

**Period Poverty Reduction: the case of World Vision Lesotho Dignity Campaign in
Schools at Rural Mokhotlong District**

BY

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DECLARATION

I declare that this dissertation hereby submitted to the National University of Lesotho complies with all requirements set forth in the rules of this university, including those pertaining to length and plagiarism, which regulate the submission for the degree of Master of Arts Development Studies. I affirm that this dissertation has been submitted to Turnitin module and the work of other people contained herein has been duly acknowledged. I confirm that my supervisor has viewed my report and that any concerns raised by it have been addressed with my supervisor.

Supervisor..... Supervisee.....

Date..... Date.....

DEDICATION

In loving memory of my late mother, Busisiwe, Mary Masangane, I dedicate this dissertation. Your untimely departure in 2021 left a void in my heart that words cannot express. Yet, it was your unwavering belief in the power of education that inspired me to embark on this academic journey, even amid grief and loss. Throughout the challenges and triumphs of these studies, your memory has been my guiding light. Your wisdom, kindness, and the countless lessons you imparted to me continue to resonate in my thoughts and actions. You always said that education has the unmatched ability to open doors and create opportunities, and I hold onto that belief as I pen these words.

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Abbreviations and Acronyms

CA	Capability Approach
FGD	Focus Group Discussion
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GoL	Government of Lesotho
IDI	Individual Interviews
HDI	Human Development Index
LMIC	Low-Medium Income Countries
MHM	Menstrual Hygiene Management
MHH	Menstrual Health and Hygiene
MoET	Ministry of Education and Training
UNDP	United Nations Development Programme
UNICEF	United Nations Children Fund
WASH	Water Sanitation and Hygiene
WHO	World Health Organization
WVI.	World Vision International
WVL	World Vision Lesotho

Abstract

Adolescent girls' lives, especially those in rural educational settings, are greatly affected by period poverty also known as menstruation poverty, a pervasive and urgent problem. Menstruation is a natural occurrence, but it has recently attracted attention due to its detrimental effects on girls' educational opportunities. The primary problem centers on the issue of limited access to menstrual hygiene products and appropriate information regarding menstrual health. This has made menstruation not just a normal biological occurrence for many adolescent girls; but also, a daily struggle that is accompanied by discomfort, embarrassment, and missed opportunities. Period poverty in rural schools, where resources are frequently limited, exacerbates these issues, impeding girls' access to education, wellbeing, and overall empowerment.

Qualitative research, using in-depth interviews, focus group discussions, and participant observation approaches was conducted to look at the impact of period poverty on adolescent girls in rural schools in Lesotho's Mokhotlong District. The study investigated the effectiveness of World Vision Lesotho's 'Dignity Campaign' in combating period poverty. The study found that WVL through the Dignity Campaign initiative provides menstrual products (disposable pads, reusable pads, and washing soap) and education on menstrual hygiene, including important information and instructions on how to properly use and maintain the reusable pads.

The study discovered that the combination of giving menstruation products, guidance, and knowledge dissemination by WVL empowers girls to make informed choices, actively participate in healthy menstrual hygiene practices, and break free from the constraints of period poverty. While the campaign does a good job of meeting practical requirements and empowering girls, issues with upkeep of reusable pads and access to washing soap highlighted the need for holistic solutions, including thorough menstrual health education that considers a variety of preferences and cultural sensitivity.

The study concludes that, the 'Dignity Campaign's' distribution of sanitary products and education dramatically reduces period poverty among schoolgirls, boosting their capacities and encouraging active participation in both schooling and society. To effectively tackle period poverty, the study emphasizes the importance for comprehensive menstrual health education, practical product distribution, and cultural sensitivity.

Keywords: adolescent girls, Dignity Campaign, menstrual hygiene, menstrual products, and period poverty.

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CHAPTER 1

INTRODUCTION AND BACKGROUND

1.0 Introduction

This chapter gives a general overview of the subject of study, outlining the background of the study, statement of the problem, statement of purpose, objectives of the study, its research questions, hypothesis, the significance of the study, assumptions of the study, delimitations of the study, and conclusion.

1.1 Background to the Study

Menstruation is a natural physiological process that accompanies the lives of women and girls, lasting from menarche to menopause (Cannon, 1994). Despite its universality, the experience of menstruation is far from uniform, and many women and girls worldwide grapple with the challenges of inadequate access to menstrual hygiene products, appropriate facilities, waste management, and comprehensive education on menstrual health (Michel et al., 2022). This multifaceted issue, sometimes referred to as "menstrual poverty" or "period poverty," has emerged as a global concern with profound implications for the health, well-being, education, and safety of those affected (ActionAid, 2022). Period poverty is a worldwide problem and it refers to a lack of access to sanitary products, menstrual hygiene education, water, sanitation and waste management facilities and services (Tull, 2019). This phenomenon is not limited by geographical or cultural boundaries; rather, it is prevalent in societies at all levels of development, affecting women and girls of all ages and backgrounds (Sommer et al., 2016). Period poverty, as highlighted by Michel et al., (2022), is a distressing reality that undermines the dignity and quality of life for countless menstruating women and girls across the globe.

In contexts ranging from developed countries such as the United Kingdom and the United States, to less developed parts of the world such as rural India to regions in Africa, the barriers posed by period poverty impede educational progress and reinforce existing gender disparities. Studies undertaken in the developed world indicate that over 50% of girls in the United Kingdom and nearly two-thirds in Missouri, USA, experience challenges in affording menstrual products (ActionAid, 2022). In parts of India and Africa, girls' education is compromised as they are forced to skip school due to limited access to menstrual products and sanitary facilities (ActionAid, 2022). Studies conducted across African countries, including

Egypt, Ethiopia, Ghana, Kenya, Malawi, Nigeria, and South Africa, illustrate the pervasive nature of period poverty among girls, with particularly dire circumstances in rural areas (Shah, et al., 2022). The consequences are stark: millions of girls across Low Medium Income Countries (LMICs) miss valuable school days each month due to the lack of menstrual products and knowledge necessary for effective menstrual hygiene management (World Bank, 2022). In settings where menstrual hygiene management is hindered by lack of resources and support, women and girls face formidable obstacles to their well-being, effectively limiting their potential and prospects (Sommer et al., 2016).

In Lesotho, where gender and social disparities are prevalent in the social fabric, period poverty exacerbates existing challenges in education and gender parity. An estimated 13% of women and girls aged 15-49, in Lesotho, lack access to sanitary products (Gender Links, 2019). Such deficiencies compel menstruators to resort to unhygienic alternatives, such as old rags or socks, endangering their health and well-being (Gender Links, 2019). The repercussions ripple through the education sector, with a significant rate of absenteeism among menstruating students in rural schools, impeding their academic achievement and perpetuating gender imbalances (Gender Links, 2019). The stark reality of inadequate water, sanitation, and hygiene (WASH) facilities exacerbates the challenges faced by menstruating individuals in Lesotho's schools. According to the National Guidelines for WASH in Schools in Lesotho developed by UNICEF (2018), WASH services, a cornerstone of menstrual hygiene management, remain elusive for many schools, leaving girls with limited access to clean and safe facilities. The report states that the dearth of privacy, coupled with unclean and unsafe toilets, compounds the difficulties faced by menstruators, impacting their ability to manage their periods effectively and with dignity (UNICEF, 2018).

The imperative to combat period poverty is firmly integrated within the global development agenda, notably enshrined in the Sustainable Development Goals (SDGs) outlined in Agenda 2030 (van Eerdewijk, et al., 2017). Particularly, SDG 3 (Good Health and Well-Being) underscores the objective of ensuring holistic well-being and health for all age groups (UN, 2015). Though the term "menstruation" is not explicitly mentioned, the inclusion of indicator 3.7, emphasizing "universal access to sexual and reproductive health" and the provision of adequate and equitable sanitation and hygiene, especially for women, girls, and vulnerable populations, underscores the growing recognition of the significance of addressing period poverty (Gruer, et al., 2021). In alignment with the United Nations Sustainable Development

Goals, particularly SDG 3 and including SDG 4 (Quality Education), and SDG 5 (Gender Equality) (van Eerdewijk, et al., 2017), the Government of Lesotho (GoL) has placed a priority on tackling the challenges of period poverty faced by marginalized schoolgirls in the country, in pursuit of these global development aims.

Demonstrating its commitment, the GoL took significant steps in 2019 by implementing tax reforms on menstrual hygiene products like sanitary pads, a move aimed at addressing this issue (Gender Links, 2019). This initiative followed a pivotal parliamentary motion in 2018 that advocated for the provision of free sanitary pads in all government schools across Lesotho (Gender Links, 2018). To augment these efforts, the government collaborated with a variety of stakeholders, both profit and non-profit organizations operating at various levels, to raise awareness about the issue, enhance infrastructure, and distribute sanitary pads to vulnerable schoolgirls (Gender Links, 2019). Among these partners has been World Vision Lesotho (WVL), an international non-governmental organization that has adopted schools across Lesotho to combat period poverty among vulnerable schoolgirls (World Vision, 2023).

In 2023, WVL launched a project called the Dignity Campaign in collaboration with Vodacom Foundation Lesotho. The Dignity Campaign's primary objective is to promote menstrual hygiene management among vulnerable girls to ensure they experience dignity, continue to actively participate in school, and become empowered to embrace healthy hygiene habits (World Vision Lesotho, 2023). The project's goal is to remove barriers that prevent girls from accessing high-quality education, with an emphasis on adolescent girls, by providing menstrual hygiene materials and educational interventions. By tackling period poverty and a lack of access to menstruation products, the initiative aims to build a supportive and inclusive educational climate that empowers girls, promotes gender equality, and enhances their overall well-being (World Vision Lesotho, 2023).

1.2 Statement of the Problem

The issue of period poverty has garnered attention within Lesotho, evidenced by heightened awareness campaigns and advocacy efforts focusing on access to menstrual hygiene products. However, most vulnerable girls have yet to benefit from recent advancements, often facing risks to their health, well-being, and personal agency. This challenge persists particularly among adolescent girls of reproductive age in Lesotho, specifically those attending rural

schools, who continue to grapple with managing menstrual hygiene. The foremost obstacles encountered by school-age girls in marginalized communities center around inadequate supplies of menstrual products and insufficient facilities for effective menstrual hygiene management (MHM) (Gender Links, 2019).

Compounding the problem is the government of Lesotho's failure to establish regulations and policies addressing Sexual Reproductive Health (SRH) within the context of schools, which encompasses menstrual health. Notably absent are comprehensive policies, strategic frameworks, and legal provisions to furnish menstrual products to schoolgirls for managing their menstrual cycles, despite a parliamentary motion advocating for sanitary pads in government schools (Gender Links, 2018). Budgetary constraints have been cited as a significant hindrance. Consequently, the absence of these regulatory mechanisms has led to the oversight of period poverty and related issues within government funding allocations (World Bank, 2022). Further compounding these challenges is the marked deficiency in the country's literature and dearth of studies on period poverty.

Based on the research problem outlined, a significant research gap to be filled by the study is the absence of comprehensive and data-driven research on the extent, impact, and multifaceted factors contributing to period poverty among adolescent girls of reproductive age attending rural schools in Lesotho. While there is evidence of heightened awareness campaigns and advocacy efforts, the available data primarily consists of reports from non-governmental organizations and anecdotal accounts. This leaves a critical gap in empirical research that can provide a nuanced understanding of the challenges faced by these vulnerable girls, including their specific needs, experiences, and the barriers they encounter in managing menstrual hygiene effectively. Filling this research gap will provide valuable insights for policymakers, practitioners, and stakeholders to develop targeted interventions and strategies to reduce period poverty and enhance the overall well-being and agency of adolescent girls in Lesotho.

1.3 Statement of Purpose

The purpose of the study was to investigate the impact of period poverty on the lives of menstruating girls in school. The study investigated how WVLC through their 'Dignity Campaign' addressed period poverty through providing menstrual hygiene materials and products as well as knowledge on menstrual hygiene to vulnerable girls in rural schools. The

study also investigated how the Dignity Campaign project ensured that vulnerable schoolgirls were capacitated to lead fulfilling lives, actively participate in school, and are empowered to engage in daily activities while maintaining effective hygiene practices (Oladunni et al., 2022).

1.4 Objectives of the Study

The objectives of this study are as follows:

- A. To explore girls' experiences of menstrual hygiene management in the school context.
- B. To investigate support structures and services at school for girls.
- C. To explore how the WVL 'Dignity Campaign' project providing adolescent girls from disadvantaged backgrounds free sanitary products influences their MHM experiences.

1.5 Research Questions

- A. How does period poverty affect girls in rural schools in Lesotho?
- B. How do rural girls in Lesotho access knowledge, awareness about menstruation and menstrual products?
- C. How does the provision of sanitary products by WVL 'Dignity Campaign' project reduce period poverty for girls in school?

1.6 Hypothesis

Girls who struggle to get menstruation products because of period poverty are more likely to have issues with regular attendance at school, engaging in classroom activities, and achieving academic success (Sivakami et al., 2015).

1.7 Significance of the Study

The study provides insights on the relationship between period poverty, menstrual product access, and its effect on girls in rural schools thereby contributing to existing literature. It will provide significant information for policymakers, educators, and programs to address the issue of period poverty in rural schools. The results will also provide a basis for future research.

1.8 Assumptions

The researcher's assumption was that period poverty, which is a lack of menstrual hygiene management, was problematic especially for girls from disadvantaged backgrounds and this was because they lacked access to sanitary materials (gender Links, 2019). This presented challenges in different aspects of girls' lives such as school, health, and overall well-being.

1.9 Delimitation of the Study

The study focused on schools that are beneficiaries of WVL Dignity Campaign in rural communities at Mokhotlong District in Lesotho. The selection of the schools was based on their socio-economic context. The research primarily targeted adolescent girls aged 12-18 years attending schools within the selected rural communities. Participants were chosen based on their experience of menstruation and access to menstrual products. The study also considered the perspectives of school administrators, teachers, and relevant stakeholders involved in the distribution processes of the Dignity Campaign. The study primarily investigated the availability and accessibility of menstrual products (disposable and reusable pads), aspects of menstrual hygiene management such as how girls utilized and discarded menstrual products were considered. Other aspects of period poverty were omitted like WVL focus on WASH facilities in schools. The study focused on a specific period within the last two years to capture the most recent developments in WVL's menstrual health and hygiene programmes and initiatives that have influenced access to menstrual products in the selected schools. The study was conducted in a language the participants were comfortable with to ensure effective communication and cultural sensitivity.

1.10 Definition of Key Terms

1.10.1 Adolescence

Adolescence is biological, cognitive, and social changes that occur when a boy or a girl transition from childhood to reproductive stage (Vijayaraghavan, et al., 2022). The age range that defines adolescence is 10-19 years (PAHO, 2010). Therefore, when a boy or girl enters this age, they are referred to as adolescent and is a time of psychosocial and emotional transformation (Vijayaraghavan, et al., 2022). For girls, this is a life altering stage for them as it is during this time that they enter menarche. It is also during this time that adolescent girls

encounter several difficulties that may undermine their health and welfare and prevent them from achieving their full potential, especially in low- and middle-income countries (PAHO, 2010). For example, the chances of early marriage and childbirth, unwanted pregnancies, violence, and HIV infection are all increased for adolescent girls due to a variety of gender-based vulnerabilities and barriers at this stage (Musingafi et al., 2013).

1.10.2 Menarche

Menarche refers to a girl's first experience of menstruation. It is the time when a girl experiences her first menstrual period indicating a time of the start of the body evolving into reproductive phase (Hennegan et al., 2019). Menarche signifies the transition from childhood to womanhood often referred to as adolescence. It occurs at different ages ranging from 8 to 14 years, based on factors such as the environment and socio-economic circumstances (Ameade & Garti, 2016). According to La Marca-Ghaemmaghami and Ehlert (2015), menarche is largely determined by genetic characteristics, eating patterns, physical activity, and body fat composition, in addition to social and economic variables. It begins at different ages for different girls and when it happens it becomes very crucial in their day-to-day life.

This means menarche is a critical stage in a girl's life because it coincides with adolescence. The World Health Organization (2014) notes that adolescence is a period of life with specific health, development needs and rights. These health and development needs and rights include menstrual preparation. Poor menstrual awareness during the time of menarche can lead to a compromised quality of life for menstruating girls because of menstrual disorders and social risks and dangers (Ncube, 2021). In view of that, menstrual readiness before menarche is vital for girls.

1.10.3 Menstruation

Menstruation is the flow of blood and tissue lining of the uterus through the vagina (Cannon, 1994). McMahon et al (2011) defines menstruation as the monthly shedding of the uterine lining and outwardly visible part of a girl's menstrual cycle. Generally, menstruation occurs monthly; however, the duration varies among women, with some taking longer than others. The standard time, however, is between 3 to 7 days, making it an average of 52 days of the year (McMahon et al., 2011).

1.10.4. Menstrual Hygiene Management

Menstrual hygiene management refers to the practical methods that females employ to deal with their periods. They cover things like caring for one's body while menstruating and how girls' access, utilize, and discard menstrual products (Chiramba, 2019). Menstruation hygiene management is viewed by UN Women (2015) as a complicated phenomenon that involves interconnected issues such as personal hygiene and sanitation, education, the environment, health, water supply, and gender. These problems could differ depending on culture, geography, and individual circumstances.

Menstrual hygiene is either good or bad. The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) describe healthy MHM as the use of clean menstrual materials, as well as access to soap, water, and disposal facilities for used menstrual materials (Simavi, 2018). Menstruation hygiene management challenges include a lack of clean menstrual absorbents and a lack of suitable disposal facilities for old sanitary items.

1.10.5. Menstrual Practices

These are the menstruation narratives and etiquette that distinguish menstrual experiences (Chiramba, 2019). Menstrual habits are also seen as various hygiene procedures taken by people to improve menstrual health (Simavi, 2018). There are good and bad menstruation practices. Good menstrual practices include changing period pads on a regular basis and having clean and appropriate sanitary products. Staying with a used pad for an extended period and introducing filthy materials into the vagina are both bad menstruation practices (Simavi, 2018).

1.11 Summary

This chapter provided an understanding of the statement of the problem, evidence of challenges that schoolgirls face during menstruating on a global, and sub-Saharan African level, as well as local level. It also described the hypothesis of the study, its research questions, and main objectives. Concepts such as menstruation, menarche, menstruation hygiene management, menstruation practices and period poverty were clarified.

CHAPTER 2

LITERATURE REVIEW

2.0. Introduction

This chapter presents the literature review on the impact of period poverty on adolescent girls. To undertake this task, the capability approach framework as the theoretical lens is discussed first in this chapter. This concept is used as a tool for understanding how period poverty limits adolescent girls' ability to live lifestyles that are consistent with their beliefs. The chapter then delves deeply into the literature on concepts of poverty, poverty, and adolescent girls, including a thorough discussion of the literature on period poverty, with a particular focus on what constitutes appropriate menstrual hygiene management. The discussion then shifts to dissect the phenomenon of period poverty through the lenses of economic limitations, educational challenges, health inequities, and gender inequality. Last, the chapter looks at the school setting as a potential support system, noting its importance in providing essential tools for efficient menstrual management and sharing important knowledge about menstrual hygiene.

2.1. Theoretical Framework

The theoretical framework that serves as a basis for this study draws on the Capability Approach (CA) developed by economist and philosopher Amartya Sen in 1979 and further expanded by Martha Nussbaum (Robeyns, 2003). The theory offers a paradigm for assessing human well-being outside of conventional economic metrics (Barreda et al., 2019). The framework follows a multidimensional measure of well-being that considers criteria other than wealth. This is critical in the context of period poverty because it emphasizes the relationship between access to menstruation products, good sanitation facilities and health, education, social involvement, and gender equality. Individuals are at the center of the CA's framework as it recognizes that everyone has distinct values, objectives, and preferences that determine their well-being (Robeyns, 2003). Aligned to period poverty, this involves acknowledging that menstruation individuals' experiences and needs are different (Barrington et al., 2021).

According to Harper et al., (2018), the theory focuses on function and capabilities. Functionings are the different things a person can do or be, such as being healthy, educated, or socially active. Capabilities, on the other hand, refer to the actual opportunities accessible to persons to attain these functionings. Capabilities in the context of period poverty include more than just access to menstrual products; they also include the ability to manage menstruation with dignity, attend school, participate in social activities, and maintain general well-being (Mohammed et al., 2018). The CA emphasizes the value of agency and freedom. It underlines the importance of individuals having the flexibility to choose and pursue functions that are important to them (Barreda, Robertson-Preidler, & Garcia, 2019). In relation to period poverty, this entails ensuring that menstruation individuals have the choice to manage their menstrual hygiene in ways that are consistent with their preferences and values, without being constrained by financial or societal limitations (Barrington et al., 2021).

The CA focuses on individual capacities and interpersonal ties and is strongly concerned with the repercussions of unequal opportunity (Barreda et al., 2019). The approach highlights the necessity of correcting inequality and achieving social justice (Harper et al., 2018). In the context of period poverty, this entails acknowledging that individuals, such as girls from underprivileged areas, may encounter additional challenges due to their socioeconomic situation or cultural traditions. This means efforts to reduce period poverty should prioritize equitable access to resources and opportunities (Barrington et al., 2021).

The CA is widely used in numerous settings to move the focus away from a narrow understanding of economic advancement and toward a more holistic understanding of human welfare: the CA has been used in development policy and planning. It aids decision-makers and planners in evaluating how development initiatives affect people's capacities and pin-points problem areas (Nussbaum, 2000). The capability approach has been crucial in advancing gender equality and women's empowerment. It aids in identifying gender gaps and the creation of policies and initiatives to address them (Sen, 1999). The CA has also been used to offer a comprehensive framework for assessing poverty beyond income-based metrics. This perspective focuses on assessing people's capacities and functioning and sees elements like empowerment, social inclusion, health, and education as crucial components of reducing poverty (Alkire & Foster, 2011).

Further noted, the CA theory has been used by international development agencies. The United Nations Development Programme (UNDP) Human Development Index (HDI) is one of the most well-known practical uses of the CA (Barreda, Robertson-Preidler, & Garcia, 2019). The HDI captures the multifaceted facets of human well-being by measuring development outcomes based on indicators of life expectancy, education, and income (UNDP, 2020). Whilst there are numerous uses of the CA, the study adopts the poverty assessment approach. The poverty framework aligns with the study objectives and will help answer the research questions as it focuses on education, health, social inclusion, and empowerment (Alkire & Foster, 2011).

2.1.2. Applicability of the Framework to the Study

Based on the research problem, to apply the framework to this study, the researcher used it to formulate the research objectives and questions. For example, the researcher looked at how providing adolescent girls with access to menstrual products and services, information and knowledge on menstruation reduces period poverty. The theory also informed the study's data collection processes as the researcher was able to use the framework to look at how in school adolescent girls are capacitated to navigate personal, academic, social, and economic barriers due to menstruation. This included finding out how girls are capacitated to manage their menstruation effectively in the educational setting. Furthermore, the framework informed the literature review of the study and guided the researcher on the kind of information to gather to inform the study. For example, different concepts of poverty were discussed, how poverty affects adolescent girls, globally, regionally and in the context of Lesotho. The following section provides an in-depth discussion on poverty.

2.2 The Concept of Poverty

Poverty, in both its economic and multifaceted aspects, overlaps extensively with the concept of period poverty, affecting adolescent girls. According to Reinert (2014), poverty is a complex phenomenon that exists throughout the world, and it continues to be a major problem for countries to address. Bradshaw (2006) states that poverty goes beyond economic dimensions and includes social rights like gender equality, health, education, and participation among others. It manifests itself in different forms and cuts across location, age, gender, ethnic lines, and income sources. Women, children, and people living with disabilities are prone to poverty more than other groups, in most cases (Reinert, 2014). The percentage of people living in poverty is usually compared from one group to another and differs between location (rural and

urban areas) with rural areas frequently lacking access to education, health care, and a variety of other essential services (Reinert, 2014).

Several concepts of poverty refer to poverty as deprivations or lack of access to essentials a person believes are necessary for their life to be worth living (Musingafi et al., 2013). This can be based on common human dignity ideals, basic food, shelter, health care, safe drinking water and safety (Reinert, 2014); including education and the opportunity to engage other human beings from a position of dignity (Musingafi M., 2010). For example, the World Bank (2019) defines poverty as pronounced deprivations in well-being, including various aspects such as low earnings, an inability to obtain basic commodities and services required for humane survival, a lack of decent health, education, and access to clean water and sanitation, as well as a lack of capability and opportunity for personal improvement.

In development poverty is commonly defined in monetary or multidimensional terms. The definition of poverty in monetary terms relates to income and consumption which refers to the state of not being able to attain a minimum standard of living reflected by a quantifiable and absolute indicator such as the poverty line of the World Bank of living on less than USD 1.90 per day (Nolan & Pells, 2020). According to this indicator, households living below this poverty line are living in absolute or extreme poverty (UNICEF, 2016). Another monetary conceptualization of poverty in monetary terms follows the resource approach which is relative and refers to the lack of resources with which to attain the type of life that is socially acceptable. This definition of poverty argues that income determines the extent to which an individual can participate or be excluded from society (Nolan & Pells, 2020). Hulme and Shepherd (2003), point out two issues of viewing poverty solely from an economic perspective. Firstly, they argue that it does not consider the needs of all types of poor people, and, secondly, that it ignores those who require various forms of support, policy changes, and more extensive social changes that might take time.

Sen (1999), through his popular CA, dismisses the monetary income perspective of defining poverty. In the theoretical framework discussion, it was mentioned that the CA does not measure poverty based on Gross National Product (GPN) and other economic indicators (Robeyns, 2003). Instead, it focuses on human development and well-being defined as the ability of individuals to live a kind of life that allows them to fulfill their capacity, meaning a life they want (Robeyns, 2003). According to Godoy (2003), this perspective views poverty as

a lack of resources that prevents people from doing some of the most basic things, like living a long and healthy life, interacting socially, having access to knowledge, and exercising their right to free expression. Furthermore, the CA contends that discovering and enhancing people's capacities to enhance their well-being constitutes the primary means of combating poverty (Godoy, 2003). Considering the different concepts and the complexities of poverty, a more comprehensive definition of poverty that is multi-dimensional is provided.

