Menstruation and Education:
How a lack of sanitary towels reduces school attendance in Kenyan slums

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“Limited access to safe affordable, convenient and culturally appropriate methods for dealing with menstruation has far reaching implications for rights and physical, social and mental well-being of many women and adolescent girls in Kenya. It undermines sexual and reproductive health and well-being and has been shown to restrict access to education.” APHRC 2010. (p.2)

Adolescence is a crucial stage of life and one that is challenging for most girls because of its physical and psychological changes. One of the major physiological changes in adolescence girls is menstruation. Today in Kenya menstruation is not only a health concern, but also an educational policy concern – and has become a key factor in the country’s bid to achieve the Millennium Development Goal (MDG) of eliminating gender disparity in primary and secondary education by 2015. This paper reviews research done on menstruation as a barrier to the educational rights of adolescent girls in Kenyan informal settlements.

According to O’Connor and Kovacs (2003), adolescence is a transitional phase in life from childhood to adulthood, and is something worth celebrating. This stage is marked by physiological changes such as increased body size and the ability to reproduce as well as psychological changes, including the ability to think critically, an expanded reasoning capacity, identity formation and sensitivity to the ‘new’ body image. However, for most girls in Kenya and other parts of the continent, this phase often brings challenges that push girls out of school and social activities, making the celebration short-lived. These challenges have often been underplayed, even though research has shown that their effects are significant. For example, menstruation causes Kenyan adolescent girls to lose an average of 3.5 million learning days per month (Muvea, 2011).
Meanwhile, UNESCO estimates that one in 10 African adolescent girls miss school during menses and eventually drop out because of menstruation-related issues, such as the inaccessibility of affordable sanitary protection, the social taboos related to menstruation, and the culture of silence that surrounds it (AllAfrica, 2011).

According to Kotoh (2008), menstrual blood is considered dirty and harmful, resulting in girls who are menstruating being restricted from participating in some activities for fear that they may ‘contaminate’ others and the things they may touch. For instance, in most African communities, menstruating girls are not allowed to be in the kitchen to cook or to do the dishes, and neither are they allowed to participate in games with other young people during their menstruation period. This in turn fosters stigma as the restrictions create the perception that menstruation is shameful and that menstrual blood is harmful. And yet menstrual blood is free of toxins and any harmful bacteria (Bharadwaj and Patkar, 2004).

Compounding these customary challenges is the lack of access to sanitary protection and towels, which disempowers girls, as they have to stay at home to avoid staining their clothes with blood in public. The cost of sanitary ware and towels is beyond the reach of most young women and girls, who in Africa are the majority of the unemployed and those living in poverty. Most girls end up not going to school, because they cannot afford to buy sanitary ware.

In addition, there are physiological and symptomatic challenges that girls go through during their menstrual cycle, which also hinder their full access to education as well as stop them from fully enjoying activities with others. For instance, before the onset of menstruation, adolescent girls can experience tension, depression, tiredness and irritability – symptoms of premenstrual syndrome (PMS), which affects the way adolescent girls relate to other students in school and their teachers (Dalton, 1979). The hormonal changes in the bodies of adolescent girls cause sudden mood swings as well. Physically, the retention of fluids in the body tissues can cause swelling around the ankles in some adolescents as well as backaches. If fluids are retained in the stomach region, it can result in bloating (Dalton, 1979). Sharma, Malhotra, Teneja and Saha (2010) argue that, at the onset of menstruation, females between the ages of 15 and 25 can experience dysmenorrhea, which featured as the commonest problem among adolescent girls and often results in prolonged bed rest and girls missing both classes and other social activities.

Kirk and Sommer (2006) identify the lack of knowledge and understanding about menstruation in most traditional and conservative communities as the key source of stigma about what is a normal, natural biological process. There is also a culture of silence around menstruation leading to the menstrual process being viewed as a weakness of women. The subject is hardly ever discussed in families, resulting in it also not being an easy topic of discussion and engagement even in schools.

What does research on the subject say?

