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Girls' Right to Education

A study of what impact menstruation has on female school participation in Zimbabwe

Abstract

Educating girls has been argued to be a key contributor to a healthier and more affluent nation. Over the last years, poor menstrual hygiene management (MHM) possibilities for female students in low-income settings have been stressed to pose a major hinder for girls to access and complete their education. However, less attention has been directed to how female students can concentrate and thereby participate in school when being on their period. This thesis seeks to investigate how a menstrual cup is perceived to facilitate school participation according to female students. It was examined through a five months field study in three secondary schools in Chitungwiza, Zimbabwe where female students received a menstrual cup to use. Quantitative surveys together with qualitative interviews were used for data collection. The results were analysed through the radical feminist theory and the capability approach. Together the two theories provided a comprehensive understanding of how the female body and menstruation is perceived in a Zimbabwean context and consequently the impact on the willingness to use the cup. The study concludes that the cup was perceived to improve confidence and comfort among the users, and hence their possibility to participate in school increased.

Key words: education, menstrual cup, Zimbabwe, radical feminist theory, capability approach
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1 Introduction

“Female education is the single most powerful way of encourage smaller, healthier and better educated families – a package deal.” (Herz, 2006:9)

Educating girls has been argued to be the single most efficient tool to raise economic productivity and health standards in a country. In the 2030 Agenda for Sustainable Development, Sustainable Development Goal (SDG) number 4 concerning quality education states: “By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes” (UN, 2015). Yet, there are still fewer girls than boys in the classrooms globally, particularly in sub-Saharan Africa where 61 percent of all girls never complete their secondary education (UNESCO, 2018:5). Often, poverty together with traditional approaches to the role of women are given as explanations to why there are fewer girls than boys in school. However, over the last years attention has been directed towards menstruation and how it can negatively impact female school attendance.

Menstrual hygiene management (MHM), refers to practices for handling menstruation, such as how women and adolescent girls can obtain, use and dispose their menstrual products in a clean and healthy way (UNICEF, 2014:6). A number of studies show that inadequate MHM poses great barriers for girls to attend school, and thus to development in general (Mason et al. 2013; Tegegne and Sisay 2014; Sommer et al. 2016; Hennegan and Montgomery, 2016;). Yet, the term MHM is not mentioned once in any of the 17 SDGs included in the 2030 Agenda for Sustainable Development.

Situated in Southern Africa, Zimbabwe has despite a volatile economy during the last decades, a relatively high percentage of school enrolment in primary school, also among girls. Female attendance in primary school is 85 percent, however in secondary school it is only 44 percent (UNESCO, 2013). These numbers indicate the difficulty to keep girls in school and to get them complete their secondary education.

Shangwa (2011) reports how numerous girls in Zimbabwe are forced to use old pieces of cloth, newspaper, leaves or even dried cow dung as protection during their menses, as they cannot afford to buy sanitary pads (Shangwa, 2011). Another problem is that many girls do not even have panties. Lack of access to safe and sanitary toilets, and running water causes discomfort among girls when they are on their period, as the traditionally pit toilets often found in schools have no doors (ibid.). All these examples combined, points at the difficulty for girls to participate in and maintain focus on education. They are being punished by their natural cycle and the lack of knowledge and means of MHM. Finding a solution in terms of a low cost, hygienic protection is critical to improve the situation. A reusable device that could be used throughout the day would hence be ideal. Over the last years, menstrual cups have been investigated as a method for MHM and a few studies have been conducted in sub-Saharan Africa, mainly focusing on the acceptance of using the cup among women and girls (Tellier, Hyttel and Gad, 2012; Beksinska et al., 2015; Madziyire, Magure and Madziwa, 2018). The

bell-shaped cup made out of medical silicone is worn internally in the body and can be reused for up to ten years (The Butterfly Cup Company, 2017). It requires minimum resources to be maintained as one only needs to sterilise it in boiling water after each cycle. Consequently, it is a cost-effective, environmentally friendly and sustainable long-term alternative to other MHM products.

Although there are studies investigating girls' absenteeism from school in relation to MHM, research exploring girls' possibility to participate in education while being on their period remain scarce (Miirio et al. 2018). It is indeed vital to get girls enrolled in school, but as stated in SDG 4, it is just as important to ensure "effective learning outcomes" for students. If girls manage to go to school when menstruating but are not able to concentrate or feel confident enough to participate in the classroom, there is still a long way to go in order to ensure quality education for all. How could girls be able to fully participate in school, also whilst menstruating? This thesis seeks to answer the question by exploring how a menstrual cup can facilitate school participation for female students in secondary schools in Chitungwiza, Zimbabwe.

1.1 Purpose, aim and research question

This study intends to add to the current literature on how MHM impact girls' schooling, by providing a greater understanding of the obstacles relating to menstruation that hinders girls to participate in school. It will provide an understanding of how the Zimbabwean society impacts the uptake of the menstrual cup among schoolgirls and the cup's effect on their school participation. Subsequently, it would offer evidence for suggestions on how to increase the number of girls in school. It is essential to have a solid foundation in order to address the problem in an accurate way, when striving to make both boys and girls complete secondary education, as emphasised in SDG 4.

The aim is to investigate female students' possibilities to participate in education while being on their period. To do this, I have conducted a field study in three schools in Chitungwiza, a satellite suburb to the capital Harare in Zimbabwe. 60 female students were targeted for the study, 20 from each school. There were 45 students in total who completed the study, all of them were provided with a menstrual cup each, to use whilst having their period. Henceforth, it was possible to examine if and to what extent the menstrual cup could impact the participants' capability to participate in school according to themselves. Hence the research question:

How did the usage of a menstrual cup impact female students' experience of school participation in Chitungwiza, Zimbabwe?

Participation is a broad term and can be interpreted differently. In previous research on students' school participation the definition has included decision making by the pupil and interpersonal relationships (John-Akiola and Nic-Gabhainn, 2014). A similar definition will be used for this thesis, where participation refers to how confident and comfortable students feel to participate in the classroom, e.g. raising their hand and answer questions. Such a definition was favoured as it enables the students to interpret what participation signifies for them.

Mixed methods were used for this study. All participants were given education on MHM prior to intervention, including training on how to use, clean and store the cup. Two quantitative

surveys were handed out; one before the students received the cup and another one at the end of the study in order to compare results. The study ran for five months, and at the end qualitative semi-structured group interviews were also conducted, for the participants to describe with their own words how they perceived the impact of the cup on their possibility to participate in school. Additionally, one principal and three female teachers (one teacher at each school) were interviewed, which provided a more in-depth understanding of how menstruation was viewed from a school management perspective. The data has been analysed through the lens of a combination of two theoretical perspectives; radical feminist theory and the capability approach. The two frameworks complement and strengthen each other in explaining the results of the study and its underlying factors.

1.2 The context of Zimbabwe

Due to the political climate, it is very difficult to get permission to visit schools in Zimbabwe, not to mention conducting a study that includes interviews with students. There are two ways of getting access to schools, either through The Zimbabwe Teachers' Association (ZIMTA) or through the Ministry of Primary and Secondary Education. Initially this study was supposed to be conducted together with ZIMTA, which would have contributed to a larger scope of schools situated in different areas of the country and thereby providing more extensive data for Zimbabwe. However, after initial positive discussions about the study, they suddenly shifted and refused to provide any access to schools. Given the strict and controlling nature of the Zimbabwean society, this could exemplify the uncertainty regarding possible consequences following the support of a project that highlights sensitive issues, such as menstruation.

Fortunately, through a local non-governmental organisation (NGO) named Youth Aspire Development Trust (YADT) based in the suburb Chitungwiza approximately 20 kilometres south of the capital Harare, permission from the Ministry of Primary and Secondary Education was given to conduct the study in three private secondary schools in Chitungwiza.

Zimbabwe has struggled with economic instability over the last decades and abandoned its own currency in 2009 as a result of the hyperinflation that took off a year earlier, and instead replaced it with the United States dollar (USD) (Utrikespolitiska institutet, 2016). Due to cash shortages, the country introduced bank notes and coins pegged to the USD, named bond notes in 2016 (ibid.). However, the economy never recovered from the crisis, and due to a number of factors the country entered a new economic crisis during the autumn 2018 with prices sky rocketing as a consequence. An indicator of these events is the price of a package of pads, increasing from an average of \$1.60 in October 2018 up to \$6.50 in February 2019. Over time, stores, supermarkets and private companies set different prices depending on the currency with which one paid. Therefore, in order to separate the two in this essay, \$ will be used when referring to bond notes and USD when referring to United States dollar.