The multidimensional definition of poverty is a dynamic phenomenon and perspective of viewing poverty. It considers various dimensions which includes material, non-material, subjective and cultural necessities (Godoy, 2003). Three key features characterize multidimensional poverty namely, a) material conditions (need, limited resources, and deprivation), b) poverty as an economic circumstance (standard of living, inequality, and economic position), c) and poverty as a social condition (involves lack of entitlements, lack of basic security, social exclusion, dependency, and occupation of lower) (Nolan & Pells, 2020). The multidimensional measure of poverty is closely related to the capability approach framework. Both frameworks stress a broader understanding of poverty beyond money or material deprivation. They concentrate on people's capacities and liberties to live lives they have good cause to appreciate. All the same, the capability approach as a method advances a more thorough understanding of poverty and aids in the development of solutions that empower girls, advance their wellbeing, and foster their agency (Sen, 1999).

2.3 Poverty and Adolescent Girls

Adolescent girls are particularly affected by poverty, which is a global problem. The World Bank (2018) highlights key findings in literature that reveal that adolescent girls' access to high-quality education is frequently hampered by poverty. In many low-income nations, girls are more likely to experience challenges to education or drop out of school because of poverty, cultural norms, early marriage, and a lack of resources (World Bank, 2018). Poverty also has health implications for adolescent girls. For example, adolescent girls who are disadvantaged are more likely to have negative health outcomes. They struggle with issues like undernourishment, poor access to healthcare, greater incidence of early pregnancies, and restricted access to menstrual hygiene supplies (UNICEF, 2016). Moreover, the United Nations Development Programme (UNDP) (2019) asserts that adolescent girls frequently endure the

brunt of gender disparities, which are perpetuated by poverty. They subject girls to discrimination, less economic possibilities, and more to vulnerabilities and exploitation, such as child labour and human trafficking (UNDP, 2019).

In the African region, poverty is a major challenge in many nations. According to the United Nations Educational, Scientific and Cultural Organization (UNESCO) Education for All Global Monitoring Report (2020), in sub-Saharan Africa, inequality in education is a problem, especially for female students. The absence of educational infrastructure, travel distance, gender-based abuse, and early marriage are just a few of the challenges that many girls must overcome (UNESCO, 2020). In 2018, the African Child Policy Forum in its African Report on Child Wellbeing highlighted that the health of adolescent girls in Africa is impacted by poverty-related problems, such as restricted access to healthcare, malnutrition, and inadequate sanitary facilities. The report asserts that this may result in higher rates of maternal mortality, underage pregnancies, and restricted access to services related to sexual and reproductive health (African Child Policy Forum, 2018).

Lesotho, as in many other societies in Africa, and around the world, experiences deep poverty. According to the World Bank (2021), Lesotho's population lives on less than USD 1.90 per day with 31.2% of the total population living below the \$1.90/person/day international poverty line in 2020. Poverty is concentrated in rural communities in Lesotho as they are more vulnerable to environmental and economic shocks and have fewer earning options, as well as less access to essential infrastructure and services (World Bank, 2021). A UNICEF country office report of 2020 highlights that people living in rural areas, women, and children are disproportionately poor. The same report indicates that despite numerous child-focused (category of adolescent girls) poverty reduction programs, children continue to be hardest hit by poverty in Lesotho (UNICEF, 2020).

In development issues, focusing on education, Lesotho has one of the highest literacy rates in Africa, at 84.93% of women aged 15 years and older, compared to 67.75% of men in the same age group (Government of Lesotho, 2019). Despite the higher literacy rate among women, United Nations Children's Fund (UNICEF) (2018), reports that poverty has an impact on girls' access to education. Girls' educational possibilities are hampered by issues like early marriages, cultural norms, gender-based abuse, and a lack of resources (Likoti & Sibanyoni, 2020). Moreover, poverty contributes to health inequities among adolescent girls in Lesotho. They

encounter obstacles such as restricted access to healthcare, high rates of adolescent pregnancy, and a scarcity of menstrual hygiene management facilities and services (Lesotho Ministry of Health and Social Welfare, 2018). Based on this, it is evident that adolescent girls in Lesotho as a group remain disempowered and vulnerable because of poverty. The next section provides a discussion on period poverty.

2.4. Period Poverty

Period poverty is a significant issue that affects people who menstruate, arising from insufficient access to necessary resources and products for managing menstruation with a sense of dignity and comfort (Boyers et al., 2022). 200 million menstruators are said not to have access to adequate resources and information and education to efficiently manage their menstrual cycle (Sanchez & Rodziguez, 2019). Hennegan et al., (2016), note that menstruation requires appropriate management. Good menstrual hygiene management (MHM) as described by WHO/UNICEF Joint Monitoring Programme (JMP) in 2012 means:

“Women and girls using clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary, using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management materials. They understand the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort,” (World Bank, 2022).

Based on the description by JMP , there are four elements must be made available for menstruators to effectively manage their menstruation with dignity, namely (1) ensuring that women have access to the right menstrual products (such as sanitary products and soap), as well as additional supportive materials that will help with storage, washing, and drying; (2) the availability of a sufficient infrastructure for water, sanitation, and restrooms; (3) access to privacy when changing sanitary products, mechanisms for properly disposing of waste, and (4) promotion of menstrual health education (Hennegan et al., 2016). Below is a brief discussion of each key element for effective and safe menstrual hygiene management:

- 1) Sustainable access to and usage of safe and hygienic materials (including underwear) for menstrual blood collection or absorption. This refers to having all the resources necessary to collect or absorb menstrual blood so that girls can change as often as necessary.

- 2) The presence of enough WASH facilities that allows girls to change and clean their menstrual products in solitude and with dignity in a secure setting. An environment that promotes the ability to bathe and clean menstrual products, as well as access to water and sanitation services.
- 3) It refers to sustainable accessibility to facilities that enable the sanitary and secure disposal of discarded menstruation products. Menstrual dignity entails one to have access to a working toilet or pit latrine with a door that can be locked from within and one that has enough water and soap for cleaning.
- 4) It requires that girls have access to reliable and useful information on all pertinent issues relating to menstruation. This refers to the simple accessibility and availability of pertinent menstrual hygiene management information to empower girls to make wise decisions for their everyday lives and to enhance their dignity for the benefit of society at large (Hennegan et al., 2019).

Using these elements as a foundation, Somer et al., (2015) define a comprehensive MHM response in complex circumstances as being done "comfortably, safely, and without shame: "The provision of safe, private, and hygienic water and sanitation facilities for changing menstrual materials and bathing; easy access to water inside or near toilets; supplies (e.g., laundry soap, separate basin) for washing and drying menstrual materials discreetly; disposal systems through waste management; and access to useful information on MHM, in particular for adolescent girls" (Sommer et al., 2015). A condition that does not meet the criteria outlined above is presumably what is meant when someone uses the term inadequate MHM or period poverty (Bobel, et al., 2020).

In this study the terms period poverty and lack and or poor menstrual hygiene management are used interchangeably. It refers to the inadequate access to menstrual hygiene products and resources required to manage menstruation with dignity and comfort that affects menstruating individuals. The multifaceted implications of period poverty through the lenses of economic limitations, education and agency, health and well-being, and gender inequality and discrimination are explored in the literature. The discussion encompasses a range of challenges, including educational disruption, social stigma, and insufficient sanitation facilities.

2.4.1 Economic Limitation

Economic limitations form the crux of period poverty that is significantly affecting adolescent girls in rural schools (Bobel et al., 2020; Hennagal., 2018; Sommer., 2015). Girls in rural schools often lack the financial means to consistently afford menstrual hygiene products, forcing them to compromise on the quality of products they use which leads to negative health issues and quality of life (Hennegan et al., 2018). Mahon et al., (2017) explore the economic dimensions of menstrual hygiene management in schools and highlight that in resource-constrained settings, girls' lack of access to affordable menstrual products adversely affects their school attendance. Sommer (2010) concurs that the inability to afford sanitary products often results in school absenteeism among adolescent girls. This scholar links the incapacity to afford menstrual products with the cost burden on families constrained financial resources, resulting in compromised education prospects for girls (Sommer, 2010).

Mahon et al., (2017), states that affordability challenges not only impact girls' education but also their health and overall well-being. In a study conducted in Eastern Cape South Africa, Gabriel (2017) discusses how inadequate access to affordable products exacerbates gender inequalities and affects girls' dignity. Walford (2021) states that the lack of access to menstrual hygiene resources can lead to exclusion from social events and reinforce harmful gender norms. Schwandt et al., (2017) highlight that rural girls often feel disempowered and stigmatized due to their inability to manage menstruation effectively. Scott's (2018) writes that social dignity implications on rural girls' limited access to menstrual hygiene resources further affects their participation in economic activities and community life. Highlighting the social participation challenges posed by period poverty, Ross (2020) articulates that rural girls avoid social interactions due to the fear of leakage and embarrassment caused by lack of menstrual hygiene materials.

2.4.2. Education and Agency

Period poverty affects 3.7 million girls in LMICs and their schooling (Carneiro, 2021). For girls attending rural schools, period poverty leads to educational disruption (Lassi et al.,2020; White et al.,2018; and Thompson, 2016). According to Lassi et al., (2020), rural girls' limited access to menstrual hygiene resources results in reduced school attendance and compromised academic performance. Sommer (2010) states that when girls lack menstrual pads, they miss school during menstruation to avoid feeling discomfort and fear of leakage. Montgomery, et

al., (2012) concurs that girls' engagement and psychological well-being in class is affected when they do not have access to sanitary pads or adequate alternatives because they are afraid of staining their clothes and being taunted and humiliated by their classmates. They experience menstrual challenges of anxiety, staining, and incidents of menstrual teasing. These feelings usually come in when they experience leaks and they are stigmatized and ridiculed by their peers or boys (Montgomery et al., 2012). This affects their self-esteem, consequently, impacting their involvement in different school activities (Mason, et al., 2013).

Casey et al. (2019) also points out the educational implications of period poverty on rural girls' by stating that lack of menstrual products necessary to manage menstruation effectively often leads to absenteeism and dropouts. Girls opt to stay at home rather than to be uncomfortable, inactive, or embarrassed when they are on their periods (Montgomery, et al., 2012). In Africa, studies reveal that 1-10 girls miss school 3-4 days per month (Sommer, 2009; Kirk & Sommer, 2006), and drop-out when they are menstruating due to lack of or poor menstrual hygiene (Chinyama, et al., 2019). Menstrual hygiene management necessitates the availability and accessibility of clean and absorbent menstrual material, privacy, water and soap, and disposal facilities for used menstrual materials (Chinyama, et al., 2019). More than 50% of girls, with larger proportions in most schools in rural regions, are believed to exercise insufficient menstrual hygiene management (MHM) according to several studies conducted in LMICs (Shah, et al., 2022; Chinyama, et al., 2019); Adams et al., 2018). In particular, the reported MHM challenges include lack of sanitary supplies which includes the lack of provision soap for washing hands, and toilet paper (Somer et al., 2016; Grant et al., 2013).

Besides the need for menstrual products, White et al. (2018) highlight how rural schools often lack proper sanitation facilities and services, exacerbating the challenges posed by period poverty on girls. The lack of facilities and services makes it difficult for girls to manage their menstrual hygiene discreetly and hygienically (Grant et al., 2019). Boyers et al. (2022) corroborate this notion by referring to a study conducted in Tanzania that revealed the difficulties faced by girls in utilizing restroom facilities in schools to adequately address their menstruation due to the absence of water, doors, and locks. Similarly, a study in Zambia revealed that menstruating girls in rural schools experienced difficulties in effectively managing their menstruation as toilets lacked soap and water, as well as doors and locks for privacy, and had a foul odor (Chinyama, et al., 2019). Consequently, these characteristics of the educational setting result in menstruating students not being able to manage their periods

with dignity, and privacy, adversely affecting their capacity to learn and thrive in the classroom (Sommer & Sahin M, 2013). The empirical evidence presented demonstrates that period poverty restricts girls' capability to fully participate in education and they miss school due to lack of access to hygiene resources inhibiting their educational function (Harper et al., 2018).

According to UNESCO (2021) addressing period poverty positively impacts girls' school attendance and enhances their overall capacities. In corroboration to this statement, McMahon et al (2011) advocate for the provision of sanitary pads in school arguing that this can assist in improving school attendance and the life chances of girls. Following six months of receiving free sanitary pads, a pilot project in Ghana reflected that girl missed much less school. The study also reported enhanced concentration in class, higher confidence levels, and more engagement in a variety of activities while menstruation. When asked questions about experiences of humiliation, the study revealed improved indices of well-being while negative experiences related to embarrassing situations decreased (McMahon et al., 2011). Schimmit and Booth (2021), confirm that when girls have access to menstrual hygiene products, they feel at ease and comfortable in a classroom setting. Montgomery et al (2012), reiterates that providing girls with pads increases school attendance. For girls, knowing that they can get free menstruation products at school whenever they need them gives them the confidence to attend class (Montgomery et al., 2012). This resonates with the key principles of the capability approach as it emphasizes the importance of providing menstruating girls with the means to manage their periods effectively for them to lead lives they value, enhancing their well-being, agency, and opportunities (Barreda et al., 2019).

2.4.3. Health Implications and Well-Being

Phillip-Howard et al., (2016), link poor menstrual hygiene to negative health issues, and poor quality of life. The work of these scholars highlights the link between menstrual hygiene and health outcomes, and further focuses on the health implications of poor menstrual hygiene practices such as increased vulnerability to infections. These scholars argue that addressing period poverty has direct health impact and implications for women's' well-being and quality of life (Philip-Howard et al., 2016). Literature reveals that women and girls who experience period poverty, particularly in underdeveloped environments, opt to manage their periods in unsanitary or uncomfortable ways (Advocates of WASH, 2015). They develop their own personal coping strategies and alternatives, and these strategies differ greatly between countries

and within countries, depending on personal preferences, available resources, economic status, local traditions and cultural beliefs, and knowledge or education (Bobel, et al., 2020).

In Africa, literature reveals a widespread use of unhygienic and inadequate menstrual absorbents, for example, in Nigeria, studies revealed that 31% and 56% of schoolgirls use toilet paper and cloth as ‘menstrual pads’ when menstruating (Adinma & Adinma, 2008; Aniebua, Aniebua et al., Nwankwo, 2009). Similarly, girls in Northern Ghana are also said to be using unhygienic alternatives because of the high cost of menstrual supplies (Ngon, 2022). This bad practice of menstrual hygiene management exposes girls to infections such as Urinary and Reproductive Tract Infections (RTI) which may result in infertility in the future and birth complications (Adinma & J, 2008). Moreover, period poverty also has a psychological toll on adolescent girls (Dolan & Tamayo-Girald, 2018; Sommer, 2010). The scarcity of resources and the stigma associated with menstruation leads to feelings of shame, embarrassment, and isolation (Sommer, 2010). These emotional burdens can erode self-esteem and confidence, impacting their sense of self-worth and their interactions with peers (Dolan & Tamayo-Girald, 2018). It also creates feelings of powerlessness and vulnerability among girls. These emotional burdens contribute to their psychological distress and affect their overall quality of life (Dunkle et al., 2004).

To address potential health risks, Scullin (2017) proposes adopting the use of reusable menstrual hygiene products as a viable and sustainable alternative. This proposition aligns with environmentally conscious scholars advocating for the exploration of reusable materials in managing menstrual hygiene (Bobel et al., 2020). These scholars argue that disposable sanitary products lack sustainability and contribute significantly to global waste accumulation (Blair et al., 2022). The rationale behind advocating for reusable sanitary materials lies in their extended utility if handled appropriately, as they can be utilized for up to five years (Scullion, 2017). Notably, investigations conducted in Ghana have demonstrated that the adoption of cost-effective reusable menstrual wear proves to be a timely, straightforward, and innovative approach for enhancing menstrual hygiene (Joshi et al., 2015). Additionally, an alternative solution explored is the utilization of menstrual cups for menstrual hygiene management (Bobel et al., 2020). Nevertheless, literature highlights that within low- and middle-income countries (LMICs), the acceptance of reusable products and environmentally friendly menstrual cups remains constrained (Bobel et al., 2020). Notably, some women and girls expressed feeling discomfort with the use of insertable products like reusable cups (Bobel et al., 2020).

Joshi et al, (2015) express a nuanced perspective regarding the provision of disposable pads. While recognizing their significance, particularly for girls who are new to menstruation, these authors also contend that solely distributing disposable pads may not constitute a sustainable solution. These scholars concur that offering pads can indeed provide a practical means of managing menstrual bleeding, contingent upon the affordability and accessibility of such resources. However, they put forth an alternative viewpoint, advocating for the provisioning of reusable pads as an alternative approach. Additionally, these scholars recommend imparting knowledge to girls about crafting uncomplicated and economical reusable materials (Joshi et al., 2015).

In contrast, Mahajan (2018), rejects the option of the use of reusable material and argues that it is unhygienic even though she acknowledges that adopting absorbent and clean cloth is affordable. This scholar points out that the cleaning and washing of these products may be another daunting experience for the girls. In her arguments the author considers the issue of water availability by pointing out that people who live in rural areas are already struggling with water and sanitation services (Mahajan, 2018); as rural settings often lack proper sanitation facilities, exacerbating the health impact (White et al., 2018). A study by Sommer et al. (2015) in Kenya reveals how girls in resource-constrained environments experience physical discomfort and psychological distress due to lack of resources. The study reveals that lack of access to sufficient WASH facilities leads to poor menstrual management habits and hygiene concerns (Sommer, 2015). Moreover, the requirement for soap for washing menstrual materials presents an additional obligation on the girls, posing a considerable financial burden owing to constrained economic means (Mahajan, 2019). These arguments align closely with the capability approach as they reflect the key principles of the theory by emphasizing choice, empowerment, and the impact of economic constraints on individuals' capabilities to lead lives they value.

2.4.4. Gender Inequality and Discrimination

Menstruation is surrounded by harmful traditions that are rooted in gender inequality and discrimination against girls. This could be explained by the fact that menstruation, in all cultures, denotes the passage from childhood to womanhood (Joshi et al., 2015). According to Kirk and Sommer (2006), menarche marks the transition to womanhood and the beginning of

sexuality. The onset of menstruation is seen as a turning point for girls (Joshi et al, 2015). Their sense of self is altered, and society places new demands and pressures on the girls (Johnson-Robledo & Chrisler, 2013). Girls are treated differently and encouraged to act maturely. This is based on what society considers acceptable behavior based on tradition. Often at times, this comes with the need to constrain girls' mobility and interaction with boys (Joshi et al., 2015). For example, in some societies, menstruation is a signal that the girl is ready for marriage. When girls start their period, they experience pressure from family members to leave school so that they can take on a larger share of household work and ultimately get married (Jewitt & Ryley, 2014). Their formal education is usually compromised, and education is shifted to teaching girls on how to take care of the home and prepare them for marriage and motherhood (Joshi et al, 2015). Burdening girls with severe home chores not only preclude them from attending school but it also increases the likelihood of child marriage and childbearing (Jewitt & Ryley, 2014). Both child marriage and childbearing for adolescent girls is a form of gender-based violence that is a result or driver of gender inequality and discrimination (Save the Children, 2023).

Across cultures, menstruation is associated with taboos and stigma. Menstruation is stigmatized and conceptualized as something "unclean" or impure. For example, in Ghana a girl or woman who is on her menstrual cycle is refrained from cooking or entering a room where there are men (Humanium, 2022). Both men and women also use euphemisms such as "time of the month" or "aunt flow" to refer to menstruation reflecting the verbal taboo associated with it (Agyekum, 2002). Vora (2016) mentions that menstruation has been treated as a taboo subject for many centuries throughout the world making it difficult to openly talk about it. Several authors cite that because of the culture of treating menstruation as a taboo, many girls continue to find it difficult to discuss menstruation, with their parents, teachers and even in society (Nicholls, 2021; Osea, 2018; Mouli & Patel, 2017). It also contributes to the dearth of resources for menstrual health education because of the taboos surrounding menstruation (Nicolls, 2021). While ignorance about the menstrual cycle still feeds stigma, taboos, reinforces stereotypes, and causes girls to be shunned and humiliated (Osea, 2018). Resulting to negative implications for girls as it affects how they handle their first period encounter (Nicholls, 2021; Osea, 2018; Mouli & Patel, 2017; Vora, 2016). Girls may feel inferior, powerless, and embarrassed (Parray, 2019).

Taboos and stigma on menstruation further contribute to low knowledge about the biological process (Jewitt & Ryley, 2014). Several studies reveal that adolescent girls, especially those from low-income areas, frequently lack sufficient and accurate knowledge regarding the management of menstruation hygiene (Osea, 2018; Mouli & Patel, 2017; Nicholls, 2021). A study conducted in Nigeria by Adinma & Adinma (2008) in 550 schools confirms that girls do not have adequate knowledge about menstruation and are usually unsure about where and with whom to seek help from when they experience their period at school. A dilemma that is largely attributed to the lack of communication and comfortability of both parents and teachers to openly have conversations with girls to address issues dealing with menstruation, sexual reproductive health rights and sexuality (Mouli & Patel, 2017). Conversations are avoided in families and schools because of the culture of silence surrounding menstruation (Jewitt & Ryley, 2014). Making menstruation a very difficult subject for many adolescent girls, and therefore, resulting in too many girls being caught off guard by their first period (GIZ, 2021).

In settings where menstrual issues are discussed, girls are made aware of the requirements for sexual chastity or social subservience (Joshi, Gerlinde, & Gonzalez-Botero, 2015). For example, menstruation is associated with pregnancy. Parents place emphasis on educating the girl about how menstruation symbolizes giving birth and if she plays with boys, she will fall pregnant, as opposed to talking to them about the biological process that is happening in their bodies (Kirk & Sommer, 2006). Therefore, when girls start their period, they are encouraged not to share with anyone that they have started menstruation so that boys and men will not know that they have grown, and this is where the cycle of concealment and silences begins (Joshi, Gerlinde, & Gonzalez-Botero, 2015).

2.5 The Role of Educational Institutions in Promoting Girls' Dignity and Well-Being During Menstruation

Educational institutions are crucial in providing necessary support for girls' health and dignity during menstruation. The literature emphasizes how schools have a crucial responsibility to play in promoting girls' health and upholding their dignity while they are having periods. First off, schools can help certain girls who may have financial difficulties by giving them access to menstrual hygiene products (Miiró et al., 2018). Schools, as a place where children spend most of their time, have an obligation to provide clean, private restrooms with running water and soap so that girls can manage their periods in comfort (UNICEF, 2012). To further de-

stigmatize menstruation and provide girls with an understanding of their bodies, schools should include comprehensive menstrual health education in their curricula (Hennegan et al., 2019). Schools can also create an atmosphere where girls feel comfortable talking about menstrual concerns with teachers and peers, lowering the stigma and anxiety related to menstruation (Phillips-Howard et al., 2016).

According to the Deutsche Gesellschaft für Internationale Zusammenarbeit (2021), schools provide a setting in which adolescent girls can learn vital information at a young age, increasing the likelihood of a positive first menstruation experience. A girl's first menstruation is a pivotal moment in her life, when her self-esteem and the support that she receives might have a significant impact on her long-term prospects (GIZ, 2021). Osea (2018) asserts that educational institutions can also provide a platform for adolescent girls to gain access to information on dignified menstrual management practices, making it easier for them to adopt proper menstrual hygiene practices and become familiar with recommended hygiene protocols and menstrual etiquette. Therefore, schools, as widely acknowledged trusted sources of accurate and practical information, can give girls menstrual education and knowledge they need to confidently navigate this natural process, (GIZ, 2021).

According to research on girls' menstrual hygiene management in Sub-Saharan Africa, schools typically provide support, including the provision of sanitary pads, even though the frequency of distribution can be challenging (Rosenburg, 2015). For instance, when females begin their period without access to sanitary products, they frequently ask for assistance at the school office (David, 2012). The provision of pads at school guarantees that girls who are menstruating do not miss class, giving them the chance to lead healthy lifestyles (Mason et al., 2013). Teachers acted as a resource for information and assistance during menstruation, according to research on attitudes, knowledge, and practices linked to managing menstrual hygiene among Cambodian girls. Teachers specifically offered guidance, support, and occasionally even provided sanitary pads to the girls (David, 2012). However, a Tanzanian study exposes a complex contradiction because it reveals girls' continuing unwillingness to talk about a wide range of extremely private emotional, social, and physical experiences associated with menstruation. The study revealed that girls found it difficult to interact with teachers about this subject, even though menstrual education is covered in both primary and high school curricula (Nicolls, 2021). Additionally, literature also revealed that teachers in some cases find it uncomfortable to discuss this topic in depth, they often avoid it or cover it quickly, making it

challenging for students to confide in teachers about their experiences (Kirk and Sommer, 2006).

2.6. Conclusion

The chapter discussed the theoretical approach adopted for the study namely the capability approach framework. The framework provides a valuable framework to understand how period poverty restricts girls' abilities to lead lives they value. Different concepts as used in the literature and as they applied to the study were discussed. In this chapter, literature on period poverty was reviewed by looking at what constituents as good menstrual hygiene management. The literature on the phenomenon was also reviewed from the perspective of economic limitations, education, health and gender inequality and discrimination. It indicated that period poverty restricts adolescent girls' capabilities and choices. It also revealed that girls experiencing inadequate access to menstrual products are hindered from engaging fully in educational, social, and recreational activities. Additionally, it demonstrated that this deprivation goes beyond the material aspect, extending to diminished dignity, social exclusion, and limited participation in school and community life. Furthermore, the chapter discussed the school set up as an enabling environment where adolescent girls may have access to the resources, they need to manage their period effectively, be capacitated with important menstrual hygiene information and support. The school was highlighted as the lifeline for the provision of menstrual products and teachers a source of information even though the environment is not always conducive. The development notion of menstruation therefore is that it is a human development, well-being problem and gender equality barrier for adolescent girls in LIMC including Lesotho.

