 1(2%) as absorbent material used during menstruation. This may be because the females can afford disposable sanitary pads and easy access to information on adequate management of menstrual blood. Similarly, in Mukono, Uganda menstrual material was used most often at work during the last period in which Disposable pad was 70.6%, Cloth 16.5%, reusable pad 8.2%, and other 4.7% (Julie Hennegan, 2022).

Even though the majority of girls reported being able to use disposable pads for every day of their period, slightly more than half 27(54%) of the females changed their sanitary material two times in a day, 17(34%) changed thrice and

3(6%) females changed once an equal percentage for more than thrice. The probable reason may be due to ignorance, lack of extra sanitary pads, and lack of facilities and privacy. These findings are similar to those of Judy Micheal 2020 in Quetta Pakistani shows that gifts changed the absorbent cloth/pad Once 13.8%, Twice 45.9%, Thrice 26.5% More than 3 times 13.8%.

Nearly three-fourths 37 (74%) of females took a bath twice during their period with 47 (94%) using water and soap. it maybe because the majority of the females can access sanitary facilities like water and soap. These findings are similar to Ha and Alam 2022 in Bangladesh where (98.8%) washed their genitalia during menstruation. Data showed that (44.2%) of girls washed their genitalia three times, (33.7%) four or more times, and 8.4% once a day (Ha and Alam 2022). Around (41%) of girls used only water to wash their genitalia, which was higher in urban areas than in rural areas. Urban girls were more likely to wash their genitalia four or more times a day than rural girls, while rural girls were less likely to use water only to wash external genitalia than urban girls 77.5% took a bath regularly during menstruation (Ha MAT et al., 2022).

The study findings reported that 47 (94%) of the girls used water and soap for bathing during their menstrual period. The use of soap and water could be because of the awareness and the fact that the majority of the females are residents in hostels with available resources provided by their parents. These findings are in line with those by Zelalem B, 2019 in southern Ethiopia reported about (69.5%) cleaned their external genitalia with water and soap.

The majority 30 (60%) of the females stored their used pants soaked in detergent yet 20(40%) used other storage methods. The place of storage of the used pants is equally important for their cleanliness; especially the practice of storing them in suitcases rather than soaking them in detergent. This could be because there was no privacy for girls to confidently soak their used pants before washing them hence, they preferred to store them in their suitcases. Similar findings were reported by G Miir 2018 in Entebbe reported Wash

material water & soap 109 (93.2%).

Almost three-fourths 37(74%) washed and exposed their knickers under direct sunlight while 13(26%) washed and hide pants after washing. This may be because the girls are ashamed of the fact that they are using materials that are not ideal for managing sanitary materials like clothes. Contrary findings reported by G Miir 2018 reported 41(23.4%) dried material outside after washing. And Ha and Alam 2022 in Bangladesh reported (51.6%) of cases, the washed cloth was dried in open sunny places, and after drying, (74.7%) of them were stored in hidden places in the room.

More than half 30 (60%) of females disposed of used sanitary materials by burning, 14(28%) in toilets, and at least 3(6%) disposed of in the rubbish pit, and an equal percentage used other means of disposal. These findings may be attributed to the absence of proper disposal areas for used sanitary material and the lack of knowledge as regards disposal of the used pads. Contrary findings were reported by Alam 2022 in Bangladesh reported after use, (55.3%) of the girls buried their sanitary materials under the soil, and (20.2%) threw them in the pond or river (A T Ha et al 2022)

5. CONCLUSION.

The study established that the overall level of knowledge of the female students aged 18 to 35 years in Kampala School of health sciences Buloba campus on menstrual hygiene was very good. This is evident because the majority of respondents 46(92%) had never heard of menstruation before their onset of menarche, the majority 40(80%) of the females correctly defined menstruation as the monthly shedding of the uterine endometrial lining, the majority of respondents 40(80%) knew that hormone is the actual cause of menstruation and still majority 40(80%) of the females knew that the uterus is the source of blood in menstruation and only 10(20%) thought it is from the vagina.

This study also revealed that female students had generally fairly good attitude towards men-

strual hygiene with more challenges on Cultural beliefs associated with a menstrual period where respondents asked 20(40%) perceived it as unclean or embarrassing followed by 17(34%) Menstrual blood being impure and then other beliefs 13(26%).

Practices of the female students towards menstrual hygiene were generally good as it was evident that a large proportion among the female students 47(94%) used disposable sanitary pads, 47(94%) of the females changed their sanitary material at least twice and 47(94%) of females took a bath during their period using water and soap. 30(60%) of the females stored their used pants soaked in detergent, 37(74%) washed and exposed their knickers under direct sunlight while 13(26%) washed and hide their pants after washing. Then 30(60%) of females disposed of used sanitary materials by burning, 14(28%) in toilets and 3(6%) disposed of in the rubbish pit, and an equal percentage used other means of disposal.

6. RECOMMENDATIONS.

The researcher recommends Kampala School of health sciences to impart reproductive health education through training or workshops on menstrual hygiene.

The researcher recommends the government to incur much more efforts through sensitization to curb the misbeliefs and taboos among female students.

The researcher recommends Schools highlight issues like girl child welfare in meetings for example ensuring that every female has got enough sanitary pads for the semester and matters concerning menstrual hygiene should be discussed with female students then solutions sought to improve on disposal bins and incinerators.

The researcher recommends the government together with the Ministry of Education and Sports revise policies concerning school construction and settings to suit girl child education for instance in constructing classrooms that have private sanitary facilities.

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8. LIST OF ABBREVIATIONS.

- MHM : Menstrual Health Management
- NGO: Non-Government Organization
- NNT : Nusa Tenggara Timur
- UAHEB : Uganda Allied Health Examination Board
- UK: United Kingdom
- UNICEF: United Nations Children's Funds.
- UTI : Urinary Tract Infection.

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