1.2.1 Geographical area of study: Chitungwiza

Chitungwiza is the largest high-density town in Zimbabwe, where the number of inhabitants officially is stated to be 356 840 according to the latest estimate (ZIMSTAT, 2012), whereas

the actual number today is estimated to be at least the double. Being a dormitory town, there are no major industries in the area and many commute to Harare for work. However, due to the current economic instability in the country, a lot of its inhabitants (as elsewhere in Zimbabwe) are employed in the informal sector. Interviews with school management in the three schools present a gloomy picture of the harsh reality that many of their students face. Due to the current economic situation, parents struggled to pay the school fees. One headmaster described it as:

“It is the economy of our state, which has put us into this situation...Economy is based on politics, and when politics take a certain angle it can mess up or it can build up. That's the reality.” (Headmaster 1)

1.3 Existing research

A number of studies conducted in sub-Saharan Africa stress that inadequate quality or availability of water, sanitation and hygiene (WASH) facilities in schools are major impediments to girls' presence in school while being on their period (Kirk and Sommer, 2006; Jewitt and Ryley, 2014; Sommer et al. 2014; Tegegne and Sisay, 2014; Tamiru et al., 2015; Ndlovu and Bhala, 2016). Similarly, the correlation between girls' absenteeism in school due to lack of sanitary wear have been investigated in various studies. Interestingly, many studies that use qualitative methods find that girls' attendance in school increases when a safe sanitary wear is being provided for them (Sommer, 2010; Dolan et al., 2013; Secor-Turner, Schmitz and Benson, 2016; Hennegan and Montgomery, 2016), whereas quantitative studies find it difficult to prove such correlation (Grant, Lloyd and Mensch, 2013; Oster and Thornton, 2011). A possible explanation given for the contrasting results is that both schools and students are reluctant to report absenteeism due to the stigma around menstruation, which consequently could lead to weaker evidence in quantitative studies (Miuro et al., 2018). Moreover, there could also be several external factors that possibly influence the outcome of each study, leading to contrasting results.

Furthermore, previous research tends to focus on *if* girls can be present in school not *how* they can participate in the classroom while menstruating. It has been stressed, however, that such an angle should be applied more frequently when investigating the issue of MHM in relation to girls' education (Miuro et al. 2018). Possibly, it would provide a better understanding of how female students experience their possibility to participate in school while being on their period and thereby provide additional knowledge on how to improve girls' possibilities to achieve effective learning outcomes, as suggested in SDG 4.

This study intends to add to the current literature concerning MHM and girls' education by providing such an evaluation, where the female students' perception of their school participation is examined through the usage of the menstrual cup. Previous studies assessing the cup as a sanitary wear, indicate that it has had a major positive impact on the everyday life of women in low-income settings (Beksinska et al., 2015; Sundqvist, 2015; Hyttel et al. 2017; Castensson, 2018). The reusable device that can collect up to three times more fluid than a tampon, has been described as economic, healthy and environmentally friendly compared to other products available (Tellier, Hyttel and Gad, 2012). It is important to note that no menstrual

product fits all, however due to its many advantages, the menstrual cup has been selected for this study to measure the participants' capability to participate in school while menstruating.

Additionally, studies of MHM and its impact on girls' education in Zimbabwe remain scarce (Shangwa, 2011; Tamiru et al., 2015, Ndlovu and Bhala, 2016). Specifically, studies that investigate what possible effects the menstrual cup entails on female school participation in the country are understudied. This study will therefore fill a gap in the academic literature by examining this phenomenon, and by applying mixed methods, in a Zimbabwean context.

2 Theoretical concepts

For this thesis two theoretical perspectives will be used; radical feminist theory and the capability approach, as only one would not be sufficient to analyse the data. According to Acker (1987) a major concern within the radical feminist framework is the male monopolisation of knowledge and culture, which could be applied as a lens to understand several structural factors in society that had major impact on the results of the study (Acker, 1987:429). However, only using the radical feminist framework would not give a holistic and full understanding of the outcomes of the study. As a theoretical backbone in human development, the capability approach emphasises that quality of life cannot only be measured through materialistic wealth, as it does not include the individual's capability to make choices and participate in society (Bhavnani et al., 2003:114, Sen, 2001:3). In summary, the capability approach is about what each person is able to do and to be. This approach is therefore vital in understanding how the female students experience their ability to participate in school while menstruating. Combining the two theories gives a wider perspective of how the menstrual cup can facilitate female students to participate in school, but also an explanation to why structural factors in society are hampering girls to use the cup and thereby struggling to achieve their capabilities.

2.1 Radical feminist theory

The radical feminist theory argues that inequality between men and women is founded in the patriarchal structures of society. Unlike other feminist theories, the theory claims that inequality between the sexes cannot solely be linked to economic or political factors, as men and women have been differentiated by their sex throughout history (Johnson Lewis, 2018; Gemzöe 2014:53). Power is not seen as resource that is unequally distributed between the sexes, rather power is something that exists in the interaction between men and women, often referred to as men's dominance of women (Gemzöe, 2014:48-49). Millet describes it as *patriarchy*, which denotes that structures in society are built on men's dominance by women (Millet, 1970 cited in Beechey, 1979:68). Millet argues that in all known societies, the relationship between the sexes has been based on power. The power relationship permeates all areas of society, to the extent that it becomes natural and perceived as the norm. Already as young girls, women are educated into the ideology of patriarchy (Gemzöe, 2014:50). Through behaviours of others; in school, literature, and by culture and religion, women are taught to be subordinate to and

comply with men. Those ideas are internalised by both men and women and thereby become part of an invisible power structure (ibid.).

Radical feminism also criticises heterosexuality as an imposed norm in society (Rich, 2003). According to Rich, heterosexuality is a political institution that maintains women's subordination to men, as they are being identified with men (ibid.). This male identification "is the act whereby women place men above women, including themselves, in credibility, status, and importance in most situations, regardless of the comparative quality the women may bring to the situation" (Rich, 2003:25). Thereby, the theory additionally argues that female sexuality is impeded and controlled by men (Mackay, 2015:208).

With clear criticism in regard to traditional gender roles in the private as well as the public sphere, it is evident that the personal is political for radical feminism (Gemzöe, 2014:80). Consequently, the theory argues that the power structure will not be changed through more women in parliament, or an increased number of female police officers and lawyers, as the patriarchy is institutionalised (Gemzöe, 2014:58).

Perpetrated by strong cultural norms, Zimbabwe has been described as a patriarchal society where women are subordinate to men (Kambarami, 2006). The family as a social institution is strong and lays a foundation for how men and women are treated differently; at home, in school and in society. Radical feminist theory thus provides an understanding of the structures in the Zimbabwean society, which is vital knowledge when analysing the data of the study. The patriarchal structures have great impact on how female sexuality is perceived, and thereby influence how menstruation is viewed and dealt with in a Zimbabwean setting.

However, the theory does not provide a framework for how current norms could be challenged, therefore a complementary approach is required, to be used together with the radical feminist theory in providing a comprehensive analysis to the data collected.

2.2 Capability approach

Amartya Sen, who introduced the capability approach argues the necessity to look beyond economic growth when talking about development (Sen, 2001:14). Economic wealth is indeed a contributing factor, however Sen stresses that development is not achieved solely through materialistic wealth but should rather be seen as a freedom that people can enjoy (Sen, 2001:36). As an example, measuring only the Gross National Product (GNP) of a country does not mirror the extent to which its children can participate in school. It simply does not give an inclusive or realistic picture of an individual's quality of life.

Sen sees freedom as both the primary end and principal means of development (Sen, 2001:36). He divides the two into constitutive and instrumental roles where the constitutive role represents the *capabilities* – what one is able to do and to be, and the instrumental role represents the *rights, entitlements* and *opportunities* that contribute to reach the capabilities (Sen, 2001:37). Sen suggests five instrumental types of freedom; political freedom, economic facilities, social opportunities, transparency guarantees and protective security. However, he stresses that these five are just suggestions and could be further adjusted and elaborated depending on what setting they are being applied to (Sen, 2001:38). Nevertheless, Sen emphasises that the types of freedom are interconnected and can strengthen one another (ibid.).

For example, social opportunities which represent accessibility to education and health facilities, play a vital role for increased standards of living. Yet, they also have an impact on political participation and can improve the ability to participate in economic activities, as being educated makes it easier to make an informed decision (Sen, 2001:39).

This implies that development is about removing obstacles for people to reach their capabilities (Fukuda-Parr, 2003). In this study it will be translated into how female students perceive their capability to participate in education, when using the menstrual cup as a sanitary protection. The menstrual cup is used as their mean to achieve this capability, however there are a number of capabilities that influence to what extent one can fully participate in school, which will be outlined in next section.

2.2.1 Selecting capabilities

A number of authors have elaborated on Sen's suggestions of the instrumental freedoms, one of them being Ingrid Robeyns. She outlines an extensive list of capabilities for the conceptualisation of gender inequality in post-industrial Western societies (Robeyns, 2003). For this thesis an adapted selection of three of her capabilities have been made; health and mental wellbeing, bodily integrity and safety, and social relations. These capabilities are applied as themes in this context to understand to what extent the participants perceive their possibility to participate in school, when being on their period and using the menstrual cup. Through achievements of the capabilities stated below conclusions can be drawn on how the cup can have an impact on the participants' possibility to participate in education.

- *Health and mental well-being*: “being able to be physically...and mentally healthy” (Robeyns, 2003:71). For this study this theme will be used to examine how the students feel when using the cup and what impact it has on their physical and mental well-being while menstruating.
- *Bodily integrity and safety*: “being able to be protected from any violence” (Robeyns, 2003:71). In this context, translated into how WASH facilities at school have an impact on girls when they are menstruating. The availability of water, tissue and soap in school, as well as privacy when using the toilets are determining factors for the achievement of this capability.
- *Social relations*: “being able to be part in social network and to give and receive social support” (Robeyns, 2003:72). This capability encompasses how students experience that they can participate in classroom, and by doing so interact with the teacher and fellow students. It also entails the stigmatisation around menstruation and what impact it has on the students' confidence while being on their period.

