BACKGROUND
The lack of access to adequate sexual reproductive health education (SRHE) and menstrual hygiene management (MHM) in Uganda has heightened gender inequality. This has led to high rates of school dropouts for young girls between the ages of 12-16. Without adequate access to menstruation resources such as pads, socks, water, and soap, young girls frequently endure the duration of their menstruation. Those living in rural Uganda face the most challenges. 80% of girls entering primary school will not complete their education and 90% of young pregnancy is due to a lack of sexual education (Kasissi, 2014). MHM and SHRE are essential to reducing school dropout rates, early pregnancy, stigma, and gender inequality.

POPULATION
Girls and boys at Mt. Gessi School in grades P5 through P7 in the Karungura Village, Rwenzori Mountains.

LEARNING OBJECTIVES
1. Assist with the development and implementation of data collection instruments which include, quizzes, surveys, and focus group guides.
2. Evaluate programming through data collection and analysis.
3. Improve my understanding and skills within participatory action research in the field.

ACTIVITIES
• Assist with editing research instruments for MHM and SRHE projects.
• Assist in pre-stop organization, prep, literature review, and scheduling.
• Assist in data collection and evaluation.
• Assist with project implementation.
• Help train teachers and educate students in MHM and SHRE.
• Audio record and take field notes of focus group discussion.
• Help train teachers and educate students in MHM and SHRE.

DELIVERABLES
• Transcription of Key Informant focus group discussion
• Summary and thematic analysis of all 3 focus group discussions
• Individual girl’s survey
• Data collection and analysis from girl’s individual survey

METHODS
• Complete focus group discussion with Key Informants (teachers, parents, community members).
• Complete individual girls survey and focus group discussion with girls in P5, P6, and P7.
• Complete individual boys survey with boys in P5, P6, and P7.
• Complete MHM and SHRE training with boys and girls together for each grade.
• Provide each girl who completed the MHM and SHRE training with a reusable pad kit that includes 1 pair of knickers, 2 shields, and 2 inserts.
• Provide 3 selected tailors in the community with training and materials to make more reusable pads to provide to the school as well as sell in the community.

PUBLIC HEALTH IMPLICATIONS
• The data collected shows the importance of MHM and SRHE implementation in schools.
• This project can be a foundation for future public health programs.
• Sustainable measures such as reusable pads and training meetings that are easy to make are key to appropriate MHM access in rural communities.
• Understanding the cultural implications of MHM and SRHE are vital to implementing public health programs.
• Health education policy should focus on the implementation of SRHE in primary schools.

RESULTS
The results of the individual girl’s quiz, survey, and focus group discussion overwhelmingly outlined the challenges young girls face surrounding MHM and SRHE. Scores from the quizzes showed a lack of sexual reproductive health knowledge among boys and girls. Results of the girl’s survey and focus group discussion highlighted the need for adequate MHM. Girls do not have access to pads and private locations to care for their menstrual needs. Girls discussed leaving school due to pain or soiled clothes and not returning until their menstruation was finished. Girls also mentioned that they felt embarrassed or uncomfortable discussing issues or challenges with their parents or male teachers. The key informant discussion brought to light the importance of SRHE education. Teachers and parents showed concern for early pregnancy and the lack of access to menstrual materials. The results of this study show the need for SRHE and MHM in schools in rural Uganda.

LESSONS LEARNED
• The importance of MHM and SRHE for young girls in rural Uganda.
• Training and interacting with program participants of another culture.
• How to conduct focus group discussions and surveys.
• Implementation of a participatory action research project.
• Data collection and analysis.
• Creation of focus group guides and surveys.

REFERENCES

ACKNOWLEDGEMENTS & FUNDING
Thank you to FOYA Uganda and Dr. Diane Ross for providing me with this incredible opportunity. A special thank you to Dr. Heidi Ballard for allowing me to join your project and mentoring me through the process.

I received funding from Case Western Reserve University in the amount of $1,000 to assist with travel expenses. As the Administrative Manager for FOYA Uganda’s 2022 trip, I received $1,000 in funding.

Table 1: Quotations from Key Informant and PS focus groups.

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<td>“Their parents provide it [pads]. They are purchasing for them. If there is a problem they go without.”</td>
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<td>“I have meetings talk to them about women and menstruation, gender equality. Show that each of them is important. Whether they are woman or man they are equal. They are equally important to the development of the country and their family.”</td>
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<td>“So all of these [girls] are saying that they have complications when it comes to menstruation, they don’t like coming to school.”</td>
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<td>“They can’t afford buying materials to use during, especially the bricksiers and the pads.”</td>
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<td>“According to culture it is the responsibility of the mother to teach womanly behavior to the girl child and it is the responsibility of the father to teach the way men take themselves to the young boys as they grow up. An abomination find the father teaching menstrual activities to a girl child. Even a child would shy but to be easy for a girl child talking about this with the mother and issues about health because he is a man and a boy so we are free it is healthy. She is a woman she is a girl it is healthy to talk issues womanly issues.”</td>
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Fig. 1: Results from question 3 of the survey conducted with girls in P5, 6, and 7.

Fig. 2: Results from question 6 of the survey conducted with girls in P5, 6, and 7.

Table 2: Quotations from Key Informant and PS focus groups.

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