Several research reports from the African Population and Health Centre (APHRC) in Kenya’s urban informal settlements, the Forum of African Women Educationists (FAWE), individual researchers and other non-governmental organisations (NGOs) from 2010 to date were reviewed. It is worth noting that most of the research focused on the Kibera, Korogocho, Mukuru and Kiandutu informal settlements.

From the critical review of several studies on menstruation in Kenya, especially from APHRC, the following are the summative findings:

- There exists limited knowledge about the biological process of menstruation among the girls and women in Korogocho slums with only a minority able to describe menstrual blood in biological terms;
- Menstruation is treated with silence and as a taboo topic, which limits women’s and adolescent girls’ access to relevant and important information about their bodies. Most of the research participants view menstrual blood as unclean and harmful. Some confessed that they do not go to church while menstruating.
- Sanitary towels (pads) were the preferred sanitary protection for most participants. From the study, when pads were not available, women and girls used cotton wool, cloth, tissue paper and even pages from their exercise books and sponge from old mattresses. And while pads were preferred, they were difficult to access and expensive.
- The inaccessibility of menstrual products resulted in embarrassment, anxiety and shame when girls and women stained their clothes, which is stigmatising. The schoolgirls interviewed for the various studies generally described menstruation as a time of anxiety and discomfort especially at school, leading to low concentration in class.
- Many adolescent girls and women in Kenya have limited knowledge about their bodies, especially in relation to menstruation and sexual and reproductive health.
Elsewhere, in some rural areas girls use old rags, leaves, cow dung or even dig a hole on the ground to sit on for the whole period as a means to manage their menstrual flow. In an ethnographic study conducted in a primary school in Bungoma District, Lukalo (2010) noted that menstruation is not just a private affair but has the potency to become public, embarrassing and often a source of stigma for the girls.

In another study, Obonyo (2003) noted the intricate relationship between urbanisation and the development of slums and squatters in Africa. This development often happens at the expense of sanitation and hygienic living conditions for families, especially children and women. Obonyo (ibid) also noted the economic, social and psychological implications for the residents of these sprawling slums. She noted that adolescent girls are the most affected by the lifestyle.

As an example, Obonyo (2003) critically observed the difficulty faced by adolescent girls in accessing sanitary protection resulting from their struggle to meet their daily needs. These economic conditions, Obonyo observed, are caused by many factors ranging from lack of empowerment to single parent-headed families. The living conditions are deplorable with overly congested houses constructed of cardboard boxes, old iron sheets and mud walls, which do not offer privacy to girls. In her study, Obonyo brings highlights the fact that accessing sanitary protection is also tied to a lack of facilities for the girls to dispose of their used sanitary towels as well as a lack of private spaces where the girls can comfortably change.

Focusing more on the dynamic in the school space, the Federation of African Women Educationists (FAWE) (2006) discovered that the lack of a conducive school environment was a leading cause of the low retention of girls in school – with poor sanitation being specifically cited as a leading determinant of whether adolescent girls turn up for class or not (in addition to a lack of security, and long distances to school). Yet, according to FAWE, girl’s education is the most important investment for women in developing countries because of its contribution towards better health for their families, alongside increasing the women’s potentials as well as lowering fertility rates (FAWE, 2006).

**Current responses and interventions**

The issues emerging from these studies have led to many campaigns in both poor rural and poor informal urban settlements in a bid to provide adolescent girls with sanitary protection and help bridge disparities between adolescent girls and boys both in primary and secondary education in Kenya. One intervention is run by the Foundation of Hope Life Center (FHLQC), which rolled out a programme for this purpose in 2007. The organisation has since been providing needy girls with sanitary towels, and has also extended its project to assist needy orphaned girls and widows (FHLQC, 2011). FLHC has also been able to sponsor 1000 poor girls in Kenya by raising funds on their behalf from donors and volunteers. This has been possible by encouraging shops and supermarkets to donate sanitary towels. The organisation has also stepped up publicity by word of mouth, media and religious institutions to contribute towards this cause (FHLQC, 2011).

Similarly, the Kenya Broadcasting Corporation (KBC), through Metro FM, introduced and led a campaign donating sanitary towels to adolescent girls on monthly basis in the informal settlement of Kiandutu in Thika (Africanews, 2011).