Potentially, one could include other capabilities that affect the level of participation in school, such as the capability *mobility* (Robeyns, 2003). However, since the focus of this study is to reflect the management of menstruation *in school*, the mobility to and from school lacks relevance and will thus not be investigated. The three capabilities selected reflect key components that could be restricted due to inadequate MHM, which thereby negatively impacts

the possibility to full participation. At the same time, achievement of any of the capabilities could in one way or the other be enabled by using the cup, and thereby positively impact the possibility to full participation in school. As stated by Robeyns, capabilities should be drawn upon the specific context, where the particular assessment is intended to be made (Robeyns, 2003), therefore a selected adaptation of Robeyn's capabilities has been made for the context of this study.

2.3 Criticism of applied theories

Interestingly, both the radical feminist theory and the capability approach have been criticised for being ethnocentric, often applying a Western perspective to their respective framework (Gemzöe, 2014: 59; Clark, 2006:37). Nevertheless, when evaluating them for this particular study my conclusion is that it does not make them less appropriate as they both can be applied to understand the reality the participants face and how it can be challenged. Together they conceptualise a multi-angled phenomenon.

Moreover, the radical feminist theory has been criticised for its very negative and one-sided approach towards men and their domination of women (Gemzöe, 2014:59). However, it has been argued that the notion of patriarchy permeating all corners of society is not the same as perceiving every man as an enemy. The theory emphasises the structural injustices and their bearing on society, potentially to be challenged by both women and men (ibid.). Yet, suggestions regarding how the patriarchal structures are to be contested remain scarce. However, assumptions can be made that a bottom-up approach is favourable, that change has to come from within society and its individuals (Bryson, 2016:183).

2.4 Merging theories

Combining the radical feminist theory together with the capability approach helps us to understand the complexity of the reality that the female students face. The cup can potentially be a mean for them to fully participate in the classroom, through achieving the capabilities health and mental wellbeing, bodily integrity and safety, and social relations. However, the capability approach does not examine potential impacts of external factors on the individual's possibility to achieve a certain capability when being given a mean (the cup in this case). It only emphasises that when measuring progress of development, the quality of life for individuals should be considered, not only materialistic wealth.

The radical feminist theory provides an understanding of the structure of society and its negative impact on women's rights and by that also their capabilities. This structural theory provides a good foundation of understanding for the Zimbabwean context in which the study takes place. Such knowledge is vital when examining the impact of the cup in achieving capabilities that will lead to full participation in school. According to the theory, upbringing and culture play a vital role in how one perceives the world, thereby influencing the willingness for change and to what extent one is susceptible to try new things. Nevertheless, as less attention is directed to how current structures can be challenged, it is argued that applying an agency-

based approach such as the capability approach is essential in this case, in order to provide a comprehensive analytical framework for the study. When aiming to contribute with a holistic answer to how the female students experienced their ability to participate in school while using the cup, the combination of these two theories provide a double lens of understanding the results presented in chapter 4.

3 Methodology

In this chapter the research design, methods together with sampling and data collection for the study will be presented. Ethical aspects and reflexivity will also be discussed.

3.1 Research design

This thesis is based on a field study carried out in Chitungwiza, Zimbabwe between October 2018 and February 2019. It is a case study including three schools, targeting 20 participants from each school. In Zimbabwe, school fees are paid for both public and private schools. All three schools in the study emphasise that parents choose their particular school because of their good reputation (Headmaster 1, Teacher 1, Teacher 2). However, during one of the interviews it was also admitted that the private schools in Chitungwiza have adjusted their school fees in accordance with the public schools in the area, potentially to attract new students (Headmaster 1).

The number of participants were deemed suitable in providing a good understanding of how the menstrual cup was perceived to have an impact on female school participation. The schools were selected based on the criteria that their female students faced difficulties to attend or participate in school when menstruating. Being a representative case with the notion “to capture the circumstances and conditions of an everyday or commonplace situation” (Yin, 2009:48) it is worth mentioning that one should be cautious to generalise the results (Mikkelsen 2005:92). However, the particular perception of reality it represents is nonetheless accurate and provides a valuable, in-depth understanding of what possible impact usage of a menstrual cup can have on female participation in school.

Unfortunately, it is difficult to find a completely homogenous group of participants for the study from all three schools, which could be argued a limitation for the study. There are external factors that cannot be controlled for, which potentially might have an impact on the result, such as previous knowledge on MHM, or varied access to WASH facilities in the schools. However, the variation of these factors has been examined and is considered small and is consequently argued to have no significant impact on the result of the study.

3.2 Research methods

Applying mixed methods to research has been argued to reinforce the results, as qualitative and quantitative methods together generate complementary strengths and reduce weaknesses from

both data collection and later analysis (Bryman, 2012: 629). Generally, qualitative methods are more frequently used when investigating MHM and its impact on girls' attendance in school than quantitative methods, not to mention studies that apply mixed methods. With this background, mixed methods have been applied for this study in order to test the results to each other and potentially provide a more comprehensive understanding to a complex issue such as MHM and its impact on girls' education. Combining qualitative and quantitative data gives us the possibility to understand the participants' experiences through their own words, and at the same time investigate the phenomenon through quantitative measures (Bryman, 2012:647).

The quantitative part of the data collection included two surveys, one handed out before the participants received the cup and one at the end of the study (see Appendix D). The surveys include comprehensive data, as the study's initial scope was a much broader perspective to girls' MHM practices and its impact on their education. The original idea was to examine students' attendance in school, which had to be changed as the schools did not keep any attendance records. To enable clear comparisons, many of the questions are included in both surveys. In the second survey, a section on evaluation of the menstrual cup is also incorporated, which serves as a test towards the interviews.

The qualitative part of the data collection consisted of semi-structured interviews, which provided a vital perspective of how the female students perceived their capability to participate in school when using the menstrual cup. Together with the quantitative data it presents a more in-depth understanding of how the menstrual cup was perceived to facilitate school participation. Additionally, three female teachers were interviewed from each school and one headmaster (the other two were absent). All of the interviews with the school management were conducted individually. The pre-prepared interview guides for both students and school management (see Appendix C) served as foundation during the interviews and facilitated for the researcher to cover all necessary topics, but could also be diverted from if relevant issues were brought up during the interview.

Furthermore, one informant interview was conducted with a representative from YADT, who explained their organisation and work in the schools prior to the study. All interviews were conducted in February 2019.

3.3 Sampling and data collection

In 2016 became The Butterfly Cup Company the first Zimbabwean company to produce low-cost menstrual cups. Their cup, made out of medical silicone and approved by the Ministry of Health and Child Care in Zimbabwe lasts for ten years and costs USD15 (The Butterfly Cup Company, 2017). Even if this could be considered a high direct cost, compared to the current price hikes of pads in the country it is a cost-effective alternative. The cup comes in two different sizes, one smaller (A-cup) and one bigger (B-cup). All participants were given the A-cup, and one female teacher at each school were offered a B-cup. For this study, The Butterfly Cup Company kindly donated cups to all participants and teachers. The cups are also available for sale in Zimbabwe, which is essential for this newly introduced MHM practice as it enables replacement of a potentially lost cup.

The three schools in the study were selected together with YADT, who had been in contact with the schools previously in earlier activities. YADT was formed in 2015 and advocates for young people's sexual and reproductive health and rights (SRHR) in Chitungwiza. The schools selected for the study; Herentals College, Beverly Hills College and Buoyancy College are situated in three different neighbourhoods in Chitungwiza yet facing similar challenges with female students failing to participate in school when being on their period. This was identified by female teachers and YADT and thus motivated the selection of these schools for the study (Teacher 1; Teacher 2; Teacher 3; YADT).

There were 60 female students who volunteered to be part of the study, after an initial information meeting at each school. Thereafter they were given a consent form and information sheet to bring home to their parents (see Appendix B). The form had to be signed by the participant and her parent. Due to strict cultural norms regarding female sexuality, the age group targeted was 16 years and above as the age of consent is 16 years in Zimbabwe. Not everyone brought their consent form back in all schools, consequently the number of participants who were given a cup and answered the first survey varied from school to school (see Appendix A). In total there were 52 participants in the beginning of the study.

The two different surveys were handed out twice in school. The first one after the participants had given the signed consent form and received a cup, and the second one after they had completed the group interview.

The interviews were all in English and I was the only interviewer. English was everyone's second language but the language used when teaching, hence the students were generally confident in expressing themselves in English. The place of the interview varied but was always somewhere within the school area and was chosen by the students. The group sizes varied between 3-6 students depending on their schedule and preference. All interviews were recorded and useful sections transcribed during the analysis as suggested by Bryman (2012: 484). The capabilities health and mental well-being, bodily integrity and safety together with social relations were then used as themes to analyse the collected data, which will be further elaborated in chapter 4.

Due to fact that the study was running over Christmas there were a number of students that either transferred to other schools or did not come back after the holiday because their parents could not afford the school fees for the new term (Teacher 1, Teacher 2, Headmaster 1). There were also two students that chose to withdraw from the study in one school (they had both lost their cups). This resulted in a total of 45 students that completed the study. Disaggregated values of the three schools are presented in Appendix A.

3.3.1 Ethical aspects

There are a number of ethical aspects needed to be taken into consideration when doing research, especially when it concerns sensitive topics, such as menstruation. Vetenskapsrådet (2002) has presented four ethical principles for social science research; information, consent, confidentiality and utilisation. These principles have outlined the foundation of this study to ensure that all participants have been treated with respect and dignity. The students were informed prior to participating in the study about its objective and what participation required

from them. Everyone was given an information sheet and consent form to bring home, for participants and their parents to sign. On the information sheet it was explained that they could withdraw from the study at any time, without further explanation. In interviews the participants were addressed by their first names, but when analysing the material, the participants have been kept anonymous and each person was given a respondent number. Lastly, the material compiled from this study will only be used for research purposes.