CHAPTER 3

RESEARCH METHODOLOGY

3.0. Introduction

This chapter outlines the methodological approach adopted in the study. The chapter sets out to present the methodology of the research by describing the research design, the study population, sample size, data collection approach, and analysis. The first section explains the philosophical underpinnings and the research design. The other sections, thereafter, explain the research population and sample, data collection instrument, data analysis and the interpretation of the study findings. The chapter also highlights the ethical considerations that the researcher followed for the study.

3.1. Research Paradigm

3.1.1 Constructivism

Yong et al, (2021), mention that a paradigm is a common worldview that represents the principles and ideals of a field of study and directs how issues are resolved. It refers to a set of presumptions that offers a conceptual framework or a philosophical nature of a social reality, allowing researchers to build organized studies all over the world (Babbie, 1998). Drawing from this, this study adopted the constructivism philosophy, which incorporates the interpretive view. This philosophical theory contends that people interpret their environment and experiences subjectively (Creswell, 2014). According to this viewpoint, it is important to comprehend the context in which people live as well as how history, experiences, and culture influence the meaning that people construct (Creswell, 2014).

For the researcher, this meant acknowledging and understanding adolescent girls' differences to be able to comprehend the meanings the girls constructed regarding their experiences while managing their menstruation. This entailed acknowledging that adolescent girls are unique, diverse and are represented by differences in age, social class, educational level, where they resided and other variables which may influence their menstrual experience and how they navigate around the challenges they face (Vijayaraghavan, et al., 2022). This was different for different adolescent girls because they were not a homogeneous population. Their experiences

were not “homogenized”, whether collectively or and spanning the wide age range of 13 – 18 years age group of adolescent respondents for the study.

Creswell (2014) states that the disadvantage of the constructivism viewpoint is that the researcher's background and presumptions might occasionally affect how the experiences of the persons being examined are interpreted. Given that the research goal was to gain adolescent girls’ insight, experiences and the meaning they make of their menstrual experiences, to accomplish this, the researcher interacted with the selected population for the study, conducted research, and asked open-ended questions (Singh, 2019). To maintain objectivity, the researcher continually assessed how her personal experiences may affect how the research findings are interpreted (Creswell, 2014). The next subsections provide a detailed discussion of the techniques adopted for the study.

3.2. Research Methodology

According to Mishra and Alok (2017) a research methodology is a technique to systematically address a research problem. It refers to the scientific process of collecting information and data to resolve a problem. A research methodology provides an outline of the research methods that will be adopted in the study as well as the reasoning behind the techniques that will be employed in the context of the research (Mishra & Alok, 2017). Based on this definition, a qualitative research methodology was adopted for this study. This approach was best suited for this study because it followed an exploratory approach that delved deeply into description and narratives in the form of words which are non-numerical (Mishra & Alok, 2017). The methodology was naturalistic and anthropological; the researcher used in-depth interviews (IDIs), focus groups discussions (FGDs), participant observation and taking pictures as techniques to collect data (Yong et al., 2021).

The researcher used these techniques to gain insights into the intricacies of period poverty and to elicit the stories and experiences of adolescent girls. This included allowing participants to express their feelings, experiences, and opinions on the issue of period poverty. Adolescent girls from the identified schools, teachers as well as representatives from World Vision Lesotho coordinating the Dignity Campaign were interviewed for this study. This was combined with an intense observation of the school environment to ascertain whether the school provides a unique environment conducive for adolescent girls to effectively manage their menstruation

while at school by providing the girls with the resources needed for them to efficiently manage their menstruation in the school environment.

3.3. Description of Research Design

This section presents a discussion of the key research design that was followed to conduct this study. Leedy and Ormrod (2029) state that a research design is the overall approach that a researcher chooses to apply in a study to execute data collection, analysis, and interpretation of findings. It refers to the blueprint for the collection, measurement, and analysis of data that the researcher will follow to present findings that are logical (Thakur, 2021). Based on this definition, the study followed qualitative research design. The research was concerned with gathering rich data through interviewing adolescent girls on their experiences, knowledge and opinions on menstruation and menstrual hygiene management. It explored how period poverty, which results from not having access to sanitary products, information and education, and lack of sanitary services affects girls in rural areas. The qualitative research design guided the study in exploring how providing adolescent girls from disadvantaged backgrounds free sanitary products influences their MHM experiences. The goal of a qualitative research design was typically to collect information, make sense of the issue of period poverty by exploring the experiences and viewpoint of adolescent girls having the experience (Creswell, 2014). This included getting the views and opinions of teachers, interpreting body language, and capturing images of the WASH infrastructures in the schools.

The researcher employed mixed methods IDIs, FGDs, participant observation, spot-check and capturing pictures to collect data (Meyers, 2009). First, the researcher developed well-structured interview guides (for adolescent girls, teachers, and representatives from World Vision Lesotho). In this process, the researcher followed the best possible exploration of the research questions considering the sensitive and complicated nature of the research topic. Secondly, the researcher then conducted semi-structured interviews to engage directly with the respondents, an approach that made the data collected subjective and detailed (Yong et al., 2021). This approach allowed the researcher to capture the issue of period poverty from the individual (adolescent girls), setting (school), and organizational (World Vision Lesotho) perspective.

Therefore, the adopted research design enabled the researcher to gather a wide range of data that captured how period poverty affects girls attending school in rural areas. Extensive description of respondents' experiences, feelings, opinions, and actions regarding period poverty was captured. It also gave the researcher a thorough picture of adolescent girls' navigational and menstrual management experiences in the context of schools. This helped in analyzing the data.

3.4. Population and Sampling

3.4.1 Population

According to Neuman (1997), a population in a research study refers to a group of people of interest to a researcher sharing a common interest to which the study will be applicable. Shukli (2020) defines a study population as the set or group of all the units to which the research findings will be applied. It refers to the small group of people who take part in a study (Shukli, 2020). The population for this study and study area selection are described below:

Population Selection

The schools that are beneficiaries of the Dignity Campaign project by World Vision Lesotho were the target population. The World Vision Lesotho Dignity Campaign is a menstrual hygiene project that is under the WASH programme of the organization. This is an in-school project directed towards vulnerable girls in three districts of Lesotho that are rural, namely, Mokhotlong, Thaba Tseka and Leribe. The aim of the project is to help the girl child claim back their dignity through provision of sanitary material including reusable sanitary pads. The programme aims to ensure that girls continue to actively participate in school and are empowered to participate in everyday life (World Vision Lesotho, 2023). However, for this study, only schools from Mokhotlong district out of the three districts benefiting from the programme were used to inform the study. Five high schools supported by WVL namely, a) Mokhotlong, b) Seeiso, c) St James, d) Phahameng, and e) Maboloko were deliberately selected for this study. To ensure confidentiality, these schools were referred to as schools, followed by a number assigned to the school (school one or S1).

Study Area Selection

Mokhotlong District is situated in Northeastern Lesotho. It includes the highest terrain in the Maloti Mountains covering an area of 4,075 square kilometers and the source of the Senqu River, Lesotho's primary watershed (UNDP, Lesotho District Profile, 2018). Mokhotlong District is the poorest district in the country and has a total estimated population of 100, 442 (Census, 2016). The populace relies on animal husbandry and subsistence farming although neither of these fully supports most families. The district is divided into four constituencies (Malingoaneng, Senqu, Mokhotlong, Bobatsi) and five community councils (Seate, Mphokojoane, Sanqebethu, Menoaneng, Mokhotlong). There are a total of 123 schools (primary and high schools) in the district of which only sixteen are high schools (UNDP, Lesotho District Profile, 2018). Five schools were chosen from each community council to conduct the study. The community areas fall under the rural cluster areas under which World Vision Lesotho works.



Figure 1: Location of Mokhotlong District, Lesotho

Mokhotlong district was selected for this study based on its risk factor of being the second highest district affected by poverty in Lesotho. At present, the United Nations Children Fund (2021), Multiple Overlapping Deprivation Analysis (MODO) tool positions Mokhotlong at 63.8% prevalence of multidimensional poverty for children. For adolescent girls, poverty is highly linked to gender inequality, and with issues such child marriages, teenage pregnancy, sexual abuse including issues of menstrual health and hygiene. These factors present a concern for menstruating girls in the district as extreme poverty can turn menstruation into a time of deprivation and stigma which undermines the well-being of girls.

1.4.2 Sampling

De Vos et al, (2011), define sampling as the practice of choosing a portion of the research population to make a judgment about the entire group. Purposive sampling, one of the non-probability sampling techniques, was followed for the study. It refers to choosing a sample based on the study's objectives, the characteristics of the sample, and the researcher's knowledge of the population (Des Vos et al., 2011). According to this description, the sampling process of respondents for this research began with the researcher establishing a relationship with World Vision Lesotho with the WASH Department under which the Dignity Campaign falls under. The researcher produced an introductory letter from the National University of Lesotho (NUL). The Department of Development Studies provided the introductory letter as authenticity that the researcher is a student at NUL and that the study is academic. The letter entailed details of the research topic, purpose, and objectives of the study. For details of the introduction letter please refer to Appendix A, in the appendix section.

The researcher used her judgment to solicit World Vision Lesotho's guidance in terms of the procedure to follow to gain entry in the selected schools. Since the subjects of the study were school attending minors, the researcher had to obtain approval from the Ministry of Education and Training (MoET) to conduct the study in the selected schools. MoET in Mokhotlong, responsible for the administration of High schools in the district, provided an authorization stamp on the researcher's university letter. The researcher made copies of this letter and submitted it to the schools' Principals.

In the selected schools for the study, the researcher requested the assistance of teachers to purposely select adolescent girls who had reached menarche and those who were direct beneficiaries of the World Vision Lesotho Dignity Campaign. Adolescent girls were selected with the assistance of the Life Skills teacher based on their willingness and comfortability to talk. The sensitivity of the topic was considered in the selection of the girls meaning these girls were carefully chosen by the teacher to participate in the study as they were considered open and free to talk. The adolescent girls were able to provide the study with rich information as they thoroughly comprehended the topic. Teachers from these schools, namely, Head teachers, life skills teacher, Wash Coordinators, teachers who were interested in the research topic and those who are focal persons for health and related issues including menstruation were interviewed for this study. Representatives of World Vision Lesotho working in the Dignity

Campaign in these schools and those responsible for the WASH in schools programme were also selected as the target sample for the study.

All respondents provided rich data to inform the study. This population and sample were specifically targeted to gain a better understanding of the entire population that the sample represents. It was crucial to employ a sample for this study because it was going to be impossible to reach every member of the population and cover the entire research population (Shukli, 2020).

3.5 Research Instruments

In qualitative research, different knowledge claims, enquiry strategies and data collection methods and analysis are employed (Mishra & Alok, 2017). Data gathering for this research employed different empirical research methods used according to context and situations in the field to answer the key research questions and objectives outlined (Creswell J, 2014). The different data sources, data collection and enquiry methods used in this qualitative study included interviews using interview guides, observation of participants and the school setting (an ethnographic research technique) (Trigueros, 2017). To this end, the primary sources used for this study were in-depth interviews, focus group discussions, observation, and spot-checks. Secondary data collection techniques entailed using Lesotho Standardized WASH tools and Guidelines for Schools and other relevant information that was available on the internet like newspaper articles on period poverty in Lesotho, Menstrual Hygiene and Health. A detailed description of each of these techniques as applied in the study is provided below:

3.5.1. Interviews

Data for this study was collected using interviews. According to Trigueros (2017) interviews are a data- collection technique usually used by social scientists to gather information about a particular topic in which one person (interviewer) asks questions of another (respondent). Kabir (2016) describes interviews as a method that allows the interviewee to give an account of their daily life while the researcher captures this rich and descriptive data. In this study, interviews were used as an effective method of eliciting personal experience on menstruation in the school setting.

Four interview guides were developed by the researcher. The first two guides were developed for menstruating girls (IDIs and FGDs). Covered in the interview guides were questions that explored adolescent girls' menstrual experience, understanding and knowledge of menstrual hygiene management, and normative practices. This included their perceptions of menstruating before and after the provision of menstrual products, and their menstrual practices and hygiene at school. Additionally, separate interview guides for teachers and representatives of World Vision were developed. The interview guide covered their understanding of menstrual hygiene management, capacity, support, services provided including coordination with other partners.

In the field some interview guides were adapted because of the specific information the researcher needed to know (Maxwell, 2012). This means interview guides were flexible and the researcher altered them as needed throughout the interview to make sure that all pertinent questions were asked (Kabir, 2016). The flexibility of the interview guides to be altered allowed the researcher to explore new areas and generate richer data (Maxwell, 2012). Moreover, the researcher did not entirely rely on the interview guide as the researcher never missed an opportunity to delve deeper into the interview by asking more questions as needed and exploring new points or issues that come up.

Whilst in the field, the researcher realized the need to also interview representatives from the Ministry of Education and the Ministry of Health in Lesotho to establish how their portfolios are supporting girls in school with regards to the issue of Menstrual Health Management. This is because while carrying out interviews key respondents made references to the involvement of these Ministries especially on the issue of WASH in schools.

Interview Process

a) Semi-Structured Interviews

In qualitative research the semi-structured interview is more frequently utilized. A typical structure for such an interview is a flexible topic schedule of open-ended questions to delve into experiences, views, and opinions of respondents (Kabir, 2016). Semi-structured interviews were conducted with menstruating adolescent girls to bring out their individual experiences of menstruating and their menstrual hygiene knowledge and understanding, this included drawing out their feelings, behavioral and hygiene practices.

Additionally, head teachers, life-skills teachers, and those who are focal persons for health-related issues including menstruation were interviewed as key informants for this study alongside representatives of World Vision Lesotho working in the schools directly or indirectly interacting with the adolescent girls as coordinators of the Dignity Programme. These were selected based on their availability, and their willingness to discuss MHM issues and because they interacted with the adolescent girls directly or indirectly. In this regard, 7 adolescent girls, 2 head teachers, 5 life skills teachers, 4 WASH coordinators, 3 biology teachers, 2 representatives of World Vision, 3 representatives from the Health Ministry, environmental department and 1 representative from the Education Ministry constituted key informants. In total, 27 key informants participated in the study through individual interviews.

b) Focus Group Interviews (FDGs)

The research also made use of focus group interviews. According to Nyumba et al., (2018), focus group discussions are frequently used as a qualitative approach to gaining a thorough understanding of social issues. The method seeks data from a specifically selected group of individuals rather than a statistically representative sample of a larger population. The groups were typically made up of six to twelve respondents who participated in a group interview (Duvivier, 2022). FDGs fostered spontaneous interaction among participants, and it also validated collective experiences (Gundumogula & Gundumogula, 2020). Furthermore, the approach provided the advantage of exploring participants' own opinions and descriptions as well as revealing problems or concerns the researcher had not previously considered (Nyumba, Wilson, Derrick, & Mukherjee, 2018).

Moreover, FDGs were used to learn about shared knowledge on menstruation, the effects of availability or non-availability of sanitary facilities and materials, including their influences on school attendance and participation. This entailed exploring the adolescent girls' opinion on the Dignity Campaign initiative by World Vision Lesotho. 7 FDGs with adolescent girls drawn from participating schools were conducted. Each FGD was composed of 6-12 adolescent girls. The researcher avoided having less than 5 participants in FDGs to ensure the anonymity of participants as less than five participants would have risked identity exposure of the participants (Duvivier, 2022). Teachers from each school were asked to provide a list of students they consider free to talk and engage openly to discuss sensitive topics as participants in the FGD.

Considering that adolescent girls are not a homogenous group, in each school, two FGDs were conducted with menstruating girls, and they were categorized according to age. They were categorized according to early (13- 15) and late (16-18) adolescents' years. In some cases, one FGD was conducted because girls were writing exams and the researcher ensured that the group comprised either early or late adolescent girls. The total number of girls who participated in the FGD were 60. The adolescent girls felt comfortable speaking with a female researcher on such a delicate subject. Data on understanding, knowledge, attitudes, practices, expectations, and challenges were collected through FDGs. An interview guide was used to give direction to the flow of the discussion and the researcher assumed a moderator or facilitator role during focus group sessions (Nyumba, Wilson, Derrick, & Mukherjee, 2018). The researcher through this method ensured that more important concerns were brought to the surface and that obstacles to MHM communication were removed by conducting a lot of probing and allowing participants to express themselves in their home language.

3.5.2. Observation

According to Kawolich (2005) observation as a means of data collection entails the use of the researcher's sense when in the field to observe phenomenon. It also entails the researcher familiarizing him or herself with their research settings and the people being observed (Kawolich, 2005). In this research, observation was undertaken via extended fieldwork between May and June 2023. The researcher traveled to Mokhotlong to be on site at the schools selected for the study to conduct interviews with participants (Kabir, 2016). The researcher was physically present in all the schools identified for the study to observe the setting for at least 10-15 minutes without any interruptions. During this time, the researcher recorded what was observable within the setting and the interactions contained therein for the duration of the period. The researcher used a journal to write down field notes observation, and this included noting thoughts, feelings, and ideas about what is or is not happening in the physical surroundings (Kawolich, 2005).

Furthermore, observation was also employed as a tool for this study to capture the reactions and attitudes among respondents presented during the discussions on menstruation. Observations of reactions that were captured during one-on-one interviews include how male respondents would face down in discomfort when certain questions were asked around menstruation reflecting and reinforcing the taboo of males discussing such issues. The

observation of conditions of the WASH facilities assisted the researcher to confirm what respondents said in interviews.

3.5.3. Spot Check

In addition, the researcher requested to do a WASH spot check for all the schools that will participate in the study. The researcher adopted the Lesotho WASH TOOL for schools to assess the conditions of WASH facilities in the schools (Advocates, 2015). Spot checks were conducted in each school during school hours to ensure that the facilities are observed in conditions that are available for students. Descriptive analysis was used to describe the standards and quality of WASH facilities per school.

3.6 Data Collection Procedures

An interview guide that served the same purposes as a questionnaire for data collection was developed. According to Kabir (2016) an interview guide is a research “tool” for collecting and recording important information about a particular issue of interest. It is made up of a list of questions and other prompts used to collect data from respondents. This includes clear instructions that require articulate answers or administrative details (Kabir, 2016). The data was collected from primary sources using this interview guide. An interview guide was considered appropriate for the research because it facilitated the provision of reliable and comparable qualitative data. A copy of the interview schedule used in this research is attached as Appendix B on the dissertation to indicate the type of questions the researcher used to ask questions during the interviews.

In addition, all interviews were recorded to collect suitable data thoroughly, accurately, and systematically. The researcher used a field journal to take field notes, photographs (for the WASH facilities), and audio recorder (to be later transcribed for analysis) (Kabir, 2016). The audio recorder was essential for this qualitative study because it ensured verbatim recording and a smooth capturing of the flow of conversation between the researcher and participants (Babbie, 1998). This process ensured that the researcher captured important points raised during the interview and referred to key points raised in the interview. The researcher ensured to obtain consent and assent from the participants, to use the tape recorder and consent from school principals to take pictures of the WASH facilities at school.

3.7 Data Analysis and Presentation Procedure

According to Creswell (2014), activities including data sorting, editing, processing, and interpretation are all part of data analysis. Finding patterns in data that indicate an understanding of a social issue is the goal of data analysis. Based on the definition of the process, the researcher translated and transcribed all interviews. The process was somewhat daunting because each audio recording had to be carefully listened to to fully extract all information and the researcher also relied on the translator for this process. To ensure that all information was captured, the researcher further solicited another translator and transcriber to extract the information. As such, the process of interview transcription consumed a lot of time with each interview taking close to four hours transcribing (Creswell J, 2014). The information was transcribed and then coded utilizing Atlas.ti, a Qualitative Data Analysis software.

Transcription documents were all formatted and uploaded on ATLAS.ti Qualitative Data Analysis software. This computer program tool was used to conduct an analysis of the qualitative data. This tool aided in analyzing the large volume of data and reducing it to identify common patterns (Bloomberg & Volpe, 2012). Each of the transcribed interview documents were coded and analyzed to search for common themes that could be identified based on thematic analysis. Thematic analysis allowed for the understanding of the complex and rich description by identifying common concepts and themes in the data (Bloomberg & Volpe, 2012).

The following iterative data processing and analysis process was followed:

1. The data was coded systematically.
2. The data was categorized to reflect the general ideas that these codes relate to.
3. Key coding themes and relationships were identified to recognize patterns; and
4. Conclusions or concepts were developed from the patterns identified in the data.

As part of the reporting, the researcher also blended narrative text with verbatim quotes from the data as explanations; and illustration; to enable better understanding instead of the researcher paraphrasing. Presenting verbatim quotation provided opportunities for participants to give their own views about practices that affect them.

3.8 Credibility and Trustworthiness of the Research

The trustworthiness of the research is the ‘standard quality’ considered for qualitative research and is necessary to ensure the rigor of the process. According to Sandelowski, ‘trustworthiness is divided into four components; credibility, transferability, dependability, and reflexivity,’ (Sandelowski, 1993: 2). In this study, all four components were applied to ensure trustworthiness as following:

3.8.1 Credibility

In ensuring credibility that reflected the true account of the phenomena under investigation, the researcher used research methods (interviews, FGDs, and observation) that have been used and proven credible in previous research studies. The researcher ensured credibility for this study by explaining to participants that they were not in any way forced to participate in the study, allowing participants the opportunity to choose not to participate in the study. Participants were also given assurance that in the event they participated but then at some stage of the research felt like pulling out of the study, they will be allowed to do so and will not be penalized for deciding to pull out. This guarantee was reflected in the consent forms of the study (Appendix C). Moreover, at the beginning of each discussion, the researcher communicated the importance of honesty and by doing so, further enhanced the credibility of the study.

Furthermore, credibility involved maintaining the study's objectivity throughout the entire research procedure. Credibility made it possible to compare research results with those of other investigations (Des Vos et al., 2005). It entailed figuring out if a study would produce the same results if it were repeated in a different setting. Reflexivity was used by the researcher to assure confirmability, while ensuring that own experiences, views, and presumptions did not affect the study's conclusions. To maintain objectivity, the audio recorded interviews were verbatim transcribed. In ensuring that there were no biases, the researcher and supervisor discussed the study's findings. The study's findings were connected to menstruation literature and validated against what other researchers have learned about the topic.

A total number of 46 interviews were conducted which provided sufficient data for the study. As already mentioned in the data analysis section, all interviews were transcribed of which during transcription, the researcher was able to cross check against the field notes the researcher captured while conducting the interviews, further ensuring accuracy.

3.8.2 Transferability

Purposive sampling was employed by the researcher to gather a wide range of data from and about the setting to guarantee transferability. A detailed account of the sample, sample size, demographic and socioeconomic status description of participants was provided (Noble & Smith,2015). The researcher was aware that this might prove as a challenge to adapting the results to those in a different setting because the study aimed to obtain the participants' subjective experiences. This means the individualized experiences gained from this study might not be transferable to another setting, particularly one with a different socioeconomic status.

3.8.3 Dependability

To ensure dependability, the researcher provided a comprehensive description of the methods used. This was necessary to prove to the reader that the practices undertaken for this study were appropriate and correct (Goladshani,2003). Moreover, to maximize on dependability, the researcher solicited the assistance of a translator and a transcriber considering that the researcher is not a Mosotho by birth. Having a local person to assist the researcher with interviews was crucial in ensuring that there were no communication barriers and it also helped in building trust with research participants.

3.8.4 Reflexibility

Reflexibility refers to being self-aware and continuously reflecting on one's own biases during the research process as a researcher (Wooglar, 1988). According to Berger (2015), it refers to the life's experiences and the characteristics of the researcher such as (but not limited) to background, gender, and age that informs one's research. It is a form of thinking that requires the researcher to know themselves and others, the position from which they speak and the political and social context in which this actualization takes place. In reflecting on this, the researcher when conducting this study was a development studies student, is a philanthropist who has done a lot of charity work around donating pads to vulnerable girls, a women's rights activist and is still in the menarche stage. The researcher acknowledged her privilege of never lacking sanitary material and products. The researcher's personal stand and opinion is that access to safe, clean, dignified menstrual hygiene products is a fundamental human right yet due to highly rooted taboos and misogyny, menstrual health is a subject that is all too frequently left out of crucial development decisions.

Reflexibility also required the researcher to reflect on her role in the process of the study and the way this was influenced by the objects of research, enabling the researcher to acknowledge how she affects both the research process and outcomes (Wooglar, 1988). This process required the researcher to reflect about how her thinking about the topic came to be, how pre-existing understanding was consistently revised while considering new understanding and how this in turn affected the research. For example, acknowledging that the researcher's interest in adolescent girls' menstrual experiences came about through engagement with young women activism and philanthropic work that entailed providing free sanitary dignity packs for under privileged adolescent girls in Maseru and Mafeteng, in Lesotho. As a result, when the researcher first undertook to pursue this study, mainly at proposal stage, the researcher was preoccupied with the need to provide girls with pads, so they are kept in school and shielded from other vulnerabilities such as intergenerational relationships or transactional sex and early marriages. The researcher realized as time progressed (engaging in literature) that there were more issues to be investigated concerning period poverty because of its multifaceted nature.

Furthermore, the researcher applied reflexivity to reflect on the data collection and interpretation process (Berger, 2015). In ensuring that the researcher's position did not affect the study findings, the researcher wrote down the assumptions she had concerning the study, to help keep herself in check, especially during data analysis. The researcher also ensured that the interview guide was reviewed by the supervisor beforehand to ensure that there were no misconceptions and leading questions. Furthermore, the researcher avoided passing judgment towards the participants when expressing their menstrual experience and views and opinion on menstruation hygiene management.

3.9 Ethical Considerations

This research did not require special ethical clearance from the National University of Lesotho; however, the researcher obtained an introductory letter from the University stating the research topic and objectives of the study. The researcher also obtained approval from the Ministry of Education to conduct the study in schools. The district office of Education in Mokhotlong provided the researcher with an approval letter and further contacted the selected schools on behalf of the researcher to inform them of the researchers intended research. The researcher also followed international ethical and safe standard procedures that pertain to conducting

research especially with minors (adolescent students) (Miller et al., 2012). These ethical safe standards included the following:

3.9.1 Confidentiality

The interview process was strictly confidential, and information was only made available to the researcher and supervisor. Interview extracts that were included in the final research report did not link quotes to participant's identity. Under no circumstances were names of individual participants or identity of the participating schools revealed in the report or any other publication related to this research.