Another informal settlement that has benefited from a similar campaign is the Mukuru slum area in Nairobi, where a project called ‘Huru’ began in 2008 with the aim of providing reusable sanitary pads to school-going adolescent girls. Funded by Johnson & Johnson, PEPFAR, the Elton John Foundation, and America Share/Micato Safaris, the project hired young people from Mukuru to make the pads and assemble each pack, which contains five pads for use during the day and three for night use along with three pairs of panties, a water proof bag to store the pads, and soap for washing the pads. The kits were accompanied by information on HIV and AIDS prevention, contacts for counselling services within the neighbourhood and Voluntary Counselling and Testing (VCT) services, as well as a manual on how to use the pads (Fleischman, 2011).

Meanwhile, in April 2011, the Afri-can foundation – in partnership with women in Kisumu – produced 600 packs containing 4 sanitary pads with the involvement of the community banks and schools, where the pads would be sold. This project follows a market-based approach to the provision of sanitary towels, although donors are being sought to support this project (Afri-can, 2011). Safaricom has also contributed immensely to keeping girls in school by donating sanitary towels to 43 secondary schools in Rachuonyo district in April 2012. Over 5000 girls benefitted from the organisation’s support, which constituted a drawstring bag, 24 packets of sanitary towels and three pairs of underwear (Otieno, 2011).

Although such interventions are good short term measures, there is a need for policy interventions that can potentially change the situation of more girls and young women in the long term. And we have started seeing some positive steps, such as the allocation of KSh300 million in the education budget to the provision of free sanitary wear to schoolgirls in 2011. However, since the Ministry of Education’s plans to provide sanitary pads to girls throughout the country, the 300 million allocated to the project is still insufficient and will only cater for schools in the most poverty-stricken areas – just like the school feeding programme (Siringi, 2011).
It is worth noting that this development was the result of persistent pressure from female Kenyan parliamentarians about the plight of the girls during menstruation. Following the budget allocation in June 2011, the Kenyan Education Secretary, Professor Godia, announced that money would be provided to schools to buy sanitary towels for their female pupils at the beginning of the term in September 2011, as part of the free education for all campaign. Positive though this step is, it should be noted that the funding is not sufficient considering that an estimated 2.7 million girls aged between 9 and 18 are in need of sanitary ware. Another KSh1.3 billion is still needed to make the programme viable nationwide. There is also need to provide underwear to hold the pads in place if this initiative is to be truly successful (Siringi, Aug 2011).

**Conclusions and recommendations**

This paper has shown that the provision of sanitary ware is a major determinant in achieving gender parity in education in Kenya and there is a need to consider this as a significant factor in education policy planning and development. There is also a need to address the underlying menstrual issues that restrict adolescent girls’ from achieving their full potential in relation to schooling and their public lives. An understanding of how adolescent girls reflect on what it means to be a woman in their world during these moments, and what such days mean to their schooling is crucial.

Policy makers should prioritise, and clearly articulate, a policy position on the provision of sanitary ware for girls in schools, as a right for all girls that need them. In addition, the school curriculum should include information on the female body with a view to demystify issues of women’s sexual and reproductive health for the benefit of all. This should also include pedagogical processes that can enable learners to develop a critical understanding of the body/subject, power and control dynamics in their society. These could be incorporated into activities at school and would break the silence around this tabooed area.

In addition, water-sanitation facilities and proper toilets, which offer privacy, should be a priority in all Kenyan schools to increase attendance among adolescent girls.

The Kenyan government should buttress such a policy with the necessary financial resources to ensure that the provision of sanitary ware actually takes place. The target should increase from girls in slums to girls all across the nation – and should also expand to include girls at all levels of education who need assistance. It is a matter of rights, and it should be treated as such.

In the meantime, campaigns to demystify menstruation need to be rolled out nationally at both grassroots and elite levels. These campaigns should aim to make adolescent girls recognise that they are contributing to the silence and stigma around menstruation by collaborating – and encourage them to use their voices to talk about the topic and themselves, and to demand their rights.

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