3.3.2 Reflexivity

Throughout the data collection it is vital to be aware of your role as a researcher, how you are perceived by the participants and what possible impact it can have on the data collected (Guillemin and Gillam, 2004). My background influences both me and the participants; it has an impact on me and how I interpret their answers, and how the students answer my questions might be affected by who they think I am and what I represent. During my first meetings with the schools and the students I was together with representatives from The Butterfly Cup Company and YADT. At an initial stage this was crucial, as they were familiar with the context we worked in and thereby functioned as a gateway for me to approach the students. However, for me it was vital to build trust among the participants as I was the one to interview them. As I was giving the students the menstrual cups, it was evident that many initially saw me as someone who promotes the cup, which could influence their answers. Consequently, in order to build a more informal relation with the students, I went to the schools on a weekly basis throughout the study period, trying to get to know the participants and their school environment better, and by that hopefully creating an atmosphere where they would feel confident in sharing their honest thoughts about the cup and how menstruation is perceived in the Zimbabwean society.

4 Results and analysis

In this chapter the results are being presented, structured through the lens of the three capabilities used as themes; health and mental well-being, bodily integrity and safety, and social relations. This will be followed by a section where identified impediments to the cup will be examined. At the end of the chapter, the results will be discussed through the two theoretical frameworks; radical feminist theory and capability approach. All data presented in this chapter is compiled from the field work material.

4.1 Health and mental well-being

4.1.1 Fear of leakage in school

Prior to the cup, did the vast majority (83 percent) of the participants used disposable pads as sanitary wear and the remaining participants used cotton or old rags. However, the pads were reported to be of poor quality and the worry for leakage was repeatedly brought up in the

interviews. One respondent explained how she dressed during her period in order to prevent leakage:

“I would use two pads, but still they would leak on my skirt...I would put a pad, a pant, a pad and a pant... in layers tight, but still the blood would leak! But the cup it’s a miracle.” (R13)

The fear of leakage also affected how they sat on the chair in the classroom. The girls demonstrated during the interviews by sitting on the very edge of their chairs and explained:

“I was seated without my uniform, straight on the chair. But now when I use the cup I’m free to sit however I want. I don’t have to be afraid of spoiling myself.” (R11)

“When I wanted to go to the toilet in school, I was waiting for everyone to leave the classroom. Then I was standing up, and look for some spots you know, cause the situation was just weird to me.” (R16)

Another problem that was brought up was the difficulty to participate in sports in school, due to the leakages when using a pad:

“I can't run with a pad, so I would say I'm sick today. But now when I have the cup I'm ready to go.” (R14)

According to the respondents, the constant worry of leakage had an impact on their ability to concentrate in school, and consequently it prevented the achievement of the capability mental well-being. After being introduced to the cup, 79 percent answered that they had no problems with leakages with the cup. Among the users with leakage problems, many suffered from heavy flows during their period (R3, R10, R22, R35, R44). However, they reported that they felt more confident in school when using the cup together with a pad, than compared to when only using a pad (*ibid.*). Moreover, some of them stated that the cup also saved money as they used less pads during their period (R3, R10, R35).

9 percent of the users stated that they only used the cup at home, as they were afraid of leakages. Interestingly, when being asked if leakages had occurred when using the cup at home the answer was no (R18, R33, R34, R36). This could exemplify how deeply rooted the fear of leaking is, to be associated with the stigma around menstruation, which will be presented more in-depth in section 4.3.2.

Among the small percentage of those who had stopped using the cup (13 percent of the 45 participants that completed the study), 83 percent reported problems with leakages, which potentially could be seen as an indicator that they felt discouraged to continue with the cup.

When using the cup for the first time, many participants reported that they struggled. For some it was leaking or painful to insert. On average it took them two cycles to get used to handle the cup, but once over the threshold, none reported that they would go back to pads:

“When I used the cup the first time it was so painful, it was leaking and I had to wear a pad. But then next month I used it was very good...it is not leaking any longer.” (R38)

“I feel that the cup is great...I prefer the cup to pads, because now I would spend the whole day without thinking that I'm menstruating.” (R10)

This suggests that the cup-users felt more confident and undisturbed by their fear of leakage during their period. Hence, it assisted the participants to achieve the capability health and mental well-being.

4.1.2 Pain

Period pain was another obstacle stressed by the participants, which made it difficult to concentrate in school and had an overall negative impact on their health. In the first survey, 44 percent reported period pain as the cause for staying home and miss school while menstruating. When using the cup, as many as 77 percent experienced less period pain. However, even if the students experienced less pain it was still mentioned as reason for leaving school early among some users (10 percent).

The poor quality of pads was not only causing anxiety for leakage among the students but also reported to cause a lot of discomfort such as itching, burns and rashes, which contributed to the difficulty to concentrate in school. As mentioned in previous section, many participants said it was painful to insert the cup the first time, but with improved techniques the pain disappeared. Consequently, pain as an obstacle was removed for the users of the cup and the period pain felt less intense, which had a significant impact on their health. Subsequently, it could be argued that the capability health and mental well-being was achieved.

4.2 Bodily integrity and safety

4.2.1 Inadequate WASH facilities at school

Inadequate or lack of toilet and water facilities were raised by the participants as a huge distress while menstruating. None of the schools had toilet paper, soap or toilet doors that could be locked. One of the schools did not even have doors to the toilet. Hence, handling one's period in a private and hygienic was close to impossible. Water to wash the hands was not always available and often one had to throw away a used menstrual product in a bin placed outside the toilet or even somewhere else on the school compound, which resulted in that many students wrapped their pads and kept them in their school bag until they came home (R13-16, R20, R25, R38-41). The most common way to dispose the pad among the participants was to burn it (46 percent), which again indicates the secrecy around menstruation.

After being introduced to the cup, two contrasting viewpoints among the users were observable; firstly, those that claimed that thanks to the cup the inadequate toilet facilities in school were less of an obstacle for them; secondly those who still found that the toilet facilities posed a huge barrier in order to properly a) use the cup and b) concentrate in school. A respondent explained why in an interview:

“I'm not interested to use it [the cup] in school, I have an overflow so I can't wash my hands. But I would use it in school if they had water.” (R38)

Respondents in other groups described similar problems with heavy flows which necessitated them to empty the cup in school (R19-21). However, a number of users had found a way to circumvent the problem with insufficient water supply – they brought their own bottle of water with them to school to wash their hands. When this was suggested to other girls as a possible short-term solution, they refused indicating their male peers as the reason for their refusal. Boys should simply not know if the girls were on their period, or otherwise they would tease them. They were too curious and would ask why a girl would bring a water bottle to the toilet. They would “dig it out, as boys being boys” (R39).

Among the students who found that the inadequate toilet facilities less of a problem when using the cup (86 percent) described that the cup made their period “invisible” (R9) and they could act “as normal” (R20) even when menstruating:

“Now when I have the cup I can go to the toilet during the break and lunch, I don't have to be afraid of spoiling myself.” (R14)

Concludingly, according to the results the menstrual cup could contribute to achieve the capability bodily integrity and safety if one did not need to empty the cup while being in school. Nevertheless, the inadequate toilet and water facilities remained a problem, and when being asked at the end of the interview if the respondents had any recommendations to the school management in terms of what could be improved in school for girls when they are menstruating, the toilet facilities and the insufficient water supply were brought up each time.

In discussions with the school management it was clear that securing the water supply for students to wash their hands was not always a priority. Moreover, it was stressed that providing soap was just not possible due to the current price hikes in the country (Teacher 1, Teacher 2). The results show that not being able to adequately manage your menses in school affects your confidence, and thereby your interaction with others, which will be elaborated on in next section as part of the capability social relations.

4.3 Social relations

4.3.1 Interaction with friends and teachers

As mentioned earlier, it was important for the participants to hide that they were on their period and many highlighted that the cup made that possible. Respondents explained their experience of handling their period now, prior to when they were using a pad:

“I can just go to the toilet without the pad, the boys won't notice. You can walk freely, run and you even forget you're on your period. I can wear any type of clothes I want, even a white pant.” (R15)

“I no longer feel ashamed when a boy touches my bag.” (R6)

Prior to intervention, 52 percent of all participants answered that they concentrated much less in school while being on their period. After receiving the cup, the answer was instead 11

percent. Their interaction in the classroom had also changed, before receiving the cup only 5 percent said they were much likely to raise their hand in class compared to 55 percent who said they were much likely to raise their hand in class when using the menstrual cup. This highlights an increased confidence among participants concerning the interaction with the teacher and classmates while being on their period and indicates that the cup could serve as a mean to improve such confidence.