3.9.2 Avoiding Harm

The researcher was cognizant of the fact that participants would experience physical or emotional harm while participating in research. As a result, the researcher carefully considered all potential dangers that might have been harmful to each participant. For example, one issue that was taken into consideration was the difficulty of exposing emotional and personal details that had detrimental effects on the participants' emotional well-being (Miller et al, 2012). The researcher ensured that each participant's emotional experience was discussed in a secure and encouraging environment. In addition, the researcher ensured that participants felt comfortable with the level of intensity and exploration during the interviews considering that the topic of the research was sensitive. Participants were also made aware of any potential effects the inquiry could have on them in advance. By providing them with this information, the participants were given the option to stop participating in the inquiry at any moment. The researcher briefed participants about the intended research, giving them the option to choose whether to participate in the study or not.

The researcher gave the participants an opportunity to give written or verbal informed consent according to their level of comfort and trust, and with assent obtained from pupils as they were below the age of 18 years (Chinyama, et al., 2019). Where possible and agreed upon, in-depth interviews and focus group meetings were tape recorded with the informed consent and assent of those participating. The researcher made research participants aware from the onset that they will receive no remuneration or compensation for participating in the study. Any information obtained in connection with the study remained confidential, unless stated otherwise by the respondent. The researcher-maintained confidentiality by reporting only group data on findings

and, where quotes were used, the researcher endeavored to ensure the anonymity of all respondents.

In this regard, all the above components were considered in the consent form and were considered as elements of informed consent. The researcher provided a consent form to participants to sign or show agreement to participants as a form of consent before interviews. In case of minors (the adolescent girls) the Head Teacher and or Life Skills teacher consented on their behalf. Before starting interviews, the researcher assured participants that participation is voluntary, and that refusal to participate or decision to discontinue participation will not involve any form of penalty. The consent form also had a contact information section for research participants where contact details of the researcher and researcher's supervisor were provided. The researcher further assured participants that all information shared during the interview will remain between the researcher and researcher's supervisor. This assured participants that their identities were anonymous and pseudonymous were used so that information could not be traced back to them.

3.10 Summary

This chapter provided an overview of the steps that were followed by the researcher to conduct the study. It discussed the methodology format the research followed and highlighted the research paradigm adopted. Reasons for choosing a qualitative approach for the research were provided. The chapter also outlined the data gathering techniques employed by the researcher, which were in-depth interviews, focus group discussion, observation, and spot check. The chapter further outlined and described how data was collected for the study, analyses of the research data and how the data was organized by the researcher. This was followed by a discussion on the trustworthiness of the study. The chapter ends by highlighting basic principles (ethical considerations) the researcher kept in mind while conducting the study. Findings are presented in the next chapter.

CHAPTER 4

DATA PRESENTATION AND ANALYSIS

4.0 Introduction

This chapter presents the data obtained from field work that was conducted in five schools in Mokhotlong District, in Lesotho, during the period of May-June 2023. The main purpose of the research was to assess how World Vision Lesotho through their Dignity Campaign initiative is addressing period poverty for girls in rural schools in Lesotho. The data presentation begins with providing background information on the Dignity campaign by WVL and the demographic of key informants for the study. This is followed by a framework that summarizes the themes and categories that emerged from the data analysis. The subsequent sections present a detailed presentation, analysis and discussion of each theme using categories and codes generated during the analysis. Data collected from interviews is used to answer the research questions. Extracts of short and long quotes from different participants of the study are used to illustrate that variegated participants contributed to inform the data. Pseudonymous were used to maintain confidentiality of participants.

4.1 Description of the World Vision Lesotho Dignity Campaign

World Vision International (WVI) is a humanitarian NGO whose primary activities focus on partnering with children, families, and communities to facilitate their empowerment in realizing their utmost potential, while also addressing the root causes of poverty and injustice. The core commitment of this endeavor encompasses the assurance of comprehensive well-being for every child: entailing optimal physical health and nourishment, accessibility to clean water and enhanced facilities and provision of high-quality education (World Vision International, 2023). In Lesotho WVI is running a Water Sanitation and Hygiene (WASH) technical programme which focuses on decreasing infectious diseases for children, adolescents, and youth. For adolescents, the WASH programming has the hygiene component that looks at hygiene needs and promotion in schools. The Dignity Campaign falls under this component and the primary activity of the campaign is to promote personal hygiene, menstrual hygiene, and environmental hygiene (World Vision Lesotho, 2023).

This in-school project is directed towards vulnerable girls in three districts of Lesotho that are rural, namely, Mokhotlong, Thaba Tseka, and Leribe. The objective of the project is to help the girl child claim back their dignity through provision of sanitary material including reusable sanitary pads. The programme aims to ensure that girls continue to actively participate in school and are empowered to participate in everyday life (World Vision Lesotho, 2023). To fulfill this commitment, WVL partnered with various stakeholders, the Ministry of Education and Training (MoET), the Ministry of Health (Department of Environment and Health), Vodacom Foundation Lesotho, and Red Cross. Mokhotlong district out of the three Districts benefiting from the programme was selected for this study. Five high schools in the district, namely, a) Mokhotlong, b) Seeiso, c) St James, d) Phahameng, and e) Maboloko were deliberately selected for this study. To ensure confidentiality, these schools were referred to as schools, followed by a number assigned to the school (school one or S1).

The study found that the selection criteria for beneficiaries of the Dignity Campaign initiative focused on identifying girls from disadvantaged backgrounds, such as orphans or vulnerable students, who struggle to access sanitary pads. The partnership between WVL and the Ministry of Education played an important role in identifying these vulnerable students. School principals and teachers were involved in the selection process to ensure that the most at-risk girls, who may miss school due to a lack of menstrual products, received the necessary support.

4.2 The Participants

This section presents the demographic profile of key respondents who participated in one-on-one in-depth interviews. Key informants for this study were adolescent girls who are beneficiaries of the WVL Dignity Campaign programme. For this study, it was important to understand participants' particular circumstances because these played a significant role in their experiences and access to menstrual hygiene materials.

Table 1: Demographic Profiles of Adolescents

Participant	Age	Age of Menarche	Family/Living conditions	Financial Support
Beneficiary 1, S1	13	12	Stays alone at a rented flat, mother in South Africa working as a domestic helper.	Mother
Beneficiary 2, S1	15	13	Stays with mother, father passed away	Social Development
Beneficiary 3, S3	18	16	Grandmother, just the two of them. Parents passed away	Social development
Beneficiary 4, S4	14	13	Father and sister, mother working in Natal	Mother
Beneficiary 5, S5	17	14	Siblings (brother and sister), mother in Natal	Mother and married sister
Beneficiary 6, S5	16	12	Alone, mother in Gauteng, father remarried.	Mother
Beneficiary 7, S5	13	13	Grand father, mother died, father remarried	Social Development

Source: Interview data, 2023.

The demographic profile presented provides an overview of the key participants for this study. Seven girls participated as key informants and their age ranged from 13 to 18 years. The profile showed that the menarche age, time of first menstrual period ranged from 12 to 16 years. Out of the seven respondents, two experienced menarche at 12 years, three at 13 years, one at 14 years and one at 16 years. The family and living conditions of the girls shows a range of family structures, including living with immediate family members, grandparents, or alone. The

profile shows that these varied living conditions were influenced by parental absence due to work, or unfortunate circumstances such as parental death or remarriage. The participants primarily received financial support from their mothers, although others were receiving support from the Ministry of Social Development.

Besides the key participants, information was collected for the study using focus group discussions (FGDs). In each school, two FGDs were conducted with groups of six to eight adolescent girls. The FGDs were categorized according to early adolescent 10-14 years and late adolescent 15-19 years.

Based on the above presented socio-demographic profiles of participants, the age of menarche ranged between 12 to 16 years which demonstrated that girls first experience of menstruation occurs at different ages (Hennegan et al., 2019). The information on the girl's family living conditions showed the prevalence of single parent households, particularly led by, or financially supported by mothers. In Lesotho, as in many developing countries, single-parent households are often associated with higher poverty rates. The Lesotho Poverty Assessment report (2019), by the World Bank shows that poverty levels are highest among female headed households. Participants who were raised by single mothers shared that their mothers had limited financial resources which hindered their access to appropriate menstrual products. Sommer et al., (2015) highlighted how financial constraints in low-income households' leads to difficult decisions, with menstrual hygiene products often considered as non-essential compared to other essentials.

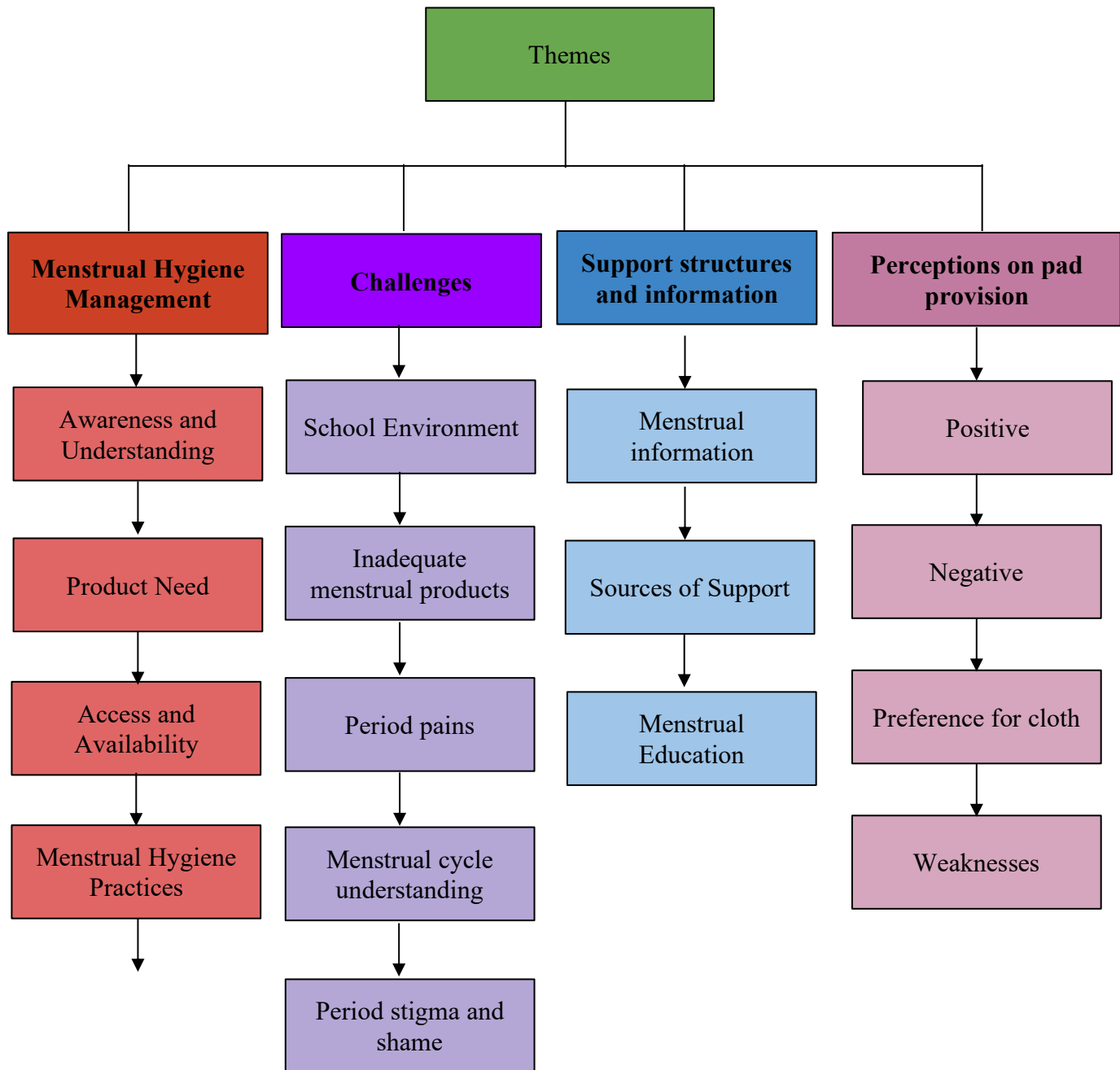
The profile highlighted the absence of parents which resonates with the literature on migration and its impact on family dynamics (Das, 2008). The absence of mothers due to labour migration aligns with the work of De Haas (2010), which shows that migration can disrupt traditional intergenerational communication, leaving children with restricted access to guidance and information from their parents. This includes limited opportunities for conversations about menstruation. The profile also showed that some of girls were under the guardianship of their grandparents, and their educational expenses were covered by the Social Development Ministry. Makhetha et al., (2019) have highlighted the role of grandparents in providing care, support, and guidance to their grandchildren, often in the absence of parents due to labor migration or other reasons. The fact that the educational expenses of these girls are covered by the Social Development Ministry indicates a positive intervention by the government to ensure

access to education for vulnerable populations. This aligns with efforts in Lesotho to achieve universal primary education and reduce barriers to schooling, as seen in the government's commitment to initiatives like the Free Primary Education program (Bletsas & Moleko, 2017).

4.3 Study Themes and Categories

The research questions for this study were used to predetermine themes. Based on this, during data analysis, several codes emerged, and they were grouped into categories. The themes and their categories are visually summarized in Figure 2 followed by sections that present their in-depth analysis and discussion.

Figure 2: Themes and Categories of the Study



Source: Own construction, from data analysis, July 2023.

- D. To explore girls’ experiences of menstrual hygiene management in the school context.
- E. To investigate support structures and services at school for girls.
- F. To explore how the WVL ‘Dignity Campaign’ project providing adolescent girls from disadvantaged backgrounds free sanitary products influences their MHM experiences.

There were four themes: menstrual hygiene management, challenges, support structures and information, and perceptions on the provision of pads. The themes were selected to provide valuable insights into the areas that the study set to assess to reduce period poverty and promote better menstrual experiences for adolescent girls and their well-being in an educational setting.

4.4 Menstrual Hygiene Management

Menstrual hygiene management (MHM) holds significant importance in the study of period poverty due to its multifaceted role in addressing the challenges faced by girls in resource-constrained environments. MHM encompassing practices related to effectively taking care of the body during menstruation, accessing, using, and discarding menstrual products is crucial for maintaining the physical health, emotional well-being, and dignity of girls during menstruation (Chiramba, 2019). In the context of period poverty, where many girls lack access to adequate menstrual products and facilities, understanding MHM becomes essential to identify the specific hurdles and consequences girls face. Based on this, to contextualize how period poverty affects girls in rural schools in Lesotho, the researcher first sought to assess participants' awareness and understanding of MHM.

4.4.1 Awareness and Understanding

To establish a baseline of participants' knowledge on MHM, the researcher asked the girls to describe their needs when they are on their period. Adolescent girls listed a variety of resources that they deemed as necessities to ensure their practical and healthy menstrual experiences. The following three excerpts articulate the girls' understanding of their needs during their period.

“I need pads and painkillers” (FGD, P4).

“I need water, soap and pads” (FGD, 3).

“I need water, soap, pads, and toilet paper” (FGD, P1).

The statements above showed that girls understood the importance of basic menstrual hygiene needs. The mention of pads repeatedly revealed that pads are widely recognized as an essential component for controlling menstrual flow and preserving cleanliness and comfort during periods. The mention of pain relievers suggested that some girls experienced menstrual pain and discomfort during their menstrual cycle and needed pain alleviation. It also indicated that

these girls understood the need of addressing menstrual discomfort to have a healthy and comfortable menstrual experience. The need to have water and soap demonstrated that the girls understood that for maintaining adequate hygiene during menstruation, having access to clean water and soap is essential. Soap and water when menstruating can be used to wash hands and private parts to keep them clean and help to prevent infections. Further noted is their understanding of the need for toilet paper which is necessary to preserve hygiene and cleanliness while utilizing restroom facilities.

4.4.2 Products Utilized to Manage Menstruation.

The researcher sought to understand if participants had access to the menstrual necessities, they needed to manage their period effectively. The study found that participants struggled to access menstrual products, in particular pads. Financial limitations were commonly cited by respondents as a reason for not having the period management necessities. When asked what products they used to manage their menstruation, most of the girls indicated that they preferred using disposable pads, but they were struggling to buy them all the time because their parents or guardians did not have money. The following two excerpts describe the barriers that hindered some girls from having pads every month:

“My parents can’t afford to always buy pads. Ever since I had my periods last year (2022), I used a cloth more than pads” (FGD, P6).

“I sometimes have them, but not always. My parents normally say they don’t have money. It’s not every month that I have pads, so I ask my friends to lend me some” (P6, WVL beneficiary, S 5).

The narrative by the two respondents revealed how some families found it difficult to prioritize purchasing pads on a regular basis due to a lack of funds, which caused their irregular availability to participants. Participant six WVL beneficiary mentioned how often her parents claimed financial constraints preventing them from purchasing period pads. This highlighted financial difficulties in the household and showcased how the respondent personally faced period poverty due to the challenges in obtaining necessary menstrual products. The narrative emphasized the inconsistency in adolescent girl’s access to pads. The respondent mentioned relying on friends to lend her pads to be able to handle her period.

The study also found that other girls who could not afford pads adopted the use of paper or cloth in the place of pads. The study revealed that the alternatives did not offer sufficient absorbent or prevent leaking, resulting in discomfort and significant hygiene issues. Respondents complained about the approach, saying they frequently ran into problems and messed themselves with blood. The following excerpts are personal accounts shared by participants in a FGD, who lacked pads to manage their period:

“When I’m on my periods, I normally don’t have pads and toilet paper, I use paper. But I always have soap and water” (FGD, P4).

“I don’t have pads, I use a cloth and it is not a good experience, I always mess myself with Blood” (FGD, P3).

“My mother doesn’t have money to buy me pads so I use a cloth and I always feel uncomfortable. Like participant 3 says the blood passes through the cloth, and then I mess myself. When I stain, I put my jersey around” (FGD, 6).

“I don’t have pads; I also use the cloth. I have those that I know that they are for when I’m on my periods. I also don’t have toilet paper; I use the cloth to wipe” (FGD, P5).

The narratives by the respondents revealed that the ability of participants' to easily manage their periods and uphold proper cleanliness was hampered by the shortage of appropriate menstrual products and accompanying necessities. Respondents mentioned the absence of toilet paper which proved that participants considered tissue a basic sanitary necessity that makes maintaining personal menstrual hygiene easy and comfortable for girls. In this study, for girls to come up with ways to work around their menstrual challenges that were aggravated by the lack of access to period pads demonstrated that the girls are resourceful. Participants also spoke of utilizing cloth that is designated exclusively for their periods which displayed their comprehension of the requirement for some sort of absorbent material to manage their menstrual cycle as well as their capacity for situational adaptation. For this study, these extracts emphasized the importance of addressing the lack of access to period products and basic hygiene supplies to reduce period poverty.

4.4.3 Access and Availability

When asked if there were organized menstrual products available for menstruating girls at school. The study found that four schools took a proactive approach to assist girls with menstrual pads. Only one school explicitly mentioned that they did not have any strategy in place. Providing insights to this question, adolescent girls said:

“Yes, there are pads readily available in the office for those who need them. We only get them when we request them (disposable ones)” (FGD, 4).

“There are disposable pads. We get them when we need them. We don’t get them randomly. The teachers give us 1 or 2 pads to use when we see our periods while at school” (FGD, P5).

“Sometimes there are people who come and give us pads randomly. For instance, some weeks ago, some girls got pads from World Vision” (FDG, P 1).

“Yes, we have, and we were once given pads by World Vision, 1 packet of reusable pads (5 in pack)” (FGD, P3).

A life-skills teachers in school one said:

“They get them only when they need them while at school. We normally give them one pad so they can survive for that day. We never interrogate them whether they have some at home or not, we just give them just one to use now” (Life-skills teacher, S1).

“We have pads at the office, and we give them when they request them. Maybe a girl comes and tells us she is on her periods and forgot her pads at home, she is given one or two pads. But those who come and say they don’t have pads at all, we give them a packet” (Life-skills teacher, S2).

“Before World Vision gave them the reusable pads, the organization used to give them disposable pads, so they would be extras because some girls are not menstruating yet, so we kept them for those who might need them while at school. World Vision used to come once or twice a year, one packet for each girl. When they came to give them the reusable pads, we were

not part of the meeting, it was only them and the girls, but we heard that they taught them how to use and wash them” (Life-skills teacher, S3).

The narratives from the respondents revealed that most schools tried to provide pads for girls who needed them. However, the study revealed that the availability of pads was limited, and schools did not have a regular distribution scheme in place as students had to ask for pads from the school office. The study found that the schools in the study commonly gave pads to pupils who ask for them to meet urgent demands. For most schools, their capacity to continuously provide an appropriate supply of period pads was dependent on external support, the study showed. Only one school indicated that they included pad supply in their budget.

“Yes, we have organizations like World Vision and Metropolitan donating pads to us. As a school we also buy pads for students from the school fees. Not necessarily that they’ll pay for them but from the funds we have in the school. We use it” (Principal, S4).

School three confirmed total dependency on external sponsors for the supply of sanitary pads and further revealed that in the absence of donations from external organizations they were not able to provide pads to girls when they needed them at school. Attesting to this, a life skills teacher at the school said:

“No, we don’t. We can’t even afford to buy them. We rely on sponsors from organizations like WV, so if the sponsors do not supply us then we do not have. This is a community school; parents pay little school fees. Parents don’t even pay more than M2000.00 annually, and still parents don’t pay well” (Life-skills teacher, S3).

The narrative of the life skills teacher in school three highlighted the restricted provision of period pads in school. The respondent revealed the financial hardships experienced by the educational institution. The mention of the community school and the modest annual tuition payments made by parents (no more than two thousand Maloti) highlighted the socioeconomic setting in which the school is located. It emphasized the school's budgetary constraints even more, which limited its capacity to offer pupils the resources they needed, including period products.

When considering World Vision Lesotho's involvement in offering menstruation products and supplies in schools, the data for this study showed that the organization made it possible for adolescent girls who faced financial constraints and schools with limited resources to have access to menstrual products. Since the inception of the programme, three hundred (300) girls have received assistance. The study found that the Dignity Campaign programme addressed barriers related to availability, affordability, and geographic access to menstrual products. Highlighting the work of WVL in providing menstrual products in schools a respondent from WVL said: *'we gave two schools reusable pads, and the other two disposable pads. In the package there are pads, soap, cleansing soap', (P1, WVL).*

This study established that WVL applied a flexible strategy to address girls' menstrual requirements in various educational contexts. WVL's strategy for distributing menstruation products considered the unique requirements and conditions of various schools (as revealed in the background passage of selected schools), the study showed. The schools that were engaged in this study were in very remote areas and were not easily accessible (researcher's observations).

The inclusion of body soap and washing soap in the dignity package by WVL showed that the organization approached menstrual hygiene management holistically. It implied that WVL understood the need of encouraging general hygiene throughout the menstrual cycle in addition to providing menstruation supplies. This further highlighted the objective of the component of the WASH programme intended to promote menstrual hygiene and hygiene for adolescent girls (as revealed in the passage describing the Dignity Campaign programme). For this study, the involvement of WVL with schools showed the organization's dedication to addressing period poverty and advancing adolescent girls' right to dignity, health, and education.

4.4.4 Menstrual Hygiene Practices

The researcher sought to understand the participants' menstrual hygiene practices. The study revealed that participants maintained personal hygiene when menstruating by bathing and changing pads regularly. The following four excerpts provided insights on the participants' menstrual hygiene practices:

"I bath properly, two times a day with water and soap" (FGD, P6).

“I bath in the morning and evening before I sleep. I change a pad four times because sometimes I have a heavy flow” (FGD, P1).

“I bathe twice a day; I change my pad after 2 hours because I have a heavy flow. I always carry my pads because I know I have a heavy flow and because my cycle is not consistent” (WVL beneficiary, S 5).

“I bath and change my sanitary pads every four hours. I prefer covering pads before disposing of them, to avoid flies and odor” (FGD, P5).

The narratives by the respondent's showed their dedication to ensuring cleanliness and comfort during their period. Some of the respondents' awareness of their flow intensity and following a proactive approach to changing pads on a frequent basis to properly control a larger menstrual flow is demonstrated. The WVL beneficiary shared that she always carried pads which demonstrated that she upheld feelings of personal accountability and readiness to effectively control her period. Participant six highlighted the number of times (three times per day), the respondent took a bath with water and soap, demonstrating their dedication to staying clean and odor-free while they are menstruating. FGD Participant five mentioned the practice of covering pads before disposing of them. This revealed that the respondent followed a practice intended to keep insects and odors at bay. By covering the pads, the participant demonstrated undertaking proactive actions to maintain a sanitary environment and limited the chance of unpleasant odors or unsanitary situations.

4.5 Challenges

To better understand how period poverty affects girls' educational experiences and well-being within the rural school's context, the researcher set out to investigate the various challenges that girls attending rural schools in Lesotho had to deal with because of the phenomenon. This included an investigation of several factors, including the school environment, menstruation product accessibility and availability, and obstacles encountered while trying to obtain them. For this study, the phrase "school environment" refers to all pervasive physical, social, and psychological circumstances present in educational institutions that have a direct bearing on girls' menstrual experiences and practices (Sabates et al., 2013). This includes every facility,

resource, policy, and cultural perspective present in schools that collectively mold the MHM environment for female students. It entails facilities and services like, clean water access, period products supplies, privacy and dignity issues, menstrual instruction, peer interactions, and general attitudes toward menstruation.

4.5.1 School Environment

Findings of this study revealed that menstruating girls struggled to practice and maintain good hygiene practices at school. The study uncovered that a significant number of schools lacked essential facilities to support menstrual hygiene management effectively. Clean and private toilets with running water, handwashing facilities, and proper disposal systems were either unavailable, limited, or inadequately maintained for menstruating girls. Describing the sanitation facilities available to menstruating girls in FGDs said:

“For me, I think our toilets are not clean, it is just that when someone is outside, they can’t see you. But it is not clean, one can’t even sit when doing their business. There is urine on the floor, we don’t have pads bins, and we throw the pads in the toilet. There are no toilet papers, we use exercise book papers” (FGD, P1, S1).

“The toilets are very dirty; they do not have privacy. Only one is better and you find that there is a long line to use it. Some people then opt to go use the hills. The water is very far, we do not have soap. Also, in the toilets we do not have bins, we throw our used pads in the toilet or use the rocks” (FGD, P7, S1).

“We don't have pad bins to dispose of pads, we sometimes just throw them all over, even near the rock and they pollute the environment. Our toilets are not in a good condition really. The animals take them or try to eat them, and they leave them all over, sometimes they are blown away by the wind. I think it can be better for the school or the government to build better toilets for us. Even the taps are very far from the toilet and the classes, so we get discouraged from washing hands” (FDG, P7, S2).

The principal at school 3 also described the conditions of the sanitation facilities along the responses provided by the students from school one and school two by saying:

“We only have toilets. They are not too good but when they have been cleaned, they are good. But they are not private, one student in a cubicle is able to see the other in another cubicle (there are five cubicles), but there is a door outside. There are no pad bins, they are disposed in the toilet. We have a JoJo tank because our tap is not reliable, so when there is water from the tap, we channel it to the tank so that they can use it when it is not there from the tap. We don’t have the soap, we only have it when world vision has given us. The tap is far from the toilets” (Principal S3).

The narratives provide insights into the key menstruation issues in the school context. The statements of the respondents highlight the inadequate quality of sanitation facilities for girls, emphasizing issues of cleanliness, privacy, and functionality. Participants raised worries about filthy toilets, a lack of basic sanitation standards, and the absence of authorized menstrual product disposal systems. Due to the lack of disposal containers for pads, unsanitary activities such as putting used pads in toilets or on the floor occur, including using rocks outside the toilets adding to environmental contamination. Furthermore, the scarcity of critical services and supplies such as clean water, soap, and toilet paper adds to the difficulties that girls encounter. The narratives demonstrate that the state of the sanitation facilities and the lack of basic amenities have a negative impact on girls' ability to manage their menstruation in a sanitary manner.

Figure 3: Visual depiction of the condition of toilet facility



Source: Researcher, data collection 2023.

The picture depicts the condition of the toilets; it reflects inadequate upkeep and disposing methods as described by the respondents. Due to the unsanitary conditions in the bathrooms, and lack of waste management containers, the study found that when disposing of their used pads some girls often resorted to using the outdoor environment or throwing soiled pads down the toilet, causing an unsanitary environment. According to this study, the practice carried major health hazards, including disease transmission and environmental contamination. The implications of having dirty toilets and lack of waste disposal bins available for menstruating girls is demonstrated in the following picture.

Figure 4: Reflecting the environmental contamination.



Source: Researcher, data collection 2023.

“There isn’t one that complies, they don’t have menstrual hygiene toilets, they don’t even provide privacy. They are all the same. Because when we explain how a menstrual hygiene toilet should be, we would be saying it needs to have doors and be different from the other one. Some even dispose of the pads outside, in the dongas; there isn’t a specific place to dispose of the used pads” (MoH, P2)

The excerpt by the MoH indicated that schools in rural areas in Lesotho lacked toilets that provided privacy for girls during their menstruation. The study found that Menstrual toilets were not equipped with the necessary facilities, such as proper sanitation infrastructure, running water, and disposal facilities, to ensure girls managed their periods hygienically and privately. The excerpt mentions the absence of a specific place to dispose of used menstrual pads, leading to improper disposal methods, such as disposing pads in the dongas. The results of the study showed that improper menstrual waste disposal had severe implications for hygiene and the environment that led to pollution and potential health risks.

Linked to poor sanitary facilities, the study found that lack of accompanying products such as toilet paper, soap, and clean water, led to bad menstruation practices, and other issues of hygiene. Demonstrating this finding are the following three excerpts:

“We don’t have toilet paper; we use exercise book papers and stones. After peeing, we sometimes use our panties to wipe if not the papers, or not wipe at all. And that does not make us feel good, wiping ourselves with the panties that we are wearing, and getting wet too” (FGD, P6).

“We don’t have taps to wash hands after using the toilet, we need taps designed specifically for that. Sometimes we do not even wash our hands after using the toilet” (FGD, P3).

“We have only one tank that is used to wash hands, which is even far from the girl’s toilets. I think it is not enough and it might cause inconvenience here and there. To be honest, it’s been a long time since I went to their toilets. However, we were made aware just last week by WV that we need to put dust bins in the toilets, and they also advised us that we clean those bins often” (WASH teacher, S1).

The narratives presented above by the respondents highlighted the difficulties menstruating girls encounter due to shortage of hygiene necessary menstrual products, items, and restricted access to clean water for handwashing. The first excerpt (FGD, P6) indicated the absence of necessities for menstruation like toilet paper, which forced girls to utilize unsanitary alternatives such stones and the pages from exercise books. When maintaining good hygiene is important to people who are menstruating, they may find it particularly difficult if they do not

have access to enough toilet paper or other options for wiping after using the toilets. Participants reported feeling discomfort when using these alternatives proving the negative health effects.

The second excerpt (FGD, P3) highlighted the lack of taps for handwashing following toilet use. In this study, the lack of access to taps or designated hand washing areas revealed that students may not be able to practice good hygiene, which posed a risk to their health, especially in the school setting. The narrative by the wash teacher revealed how menstruating girls can be inconvenienced by having a single hand washing station that is located far away from the toilets. The findings showed that students washed their hands less thoroughly or it discouraged them from washing their hands completely, which had potential to lead to the spread of illnesses and infections in the school setting.

Figure 5: Water Sources at school



Source: Researcher, data collection 2023.

Beside the taps being situated far from toilets, the study also found that water supply and availability was an issue for some schools. It also revealed that if water was made available for students, the provided water for washing hands was not specifically for menstrual hygiene care for girls but for general hygiene practices like the washing of hands before eating. The following excerpts described this situation in schools:

“There is a tap, but it is not reliable. Sometimes we take a week without water, and we use the water from the tank” (FGD, P5).

“We currently have one tank for students to wash hands. It is made in such a way that they use their feet to open it when washing hands, they don’t touch it with their hands, it is specifically designed for washing hands. We used to have tippy taps around the school for students to wash hands. However, they are no longer there because the students destroyed them. We use the tank though for them to wash their hands. We also put water near the kitchen for them to wash hands every time before they eat” (WASH teacher, S1).

Confirming the narrative of the WASH teacher, two excerpts from respondents in a FGD at the school are presented below:

“During COVID-19, we used to have tippy taps, we washed hands with water and soap, but we no longer have them. I would suggest they bring that back” (FGD, P5).

“In addition to what they have said, ‘the only time when we have access to soap is when we go for lunch. Water and soap are provided near the dishing station for us to wash our hands before we eat” (FGD, P3).

In the above excerpts, respondents emphasized the value of maintaining and providing students with easy-to-access handwashing stations, such tippy taps, to encourage excellent hygiene habits. The respondents also drew attention to the scarcity of soap. The participants highlighted that having access to soap only at lunchtime was not enough to ensure good hand hygiene all day, especially at other crucial times like just after using the toilet.

Furthermore, in this study, pictures of the WASH facilities were captured by the researcher after conducting interviews in the schools. It formed part of the spot-check exercise the researcher intended to undertake for this study as highlighted in the data collection method section. The pictures confirm what respondents shared during the interviews concerning the state of their WASH facilities in the schools. The researcher was not able to do a spot check in one school because students were dismissed early to allow borders to prepare for closing of

school for the winter school-break. However, discussions with respondents revealed that the conditions of the WASH facilities were the same as those raised by respondents in other schools. In another school, the toilets were found to be quite clean, however, a WASH teacher revealed that they cleaned them after being notified by MOET of the researcher's intended visit to the school. This supported students' claims that toilets are only cleaned before events or when visitors are expected.

The study findings also revealed that the Ministry of Health under the Environmental Department also conducts spot checks at the schools to inspect the conditions of the WASH facilities. A representative from the department shared the following information on how they conduct spot checks:

“When we spot checks, we don't just go directly to the schools; we talk with the Ministry of Education. We go at the approved time; we don't disturb them during classes. So, when we go for inspections (spot checks) we don't interfere with the learners and their studies.” (MoH, P2)

4.5.2 Inadequate Menstrual Hygiene Resources

The study found that period poverty, characterized by limited access to menstrual hygiene necessities and products including pain killers, is a critical issue affecting girls in educational settings. The following excerpts are perspectives of teachers and a school principal that provided valuable insights into the multifaceted impact of inadequate menstrual hygiene resources on girls' educational experiences.

“Sometimes some of them cannot afford to buy pads and that becomes a challenge to them. Even when they come to us to ask for pads, we can tell that they don't have them, they need a pack not just two or three pads. So, if we give them just two it means when they get home, they have nothing to use. They also miss school because of not having pads, even if they don't say that they missed school because of pads, but as a teacher when I look deep into it, I realize that some girls miss school on similar/close days of the month” (Principal, S4).

“Sometimes when they don't have pads they don't come to school. Even when they are at school, they don't feel free because they didn't put on a pad or they use a cloth” (Life Skill teacher, S3)

“They are not comfortable, and their participation is not the same as usual. They worry about messing themselves up” (Wash teacher, S3).

“It affects them in that, some of them might be afraid to engage with others when they don’t have pads, or if they know they have heavy flows and used “tjale” (blanket cloth), they are afraid they might mess themselves with blood. They do not play with their friends or engage in sports. Some even miss school when they are on their periods, so it causes absenteeism from school” (WASH teacher, S1).

Narratives presented by girls further revealed that their participation in class and extracurricular activities were affected. In a focus group discussion with late adolescent girls from school two, participants said:

“Sometimes it becomes difficult to go to the board when we are on our periods, and that affects our performance in class” (FGD, P4).

“We don’t feel free to play or even do sports” (FGD, P2).

“Sometimes we are even afraid to even go to lunch because we are worried if we won’t mess ourselves up, especially because there are boys and girls together, and they will all see when I mess myself up” (FGD, P1).

According to the statements provided by teachers, there was a clear impact of period poverty on several components of girls' school experiences. Most teachers claimed that girls' school attendance suffered when they did not have access to menstrual pads. Some girls' attendance patterns fluctuated because they were afraid of leaking during their periods, which caused agony and embarrassment. In addition, girls' engagement in class discussions and activities was hampered by their self-consciousness and reluctance to participate completely due to a lack of proper menstrual hygiene resources. These findings were supported by the principal's observation in School 4, which focused on how girls' regular attendance was impacted by the lack of menstrual pads. Girls' self-confidence and comfort in going to school during their periods were hampered by the lack of basic menstrual hygiene supplies, lowering their overall academic performance. For this study, the results of this finding highlighted the severe negative

effects of period poverty on menstruation girls' educational pursuits. The principal's observation served as evidence of how urgent it is to eradicate period poverty to provide equal educational chances for all girls.

In this study, a discrepancy in statements provided by teachers and students on the effects of lack of access to menstrual packs on girls in school was noted. This was attributed to the contradictory statement of girls reporting not missing school due to their periods while teachers reported observing girls to miss school during menstruation. Narratives presented by adolescent girls revealed that most of them did not miss school due to lack of pads. However, a few students claimed that they occasionally missed school and class because of menstrual pain. The study found that parents took a strong stance on school related matters, and they suggested the use of cloth as a menstruation management alternative when pads were unavailable. Discussions with adolescent girls in FDGs revealed several different strategies late adolescent girls used to manage menstruation, along with the reliance on the pads provided at school. The following excerpts provided insights on the influence parents and guardians have on their girl's school attendance when they are on their periods and the various strategies adopted by participants.

“When I am on my period, I still have to come to school, I miss school only when I have period pains” (FDG, P3).

“I never miss school; my mother tells me to cut the cloth when I am on my periods. I don't feel free, and I do not normally like standing up to write on the board because I worry if I didn't mess myself up” (FGD, P6).

“No, I don't miss school, even if I have period pains, my mother says I should go to school because I am not sick, period pains are normal. She gives me a 'tjale' (blanket) to wrap around my waist” (FGD, P2).

“I don't miss school when I am on my period. I use cloth but when I get to school, I ask my friends to lend me pads, the disposal ones. Last week World Vision came and gave us reusable pads, five each. I am happy because now I do not have to worry about pads” (FGD, P4).

The above narratives reported regular attendance at school throughout menstruation and attributed this behavior to their parents' and guardians' strong stance on academic matters. Participants disclosed that their parents discouraged them from skipping school because of their periods, which established a sense of responsibility for their education. However, a few students admitted to being absent from class occasionally because of excruciating menstruation cramps. The study also revealed the use of fabric as a substitute for pads when they were not available. Some girls relied on the pads given to them at school to swap the cloth they used from home upon reaching school. This strategy demonstrated the girls' resourcefulness in handling their periods by assuring their attendance at school even when they lacked menstrual hygiene supplies. The findings highlighted the important role that guardians and parents had in influencing girls' opinions towards school attendance while having their periods. It showed that participants developed a sense of devotion to learning due to the stringent promotion of frequent attendance. Nevertheless, the study noted that menstrual pain somewhat affected students' attendance at school, emphasizing the significance of recognizing and attending to female students' menstrual health requirements. For this study, the statements provided by both the students and teachers suggested that that contextual and individual circumstances contributed to varying school attendance patterns during menstruation. It also showed that girls are a heterogenous group with unique responses to menstruation-related challenges.

4.5.3 Period Pains

Most participants in all the five schools revealed that they struggled a lot with period pains. The study found that menstruating students' discomfort and inconvenience were made worse by period poverty. The study showed that some girls did not have the economic means to afford medication like painkillers to manage these symptoms. In schools, the study found that access to pain relief options varied across schools, and this influenced students' ability to cope with period pains and their overall school attendance. In FGDs girls shared their challenges, coping mechanisms, and preferences for pain relief during menstruation saying:

“Some of us experience period pains and we sometimes miss school because of that” (FDG, P1, S1).

“Having to experience period pains until we are done menstruating. It becomes a challenge when one does not have pain tablets and when you go ask at the office, they say they do not have. Then we are sent home” (FDG, P8, S1)

“I need water when I am on my periods, hot water to drink, I feel like hot water assists in compressing period pains” (FGD, P6, S1).

“Normally, when we have period pains we go to the office and ask for hot water, then either I’m given pain killers or hot water. We are also given activated charcoal to suppress the pain”. (FGD, P7, S2).

According to the above narratives from participants in the FGDs, the respondents frequently had menstrual pain, which occasionally caused them to miss school. Participants discussed how difficult it was to manage period discomfort while going to school and expressed a desire for efficient pain treatment solutions. It was noted that some schools offered hot water for drinking and compressing the pain, as well as painkillers and activated charcoal (FGD, P7, S2). These items, which offered some relief from period pain and suffering, were well-liked by the students. However, in other circumstances, the availability of pain management choices was constrained, making it difficult for menstruating girls to manage their period with ease while at school.

The following two excerpts provided teachers’ perspectives on menstrual pain and period poverty in the school setting. Shedding some light on the challenges faced by menstruating students during school the teachers said:

“Let me talk about period pains, when they are experiencing that, you will notice as a teacher. Even the most active student in class does not participate well when they have period pains. If we were to know that they are experiencing period pains, we just allow them to go out if they feel like they need that” (Washer teacher, S1).

“Yes, there are, especially those who experience period pains, they don’t want to do anything, they just want to sit, not talk to anyone, be rude to others and that affects their participation in class negatively. We allow them to go home or go to the shop to buy pain killers. So, we would love to have pain killers’ donation “(Life-skills teacher, S3).

The responses offered by the wash teacher (S1) and the life-skills teacher (S3) provided insightful views on the consequences of menstruation discomfort on menstruating students’ involvement in classroom activities. The WASH teacher noted that the most active student in class stopped participating during instances of period discomfort. This implied that

menstruation pain interfered with students' capacity to concentrate and actively engage in academic work, further impacting their learning outcomes. As a result, the teacher highlighted the importance for teachers to be aware of signs of menstrual pains in their students to offer support. Both teachers demonstrated an understanding of the importance of providing pain management alternatives for students who are on their periods. The life skills instructor (S3) emphasized that some schools permit students to leave school when they have period problems. This practice showed that it was important to take care of pupils' pain and suffering during their periods. However, it also raised questions regarding the availability of pain management tools, particularly for students with limited budgets or access to affordable medications. The teachers' statements further subtly highlighted the characteristics of period poverty, a condition marked by restricted access to resources and menstrual hygiene supplies. The life skills teacher (S3) noted the necessity for painkiller donations, which was indicative of the difficulties students had accessing necessary pain treatment during their periods.

In school three, the researcher observed water being boiled in the staff room. The observational data revealed that water was consistently being boiled in the staff room for students who experienced period pains. This practice confirmed responses from adolescent girls during interviews that when they experience period pains, they approach the staff room to request for hot water. Staff personnel and teachers recognized that students found relief from hot water and boiled water was made available to them. The provision of heated water for menstrual pain alleviation displayed the school's responsiveness and concern for students' comfort during their menstruation by responding to the precise request.

However, for this study, the practice raised some concerns about the overall strategy for supporting girls' menstrual pain management in school. The presence of hot water in the staff bathroom suggests that there may not be any facilities or resources expressly designed to promote menstrual health. Additionally, using the staff room to request for boiled water may present logistical difficulties. The study already showed that some students were not comfortable approaching teachers, considering this, for this study, this could unintentionally prevent pupils from having access to boiled water. This finding emphasized the significance of providing comprehensive menstrual health support in the school setting. The results revealed a need for designated facilities, open communication, and student engagement as essential

components in developing a supportive atmosphere that promotes menstrual well-being for all female students.

Figure 6: WASH teacher boiling water for students experiencing period pains.



Source: Researcher, data collection, 2023

4.5.4 Menstrual Cycle Understanding

The study highlighted how some girls encounter unforeseen periods at school because they are unable to keep track of their menstrual cycles, leaving them unprepared and increased absenteeism among menstruating girls in school. The results highlighted the urgent need for comprehensive menstrual hygiene instruction and sexual reproductive health education, including enhanced sanitary facilities to accommodate the requirements and privacy of menstruation girls. A wash teacher at school one provided his views on the challenges that menstruating girls encounter in the educational setting, particularly the teacher focused on how girls due to unpreparedness experienced unanticipated periods.

“Except for missing school and not having pads, some of them don’t know their cycle and they normally mess themselves up since they don’t know when they start their periods. Also, we only

have a few toilets which can accommodate our students and are not even conducive for a girl to do their business privately and comfortably” (Wash teacher, S1).

Delving into the challenges faced by menstruating girls and sharing their experiences on the consequences of lacking knowledge and skills on how to manage their periods effectively, adolescent girls from different school had the following to say:

“I don’t know when I am about to see my periods, like I don’t know the dates which I can expect my periods, I only know when I have period cramps” (FGD, P3, S3).

“I don’t know the dates of my periods; I only know when I see blood that it is time. I only get saved because I always have pads in my bag” (FGD,4, S5).

“I once experienced my period in class. I didn’t know it was my date. Luckily there was no teacher in class, and no one saw. So, I put my jersey around and went to the toilet. I would suggest that maybe we have bathrooms just outside the toilets to wash our uniforms when we mess ourselves. I had to go to the office and ask for a pass out” (FGD, P6, S1).

The narratives of the respondents showed that many adolescent girls do not have a thorough understanding of their menstrual cycle. As a result of lack of this knowledge, for some adolescent girls, their periods at school took them off surprise. Girls frequently had monthly periods unexpectedly while attending school because of their inability to monitor their menstrual cycles. Menstrual mishaps forced students who experienced them to be sent back home or to the hostel to take care of hygiene problems, which led to absenteeism and disrupted their academic involvement. Additionally, the study found that the sanitary facilities offered in schools were frequently insufficient to meet the unique demands and privacy concerns of girls who were menstruating. The discomfort and humiliation that girls further experienced during menstruation was a result of inadequate access to clean and private rooms for taking care of their menstrual hygiene.

The results of these findings revealed that adolescent girls in the school setting face considerable difficulties managing their menstrual hygiene since they don't comprehend menstrual cycles. They become unprepared because of this knowledge gap, which impairs their capacity to deal with menstruation efficiently. Girls' struggle to preserve their hygiene and

dignity while poor menstrual management is further exacerbated by the lack of adequate sanitary facilities. The results of being unprepared, including school absences, highlighted the urgency to address these issues for girls' improved participation and wellbeing in schooling.

4.5.5 Period Stigma and Shame

The study discovered the widespread problem of menstrual stigma, which affected girls and caused them to experience embarrassment, mockery, and improper behavior from boys. The study found that period shame negatively impacted girls' emotional health, self-esteem, and academic engagement. Adolescent girls shared their experiences of period stigmatization and shaming in the school environment in the following five excerpts. The excerpts are selected responses from different girls from the five schools and they were captured during FGDs.

“It is always embarrassing to go to school when we are on our periods because boys who have gone to initiation school see us and they make funny comments, they also tell their friends” (FGD, P3, S1).

“The boys make funny comments when teachers talk about menstruation in class, they laugh at us when we have messed up on ourselves. They will be like, ‘today someone is riding a white horse’. Also, apparently some boys who are from initiation claim that they can see when a girl is on their periods” (FGD, P1, S2).

“I always see girls who stain themselves ashamed, and also the boys mock them, especially those who are from initiating” (P5, S3).

“When we are on our periods the boys laugh at us, and they try to touch us. We always tell our teachers though” (FGD, P2, S4)

We get affected when we must go and write on the board because the boys who have gone for initiation see us, and they tell their friends that we are on our periods, and they laugh at us. Even when we did not mess ourselves with blood. (FGD, P6, S5)

The above accounts of menstrual shaming and stigmatization experienced by adolescent girls in the school environment underlined the importance of addressing the stigma associated with menstruation as a key component of gender equity and wellbeing. The findings from the focus group discussions revealed the distressing effects of period shaming, as girls faced mockery and ridicule from boys who had attended initiation school (FGD P3, S1). Boys actively contributed to menstrual stigma by making offensive comments and jokes about menstruation,

creating a hostile environment that exacerbated girls' discomfort (FGD P1, S2). Some boys even claimed to have the ability to discern when a girl is menstruating, further perpetuating negative attitudes (FGD P1, S2). The impact of menstrual stigma on girls' academic engagement was evident, with girls expressing fear and reluctance to participate in class activities, especially when writing on the board, due to the risk of ridicule (FGD P6, FGD P3, S1). This fear affected their confidence and hindered academic performance during menstruation.

The narratives of girls seeking help from teachers in response to harassment or inappropriate behavior by boys underscored the significance of creating a safe and supportive environment for menstruating girls (FGD P3, S1). It revealed that comprehensive menstrual health education is crucial to promote respect, sensitivity, and understanding among all students and foster a culture of inclusivity in schools (FGD P1, S2). This finding drew attention to the need for increased gender sensitivity and awareness among both students (boys and girls) and teachers to combat menstrual stigma. Discovering that girls experienced menstrual stigma in schools prompted the researcher to further investigate how menstruating girls were capacitated to embrace their natural bodily processes without fear of humiliation. It was crucial for the researcher to understand the support that the school set up provided to ensure that menstruating girls' academic and emotional well-being is not compromised.

4.6 Support and Information on Menstruation

To investigate support structures and services at school for girls, the researcher sought to explore the dimensions of support and information availability concerning menstrual hygiene management (MHM) within the school environment. This research question sought to learn more about the support systems, communication patterns, and instructional approaches currently in place for managing menstrual hygiene in the setting of the school.

4.6.1 Menstrual Information

The study found that across most girls, there was a lack of detailed information and open discussion about menstruation before menarche. This lack of prior knowledge contributed to feelings of fear, confusion, and anxiety for girls during their first period. The study found that the advice given to girls on their first period was not accurate and was limited and some girls relied on their siblings and friends to learn about menstruation. Instead of crucial information

for managing their own health and hygiene, girls were told about the mobility limits that come with menstruation and the importance of not having sex. The following excerpts were gathered from interviews with key participants describing their first period experiences and the support and information they received:

“I was scared, it was my first time seeing such a thing because nobody ever told me about it before. I was really scared. After I saw blood, I tried to bathe but I continued bleeding. Even after my sisters explained to me why that was happening, I was still afraid, but I tried to understand” (WVL Beneficiary, S1).

“My first period experience, I was living with my grandmother. It happened while I was at primary school. Well, I already knew that there is something like menstruation. When it happened, I told my friends, and they told me to go and tell our teacher. Even though I was afraid, I went to my teacher, and she gave me pads. Later when I arrived home, I told my grandmother, she asked if it was my first, I said yes, she then told me that I should not sleep with boys. Even my teacher told me the same thing, that I shouldn’t sleep with boys” (WVL Beneficiary, S2)

“I started seeing my periods in 2021. I was at home. In the morning when I woke up, my waist was kind of painful, when I checked my bed, I saw blood. I didn’t know what to do. While I was stranded, my mom came into the room after some time. I knew I couldn’t talk so I decided to show her the blood. She then told me that I am now a grown-up girl, and I should not sleep with boys because if I do, I will have a baby. Before that, I had never talked with my mom about menstruation, but I have heard my friends talk about their experiences. But still, I was very scared, I thought my mother was going to yell at me. My mother then gave me pads, she taught me how to use them” (WVL Beneficiary, S3).

“I was with my sister, we used to sleep together. When I woke up, I saw blood, I told her. I never talked to her about menstruation, she only used to tell me that if I see blood in my private parts, I should tell her. I knew the moment I saw blood that I was seeing my periods, but I was scared, I didn’t know how I was going to tell my sister. She then told me that I am now a grown up. I shouldn’t sleep with boys, and if I do sleep with boys, I will have a child. She then showed me how to put on a pad” (WVL Beneficiary, S4).