4.3.2 Social stigma and shame of menstruating

“Our mothers should not tell us it [menstruation] is sacred, cause then you have that fear in you.” (R6)

The social stigma of menstruation was understood among the participants from an early age. 75 percent said they learnt about menstruation from a female relative, often their mother. However, even with the new knowledge gained, it was often discussed among the girls themselves in the interviews that a lot remained to explore as “they [the mothers] only told us it happens, but they didn't tell us what it was or why it happens” (R42). Moreover, there were only 4 respondents who said they were comfortable to talk about their period with their fathers, such as asking for money to buy pads (R4, R6, R19, R34). The rest reluctantly said that this was non-discussable topic with male relatives. The respondents struggled to give an answer to why it was so difficult to talk about and approach men in this matter:

“Maybe it is because how we are raised. As Africans there is no gender equality that much. There will be so much restrictions, it just separates us girls from boys.” (R15)

“When my mum taught me about menstruation, she told me to put the pads where no one could find them. I think it is in our culture...men must not know.” (R14)

“I wish I could ask my dad for money to buy pads. Like American people they're so free with their dads, they can even hug their fathers you know...Like hugging your own dad?! It would be like committing a crime or something.” (R13)

After menarche the girls explained how they had to behave differently and now “be mature” (R34) and “know what is right and wrong” (R44). Respondents often described the changed expectation of how they should behave as something that made them feel “happy” and “proud of themselves” (R6, R11, R17-20, R26-28, R33, R37-40). They had to “respect men” (R16, R29, R41) and “not play with boys” (R8-12, R29-32, R44-45) or simply as one participant put it:

“Girls should not do things that make boys do things on us.” (R44)

Furthermore, cultural taboos mystify menstruation and neglect menstruating women and girls. A number of myths were brought up by the participants:

“When you greet you don't shake hands, as a woman you clap your hands, because you're said to be unclean.” (R10)

“At our church we're not allowed to wear uniforms when we're on our period or take the holy communion.” (R12)

“If you cook when you're menstruating, men and boys of the house get sick. But that is actually a lie, cause me I usually cook and I don't see any effects.” (R6)

The results show that the stigma of menstruation trickles down to all corners of society and sets the norms for how young adolescent girls should behave; at home, in school or society in general. Thus, the social shame of menstruation also has an impact on their participation in school and how they interact with fellow students and teachers. Using the cup made their period less notable for others and could therefore be argued as an improvement to their well-being and thereby a mean to achieve the capability social relations. Nevertheless, the cup itself does not remove the stigma of menstruation and its norms of how a woman should be and behave after entering puberty. Deeply rooted in society, these norms also affected how the girls' perception of the cup and their willingness to use it, which will be discussed in next section.

4.4 Impediments to use the menstrual cup

“She asked me what about virginity, so I brought a paper and a pen and then had a science lesson with my mother. I told her no, virginity is not about the blood or that...virginity is when someone has not slept with someone. She only believed in culture, but I came up with my science.” (R44)

The so called “virginity issue” was brought up in every interview and was discussed at length with the participants. As the menstrual cup is worn internally, the students were worried it would break their virginity. The norm that a woman should be a virgin when she marries is deeply rooted in the Zimbabwean society. However, at the introductory meeting at each school with YADT and The Butterfly Cup Company, it was explained that inserting a cup would not break the virginity. It is only after you have had sex that you are no longer a virgin. This explanation was still not accepted by everyone, especially the teachers remained unconvinced. One teacher explained in her interview:

“Here in Zimbabwe we believe in different cultures, like if you are a girl, a virgin let's say, you don't temper with the thing [hymen] so when you see something that is to be inserted, it kind of sounds funny... you know African men they want to see the blood.” (Teacher 3)

Abstaining from sex was a message strongly emphasised by all teachers to the female students. One teacher explained how she tackled the issue:

"I tell them if you're no longer a virgin it is not a problem, there is something called 'secondary virginity' ... I lie to them and say that you'll become a virgin again after 10 years...that's a way to stop them to enter into sexual activities again and keep them in school." (Teacher 2)

Furthermore, the teachers admitted that the students were taught little about MHM and it was mainly touched upon in science lessons (Teacher 1, Teacher 2, Teacher 3). The limited knowledge of the body was exemplified in the beginning of the study, when some students were afraid to use the cup as they thought the urine and the blood passed through the urethra and therefore had to remove it every time when going to the toilet (R33-35, 40-41).

Respondents also explained in the interviews how virginity tests were made on adolescent girls, to ensure that they were still "intact". A variety of techniques were described, from trying to insert an egg in the vagina to using two fingers (R23-28). The examples combined in this chapter present a society where the female body and her sexuality is controlled and decided by others than herself. Norms and patriarchal structures set the agenda for how she should behave and live. Hence, the "virginity issue" and limited knowledge on MHM were impediments for the girls to participate in the study, as it had substantial impact on their willingness to use the cup.

4.5 Discussion

When assessing the participants' possibility to achieve the three capabilities health and mental well-being, bodily integrity and safety, and social relations to increase participation in school, it becomes evident that the menstrual cup can facilitate such progress. However, when analysing the results through the three capabilities used as themes, one understands that the social stigma around menstruation and the female body has major impact on a) the participants willingness to use the cup and b) the possibility to achieve the capabilities. This stigma could be understood through how the radical feminist theory argues that our society is structured. According to the theory, these structures form the foundation of reasoning and behaviour, which is reflected in several of the results.

For the capability health and mental well-being the cup improved life-quality among the participants; for the majority it decreased their anxiety for leakage and reduced their pain. However, the fear of leakage highlights the extended stigmatisation of menstruation, as bleeding is perceived as shameful. The following capability, bodily integrity and safety stressed how inadequate WASH facilities in schools constitute a barrier for menstruating girls. According to the vast majority of the users, the cup played a vital role for achieving this capability, as they did not have to worry about their menstruation whilst in school. For users with a heavier flow, who had to empty the cup during the day, the poor WASH facilities did however remain an obstacle to achieve the capability bodily integrity and safety. In accordance with the radical feminist theory, one could argue that the stigma and secrecy around menstruation in society is mirrored in the hesitancy to improve the WASH facilities in the schools. However, as found in the data, it was often argued that the current economic situation in the country left little room for any improvement of WASH facilities. Nonetheless, the WASH

facilities could have been improved prior to the current crisis, which could indicate that toilet and water facilities have not been prioritised for a long period of time in the schools.

The capability social relations included interaction with peers and teachers, as well as the stigmatisation of menstruation. The two previous capabilities had a major impact on this capability, as not being afraid to leak and reduced period pain enabled students to more liberally interact in the classroom. Similarly, not being worried about toilet and water facilities, permitted students to focus on learning during the lessons. It is therefore argued that the cup did facilitate participation in school for the participants who used the cup in school, based on their perception of achieved capabilities.

However, the stigma around menstruation remains. From the results one can understand that it is deeply imbedded in society and reinforced by both men and women. As the radical feminist theory reasons; norms of how one should behave and how one is perceived is learnt from a young age, and with age these norms become internalised and sustained by ourselves. According to the radical feminist theory, female sexuality is controlled by patriarchal structures, which is reflected in the Zimbabwean society. As a woman, the importance to remain a virgin until getting married, is so deeply rooted, that it was by far the biggest obstacle to overcome when presenting the menstrual cup in the schools. Interestingly, in the beginning of the study, adults seemed more reluctant to the idea of the menstrual cup than the girls. However, as the economic crisis in the country progressed, the argument about virginity seemed less important, among both students and teachers, possibly since the cup became a cost-effective alternative to the increasingly more expensive pads.

Concludingly, the menstrual cup cannot remove the stigmatisation of menstruation, but can possibly reduce it by enhancing women's agency of freedom as seen from the results. Even though it will require much more than an innovative MHM solution to overcome the stigma, this study shows that being able to handle one's period in a safe and sanitary way can have a positive impact on the confidence and thereby facilitate increased participation in school for the user. Thus, one is one step closer to "effective learning outcomes" as well as ensuring that girls complete their secondary education, as emphasised in SDG 4.

5 Conclusion

This study aimed to investigate what impact the menstrual cup had on school participation among female students when menstruating. The study shows that in the three schools in Chitungwiza, the cup helped the users to feel less worried about their period, and hence made it possible for them to concentrate better in school. By analysing the results through the three capabilities health and mental well-being, bodily integrity and safety, and social relations it became clear that the menstrual cup could help the participants to achieve these capabilities and consequently feel more confident to participate in school. However, it was also understood that there were a number of impediments to use the cup for the girls targeted for the study, that could be related to stigmatisation of the female body in society.

The results were understood through the lens of the radical feminist theory and how the power structures between men and women have a bearing on how women and their bodies are

being perceived. The capability approach provided an analytical framework through which the effect of the menstrual cup could be tested on the participants' possibility to participate in school. Combining the two theories made it possible to present a comprehensive answer to what extent the menstrual cup had an impact on school participation according to the participants, just as a perspective of how the structures in society influence the perception of the female body and thereby menstruation.

Applying mixed methods in the study enabled the qualitative and quantitative data to be tested in relation to each other; the interviews and surveys complemented one another and reinforced their respective results.

This study provides evidence that contribute to a greater understanding of the obstacles relating to menstruation which hinders girls to participate in school, and how those can be addressed. Enabling girls to feel more confident to participate in the classroom when being on their period is one step in direction to increased individual agency and empowerment. Nevertheless, further research of the stigmatisation of menstruation remains important and in the process of challenging the stigma of menstruation and the female body, men need not only to be involved but also participate as active actors. It is therefore stressed that more research on the topic where men and boys are included is needed when striving for a society where menstruation is no longer a hinder to participation in school.