“Well, the first time I had my periods, I did not tell my mom because it only lasted for one day. I did not tell her about it, I thought she would say I had sex with some boys. That’s why I did not tell her. So then, the next month I felt some period pains, so I was like “Yah! This time, I must tell her” And I was still playing around the village with my friends. Then I went home and by the time I was in the toilet, I was like “Mama Come and see!” and when she got there, I just showed her my pants and they were full of blood” (WVL Beneficiary, S5)

The study revealed that several adolescent girls experienced fear and confusion during their first period due to lack of prior knowledge and misconceptions surrounding menstruation. Participant S1 stated feeling scared and unsure about what was happening due to the absence of prior information. This finding indicated that some girls had never had menstrual discussions or education before their menarche. The study showed that individuals who had someone to talk to and received guidance felt more at ease in understanding and coping with their first period, (Participant S3). Cultural beliefs and misconceptions surrounding menstruation were evident in some participants’ responses. Associating menstruation with restrictions to interacting with boys and avoiding sexual activity and potential pregnancy was a recurring theme among participants. Participants (S2, S3, S4, S5) were all cautioned not to sleep with boys either because their periods symbolized that they were grown, and they would fall pregnant. This finding indicated the presence of misconceptions about menstruation and sexuality. The finding also revealed the presence of cultural insensitivity and non-scientifically proven education that perpetuated cultural norms and myths including misinformation.

Participants expressed a range of emotions in response to their first period. Some respondents said they were afraid, while others voiced concern about possible adverse reactions from family members. Participant 5 revealed that she feared telling her mother about her first menstrual experience to avoid being accused of engaging in sexual intercourse. The reluctance of the respondent to discuss her first period with her mother due to fear of judgment of engaging in sexual activity highlighted the presence of menstrual stigma. The study found that this stigma created barriers to seeking support and information and it negatively impacted the girl’s overall menarche experience for most of the girls.

4.6.2 Sources of Support at School

In the school set up, the study showed that participants' preferences for who to turn to for help varied. Most of the participants preferred talking to their school prefects, peers, and friends. A few participants expressed feeling at ease conversing with their teachers.

“I can go to my class teacher and let her know so that she can give me a pad, or even water” (FGD, P3).

“I think the best person to rely on is our teachers because they have the knowledge we need; they can also give us pads when we need them. However, I haven't talked to my teachers when I need pads, rather, I talk to my friend so that she lends me a pad (disposable ones). I don't talk to teachers because I am afraid of them, even though they are friendly” (FGD, P4).

Whereas the majority preferred speaking with their friends, peers, or school prefects.

“I talk with my friends because I feel comfortable talking to them” (FGD, P6).

“We ask from the monitor, and she will ask from the teachers. Sometimes we ask from us. Friends” (FGD, P6).

“We talk about menstruation in class as girls in the absence of teachers and boys. We talk about random things concerning our period like period pains on heavy blood flow” (FGD, 5).

Respondents also mentioned feeling awkward approaching male teachers.

“We don't feel comfortable talking to our male teachers about our periods” (FGD, P3).

Other participants expressed fear of approaching teachers. The fear of authority was expressed as following:

“I feel afraid to talk to my teachers, it's not because they did something, it is just me who is afraid” (FDG P2).

” I feel nervous to talk to my teacher, I never feel free to talk to them about menstruation” (FGD, P4).

In the provided excerpts, the study revealed the varied preferences among menstruating adolescent girls in a school setting regarding whom to turn to for help with menstrual issues. Most participants expressed a preference for seeking assistance from school monitories, peers, and friends, while only a few felt comfortable approaching their teachers. The study revealed that the preference of many girls seeking support from their school prefects, peers, and friends when dealing with menstrual issues was attributed to the view that these persons were more approachable and relatable. Girls were comfortable and at ease when discussing intimate topics such as menstruation and menstrual problems with them. The study found that because of the trust and strong bonds that exist between friends, it was easy for girls to foster an atmosphere where they could openly discuss their experiences and ask for support without worrying about being judged.

The study discovered that many students showed hesitation to discuss menstruation with teachers, even though they were available and informed. Some students described feeling scared and uneasy when talking to teachers about their periods even though they could not relate these feelings to any specific unpleasant event. The study found that students were reluctant to ask teachers for help, while acknowledging their friendliness, due to a combination of their fear of authority and difficulty to discuss sensitive topics with them. Instead, the hesitation to approach teachers was more closely tied to personal inhibitions and internal worries, the study discovered. The study further discovered the existence of social taboos around open conversations about menstrual issues. Some participants acknowledged finding it awkward to approach male teachers to talk about their periods. This reflected gender discomfort to have open conversations on menstrual topics with masculine figures. It also reflected the lack of trust among female students in discussion with male teachers.

4.6.3 Menstrual Education

The study also set out to understand both adolescent girls’ perspectives and experiences regarding menstrual education in the school setting. The following three excerpts represent students' perspectives.

“We haven’t talked a lot about menstruation. We only talk about changes that boys and girls experience when at puberty stage, in life skills class” (FDG, P3).

“Well, in my class, my life skills teacher, she did not explain explicitly about periods, she just highlighted the topic. Also, it’s rare to find boys engaging in such topics, they feel uncomfortable, however, for us girls, we do want to talk about periods so that we have knowledge on how to take care of ourselves and how we can help each other. And some teachers are not comfortable talking about menstruation in class, especially male teachers” (FDG, P2).

“We are taught life skills by a female teacher, so we always have the freedom to talk and ask questions. She also encourages us to ask questions because she says it is important that we ask before things happen to us so that we know how to handle them” (FDG, P2).

According to the student narratives, menstruation instruction is not widely included in the school curriculum. Participants reported that discussions primarily revolved around the overall changes experienced throughout puberty, with little emphasis on menstruation. This showed that the level of knowledge offered to students regarding menstruation was insufficient and this left girl desiring more extensive information about menstrual health and hygiene. Girls indicated a desire to freely discuss their menstrual cycles, seeking knowledge to better care for themselves and encourage one another. Furthermore, the narratives of the girls revealed a significant variation in the comfort levels of boys and girls when discussing menstruation. The study revealed that boys, on the other hand, tended to be uncomfortable engaging in such discussions due to enforced societal taboos and stigma surrounding menstruation. The study showed that the lack of comprehensive menstrual instruction in the school curriculum and open discussions contributed to the persistent lack of knowledge on menstruation. It contributed to period poverty in that it stigmatized the topic and hindered open discussions about menstrual needs and challenges.

Describing their approach of instruction, the following teacher excerpts were used:

Honestly, I don’t discuss menstruation information with the kids in class. Just last week I realized that my students are uncomfortable when these issues are discussed in my presence

only because I'm a male teacher. They are taught about this in class on subject such as Biology where they talk about reproduction" (WASH teacher, S1).

"We do it from grade 9. We teach about the menstrual cycle; the processes related to menstruation; safe period and ovulation, such topics. Menstruation falls under reproduction as a subtopic, I am supposed to teach it from grade 9, but I normally start from grade 10 because my students are shy to talk about such things, and some of them haven't experienced periods" (Biology teacher, S3).

"Not really, we don't talk about hygiene, but we do talk about menstruation, and discuss the changes girls experience when they are at puberty stage. We don't go on about menstrual hygiene. There are things that I go deeper, topics such as HIV, unprotected sex, teenage pregnancy, the use of contraceptives (we call them protective tools because we are a church school, and the principal doesn't like it when we teach about sexual reproduction" Life-skills teacher

Various techniques to teaching menstruation-related issues are revealed in the teacher extracts. Teachers of life skills, particularly female teachers, appeared to be more amenable to discussing menstruation in class. They encouraged students to ask questions. This finding revealed that female teachers understood menstruation health to proactively address difficulties. The study found that girls felt safe, open and at ease to discuss menstruation.

Male teachers, on the other hand, expressed reservations about discussing menstruation directly with students. They observed that students seemed awkward addressing such subjects in their presence owing to their gender. Due to this reason, the study found that some male teachers avoided explicit discussions about menstrual hygiene and preferred they were discussed in biology where reproductive themes are covered in broader context. In addition, the teacher extracts highlighted limitations and difficulties of delivering comprehensive menstruation instruction due to the school's culture and customs, as illustrated by a Christian school that avoided explicit conversations about sexual reproduction.

In relation to the Dignity Campaign, the study discovered that the distribution of menstrual products was combined with educational sessions. WVL collaborated with the Ministry of Health's Environmental Health Department to provide additional education to the girls. The

study revealed that topics covered promoted menstrual hygiene management that emphasized the benefits of reusable pads, appropriate washing techniques, and the positive impact of reusable pads on environmental sustainability. Highlighting the menstrual distribution package and process, a representative from WVL said:

“In the package are the pads, soap, and cleansing soap. The Ministry of Health through the environmental health department was there during the distribution to educate the girls. They teach them about hygiene and environmental benefits that come with using reusable pads” (WVL, P1).

When they came to give us pads, they explained to us how we should wash them, they also gave us the soap to wash them. They also taught us how to use them. They said we should change and wash after 12 hours. We can use them for five years. They differ in size for those who have a heavy flow,’ (FDG, P3).

According to the above excerpts, the dignity packaging consisted of reusable pads, washing soap for the reusable pad, and soap for bathing. Adolescent girls attested that when they were provided with the reusable pads, they were also given information and guidance on how to use and maintain the pads. The girls were also instructed to wash and replace the pads every 12 hours encouraging hygiene habits. Additionally, the girls were made aware of the reusable pads' five-year lifespan (FGD, P3). This means the cost-effectiveness and long-term advantages of utilizing reusable pads as opposed to disposable ones were highlighted. Furthermore, the mention of different size pads for those with a heavy flow revealed that the intervention by WVL considered the varying needs of the girls and made sure the pads were made to meet those requirements. For this study, this effort by WVL acknowledged that adolescent girls are not a homogenous group.

The study showed that World Vision had also established WASH clubs in the school where students met to discuss issues of hygiene in general and included issues of menstruation. The following three excerpts provided highlighted the efforts made by WVL through the WASH clubs to promote menstrual hygiene and overall hygiene practices among girls in the school setting:

“We usually encourage them to keep hygiene, not only them but also the environment near them. We talk about personal hygiene, menstrual hygiene, sanitation, and the environment” (WASH teacher, S1).

“There are clubs, even though they are entirely focused on menstruation, but we still talk about issues affecting girls. We have girl guides clubs and WASH clubs. WASH clubs talk about hygiene in general, so, menstruation is included. We tell the girls to wash their hands before changing a pad to kill the germs on the hands” (WASH teacher, S4).

“World vision comes here and teaches us about how we can take care of ourselves while on our periods, menstrual hygiene” (FGD, P3).

A representative from the Department of Health, Environmental department said:

“We help in WASH clubs, in those wash clubs we focus on wash (water sanitation and hygiene), food safety, environmental cleaning which includes waste management and pollution control” (MoH, P1).

4.7 Perception after Provision of Pads

The study sought to discover how the WV “Dignity Campaign” project’s provision of pads reduced period poverty for disadvantaged girls in the school context. The researcher wanted to comprehend the influence of sanitary pad provision through looking at the viewpoints of both beneficiaries and non-beneficiaries, as well as teacher opinions. Exploring respondents’ thoughts and opinions on post-pad provision was important for this study because it added varied insights to the discourse of managing menstruation issues among vulnerable girls.

4.7.1 Positive perception

Highlighting the positive effect of providing free sanitary pads by WV an adolescent girl said:

“I think it is a good initiative and beneficial because some students cannot afford to buy pads for themselves. I felt like World Vision really helped me because I was afraid my mother might not be able to buy me pads because she is not working”, (Beneficiary WV, P1).

The beneficiary's statement revealed a favorable opinion of the intervention and stressed its advantages. The respondent emphasized the financial barriers that prevent access to menstrual hygiene products by acknowledging that some students cannot afford to purchase pads for themselves. The concern raised by the participant that her mother might not be able to purchase pads owing to her unemployment is brought up, which highlighted the financial difficulties some families endure, those coming from families struggling with poverty. The Finding revealed the importance of the Dignity Campaign in addressing the financial constraints that girls encounter in adequately managing their menstrual hygiene. It showed that by supplying pads to rural schools in Lesotho, WVL can allay the beneficiary's worries about having access to menstrual hygiene supplies and ensure that they are able to manage their periods without difficulty.

A WASH teacher in school one acknowledged that many girls in his school come from poor families leading to their inability to afford menstrual pads. Literature used for this study demonstrated that some girls participate in dangerous or exploitative behaviors, such as transactional sex, to get the money they need to buy pads. Appreciating the crucial role of WVL in providing pads at school to support the menstrual health and overall well-being of poor girls, the teacher said:

"It is very beneficial. We cannot deny the fact that most of our girls here are needy and vulnerable, so they end up not having pads because they don't have money, so when they get pads here at school, it means even those who are financially unstable benefit. Sometimes not having money for pads might force the girls to do dodgy stuff to get money and buy pads. They do dodgy stuff such as sleeping with men," (WASH teacher, S1).

The statement by the WASH teacher underlined the critical Importance of the Dignity Campaign in combating period poverty and safeguarding girls from engaging in dangerous behaviors to meet their menstrual hygiene needs. It revealed how the intervention tackled financial barriers and guaranteed that even financially precarious girls received essential menstrual hygiene supplies through the distribution of pads at schools. The finding revealed the value of the Dignity Campaign in tackling the financial barriers to menstruation hygiene and the positive impact it had on those who were unable to buy necessary period items. The study found that providing girls with access to menstrual hygiene products allowed them to

become more independent and live normal, active lives without being constrained by issues linked to their periods.

A beneficiary of the WVL Dignity Campaign programme expressed how having pads has made it possible for her to feel at ease and engage in activities while on her period by saying, *'I can now be comfortable, play with my friends while on my periods, things that I could not do when I don't have pads,'* (Beneficiary, WVL, P7). The excerpt by the girl highlighted how having access to menstrual hygiene products gave girls a sense of functionality and provided them the freedom to live normal and active lives free from the restrictions placed on them by period-related difficulties. Another adolescent girl said, *'I feel important because I was given the pads. I also think it helped other kids who used to struggle to buy pads, they will no longer miss school when they are on their periods,'* (FGD, P6).

The statement by the adolescent girl revealed how getting free sanitary products gives girls a sense of significance and empowerment. According to the respondent, receiving pads made her feel appreciated and noticed. The participant also acknowledged the initiative's wider effects, revealing that it assisted other girls who previously had financial difficulties purchasing pads. The adolescent girls no longer missed school because of their menstruation. This finding revealed that the provision of pads had a positive ripple effect not on individuals as well as promoted educational attendance and opportunities for girls in the broader sense.

4.7.2 Negative

The study findings revealed that girls had mixed feelings about reusable pads, with reservations about the washing procedure and a preference for disposable ones. While most girls expressed appreciation for the pad distribution initiative, some girls mentioned their dislike for washing the reusable pads due to the presence of menstrual blood. The following two excerpts indicate the girls' dislike for washing reusable pads:

"I appreciated the reusable pads even though I do not like them because I have to wash them" (FGD, P1).

"I use disposable pads. I have the reusable ones, but I don't like washing the blood. It's about. Three months since we have the reusable ones" (FGD, P5).

The study found that the respondents' preference for disposable pads and dislike for reusable pads was influenced by the discomfort associated with handling and cleaning their own blood. The following excerpt by a respondent in an FDG of early adolescents confirmed this finding by saying, *'I really get disgusted when I have to wash the pads,' (FGD, P3).*

Some respondents suggested that regular provision of disposable soap alongside could alleviate this concern, as they quickly run out of soap.

"We wish they can give us more soap because it gets finished. We sometimes struggle to buy it as we were already struggling to buy pads" (FGD, P4).

"I appreciate the pads, but it is not nice to wash your own blood. Maybe they should continue giving us the washing soap for the reusables. Another issue is that the soap finishes. Also at home, the soap is used for other things besides washing the pads and it finishes quickly" (FGD, 6).

While most girls showed dislike towards reusable pads, a few girls acknowledged the long-term advantages and sustainability of reusable pads. These girls expressed gratitude for having pads that are more durable than single-used ones. The girls underlined the main benefit of the reusable pads on their washable nature and the reduced need for continuous purchasing of disposable pads. The following excerpt shared revealed the benefit that the provision of washable pads contributed towards alleviating financial concerns and worries connected with purchasing pads on a regular basis, *'I think it is a good initiative because they are washable, one doesn't have to worry about buying pads anymore,' (FGD, P1).* The responses provided by the girl in the above excerpt demonstrated that some participants viewed washable pads as a long-term solution to menstrual hygiene needs that provided long-term access without the burden of continuous costs. This optimistic viewpoint was consistent with the potential of reusable pads to reduce the financial hurdles that girls confront in efficiently managing their menstrual hygiene.

4. 7. 3 Preference for Cloth

Adolescent girls provided perspective and attitudes towards menstrual hygiene options, particularly the continued use of fabric materials. The study revealed that adolescent girls' preference for cloth usage was influenced by a combination of factors, including personal practices, convenience, and economic considerations. Adolescent girls' preference for cloth was indicated through the following four excerpts:

“I always feel okay with the cloth, so I never ask for pads” (FGD, P3)

“It is because we are used of the cloth, so we are now comfortable with them” (FGD, P1).

“I really get disgusted when I have to wash the pads so I use the cloth because I can throw it away when I am done with my period” (FDG, P5).

“My mother always says I should use cloth, she has never bought me pads. Usually she does not have money “(FGD, P2).

According to the narratives some adolescent girls preferred the use of cloth instead of disposable and reusable pads. Several participants expressed their comfort and familiarity with cloth materials for managing their menstruation. This choice was better explained by their extensive exposure to and knowledge of cloth use, which had become a regular and comfortable habit for them (FGD, P1). The ease of discarding fabric materials after use was noted by the girls as one of the main arguments for preferring cloth over reusable pads. They did not have to go through the unpleasant and possibly embarrassing procedure of washing the reusable pads (FGD, P5). Additionally, the study revealed that norms and financial concerns influenced participants' preference for cloth usage. Cloth materials were readily available and inexpensive, which corresponded to their practices and resource availability (FGD, P2).

The results showed that adolescent girls' preferences for wearing clothing had several facets and were impacted by a variety of circumstances. According to the findings of the study, some girls were at ease with the use of fabric because they were accustomed to it, therefore it influenced their menstrual hygiene habits. The girl's unwillingness to perform the possibly humiliating job of washing reusable pads was echoed by the simplicity of disposing of fabric

materials. This finding revealed the existence of cultural and societal norms that hindered menstrual hygiene practices that promoted sustainable behavior. The preference for cloth among the participants was a sign of the lack of readily available, decent disposable menstruation products. For some girls, the price and availability of disposable pads was an obstacle that prompted girls to use cloth materials as a practical substitute. This highlighted the issue of period poverty and the requirement for universal access to menstrual hygiene supplies, irrespective of financial circumstance.

Acknowledging that different individuals have varying menstrual needs and preferences a representative from WVL said:

“Vodacom donated reusable pads to us, and we are distributing those. We are not trying to replace the disposable pads but for a girl who has been using sheep skin to manage their periods using the reusable pads makes a lot of difference for them” (WVL, P2).

The statement by the respondent from WVL highlighted that the donation of reusable pads by the Dignity Campaign is the organization’s step towards reducing period poverty for recipients. The representative from WVL clarified that the provision of reusable pads is not meant to replace disposable pads but rather to complement them. For most girls who used cloth as found by the study and for those who still preferred using cloth even after the provision of reusable pads due to familiarity, reusable pads offered better absorption and comfort compared to improvised materials like ‘tjale’ blanket. For this study, by donating reusable pads, the Dignity Campaign initiative further reduced period poverty in that it alleviated the financial burden of purchasing disposable pads regularly and provided a more sustainable solution for those with limited resources. Moreover, Vodacom’s participation in this campaign proved the positive role cooperation between for-profit businesses and non-profit contributed towards improved societal issues like menstruation hygiene, the study showed.

4.7.4 Weaknesses

The study identified weakness and concerns related to the distribution of menstrual hygiene products in schools. The following excerpts provide perspectives of key stakeholders, they included life skills and WASH teachers, principals, and representatives of WVL regarding the Dignity Campaign’s MHM in school:

“Already these kids throw pads everywhere, so I think with these ones it is going to be even harder to keep hygiene because they won’t even have water to wash, also some of them are still young, especially those in grade eight, they don’t even know how to bath. If they save the environment, they also have disadvantages. I think there is no dignity in washing your own blood, and some kids won’t even afford to buy soap to wash the pads” (WASH teacher, S4).

“I think I am someone who already doesn’t like blood, what more of period blood? So, I can imagine with our students, some of them are still even young, they don’t know how to take care of themselves, I wish they can be given to adults only. I don’t even think these kids are able to wash the pads thoroughly, I doubt. And I’m afraid of the infections, so I recommend that they give them disposable pads. We haven’t even got feedback from the kids since we were not even present when they were given the pads, maybe they will give feedback to world vision” (Life-skills teacher, S3).

“It is a good initiative because it gives our girls dignity. I just don’t like the fact that they give those pads occasionally, and just one pack. I also think just like condoms, there should be free pads in toilets” (Life-skills teacher, S5).

“I think it is a good initiative because it gives the girls freedom to be themselves when they are menstruating, they no longer must worry about pads. However, they did not give all the girls, because we are a big school with many students who are vulnerable (around 98% of the students) so, it could have been better if they gave at least half of the girls who are poor, they only gave a few girls. They gave only three girls from each class, and that means there are a lot of vulnerable girls who did not receive pads” (Principal, S4).

“Sometimes what I have observed is that they give them wipes with a close expiry date” (WASH teacher, S1)

“They came once, they called students to the hall, we were not invited. We only knew from the kids that they were given pads. They never had any conversation with us as teachers, not even about what they were talking about with the students. The only person who knew about the visit was the principal. I would really love to be involved in such as a life skills teacher so that we

reinforce whatever information they share with the learners. I would really love to be involved” (Life-skills teacher, S2).

The life skills teacher (S3) admitted to having personal aversion to blood, which influenced her opinion on menstrual hygiene products such as reusable pads. This discomfort impacted the teacher’s perceptions of students’ ability to manage menstrual hygiene effectively. The emotional discomfort expressed by the teacher represented the widespread societal stigma associated with menstruation, which influenced people’s attitudes about menstrual hygiene attitudes. The life-skills teacher expressed concerns about pupils’ capacity to manage reusable pads efficiently, particularly younger girls. The teacher raised concerns about maintaining adequate hygiene by questioning the students’ capacity to thoroughly wash the pads. The ability of pupils to adequately manage reusable pads and the potential risk of infections are issues brought up from the teacher’s perspective. The finding emphasized the need for comprehensive menstrual hygiene education that would stress correct reusable pad usage and maintenance.

In addition, due to worries about washing, cleanliness, and potential infections, the teacher suggested providing the students with disposable pads rather than reusable ones. This desire corresponded with the teacher’s concerns about the children’s ability to maintain good hygiene with reusable items. This emphasized the need for age-appropriate menstrual hygiene education and support. The study noted that the suggestions were practical in addressing the concerns raised by the teacher and they also revealed the importance of finding a balance between promoting sustainable MHM practices and considering individual preferences and comfort levels. Furthermore, the recommendation by the teacher to get feedback from students directly on their experiences of using the reusable pads showed the benefit the initiative would gain in terms of improvements and maintenance of reusable pads. The study found that the recommendation was a viable feedback mechanism that would ensure that the Dignity Campaign initiative was meeting the needs and the preferences of the students they aimed to support.

A common concern amongst the teachers across all the schools was the irregular and inequitable distribution of pads. Teachers and principals were dissatisfied with the frequency of which pads were distributed and the small number of girls who benefited from the effort. The life skills teacher from school two proposed that all girls must have consistent access to pads and that free pad be provided in school toilets, like the availability of condoms. The

statement by the teacher emphasized the need for frequent and equal distribution of menstrual hygiene supplies to all vulnerable girls.

The WASH teacher from school one raised concerns about the quality and effectiveness of Hygiene products provided to the girls. The teacher raised attention to a specific issue related to the quality of the menstrual products provided, specifically mentioning close expiry dates of distributed items. The concern raised by the respondent revealed that there were instances where the menstrual hygiene products distributed were not suitable for use due to their expiration date. This finding revealed that sometimes when organizations make donations to schools the menstrual hygiene products are not of high quality and appropriate for use to guarantee the girls' well-being.

Another weakness that was raised by teachers across all schools is that the relevant teachers who interact with students on such issues are not involved. WVL only seeks permission from the headteacher and requests to interact with the students alone when distributing pads. A Life skills teacher at school two expressed her desire to be included in the distribution discussions by WVL. The finding revealed that WVL by not including teachers missed out on the value of equipping them with the knowledge they need to support and reinforce the students' understanding of and management of menstruation. It exposed the absence of the element of collaboration and coordination between teachers and WVL as an external organization that would ensure that successful menstrual education is provided.

Acknowledging the programme's limitation, a respondent from WVL noted the shortfalls in the initiative's scope and coverage, specifically its' inability to reach all students in need of assistance. The respondent acknowledged that more still needed to be done to guarantee that all students who require assistance had access to menstrual hygiene supplies. The respondent from WVL expressed contentment and satisfaction with the initiative's positive impact on vulnerable girls despite the identified shortcomings.

"It's only been a month since we distributed pads, so we are yet to find the feedback. But we are happy because we were able to change vulnerable children's lives. There are always shortcomings in everything, so for us I think the fact that our intervention was not able to reach all of them, is a shortcoming", (WVL, P1).

4.8 Discussion of Findings

This section discusses the findings of the study and provides a comprehensive interpretation of the findings. The interpretation of the findings is linked to relevant literature and aligned to the capability approach and or both.

4.8.1 Menstrual Hygiene Management

The study findings in relation to MHM awareness and understanding showed that adolescent girls have an understanding and recognition of various basic functionings that are important for women's well-being during menstruation, such as access to menstrual hygiene products namely, pads, pain relievers, toilet paper, and soap for bathing, including water (Hennagan et al., 2016). In the discussions, the girls were able to articulate their need for these items indicating their awareness of their own needs (Harper et al., 2018). Barrington et al., (2021) identifies these items as “conversional” resources that can be converted into functions to help individuals to manage their period and maintain cleanliness, comfort, and health during menstruation. The mention of the specific items (pads, pain relievers, clean water and soap, and toilet paper) and the need for them to bath, change and dispose of their used pads revealed that the girls recognize the importance of these menstrual necessities and practices indicating their capability to make informed decisions to improve the quality of their menstrual experiences (Barreda et al., 2019).

The participants' experiences of lacking appropriate menstrual products and necessities, as indicated by the narratives resonate with the documented phenomenon of period poverty, where individuals, often from low-income backgrounds, struggle to afford menstrual hygiene products consistently. The quotes provided illustrated the participants' parents' inability to provide regular access to pads due to financial limitations (Kuhlmann et al., 2020; Sommer et al., 2015). The study found that the use of cloth and paper as alternatives to pads is a coping strategy employed by participants to manage their menstruation in the absence of adequate resources. This finding aligns with research highlighting the adoption of improvised materials like cloth, tissue paper, and even leaves in some cases, as substitutes for conventional menstrual products. These strategies, while helping to manage menstruation, often come with challenges such as discomfort, leakage, and potential health risks. (Hennagan et al., 2019; Phillips-Howard et al., 2016).

Participants described encountering discomfort and embarrassment associated with using cloth instead of pads. This resonates with literature that emphasizes the emotional and psychological impact of inadequate menstrual hygiene management (Montgomery et al., 2012; Sumpter & Torondel, 2013). Research by Hennegan et al. (2019) and Sommer et al. (2015) underscores how inadequate access to menstrual products adversely affects girls' ability to manage their periods hygienically and comfortably, often leading to discomfort, embarrassment, and absenteeism. The participants' practice of using jerseys to conceal stains reflects the desire to manage embarrassment caused by inadequate menstrual absorption. Participants mentioned borrowing pads from friends when in need. This underscores the importance of social networks and peer support in addressing menstrual hygiene challenges. Research has shown that peer support and information-sharing among young individuals can contribute to improved menstrual hygiene practices and access to products (Alexander et al., 2019; Cronin et al., 2018). The use of cloth for menstrual hygiene management further led to hygiene and health concerns, as participants mentioned the discomfort and messiness caused by blood leakage. Furthermore, literature indicates that using unhygienic materials for menstrual management increases the risk of infections and other health issues (Phillips-Howard et al., 2016).

Findings of this study showed that WVL provides menstrual hygiene products like disposable pads and reusable pads to girls in school. The support provided by WVL aligns with research that showcases the role of non-governmental organizations, government agencies, and donors in addressing menstrual hygiene needs in educational settings. This external support contributed to ensuring that girls have access to essential products during their periods, promoting attendance and comfort in schools. (Hennegan et al., 2016; Sommer et al., 2013). Literature shows that the availability of menstrual hygiene products in schools positively impacts attendance and academic performance among menstruating girls. When girls have reliable access to pads, they are less likely to miss school due to menstruation-related reasons (Hennegan et al., 2019; Mason et al., 2013). This aligns with the participants' statements on receiving pads when needed at school and how it positively affects their ability to stay in school during their periods.

In addition, the mention of WVL teaching girls how to use and wash reusable pads highlighted the importance of education and empowerment in menstrual hygiene management. Providing information on proper usage and care of menstrual products is essential for girls' well-being and health. It reflects the comprehensive approach that includes not only product provision but also education on menstrual health and hygiene. (Hennegan et al., 2016; Phillips-Howard et al., 2016). Moreover, the inclusion of body and washing soap in the dignity package by WVL reflects a holistic approach to menstrual hygiene management. This approach resonates with the literature that emphasizes the importance of comprehensive menstrual hygiene interventions that go beyond just providing menstrual products (Sommer et al., 2015). The involvement of WVL in addressing period poverty through tailored interventions signifies the role of organizations in enhancing individuals' capabilities. This aligns with the capability approach's focus on empowering individuals to lead lives they value and eliminating barriers that limit their potential (Sen, 1992).

While such support can have positive effects on girls' attendance and well-being, some teachers indicated that their schools rely on external organizations including WVL for the supply of menstrual hygiene products raising concerns about the sustainability of this intervention. Research has discussed the challenges of maintaining such programs over time, especially in resource-constrained settings (Hennegan et al., 2016; Sommer et al., 2013). The schools' efforts to provide pads for girls but with limited availability and no regular distribution scheme in place mirrors existing research that underscores challenges in ensuring consistent access to menstrual products within educational settings (Hennegan et al., 2019). The study's finding that schools heavily relied on external support to provide menstrual products aligns with the literature indicating that financial constraints often hinder schools' ability to address menstrual hygiene needs effectively (Miuro et al., 2018).

Worth noting is that a picture of the socioeconomic setting of the schools selected for this study is painted by the statement of the modest tuition payments and financial hardships narrated by one teacher. Research has shown that schools located in low-income areas often face budgetary constraints that affect their ability to provide adequate menstrual resources (Phillips-Howard et al., 2016). This connects with the capability approach's concern for addressing disparities and ensuring equal opportunities for all (Harper, et al., 2018).

The findings emphasized the importance of maintaining proper hygiene during menstruation, including bathing regularly and changing menstrual hygiene products frequently. These practices align with recommendations in menstrual hygiene literature, which highlight the significance of maintaining cleanliness to prevent infections and discomfort during menstruation. (Sommer et al., 2015; Mason et al., 2013). Participants mentioned bathing two to three times a day, which reflects the understanding of the need to stay clean and fresh during menstruation. According to literature, bathing helps manage odor and provides a sense of comfort. Literature suggests that maintaining good personal hygiene, including regular bathing, can positively impact girls' confidence and overall well-being during their periods (Hennegan et al., 2019; Sommer et al., 2015).

The participants also described changing their pads multiple times a day due to heavy menstrual flow. This practice is aligned with menstrual hygiene literature that suggests changing pads every few hours, especially for those with heavy flows, to prevent leakage and discomfort. For this study, the participants' awareness of their flow patterns and need for frequent changes highlighted their proactive approach to managing menstruation (Hennegan et al., 2016; Mason et al., 2013). The mention of covering used pads before disposal to prevent flies and odor by the participant reflected that the respondent understands proper hygiene practices. Literature states that proper disposal of menstrual hygiene products is essential to maintain sanitation and prevent potential health hazards. Additionally, such practices are particularly important in settings where access to proper sanitation infrastructure may be limited (Hennegan et al., 2019; Mason et al., 2013).

4.8.2 Challenges

The findings of the study highlighted the challenges that menstruating girls face in schools due to inadequate sanitary facilities, lack of proper hygiene resources, and restricted access to clean water. The lack of toilets that provide privacy for girls during menstruation aligns with literature emphasizing the importance of gender-sensitive and private sanitation facilities in schools (UNICEF, 2013). Research by Hennegan et al. (2019) underscores how insufficient sanitary facilities affect girls' comfort, dignity, and participation in schools.

The absence of proper disposal facilities for used menstrual pads resonates with literature on the challenges of menstrual waste management in schools (Sumpter & Torondel, 2013). Like the study's findings, improper disposal methods are associated with health risks, environmental pollution, and negative impacts on hygiene (WHO, 2015). The description of unsanitary conditions and the negative impact on the environment due to the haphazard disposal of pads reinforces the broader environmental implications of inadequate menstrual hygiene facilities (Phillips-Howard et al., 2016). The students' recourse to using hills due to the inadequacy of the facilities echoes literature on the desperate measures girls sometimes take when faced with inadequate and unsuitable sanitation options (Hennegan et al., 2019).

In addition, the findings on the lack of accompanying products such as toilet paper, soap, and clean water aligns with literature stressing the role of comprehensive hygiene resources in ensuring menstrual hygiene management (Phillips-Howard et al., 2016; WHO & UNICEF, 2019). As already demonstrated in the MHM theme, inadequate access to these resources can lead to unhygienic practices and health risks.

Linking the findings to the CA, the central tenet of the theory states that individuals should have the freedom and capability to lead lives they value. The study found that the lack of proper sanitation facilities and hygiene resources directly affects girls' capabilities to manage their periods hygienically and comfortably, thus undermining their well-being and dignity (Sen, 1992). The study findings on the scarcity of handwashing stations, the inconvenience of their location, and limited soap availability connects with research emphasizing the significance of accessible handwashing facilities in promoting hygiene and reducing disease transmission (Curtis et al., 2011). The lack of these resources hindered the girls' ability to engage in hygienic practices. Worth noting, is the researcher's observational documentation of the state of WASH facilities in the schools which supports the qualitative findings, adding visual evidence to the narrative. This practice adds depth and context to the study's findings in terms of the WASH facilities, providing a comprehensive understanding of their conditions in schools (Hammersley, 2013).

The study's findings reflect the multifaceted impact of period poverty on girls' educational experiences, highlighting the role of menstrual hygiene in shaping capabilities and opportunities. The study's findings on girls' school attendance suffering due to the lack of

menstrual pads and their reluctance to engage fully in class activities due to self-consciousness resonate with research that underscores how inadequate menstrual hygiene resources can affect girls' educational participation (Hennegan et al., 2019; Miirio et al., 2018). This links with the capability approach's emphasis on individuals' capabilities being affected by external factors like access to resources. The study's observation of girls' self-confidence being hampered, and academic performance being affected aligns with literature highlighting the psychological and educational impacts of period poverty (Sommer et al., 2015). The capability approach recognizes the importance of self-esteem and educational opportunities in shaping individuals' well-being and capabilities (Robyens,2005).

The observed discrepancies in statements between teachers and students echo the complexities of subjective experiences and perceptions. This phenomenon is not uncommon in research and underscores the significance of considering multiple perspectives (Hammersley, 2013). Such disparities can highlight how contextual factors may influence different groups' observations. The study's mention of parents suggesting the use of cloth as an alternative and the influence of parents and guardians on girls' attendance aligns with literature on the role of family in shaping girls' experiences and decisions related to menstrual hygiene and education (Phillips-Howard et al., 2016). The capability approach emphasizes the importance of supportive social environments in enabling individuals' capabilities (Sen,1999).

The strategies revealed by participants, such as reliance on school-provided pads and use of cloth as an alternative, highlight the resourcefulness and adaptability of girls facing period poverty (Hennegan et al., 2019). The capability approach emphasizes individuals' agency and ability to make choices that contribute to their well-being. The study's finding about the urgency to eradicate period poverty to ensure equal educational opportunities aligns with the capability approach's central principle of enabling individuals to lead lives they value. Ensuring access to menstrual hygiene resources contributes to girls' capabilities, education, and well-being (Sen, 1992).

The study's findings highlight the multifaceted impact of menstrual pain and the importance of comprehensive support systems in schools. These findings resonate with existing literature on menstrual health, education, and the capability approach, emphasizing the need for accessible resources, supportive environments, and holistic well-being for girls. The narratives regarding the impact of menstrual pain on school attendance reflect existing research highlighting how

menstrual discomfort can lead to missed school days (Miuro et al., 2018). This resonates with the capability approach by emphasizing how individuals' well-being and capabilities are affected when health-related issues hinder their engagement in various activities (Nussbaum, 2000).

The participants' desire for efficient pain treatment solutions and the availability of pain management options like hot water, painkillers, and activated charcoal align with studies recognizing the importance of addressing menstrual pain in schools (Hennegan et al., 2019). The capability approach emphasizes the importance of access to health-related resources that enable individuals to lead fulfilling lives. The accounts of menstruating students experiencing difficulties in actively participating in classroom activities due to pain align with the literature on how menstrual discomfort can affect students' concentration and academic engagement (Sommer et al., 2015). This connection highlights the capability approach's focus on the interplay between health and education in shaping individuals' capabilities (Nussbaum, 2000).

Moreover, the teachers' understanding of the significance of pain management alternatives and their willingness to provide support reflect the role of educators in promoting students' well-being and capabilities (Phillips-Howard et al., 2016). This resonates with the capability approach's emphasis on supportive social environments that enhance individuals' capabilities. The teachers' statements subtly highlighting characteristics of period poverty, such as limited access to pain management tools, underscore the wider impact of resource constraints on girls' well-being (Hennegan et al., 2019). The capability approach emphasizes how external factors like limited resources can restrict individuals' capabilities (Sen, 1993).

The provision of hot water for pain alleviation demonstrates the school's responsiveness and concern for students' comfort. However, the limitations and logistical challenges raised by this practice underscore the importance of comprehensive menstrual health support in schools (UNICEF, 2013). This aligns with the capability approach's emphasis on enabling individuals to lead lives they value through comprehensive support systems (Sen, 1993). As such, the findings underscored the need for designated facilities, open communication, and student engagement to create a supportive atmosphere for menstrual well-being in schools. This aligns with research highlighting the importance of gender-sensitive facilities and communication channels for addressing menstrual health needs (Crichton et al., 2020). The capability

approach's focus on agency and opportunities is reflected in the importance of a supportive environment (Nussbaum, 2000).

The study findings, regarding the lack of menstrual cycle understanding, its impact on school attendance, insufficient sanitary facilities, and the resulting challenges align with existing literature on menstrual health, education. Under this sub-category, the narratives reveal that many adolescent girls lack a thorough understanding of their menstrual cycles reflecting the common knowledge gap observed among girls worldwide (Sommer et al., 2015). This lack of understanding leads to unexpected periods at school and disrupts girls' academic involvement. This finding aligns with the capability approach by highlighting how lack of information and knowledge can limit individuals' capabilities to make informed choices (Robeyns, 2003). The struggles faced by girls due to lack of menstrual cycle understanding indicate that they are unprepared to manage their menstruation effectively which leads to discomfort, embarrassment, and disruptions in school attendance. Such experiences further resonate with literature emphasizing the importance of menstrual education in improving girls' menstrual hygiene practices (Phillips-Howard et al., 2016).

The challenges faced by girls, including school absences due to menstrual mishaps, underscore the urgent need to address menstrual health concerns in schools. These findings echo the capability approach's emphasis on enhancing individuals' opportunities and well-being by removing obstacles that limit their capabilities. The narratives highlight the need for comprehensive menstrual education and supportive environments. Empowering girls with knowledge about their bodies and menstrual cycles aligns with the capability approach's focus on enhancing individuals' agency and autonomy (Sen, 1992). The findings related to insufficient sanitary facilities contributing to girls missing school time align with existing research on inadequate washroom facilities in schools impacting girls' menstrual experiences (UNICEF, 2013). The lack of private and clean spaces contributes to discomfort and humiliation, further underscoring how the absence of necessary resources hinders girls' capabilities to manage their hygiene.

The study's findings in this sub-category highlight the detrimental effects of menstrual stigma on girls' well-being and academic engagement, emphasizing the need for comprehensive

education, gender-sensitive environments, and supportive measures. The accounts of menstrual shaming experienced by adolescent girls highlight the importance of addressing menstrual stigma as a crucial component of achieving gender equity and well-being (Hennegan et al., 2019). Stigma associated with menstruation can perpetuate harmful gender norms and hinder girls' capabilities to participate fully in education and other activities. The distressing effects of period shaming resonate with research that underscores how menstrual stigma can lead to feelings of embarrassment, humiliation, and discomfort among girls (Kuhlmann & Gavin, 2016). Such experiences limit girls' capabilities to navigate their menstrual experiences confidently and without hindrance.

The findings about boys contributing to menstrual stigma by making offensive comments and jokes align with studies highlighting the role of peers, particularly boys, in perpetuating menstrual stigma (Hennegan et al., 2019). This underscores the need for comprehensive menstrual education to foster understanding and respect among all students. The impact of menstrual stigma on girls' academic engagement, including fear of ridicule and reluctance to participate in class activities, aligns with research that emphasizes how stigma can negatively affect girls' self-esteem and educational outcomes (Sumpter & Torondel, 2013). This resonates with the capability approach's focus on promoting individuals' self-confidence and participation in various aspects of life.

The narratives of girls seeking help from teachers due to harassment or inappropriate behavior by boys highlight the significance of creating a safe and supportive environment for menstruating girls (Hennegan et al., 2019). According to the capability approach, a supportive atmosphere is essential for fostering girls' capabilities and enabling them to fully participate in school activities without fear. The findings underscore the importance of comprehensive menstrual health education that addresses not only the physical aspects but also the social and emotional dimensions (Phillips-Howard et al., 2016). This aligns with the capability approach's emphasis on holistic well-being and empowerment (Sen, 1999). The need for increased gender sensitivity and awareness among both students and teachers aligns with research advocating for gender-responsive approaches to address menstrual stigma (Sumpter & Torondel, 2013). This approach enhances individuals' capabilities by fostering inclusive environments that challenge harmful norms.

4.8.3 Support Structures and Information

The personal accounts shared by the individual girls who are beneficiaries of WVL Dignity Campaign initiative represent the wide range of experiences and feelings that young girls go through during their first period. The participants' statements of feeling anxiety, uncertainty, and fear reflect the general lack of preparation and awareness that are frequently linked to menstruation experiences (Hennegan et al., 2016). The narratives of seeking advice from teachers and family members to understand and manage menstruation resonates with the value of strong support networks and accurate information sharing (Phillips-Howard et al., 2016).

In addition, these narratives highlight the value of open discussion about menstruation that will help adolescent girls make sense of their unique experience. The capability approach emphasizes the importance of providing individuals with information and knowledge to make informed choices about their well-being and lives. The finding that girls who had someone to talk to and received guidance felt more at ease aligns with the capability approach's emphasis on capabilities as the freedom to achieve well-being and life goals (Sen, 1999). Access to education and guidance empowers individuals to navigate challenges effectively and make informed choices.

The presence of cultural beliefs and misconceptions surrounding menstruation, including associations with restrictions and myths, reflects the influence of social norms on girls' experiences (Hennegan et al., 2016). The capability approach considers the role of social and cultural contexts in shaping individuals' opportunities and choices. The fear of judgment and reluctance to discuss menstrual experiences due to stigma are consistent with the negative effects of menstrual stigma on girls' well-being and decision-making (Hennegan et al., 2019). The capability approach recognizes the importance of removing barriers that limit individuals' freedom to pursue their well-being and aspirations. The finding that menstrual stigma created barriers to seeking support and negatively impacted the girls' overall menarche experience resonates with the capability approach's emphasis on empowerment and overcoming social barriers (Sen, 1999). Addressing stigma is crucial for enabling individuals to fully participate in society and pursue their capabilities.

4.8.3.2 Sources of Support at School

The findings of the study under this sub-category demonstrated adolescent girls' preferences for seeking help and their hesitations in approaching teachers which was influenced by social relationships, power dynamics, and gender considerations. Adolescent girls' preferences for seeking help with menstrual issues and their hesitations in approaching teachers align with existing literature on gender dynamics, social relationships, and the capability approach. The study's revelation of varied preferences for seeking help from different sources, such as school prefects, peers, and friends, reflects the significance of social networks and relationships in shaping individuals' well-being (Fleming et al., 2018).

The capability approach emphasizes the role of social interactions and relationships in enabling individuals to pursue their capabilities. The finding that many girls preferred seeking support from school prefects, peers, and friends due to their perceived approachability and relatability underscored the importance of creating a supportive and non-judgmental environment (UNESCO, 2014). This finding aligned with the capability approach emphasizes on the value of capabilities such as agency and social connections in enabling individuals to make informed choices.

The hesitations described by students in approaching teachers for discussions about menstruation, despite teachers being available and informed, reflect the dynamics of power, authority, and comfort in communication (Eveleth & Hausmann-Stabile, 2008). The capability approach recognizes the significance of freedom and agency in interpersonal interactions, enabling individuals to express their concerns and seek assistance without fear. The discomfort expressed by participants in discussing menstrual issues with male teachers highlights gender-related taboos and sensitivities (Hennegan et al., 2019). The capability approach emphasizes the importance of addressing gender inequalities and promoting open dialogue to enhance individuals' opportunities and well-being. The findings resonate with existing literature on social interactions, gender norms, and communication barriers, while also reflecting the capability approach's focus on agency, relationships, and the removal of barriers to well-being (Nussbaum, 2000).

4.8.3.3 Menstrual Education

Participants provided insights on existing gaps in menstrual education within the school settings. The statements by adolescent girls highlighted the limited emphasis placed on menstruation within the curriculum, which often confined discussions on general puberty changes. This missed opportunity to comprehensively educate both boys and girls about menstrual health and hygiene, also reflected a gap in addressing critical aspects of adolescent girls' well-being (Sommer et al., 2019). The capability approach emphasizes the importance of education and knowledge as fundamental capabilities that empower individuals to make informed choices.

The desire expressed by girls for more extensive information about menstrual health and hygiene underscores the significance of comprehensive menstrual education (Hennegan et al., 2019). The remarks from the female students on their keen interest to understand and address menstrual needs, further emphasized the significance of creating an open space for comprehensive menstrual education. This identified gap of menstrual education highlights the urgency of integrating this essential aspect into the curriculum to empower both genders and address period poverty effectively.

The capability approach recognizes the importance of teachers in fostering capabilities by providing guidance and facilitating discussions. The findings regarding teacher attitudes, with female teachers being more open to discussing menstruation, highlights this role of educators in creating a safe and open learning environment (Mason et al., 2013). The presence of a supportive female life skills teacher who encourages questions and discussions demonstrates the potential positive impact of comprehensive menstrual education. This finding aligns with literature that stresses the importance of destigmatizing menstruation through informed conversations in schools, enabling students to acquire the knowledge and skills needed for proper menstrual hygiene management (Phillips-Howard et al., 2016; Miiró et al., 2018).

However, the study's findings on the discomfort experienced by male teachers in engaging with menstruation topics highlights existing taboos and stigmas surrounding menstruation (Hennegan et al., 2019; Sommer et al., 2015). The study's observation of the differing comfort levels of male teachers in delivering comprehensive menstruation instruction due to cultural factors that inhibit open conversations about menstruation with males. This finding emphasizes

the critical need to challenge these societal taboos through educational efforts that promote understanding, acceptance, and inclusive conversations about menstruation, creating an environment in which both genders can engage with the topic without discomfort or stigma.

A key focal point in this context is the Dignity Campaign's distribution approach, which not only offers reusable pads but also includes crucial information and instructions on how to use them properly. The holistic view of menstrual hygiene management (MHM) and empowerment that is emphasized in the literature (Hennegan et al., 2019) is well aligned with this approach. The combination of providing menstrual products, guidance, and knowledge dissemination is pivotal in improving girls' capacities to effectively manage their menstrual hygiene. This intervention empowers girls to make informed choices, actively participate in healthy menstrual hygiene practices, and break free from the limitations of period poverty by providing both the necessary tools (reusable pads) and the knowledge (information and support).

The study findings revealed that the provision of menstrual hygiene products not only addressed a practical need but also empowered girls to fully participate in social, educational, and economic activities without the limitations posed by period-related challenges (Sen, 1993). The participant's statement that "most of our girls here are needy and vulnerable" highlights the vulnerability of poor girls to period-related challenges. This aligns with research showing how girls from low-income backgrounds face heightened risks of period poverty and resort to risky behaviors to manage menstruation (Hennegan et al., 2019; Sommer et al., 2016). The quotes about girls missing school and engaging in potentially harmful activities due to lack of access to menstrual products echo the findings of studies that have demonstrated how inadequate menstrual hygiene management can lead to absenteeism and hinder educational opportunities (Hennegan et al., 2019; Sommer et al., 2016).

The statements about feeling important and comfortable due to access to menstrual hygiene products underscore the role of the Dignity Campaign in promoting dignity, self-esteem, and a sense of belonging for girls (Sommer et al., 2015). This reflects the capability approach's emphasis on enhancing individual well-being and agency (Nussbaum, 2000). Moreover, the findings demonstrate that the provision of menstrual hygiene products improved educational attendance and opportunities and reflected the broader impact of addressing period poverty (UNESCO, 2014). This aligns to the CA emphasizes on the interconnectedness of various

capabilities and the importance of enabling individuals to participate fully in society (Harper et al., 2018).

Even though the participants expressed appreciation for being provided with reusable pads, they raised concerns about washing reusable pads and the availability of washing soap reflecting practical challenges that can impact well-being. These challenges, such as discomfort with washing blood or difficulties in accessing sufficient soap, align with the capability approach's recognition of the importance of addressing practical barriers to enhance individuals' functioning and well-being (Sen, 1993). The participants' statements about soap availability and its multiple uses at home illustrated the interconnectedness of various capabilities and resources within a person's life which links to the CA's emphasis on considering an individual's broader context and the interaction of different capabilities (Sen, 1993).

Moreover, the participants' expressions of discomfort with washing their own blood and the preference for washing soap provided with the reusable pads highlight the importance of maintaining dignity and comfort in menstrual hygiene management. This resonates with literature that emphasizes the significance of products that align with individuals' comfort and cultural practices to promote overall well-being (Sommer et al., 2015).

4.8.4.3 Preference for Cloth

The participants' comfort and familiarity with cloth materials for managing menstruation reflect the influence of cultural practices and traditions. Studies have shown that menstrual practices are often deeply embedded in cultural norms and beliefs, shaping individuals' preferences for menstrual hygiene products (McMahon et al., 2011). For this study, the participants' choice to use cloth aligns with literature that explores the continuity of traditional practices in menstrual hygiene across various communities. The participants' reasoning behind preferring cloth due to its availability and cost-effectiveness underscores the impact of economic constraints on menstrual hygiene practices. Lack of access to affordable menstrual hygiene products is a common challenge faced by individuals in low-resource settings, contributing to the phenomenon of period poverty (Hennegan et al., 2019). The preference for cloth as a practical substitute highlights the need for improved access to affordable and suitable menstrual hygiene products.