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R6-R8. *Respondent interview*. 12 Feb. 2019. Chitungwiza, Zimbabwe

R9-R12. *Respondent interview*. 13 Feb. 2019. Chitungwiza, Zimbabwe

R13-R16. *Respondent interview*. 13 Feb. 2019. Chitungwiza, Zimbabwe

R17-R19. *Respondent interview*. 18 Feb. 2019. Chitungwiza, Zimbabwe

R20-R22. *Respondent interview*. 18 Feb. 2019. Chitungwiza, Zimbabwe

R23-R28. *Respondent interview*. 19 Feb. 2019. Chitungwiza, Zimbabwe

R29-R32. *Respondent interview*. 20 Feb. 2019. Chitungwiza, Zimbabwe

R33-R36. *Respondent interview*. 25 Feb. 2019. Chitungwiza, Zimbabwe

R37-R41. *Respondent interview*. 25 Feb. 2019. Chitungwiza, Zimbabwe

R42-R45. *Respondent interview*. 26 Feb. 2019. Chitungwiza, Zimbabwe

Teacher 1. *Informant interview with teacher*. 15 Feb. 2019. Chitungwiza, Zimbabwe.

Teacher 2. *Informant interview with teacher*. 19 Feb. 2019. Chitungwiza, Zimbabwe.

Teacher 3. *Informant interview with teacher*. 26 Feb. 2019. Chitungwiza, Zimbabwe.

YADT. *Informant interview with representative from YADT*. 15 Feb. 2019.
Chitungwiza, Zimbabwe.

7 Appendices

Appendix A

Tables 1-3: Disaggregated values of the three schools

Table 4: Summary of the three schools

School 1	Age	Grade	Using the cup
R1	18	form 6	no
R2	18	form 6	yes
R3	17	form 6	yes
R4	18	form 6	yes
R5	18	form 6	yes
R6	19	form 6	yes
R7	18	form 6	yes
R8	18	form 6	yes
R9	17	form 6	yes
R10	17	form 6	yes
R11	17	form 6	yes
R12	18	form 6	yes
R13	17	form 6	yes
R14	17	form 6	yes
R15	18	form 6	yes
R16	19	form 6	yes

Table 1. School 1

School 2	Age	Grade	Using the cup
R17	18	form 4	no
R18	17	form 4	yes but only at home
R19	17	form 4	yes
R20	20	form 4	yes
R21	16	form 3	yes
R22	18	form 3	yes
R23	16	form 4	yes
R24	18	form 4	yes
R25	17	form 4	yes
R26	18	form 4	yes
R27	17	form 4	yes
R28	18	form 4	yes
R29	18	from 6	no
R30	18	from 6	no
R31	18	form 6	no
R32	18	form 6	no

Table 2. School 2

Summary of the three schools	
School 1:	
Students receiving a cup:	17
Answering survey 1:	17
Answering survey 2:	16
Interviewed:	16
School 2:	
Students receiving a cup:	20
Answering survey 1:	20
Answering survey 2:	16
Interviewed:	16
School 3:	
Students receiving a cup:	15
Answering survey 1:	15
Answering survey 2:	13
Interviewed:	13
Total number of participants that completed the study:	45

Table 4. Summary of the three schools

School 3	Age	Grade	Using the cup
R33	18	form 4	yes but only at home
R34	18	form 4	yes but only at home
R35	17	form 4	yes
R36	17	form 4	yes but only at home
R37	16	form 3	yes
R38	16	form 3	yes
R39	16	form 3	yes
R40	16	form 3	yes
R41	16	form 3	yes
R42	19	from 6	yes
R43	18	form 4	yes
R44	17	form 6	yes
R45	19	from 6	yes

Table 3. School 3

Appendix B

Information sheet and consent form



LUND
UNIVERSITY

Girls' Right to Education -

A study of what impact menstruation has on female school attendance in Zimbabwe *Participant Information Sheet*

You are being invited to take part in a research study, as part of a research project on menstrual hygiene management (MHM). Before you decide if you want to participate it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

Who will conduct the research? Annika Liwendahl, Lund University, Sweden, together with Youth Aspire Development Trust (YADT), Chitungwiza, Zimbabwe.

What is the study about and how will it be conducted? This study aims to investigate girls' access to education in relation to MHM. It seeks to understand how education on MHM together with usage of a menstrual cup can have an impact female school attendance. The first part of the study will consist of data collection of attendance rates of the participants, and the participants will also be given a survey to fill in. These two components serve as a baseline indicator for the study. Following this, the participants will be given education on MHM and a menstrual cup as a sanitary wear to use when they are menstruating. In February 2019, attendance rates of the participants will be collected again, from the time after they have been given the cups. The participants will also be asked to fill in a survey. In addition to this, group interviews will be held with the participants where topics such as access to education, MHM and experiences of using the menstrual cup will be discussed.

Why have I been chosen? You have been asked to participate in this research as you are a female student at Herentals College, Chitungwiza and in age group 15-18, which is the target group for this study.

What would I be asked to do if I took part? You will be given a menstrual cup to use as a sanitary wear when menstruating. Additionally, you will be asked to complete two anonyms surveys, participate in group discussions and give permission that your school attendance rates will be collected for the research.

What happens to the data collected? With your permission the data (attendance rates, surveys, recorded and transcribed interviews) will be used for the research and published in an academic paper by Lund University in Sweden. All data will remain **confidential**. Your participation in this study is completely **anonymous**.

What happens if I do not want to take part or if I change my mind? It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving a reason and without detriment to yourself.

Where will the research be conducted? The research will be conducted at Herentals College, Chitungwiza.

Who has reviewed the research project? This project has been reviewed and supported by the Political Science Department at Lund University. It has also been approved by the Ministry of Primary and Secondary Education in Zimbabwe.

Contact for further information: If you have any questions, please feel free to contact Annika Liwendahl, utv14ali@student.lu.se



Girls' Right to Education -
 A study of what impact menstruation has on female school attendance in
 Zimbabwe
Consent form

If you are happy to participate, please complete and sign the consent form below. Tick the box if applicable:

1. I confirm that I have read the attached information sheet on the above project and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.	
2. I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason.	
3. I agree to share my school attendance rates, which will be kept confidential.	
4. I understand that interviews will be recorded and transcribed but are completely anonymous.	
5. I agree to the use of quotes.	

I agree to take part in the above project

Name of participant
Date
Signature

Name of person taking consent
Date
Signature

I agree that my daughter/dependent participates in the above project

Name of parent/guardian
Date
Signature

Appendix C

Interview guides

Interview guide – Students

Questions	Follow-ups
<ol style="list-style-type: none"> 1. Name, age, family 2. Where do you live? 3. How long have you gone to Herentals/Beverly Hills/Buoyancy College? 4. What is your favourite subject in school? 5. What would you like to work with when you get older? 	<ul style="list-style-type: none"> • Siblings • Always lived in Chitungwiza? • How long does it take you to go to school? • Why is it our favourite subject? • Why would you like to work in that profession?
<ol style="list-style-type: none"> 6. You have received education on MHM, what did the teacher teach you? 	<ul style="list-style-type: none"> • At what grade was this? • Was it sufficient? If not, what else would you have liked to know before menarche?
<ol style="list-style-type: none"> 7. How is menstruation viewed in society? 8. Do you feel that expectations on you from others are different now compared to before you got your period? 	<ul style="list-style-type: none"> • Why is it perceived in this way? • Do you agree? • Academic? • How to behave around boys/men? • In what way? <ul style="list-style-type: none"> - How were the expectations before? - Now? • Who has different expectations now? <ul style="list-style-type: none"> - Shows how? • How does this make you feel?
<ol style="list-style-type: none"> 9. What did you think about the menstrual cup, when you heard and saw it for the first time? 10. What do you think about the cup now? 11. What did your parents say about the cup? 12. How has it been to use the cup? 13. Do you use the cup in school? 14. Can you tell me how you clean and store the cup? 	<ul style="list-style-type: none"> • Why do you think you reacted this way? • Why do you think like this now? • What do you like/don't like about the up? • Virginity issue? • Easy/difficult?
<ol style="list-style-type: none"> 15. How is it to handle your period in school? 16. How is it to handle your menses now in school, compared to before you used the cup? 	<ul style="list-style-type: none"> • Challenges? • What could be done to improve it? • Concentrate more, participate more, go to school more often?

17. If you could give advice to your little sister/cousin before she gets her period, what would you say?	
18. Recommendations to the Principal/teacher?	<ul style="list-style-type: none"> • What do you think would make the school better for girls who are menstruating? <ul style="list-style-type: none"> - Sanitation? - Education? - Teasing? - Groups for girls to talk about puberty/life/etc?

Interview guide: Principal

1. Name and title	<ul style="list-style-type: none"> • How long have you been working as a teacher/principal? • How long have you been working at Herentals/Beverly Hills/Buoyancy College?
2. Do you teach as well? What subject?	<ul style="list-style-type: none"> • How come you have decided to teach these subjects?
3. When was Herentals/Beverly Hills/Buoyancy College founded? 4. How many students do you have at the school (college?) 5. How much is the school fee? 6. How much does it cost to go to a government school?	<ul style="list-style-type: none"> • Do you have several schools around Harare? • Can you divide the payment over the semester?
7. What is the name of the neighbourhood around the school? 8. How would you describe the socio-economic status of this neighbourhood? 9. Where do the students come from? Only from the surrounding neighbourhood?	<ul style="list-style-type: none"> • What are possible reasons behind this socio-economic level? • Are there students coming from other areas? How come?
10. Do the students at the school receive menstruation-related education? 11. Should it be the role of teachers to teach about menstruation to girls? 12. How do you think most teachers feel about teaching menstruation to girls?	<ul style="list-style-type: none"> • How – part of the curriculum? • Who teaches? • What is covered? • When and how often is it taught? • Both boys and girls? • Role of other? (female family members?) If so, why?