The capability approach emphasizes the importance of individuals' agency and the role of enabling conditions in facilitating their well-being and choices (Sen, 1993). In the context of menstrual hygiene, the approach underscores the significance of providing individuals with the capability to manage their periods in ways that align with their values and circumstances. The participants' preference for cloth materials reflects their exercise of agency in selecting a menstrual hygiene method that suits their comfort and resources. While cloth materials might provide comfort and familiarity to some participants, challenges such as hygiene, disposal, and potential leaks can also arise. These challenges underscore the need for comprehensive menstrual health education and access to a range of affordable, safe, and sustainable menstrual hygiene products that cater to diverse preferences (Hennegan et al., 2019).

4.8.4.4 Weaknesses

In the findings, the concerns expressed by some teachers about maintaining hygiene and proper menstrual management highlight the importance of comprehensive menstrual health education. Literature emphasizes the significance of not only providing menstrual hygiene products but also ensuring that individuals have the knowledge and resources to use them effectively (Hennegan et al., 2019). The teachers' remarks underscore the need for educational interventions that address not only the provision of products but also the broader understanding of hygiene practices and menstrual health. The discomfort expressed by some teachers, particularly male teachers, about discussing menstrual hygiene with students reflects the existing gender taboos and stigma surrounding menstruation. This resonates with literature that underscores the need for gender-sensitive approaches in menstrual health education and interventions (Bobel et al., 2019). Moreover, it highlighted the importance of involving both male and female teachers in conversations about menstrual health to foster a supportive and inclusive school environment.

The remarks by teachers about the distribution of menstrual hygiene products provided insights on issues of access and equity. Some teachers noted concerns about the limited distribution of products and suggested that the intervention by the Dignity Campaign should target a larger number of vulnerable students. The concerns by the teachers connect with the capability approach's focus on ensuring that all individuals have the capability to achieve well-being, which includes access to essential resources and opportunities (Sen, 1993). In essence, this finding highlighted the importance of interventions that reach a broad range of students to

address disparities. The desire expressed by teachers to be more involved in menstrual health intervention demonstrates the significance of collaboration between educators and organizations like WVL implementing such initiatives. This aligns with literature that emphasizes the importance of engaging teachers, school staff, and students themselves in the planning, implementation, and evaluation of menstrual health programs (Van Eijk et al., 2019).

4.8.5 Linking the WVL Dignity Campaign Initiative to the Capability Approach Framework.

The WVL Dignity Campaign's connection with the Capability Approach (CA) is evident through its focus on empowering vulnerable girls in rural schools by addressing period poverty and menstrual hygiene management. Firstly, the principle of the theory emphasizes the importance of enabling individuals to have real choices and opportunities (Nussbaum, 2002). The WVL Dignity Campaign aligns with this principle by providing vulnerable girls with access to menstrual hygiene materials such as reusable and disposable pads. This provision of diverse options empowers the girls to choose the products that suit their preferences, needs, and circumstances. By expanding their choices in menstrual hygiene management, the campaign enhances their agency and decision-making power.

The CA also highlights the significance of enhancing various functionings, including health and well-being (Harper et al., 2018). The Dignity Campaign directly contributes to improved functionings by addressing period poverty and promoting better menstrual health practices. By ensuring access to menstrual hygiene products, the campaign enhances the girls' physical health, emotional well-being, and comfort. This improvement in functionings contributes to their overall well-being and quality of life. Moreover, the CA underscores the importance of freedom in pursuing education and opportunities (Nussbaum, 2002). The Dignity Campaign aligns with this principle by enabling menstruating girls to fully engage in their education. By providing necessary menstrual hygiene resources, the campaign reduces barriers to school attendance and participation. It enhances the girls' freedom to pursue education without being hindered by period-related challenges, stigma, or embarrassment.

In addition, the CA values understanding individuals' contexts and involving them in shaping their lives (Nussbaum, 2002). The partnership between WVL, government bodies, Red Cross, and school stakeholders demonstrates a contextual and collaborative approach in addressing

period poverty. By engaging various stakeholders, including school principals and teachers, the campaign acknowledges the unique needs and circumstances of vulnerable girls in rural schools. This reflects a respect for stakeholders' agency and their involvement in decision-making processes. Furthermore, the CA aims to expand individuals' opportunities and potential to lead lives they value (Nussbaum, 2002). The Dignity Campaign's focus on addressing period poverty and menstrual hygiene needs contributes to the overall well-being of menstruating girls. By improving their physical health, emotional well-being, and academic success, the campaign enhances their capabilities and expands their opportunities for a more fulfilling life.

In conclusion, the WVL Dignity Campaign aligns well with the principles of the CA by empowering vulnerable girls through access to menstrual hygiene materials and support. The campaign enhances their choices, functioning, well-being, educational freedom, and opportunities for a life they value, while also demonstrating an understanding of their contexts and involving stakeholders in the process.

4.9 Summary

This chapter presented the data collected and provided an analysis of the findings. The data presentation and analysis displayed a variety of viewpoints and experiences about period poverty in the school setting. The study found that adolescent girls encountered physical and emotional problems, such as limited access to menstrual materials, poor WASH facilities, and lack of comprehensive menstrual instruction. The study revealed the poor state of sanitation conditions indicating poor maintenance and sanitation practices. This posed a serious health risk to the girls, including the spread of disease and environmental contamination. The findings showed that most girls did not miss school during menstruation, even when they did not have pads.

However, girls missed school because of period pains. The study found that parents took a strong stance in girls not missing school to the extent of even encouraging them to use cloth to manage their period. Findings revealed that in the absence of menstrual material girls used cloth that they cut from 'tjale' small blankets or old clothes. The use of cloth affected girls as they were often uncomfortable, anxious about leaking, and experienced menstrual leaks which discouraged them from participating in class and extracurricular activities. The study found that girls' class participation was affected by discomfort, leaks, and period pains, of which the latter.

led to absenteeism. In addition to feelings of discomfort due to fear of leaks, experiencing menstrual leaks and physical discomfort (period pains); girls experienced teasing from boys which perpetuated shame and stigma around menstruation exacerbating negative attitudes.

The study discovered that WVL was one of the organizations that was working with schools in the district in providing pads. Initially the organization provided disposable pads to the vulnerable girls, recently, the organization has introduced the use of reusable pads through the Dignity Campaign initiative based on sustainability and environmental considerations. The study revealed that WVL conducted this initiative in partnership with Vodacom Lesotho. The study also discovered that the distribution process was complemented with educational sessions and the organization collaborated with experts from the Ministry of Health in particular the environmental department and other organizations like Red Cross to provide additional education. WVL also established WASH clubs in the schools for continued education and support on hygiene matters including menstruation. Even though the initiative had shortcomings, the study found that the provision of menstrual material and products by WVL to vulnerable girls in rural schools reduced period poverty.

The chapter concluded by linking the Dignity Campaign to the Capability Approach and illustrated how the interpretation of the findings showed that the campaign contributed to creating an environment that enabled girls to flourish and break free from constraints of period poverty.

CHAPTER 5

Summary, Conclusions and Recommendation

5.0 Introduction

This chapter presents the summary, conclusions and recommendations drawn on the findings of the study including objectives described in chapter one of the study. It also highlights the limitations of the study. The objectives listed in chapter one were:

- To explore girls' experiences of menstrual hygiene management in the school context.
- To investigate support structures and services at school for girls.
- To explore how the WVL 'Dignity Campaign' project providing adolescent girls from disadvantaged backgrounds free sanitary products influences their MHM experiences.

5.1 Summary of findings

The study examined how adolescent girls manage their menstrual hygiene, revealing their awareness and comprehension of the crucial elements that contribute to their wellbeing during menstruation. The participants displayed understanding of the necessities, including products for menstrual hygiene, painkillers, soap, clean water, and toilet paper, required for successful MHM. The significance of informed menstruation practices was highlighted by their capacity to express these demands, which proved their capacity for informed decision-making. Girls' coping mechanisms, which are consistent with the widely reported phenomena of period poverty, were demonstrated by their use of fabric and paper in the absence of appropriate access to proper menstruation products. These approaches, while providing alternative solutions, frequently also brought about discomfort, leakage, and other health problems, underscoring the importance of having enough MHM resources.

The study recognizes the value of WVL and particularly the Dignity Campaign, in providing girls with menstrual hygiene products in the school setting. The support by WVL ensures that girls in need have access to basic menstruation needs, which improves the girls' comfort and school attendance. The study uncovered that WVL applies a comprehensive approach to MHM by providing not just disposable pads but also education on the use of reusable pads and good hygiene practices. Worth noting, is that some educators voiced concerns about the viability of the Dignity Campaign, citing challenges with ensuring frequent access to menstruation

products in settings with limited resources. Furthermore, this subsection recognizes the value of the Dignity Campaign in developing girl's capacities, which is consistent with the capability approach's focus on empowering people and removing obstacles.

The results of the findings further highlight that respondents value maintaining good menstrual hygiene, which includes regular bathing and frequent pad changes to avoid smelling, infections, and discomfort. The participants' proactive effort to stay clean by taking several baths each day provides insights to their awareness of controlling odor and guaranteeing comfort. The participants' knowledge of appropriate menstruation practices is demonstrated by changing pads frequently during the day, especially for heavy flows. Another indication of the respondents' understanding of good hygiene practices was provided by some of the respondents' proper disposal of used pads to avoid hygiene concerns and potential health risks. These good habits exhibited by the adolescent girls align with MHM literature that stresses the value of girls' making informed decisions and taking care of themselves while they are menstruating.

The study uncovered the multifaceted challenges faced by girls in managing their menstrual hygiene within the school context. These challenges encompassed inadequate sanitary facilities, lack of resources, period pains and stigma. Within the school environment, the study uncovered substantial barriers created by inadequate sanitary facilities, such as the lack of private toilets, proper disposal options, and necessary commodities such as toilet paper and soap. These limitations hampered girls' ability to adequately manage their menstrual hygiene while maintaining their dignity. The reported issues extended to expose concerning environmental implications of insufficient menstrual hygiene facilities, emphasizing the necessity for gender-sensitive and comprehensive facilities that enable best hygiene practices.

The study showed that lack of menstrual hygiene resources had a variety of negative effectives on girls' educational experiences. The lack of access to menstruation pads resulted in lost school time, self-consciousness, and reduced class involvement. These difficulties provided insights on how girls' ability to participate completely in educational activities is negatively affected by period poverty. In addition, this theme highlighted the gap in perceptions between teachers and students which revealed contextual complexities, emphasizing the importance of considering multiple points of view when assessing the effects of menstrual challenges in educational settings. Respondents' resourcefulness was displayed by girls indicating that instead of missing school due to lack of pads, they use cloth and when they arrive at school

they request for the provided pads or cloth displayed girls. Even though the use of improvised materials like the use of cloth demonstrated girls' resourcefulness it also highlighted the need for comprehensive menstrual support systems to improve well-being and educational opportunities for girls.

In addition, the study's findings highlighted the overall influence of menstruation pain on girls' well-being and academic engagement. The difficulties caused by a lack of pain management alternatives and the associated discomfort were consistent with literature emphasizing the need of managing period pains. The findings reiterated the interconnectedness of health and education in shaping girls' capabilities, as lack of pain management hindered their active participation and overall well-being. The findings of this theme also highlighted the connection between menstrual health, education, and the capability approach, underlining the importance of providing accessible resources and knowledge for girls to make informed choices. The lack of thorough menstrual education was demonstrated by participants' experiences, which showed how a lack of knowledge of the menstrual cycle caused unanticipated period-related disruptions in school.

An existing issue of menstruation stigma which had a negative impact on girls' well-being and school participation was further highlighted. Menstrual shaming, propagated by classmates in particular boys, hampered girls' ability to effectively negotiate their menstrual experiences. Boys' unpleasant comments and jokes aided in the perpetuation of stigma, underlining the significance of comprehensive menstrual education in fostering understanding and respect among all pupils. Respondents' statements highlighted how menstrual stigma affected girls' self-esteem, educational involvement, and general skills. To address these issues and help girls to thrive in their educational journey, creating a safe and supportive atmosphere through gender-sensitive techniques and holistic menstruation education emerged as critical.

The study also focused on the critical issue of information and support in relation to managing menstrual hygiene. The reports of specific girls revealed a variety of feelings and experiences related to their first periods, showing a general lack of awareness and readiness. The importance of robust support networks and correct information sharing was explicitly demonstrated by the girls' desires to have deeper engagement with teachers and family members for advice and discussions on menstruation issues. The results highlighted the need to have open conversations about menstruation to educate girls and reduce their fears. This finding connects with the

capability approach emphasizes on the importance of education and guidance in empowering people to make informed decisions and improve their overall well-being.

The study provided more insights on the sources of support in the educational setting. Adolescent girls indicated a preference for obtaining support from a variety of sources, including school prefects and peers, emphasizing the importance of social networks. Power dynamics, social relationships, and gender considerations all influenced students' reluctance to approach teachers. The findings were consistent with the capability approach's emphasis on the function of supportive social interactions in allowing individuals to pursue their skills and make informed decisions. The study also discovered gaps in period education within the curriculum, highlighting the critical need for comprehensive menstrual education that addresses both genders and breaks down taboos.

The study's focus on the Dignity Campaign's intervention revealed the life-changing effect of providing not only menstrual supplies but also important information and instructions on how to use them. This holistic approach is consistent with the capacity approach's awareness of the value of education and empowerment in increasing people's well-being and choices. The intervention provides girls with the tools and information they need to manage their menstrual hygiene properly and break the cycle of period poverty by combining practical resources with knowledge distribution.

Lastly, the study explored various opinions around the provision of feminine hygiene products, discovering both good and negative elements. The positive consequences were obvious, as the provision not only met a practical need but also enabled girls to overcome period-related obstacles, increasing their participation in every aspect of life. This finding aligned with the capability approach emphasizes the importance of support in enabling girls to pursue their well-being and education. However, problems were cited, such as the practical difficulties of cleaning reusable pads and the availability of washing soap. These issues emphasized the significance of eliminating practical impediments to improve well-being and dignity, in accordance with the principles of the capability approach. In addition, the capacity approach emphasized the importance of agency and enabling environments in determining individuals' choices, while also emphasizing the need for comprehensive menstrual health education and different product options. The participants' preference for cloth materials highlighted the

influence of societal customs on menstrual hygiene choices, underlining the importance of culturally sensitive approaches in menstrual health treatments.

Furthermore, the capability approach emphasizes the value of education and equal access to resources for all people, highlighting the necessity to deal with inequalities. In this study, the results showed flaws in the present distribution strategy of the Dignity Campaign. Teachers' raised concerns with the current distribution process which provided insights on the need for equitable interventions. Teachers' desire for more involvement highlighted the importance of working together with implementing organizations to promote a comprehensive and inclusive approach to menstrual health interventions. This was in line with the capability approach's focus on fostering environments of support and encouraging active participation from all stakeholders in advancing the prospects and capacities of individuals.

5.2 Conclusions

In conclusion, the results of the study highlight the significant effects of period poverty on girls attending rural schools in Lesotho. The absence of constant access to necessary menstruation products was found to greatly limit the girls' ability to follow proper menstrual hygiene practices, even though they showed a thorough comprehension of good menstrual practices. The study revealed that girl's coping techniques, such as using cloth and paper, frequently resulted in discomfort and health problems. By providing menstrual hygiene supplies and education in schools, WVL Dignity Campaign programme significantly reduces period poverty.

The study also emphasizes the critical role that education and support play in addressing the challenges of menstrual hygiene, especially considering the research question about how rural girls in Lesotho acquire knowledge, awareness, and menstrual products. Girls' lack of preparation and awareness around menstruation as revealed by the study emphasizes the essential need for honest communication and accurate information dissemination. The desire to have conversations with parents and teachers for guidance further highlights this need and is consistent with the capability approach's focus on education and guidance as ways to enable girls to make informed choices for their well-being. Based on the findings, the study concludes that it is crucial to give young girls the tools they need to manage their menstrual hygiene effectively and with dignity by closing the knowledge and resource gap.

In addition, the exploration of perceptions in relation to product provision by WVL's 'Dignity Campaign' project provided vital insights into the intervention's impact on reducing period poverty for vulnerable girls in school. The study highlighted both positive and negative aspects of sanitary product distribution. On the positive note, the distribution of menstrual hygiene products emerged as a significant instrument that not only addressed a practical need but also empowered girls to manage period-related issues, promoting their engagement in all aspects of life. This is consistent with the capability approach, which emphasizes the importance of support, knowledge, and resources in enabling people to live lives they value.

However, issues such as practical difficulties in maintaining reusable pads and limitations with washing soap availability were observed. These problems highlighted the need of not only supplying products but also overcoming practical hurdles to improve overall well-being and dignity, in accordance with the capabilities approach principles. Findings highlighted the need for comprehensive menstrual health education that acknowledges diverse preferences and takes cultural sensitivities into account to successfully address period poverty. Overall, the study concludes that the provision of sanitary products through the 'Dignity Campaign' project greatly reduces period poverty for girls in school, develops their capabilities, empowers them, and improves their active involvement in education and society.

5.3 Recommendations

1. The Ministry of Education should develop and implement a comprehensive menstruation health education curriculum. The curriculum should cover topics such as menstrual hygiene management, the menstrual cycle, proper use of menstrual products, and dispelling myths and taboos around menstruation. It should also demonstrate the significance of open dialogues about menstruation among children, parents, and teachers.
2. WVL should train WASH teachers in menstrual health education so they may actively participate in conversations and projects about menstrual hygiene in schools. To provide a pleasant and stigma-free environment for girls in the school setting, this training should emphasize improving their sensitivity and supportiveness about menstruation. Furthermore, linked to this recommendation is for students to regularly assess and evaluate the effectiveness of their WASH teachers and menstrual hygiene management

programs to ensure that they are meeting the needs of girls and to make necessary improvements.

3. WVL's broader WASH programme should address the inadequate sanitary facilities in schools. Construct private toilets for girls, ensure the availability of essential hygiene commodities like soap and toilet paper, and create safe and gender-sensitive spaces for girls to manage their menstrual hygiene with dignity. This will help remove barriers to proper menstrual hygiene management. In addition to this, WVL in partnership with the Ministry of Health should conduct WASH audits on the quality and conditions of the WASH facilities and assess whether good practices are adhered to.
4. Since WVL as an organization works with communities, the organization should engage with local communities and parents to promote open and informed conversations about menstruation. Encourage parents to have discussions with their daughters about menstrual hygiene and provide them with the necessary support and resources. Linked to this, the study further recommends that organizations providing interventions in communities should conduct research to comprehend the region's menstrual hygiene cultural preferences and customs. This would make it easier to customize interventions to fit with regional customs and preferences, ensuring that solutions are successful and sensitive to cultural differences.
5. A longitudinal study to assess the long-term impact of comprehensive menstrual health education and improved access to menstrual hygiene products on the educational attainment, health, and overall well-being of girls in rural schools in Lesotho is recommended for future research. This study should track the progress of the girls for several years to measure the long-term benefits of interventions such as the Dignity Campaign and to provide vital insights into the role of ensuring menstrual hygiene in empowering and enhancing the capabilities of girls.
6. Adopt a holistic approach where poverty needs to be addressed in LMIC countries such as Lesotho as inaccessibility to menstrual hygiene resources is mainly due to poverty in developing countries.

5.4. Limitations of the Study

The researcher faced two major limitations during data collection. The first limitation of this study was that the scheduled timeframe for data collection coincided with mid-year examination period for 2023. This limited the flexibility of the research timeline as students

were preparing for exams, taking exams, or recovering from exam stress. It made it difficult for the researcher to schedule interviews at this time. The researcher also found it challenging to gather data from a representative sample of the target population as finding willing participants during mid-year exams proved to be challenging as students were less inclined to volunteer to participate in the study.

To account for the unique circumstances of this period, the researcher considered the well-being of the participants and ensured that the study activities did not add undue stress or anxiety to an already challenging time for students. In addition, when interpreting research findings, the researcher considered that during examination period, students often experienced increased stress and cognitive load. Based on this, the researcher considered that participants' responses may not accurately reflect their typical behavior or attitudes due to stress and academic pressures which may have altered their behaviors and opinions, leading to responses that may not be representative of their usual state of mind.

The second limitation was the involvement of the translator and transcriber. The researcher is not a Mosotho and therefore had to request the assistance of a translator to conduct and transcribe interviews conducted in the local language. Respondents who were not fluent in English were allowed to answer questions in the local language to better express themselves. The involvement of a translator and transcriber may have compromised the quality and depth of data collected. The translator's interpretation skills and cultural understanding may have played a pivotal role in accurately conveying the nuances of participants' responses, leaving room for errors or misinterpretations which may have introduced bias or distorted the data.

Another potential error could have occurred during the transcribing process leading to inaccuracies in the data analysis. The researcher's dependability on the translator may have compromised the study's validity and reliability, necessitating meticulous quality control measures to mitigate such limitations. The researcher was acutely aware of these challenges and collaborated closely with the translator and transcriber to minimize language-related biases and ensure the integrity of the research findings.

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Appendix
Annex 1
Letter of authorization from university

Notes: Introduction -
i. Mokhotlong

Appendix A

THE NATIONAL UNIVERSITY OF LESOTHO

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P.O. ROMA 180,
LESOTHO,
SOUTHERN AFRICA.
22, May, 2023



Tel: 57435196

DEPARTMENT OF DEVELOPMENT STUDIES

Dear Sir/Madam,

Re: Letter of Introduction Zandile Winile Sakoane (202103198)

Zandile Winile Sakoane, whose student number is 202103198, is a Student at the National University of Lesotho where she has enrolled in the Masters Programme in Development Studies. She is currently undertaking her research for her dissertation which is entitled "Period Poverty Reduction: the case of World Vision Lesotho Dignity Campaign in Schools at Rural Mokhotlong District". The National University of Lesotho, through the Department of Development Studies, herein kindly requests that you assist her with information that she needs for the completion of her research dissertation.

Please do not hesitate to contact me as her research supervisor if any further clarification is required.

Yours Sincerely,

Setsabi Setsabi

(Senior Lecturer, Development Studies and Research Supervisor)

2x Focus groups of 4-6 learners
1 Principal
1 LBSE teacher
1 Teacher passionate about health issues

MINISTRY OF EDUCATION AND TRAINING
INSPECTOR
30 MAY 2023
P.O. BOX 156
MOKHOTLONG 500, LESOTHO
TEL: 22920492

Annex 2
Questionnaire

KEY INFORMANTS' ADOLESCENT GIRLS

Demographic Information:

1. Age:
2. Place of Residence:
3. Living Arrangements:
4. Age of Menarche (First Period):

**Family Background: Please provide a brief description of your family and household.
Experiences, Perceptions, and Knowledge about Menstruation:**

1. Can you share your first-period experience?
2. Whom did you confide in about your first period, and how did they react?
3. Did you have any prior conversations about menstruation before experiencing it yourself? If yes, with whom?
4. How did you perceive or interpret your first menstrual period?
5. How did you feel after the experience?
6. What menstrual products did you use during your first period?
7. Do you notice any changes in your feelings or emotions when you have your period?
8. What kind of support system do you have while menstruating?
9. How would you define good period care (menstrual hygiene)?

Menstrual Hygiene Practices:

1. Do you have easy access to period products (pads, tampons, or reusable pads/cups)?
2. If not, how do you manage your period?
3. Have you ever started your period at school? If yes, how did you handle it?
4. Have you ever faced challenges in purchasing sanitary pads? If yes, how did it affect you, and can you afford them now?
5. How does the lack of period products impact your perception of self and dignity?
6. How do you dispose of used menstrual items, and where?
7. How long do you typically wear sanitary products during your period?

Provision of Pads in School (Perception and Experience of Menstruation after Receiving Free Pads):

1. What were your initial thoughts when you first heard about the World Vision Lesotho Dignity Campaign project?
2. How do you currently feel about this initiative?
3. How has receiving free sanitary pads influenced the way you perceive yourself?
4. What aspects of this initiative appeal to you the most, and why?
5. Are there any aspects of this initiative that you dislike? If yes, please elaborate.
6. What changes would you suggest to improve this initiative?

Additional Thoughts:

Is there anything else you would like to add or discuss that we haven't covered in this questionnaire?

FOCUS GROUP DISCUSSION (FGDS) - ACCESS TO MENSTRUAL PRODUCTS IN POOR RURAL SCHOOLS FOR ADOLESCENT GIRLS

1. Access and Availability of Menstrual Products at School:

- How do you manage your menstrual needs while at school?
- Are there designated places at school where you can get menstrual products?
- What types of menstrual products are available for you at school, if any?
- How often are these menstrual products provided at school?

2. Challenges in Accessing Menstrual Products:

- Have you ever faced challenges in obtaining menstrual products while at school?
- If yes, what were the difficulties you encountered in accessing these products?
- Have you ever had to miss school because you didn't have access to menstrual products?
- How did the lack of menstrual products affect your overall well-being and education?
- What other challenges have you had to face to school when you are on your periods?

3. Support and Information:

- Do you feel comfortable discussing menstrual needs with teachers or school staff?
- Are there any support systems in place to help you manage your menstrual needs at school?

- Have you received any education or information about menstrual health and hygiene at school?

4. Coping Strategies:

- How do you manage your period when you don't have access to menstrual products at school?
- Have you ever used any improvised materials when menstrual products were not available?
- How do you feel when you have to rely on alternative methods to manage your period?

5. Impact on Education:

- Does the lack of access to menstrual products affect your attendance and participation in school?
- Do you feel comfortable attending school during your period, considering the limited access to menstrual products?

6. Importance of Free Menstrual Product Initiatives:

- What are your thoughts on initiatives that provide free menstrual products in schools?
- How do you think having free menstrual products available in school would benefit girls like you?
- Do you believe such initiatives would positively impact your education and overall well-being?

7. Improving Access:

- What changes or improvements would you like to see to ensure better access to menstrual products at school?
- Are there any suggestions you have for making menstrual products more easily available to all students in the school?

8. Other:

- Is there anything else you would like to share about your experiences and needs regarding menstrual products in school?

Annex 3
Sanitary materials used by girls for their period



Frame 1: Dignity Campaign donated by WVL in partnership with Vodacom.

Frame 2 top right: Cloth that the girls cut to use when they are on their period.

Frame 3 bottom right: A piece of paper from an exercise book torn to use as sanitary wear.