	<ul style="list-style-type: none"> • Sensitivity of the topic? Difficult to discuss? • If not taught – how do you think they would feel about teaching it?
13. Are products for menstruation management available for girls at school?	<ul style="list-style-type: none"> • What products? • Where? • How can they access the products?
14. Do you notice a difference in <i>behaviour</i> in school towards girls after they have started menstruating?	<ul style="list-style-type: none"> • Who changes their behaviours? <ul style="list-style-type: none"> - Teachers? - Other students? • Why? <ul style="list-style-type: none"> - Girls seen as mature?
15. Are the <i>expectations</i> on female students different before and after they have entered puberty?	<ul style="list-style-type: none"> • Expectations on their academic achievements? • How they shall behave in the classroom? • How they shall behave around male students? • How changes their expectations? • How do the changed expectations show?
16. Do you think there is anything the school can do in order to make it easier for the girls when they are on their period?	<ul style="list-style-type: none"> • To make them concentrate more? • Participate more? • What could be done at <i>your</i> school?

Recommendations from the students

Interview guide: Female teacher

1. Name and title	<ul style="list-style-type: none"> • How long have you been working as a teacher? • How long have you been working at Herentals/Beverly Hills/Buoyancy College?
2. What subject do you teach?	<ul style="list-style-type: none"> • How come you have decided to teach these subjects?
3. Do the students at the school receive menstruation-related education?	<ul style="list-style-type: none"> • Part of curriculum? • How? • Who teaches? • What is covered? • When and how often is it taught? • Both boys and girls?
4. Should it be the role of teachers to teach about menstruation to girls?	<ul style="list-style-type: none"> • Role of other? (female family members?) If so, why?

<p>5. How do you think most teachers feel about teaching menstruation to girls?</p>	<ul style="list-style-type: none"> • Sensitivity of the topic? Difficult to discuss? • If not taught – how do you think they would feel about teaching it?
<p>6. As a female teacher, do the girls come and talk with you about issues related to MHM?</p> <p>7. Are products for menstruation management available for girls at school?</p> <p>8. What would you say about the current environment at school, are there any obstacles for female students when they are menstruating?</p> <p>9. Do you think there is anything the school can do in order to make it easier for the girls when they are on their period?</p>	<ul style="list-style-type: none"> • What do they seek help for? • What products? • Where? • How can they access the products? • Challenges? • To make them concentrate more? • Participate more? • What could be done at <i>your</i> school?
<p>10. Do you notice a difference in <i>behaviour</i> in school towards girls after they have started menstruating?</p>	<ul style="list-style-type: none"> • Who changes their behaviours? <ul style="list-style-type: none"> - Teachers? - Other students? • Why? <ul style="list-style-type: none"> - Girls seen as mature?
<p>11. Are the <i>expectations</i> on female students different before and after they have entered puberty?</p>	<ul style="list-style-type: none"> • Expectations on their academic achievements? • How they shall behave in the classroom? • How they shall behave around male students? • How changes their expectations? • How do the changed expectations show?
<p>12. According to you, how has the response towards the cup been among the students?</p> <p>13. Have you noticed a difference in behaviour among the female participants in the study after the cup was introduced to them?</p>	<ul style="list-style-type: none"> • What have been mentioned? <ul style="list-style-type: none"> - Difficulties? • Virginitiy issue? • Attendance? Participation in class?

Recommendations from the students

Appendix D
Surveys

**Baseline Survey
Instrument**

Menstrual Health Intervention: Baseline Data
Collection

Part I: General Information

1. How old are you? Age in years: ____
2. What form/class/grade are you in? _____
3. How many people live in your household with you? _____ Over 18 years: _____
4. How many rooms does your house have? _____ Under 18 years: _____
5. Have you participated in any other project that talked about menstruation or gave you menstrual products?
Yes No
6. Have you had education on menstrual hygiene management (MHM) in your school by your teachers?
Yes No

Part II: WASH

7.	Is there a toilet at school you can use to change or wash yourself during menstruation?	Yes	Sometimes	No
8.	Does the school toilet have water you can use?	Yes	Sometimes	No
9.	Does the school toilet have soap you can use?	Yes	Sometimes	No
10.	Does the school toilet have doors you can close?	Yes	Sometimes	No
11.	Does the school toilet have a lock that works?	Yes	Sometimes	No
12.	Is there toilet paper regularly?	Yes	Sometimes	No
13.	Is there enough light to see?	Yes	Sometimes	No
14.	Is it clean?	Yes	Sometimes	No
15.	Is there somewhere to throw away a used menstrual product?	Yes	Sometimes	No

Part III: Menstrual History

16. How old were you when you got your first period? Age: _____
17. Did you know what it was when you got it? Yes No

18. What did you think it was?

Curse		Disease	
Injury		Normal function	
Did not know		Other	

19. Where did you learn this?

Mother		Father	
Sister		Brother	
Other female family member		Other male family member	
Female teacher		Male teacher	
Media		Friends	
I taught myself		I haven't learned it yet	
No one		Other	

20. Do you think you had enough information to manage your period when your period started?

Yes No

Part IV: Menstrual Practices

21. In the last 3 months, what do most commonly use to manage your period? Tick all that apply.

Natural products (grass, leaves, cow dung, etc.)		Mattress stuffing	
Disposable pads		Cotton (gauze)	
Tampons		Toilet paper, newspaper	
Cloth/rags/fabric		Nothing	
Reusable products (please list):		Other (please list):	

22. If you use a disposable pad, how do you commonly get one?

I buy myself		Someone buys for me	
Someone gives to me		Someone gives me money to buy	

23. Who gives you the money or pads?

Female family member		Male family member	
Boyfriend		Programme/charity	
Other			

24. If you buy, how much do disposable pads cost you per period? _____ (USD)

25. In the last 3 months, have you ever not been able to afford disposable pads?

Yes No

26. If you use disposable pads for how many hours on average do you use them? _____ hours

27. On average, how many disposable pads do you use per day? _____ pads

28. Do you feel that you have access to enough of disposable sanitary pads to manage your menses?

Yes No

29. When you use something disposable, what do you usually do with it? Choose the most common way.

Burn it		Bury it	
In the lake/river		Throw in the latrine/flush	
In the rubbish		Incinerator	
I reuse it		Other	

30. When you use something washable, how do you usually wash it? Choose the most common way.

With water		With soap (Dettol)	
With used/recycled water		With Omo	
Other		With Jiki	

31. When you use something washable, how do you dry it? Choose the most common way.

In the sun		Inside, hanging	
In the sun, under a cloth		Under the mattress	
With an iron		Over a stove	
Other			

32. When you use something washable, how do you store it between periods?

Under the mattress		in a bag, hidden	
Hidden in my room		In a bag	
Other			

33. How often do you wear something damp during your period (because it hasn't had time to dry)?
Please circle.

Never	Rarely	Sometimes	Often	Always
-------	--------	-----------	-------	--------

34. Have you heard about the menstrual cup before? Yes No

35. If yes, where/from who? _____

36. What did you think about the cup? _____

Part V: Participation

37. In the last 3 months of school, how many days of school did you miss due to menstruation? Please circle.

0 days	1 day	2 days	3 days	4 days	5 days	6+ days
--------	-------	--------	--------	--------	--------	---------

38. Why do you miss school?

Pain		Ashamed or embarrassed	
Nothing to use		Not allowed to go to school	
No place to change or wash		Told to go home	
Feel unwell		Scared I will leak	
Feel uncomfortable		I don't miss school	

39. In the last 3 months of school, how many days of school did you leave early because of menstruation?
Please circle.

0 days	1 day	2 days	3 days	4 days	5 days	6+ days
--------	-------	--------	--------	--------	--------	---------

40. Why do you leave school early?

Pain		Ashamed or embarrassed	
Nothing to use		Not allowed to go to school	
No place to change or wash		Told to go home	
Feel unwell		Scared I will leak	
Feel uncomfortable		I don't go home early	

41. In the last 3 months, how many days of socialising or community/religious happenings did you miss because of menstruation? (Not related to school)

0 days	1 day	2 days	3 days	4 days	5 days	6+ days
--------	-------	--------	--------	--------	--------	---------

42. Why do you miss social, community, or religious happenings?

Pain		Ashamed or embarrassed	
Nothing to use		Not allowed to go	
No place to change or wash		Told to go home	
Feel unwell		Scared I will leak	
Feel uncomfortable		I don't miss out	

43. In the last 3 months, what everyday activities have you missed out on because of your period?

Household chores (laundry, dishes etc.)		Religious activities	
Sport (soccer, running, swimming, etc.)		Socialising	
School activities		None	
Income-generating activities		Other (please list below)	

44. Why do you miss out on these everyday activities?

Pain		Ashamed or embarrassed	
Nothing to use		Not allowed to go	
No place to change or wash		Told to go home	
Feel unwell		Scared I will leak	
Feel uncomfortable		I don't miss out	

45. During your period, does your concentration change at school? Please circle.

I concentrate much less	I concentrate somewhat less	My concentration doesn't change	I concentrate somewhat more	I concentrate much more
-------------------------	-----------------------------	---------------------------------	-----------------------------	-------------------------

46. During your period, are you more or less likely to raise your hand in class? Please circle.

Much less likely	Somewhat less likely	Same as when I'm not on my period	Somewhat more likely	Much more likely
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Part VI: Health

47. How many days does your period normally last? Please circle.

0 days	1 day	2 days	3 days	4 days	5 days	6 days	7+ days
--------	-------	--------	--------	--------	--------	--------	---------

48. How many days do you use something to absorb or catch your flow? Please circle.

0 days	1 day	2 days	3 days	4 days	5 days	6 days	7+ days
--------	-------	--------	--------	--------	--------	--------	---------

49. In the last 3 months, have you noticed any of these body changes before or during your period?

Cramping or pain		Nausea	
Sore or large breasts		Mood swings	
Food cravings		Feeling sad or lonely	
Bloating		Feeling angry	
Other (please list):		Headaches or migraines	
		Diarrhoea, loose stool, constipation	

50. In the last 3 months, have you noticed any of these things with your period? If you have, how often have you noticed it?

Symptom	Yes, I notice with my period	Yes, I notice when not menstruating	No, I have not noticed	How often have you noticed?
Itchiness/irritation around your vulva				
Rash/redness around your vulva				
Burning when urinating				
Boils, lesions, or sores around your vulva				
Abnormal discharge (colour, smell, etc)				
Bleeding when you are not on your period				
Pain where you bleed or urinate				
Bad smell from my vulva or vagina				
Other (please list below):				

Part VII: Empowerment

51. During your period, does your confidence change? Please circle.

I am much less confident	I am somewhat less confident	My confidence doesn't change	I am somewhat more confident	I am much more confident
--------------------------	------------------------------	------------------------------	------------------------------	--------------------------

52. Do you feel comfortable talking to these people about menstruation? Please circle.

Adult family member	Male	Female	Neither
Sibling or cousin	Male	Female	Neither
Community member	Male	Female	Neither
Friend	Male	Female	Neither
Teacher or school staff	Male	Female	Neither
Other (please list below):	Male	Female	Neither

53. Do you believe you are important? Please circle.

Yes	Mostly	Somewhat	Not really	No
-----	--------	----------	------------	----

54. Do you feel that your problems are important? Please circle.

Yes	Mostly	Somewhat	Not really	No
-----	--------	----------	------------	----

55. Are you willing to speak up about a problem you face? Please circle.

Yes	Mostly	Somewhat	Not really	No
-----	--------	----------	------------	----

56. Is menstruation a problem for you? Please circle.

Not at all much	Just a bit	Sometimes	Often	Very
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57. Are you willing to speak up about menstruation as a problem at home? Please circle.

Yes	Maybe	No
-----	-------	----

58. Are you willing to speak up about menstruation as a problem at school? Please circle.

Yes	Maybe	No
-----	-------	----

59. Are you willing to speak up about menstruation as a problem in your community?
Please circle.

Yes	Maybe	No
-----	-------	----

Thank you very much for your participation!

Follow-up survey on MHM

Part I: General Information

4. How old are you? Age in years: _____
5. What form/class/grade are you in? _____
Over 18 years: _____
6. How many people live in your household with you? _____
Under 18 years: _____
4. How many rooms does your house have? _____
5. Have you had education on menstrual hygiene management (MHM) in your school by your teachers before this project?
- Yes No

Part II: WASH

6.	Is there a toilet at school you can use to change or wash yourself during menstruation?	Yes	Sometimes	No
7.	Does the school toilet have water you can use?	Yes	Sometimes	No
8.	Does the school toilet have soap you can use?	Yes	Sometimes	No
9.	Does the school toilet have doors you can close?	Yes	Sometimes	No
10.	Does the school toilet have a lock that works?	Yes	Sometimes	No
11.	Is there toilet paper regularly?	Yes	Sometimes	No
12.	Is there enough light to see?	Yes	Sometimes	No
13.	Is it clean?	Yes	Sometimes	No
14.	Is there somewhere to throw away a used menstrual product?	Yes	Sometimes	No

Part III: The Butterfly Cup

15. Before this project, have you ever heard about the menstrual cup?

Yes No

16. What did you think about the cup when you heard about it the first time?

Part IV: Menstrual Practices

17. What cup size are you using? Small Large

18. Are you still using the menstrual cup? Yes No

19. If no, why did you stop?

20. On a scale of 0 – 10, how do you rate the level of comfort during insertion *the first time* you inserted the cup (where 0 being no discomfort and 10 being severe discomfort)? _____

21. How long did the discomfort last? _____ day(s)

22. How many cycles did it take you to get used to the cup and you could insert it without discomfort? _____ cycle(s)

23. Did you have problems with leakages when using the cup? Yes No

24. If yes, for how many cycles did it last? _____ cycle(s)

25. Have you noticed any changes in your period since you have started using the cup?
Yes No

26. Have you noticed any changes in your flow?

Yes I'm bleeding more Yes, I'm bleeding less

No, I haven't noticed any changes

27. Have you noticed any changes in your period length since you started using the cup?

Decrease Increase No changes noticed

28. Have you noticed any differences in your period pain since you started using the cup?

Yes, I have less pain Yes, I feel more pain

No, I don't notice any difference

29. Have you noticed any other changes since started using the cup? Please list below.

Part V: Participation

30. Since you started using the cup, how many days of school did you miss due to menstruation? Please circle.

0 days	1 day	2 days	3 days	4 days	5 days	6+ days
--------	-------	--------	--------	--------	--------	---------

31. Why did you miss school?

Pain		Ashamed or embarrassed	
Nothing to use		Not allowed to go to school	
No place to change or wash		Told to go home	
Feel unwell		Scared I will leak	
Feel uncomfortable		I don't miss school	

32. Since you started using the cup, how many days of school did you leave early because of menstruation? Please circle.

0 days	1 day	2 days	3 days	4 days	5 days	6+ days
--------	-------	--------	--------	--------	--------	---------

33. Why did you leave school early?

Pain		Ashamed or embarrassed	
Nothing to use		Not allowed to go to school	
No place to change or wash		Told to go home	
Feel unwell		Scared I will leak	
Feel uncomfortable		I don't go home early	

34. Since you started using the cup, how many days of socialising or community/religious happenings did you miss because of menstruation? (Not related to school)

0 days	1 day	2 days	3 days	4 days	5 days	6+ days
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35. Why did you miss social, community, or religious happenings?

Pain		Ashamed or embarrassed	
Nothing to use		Not allowed to go to school	
No place to change or wash		Told to go home	
Feel unwell		Scared I will leak	
Feel uncomfortable		I don't miss out	

36. Since you started using the cup, what everyday activities have you missed out on because of your period?

Household chores (laundry, dishes etc.)		Religious activities	
Sport (soccer, running, swimming, etc.)		Socialising	
School activities		None	
Income-generating activities		Other (please list below)	

37. Why did you miss out on these everyday activities?

Pain		Ashamed or embarrassed	
Nothing to use		Not allowed to go to school	
No place to change or wash		Told to go home	
Feel unwell		Scared I will leak	
Feel uncomfortable		I don't go home early	

38. Since you started using the cup, does your concentration during your period change at school? Please circle.

I concentrate much less	I concentrate somewhat less	My concentration doesn't change	I concentrate somewhat more	I concentrate much more
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39. Since you started using the cup, are you more or less likely to raise your hand in class during your period? Please circle.

Much less likely	Somewhat less likely	Same as when I'm not on my period	Somewhat more likely	Much more likely
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Part VI: Health

40. Since started using the cup, have you noticed any of these body changes before or during your period?

Cramping or pain		Nausea	
Sore or large breasts		Mood swings	
Food cravings		Feeling sad or lonely	
Bloating		Feeling angry	
Other (please list):		Headaches or migraines	
		Diarrhoea, loose stool, constipation	

41. Since started using the cup, have you noticed any of these things with your period? If you have, how often have you noticed it?

Symptom	Yes, I notice with my period	Yes, I notice when not menstruating	No, I have not noticed	How often have you noticed?
Itchiness/irritation around your vulva				
Rash/redness around your vulva				
Burning when urinating				
Boils, lesions, or sores around your vulva				
Abnormal discharge (colour, smell, etc)				
Bleeding when you are not on your period				
Pain where you bleed or urinate				
Bad smell from my vulva or vagina				
Other (please list below):				

Part VII: Empowerment

42. Since started using the cup, has your confidence changed during your period? Please circle.

I am much less confident	I am somewhat less confident	My confidence doesn't change	I am somewhat more confident	I am much more confident
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43. Do you feel comfortable talking to these people about the menstrual cup? Please circle.

Adult family member	Male	Female	Neither
Sibling or cousin	Male	Female	Neither
Community member	Male	Female	Neither
Friend	Male	Female	Neither
Teacher or school staff	Male	Female	Neither
Other (please list below)	Male	Female	Neither

44. Do you believe you are important? Please circle.

Yes	Mostly	Somewhat	Not really	No
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45. Do you feel that your problems are important? Please circle.

Yes	Mostly	Somewhat	Not really	No
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46. Are you willing to speak up about a problem you face? Please circle.

Yes	Mostly	Somewhat	Not really	No
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47. Since started using the cup, is menstruation a problem for you? Please circle.

Not at all much	Just a bit	Sometimes	Often	Very
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48. Since being introduced to the menstrual cup and received education on MHM, do you feel empowered to speak up about menstruation as a problem at home? Please circle.

Yes	Maybe	No
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49. Since being introduced to the menstrual cup and received education on MHM, do you feel empowered to speak up about menstruation as a problem at school? Please circle.

Yes	Maybe	No
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50. Since being introduced to the menstrual cup and received education on MHM, do you feel empowered to speak up about menstruation as a problem in your community?
Please circle.

Yes	Maybe	No
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51. Do you have any other comments or thoughts on the menstrual cup you would like to share?

Thank you very much for your participation!