

The Construction of Menstruation as “something you have to hide”: Embodied Experiences of Adolescent Girls in Uganda

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Abstract

The *lived* experience of menstruation differs across contexts. In resource-poor communities, the intersection of socio-cultural, economic and physical factors affects the capacities of adolescent girls to manage menstruation. In Uganda, the patriarchal construction of menstruation as “something that you have to hide”, creates further pressure on adolescent girls to conceal their menses. Consequently, leading to menstrual stigma. Previous research has neglected menstrual stigma as a qualitative measure of menstrual experience. Instead, school absenteeism and WASH have remained focal points of analysis within studies across resource-poor contexts. Additionally, human rights-based frameworks have further contributed to marginalising diverse experiences of menstruation.

This research aims to understand how issues of menstrual health management (MHM) exacerbate the embodied experiences of menstrual stigma, for adolescent girls living in resource-poor communities around Kampala, Uganda. In addition, the research addresses how community-based approaches are supporting girls to navigate menstruation-related challenges, through the case study of Kids Club Kampala (KCK). Utilising a feminist phenomenological framework, this study thematically analyses qualitative data on the menstrual experiences of adolescent girls in two slum communities and one non-slum community, inclusive of girls both in and out of school. The results suggest that communication taboos, gendered expectations of womanhood, and the economic and physical environment exacerbate menstrual stigma. The study finds that KCK, as a local actor, is playing a key role in protecting vulnerable girls from gender-based harms solicited by menarche, in addition to sanitary pad provision. The study concludes that more attention needs to be drawn to menstrual stigma as a catalyst in exacerbating challenges of MHM, and vice versa. Future research should expand its enquiry into the inter-relationship between social and physical factors, if it is to comprehend the consequences of menstrual stigma. This includes an increased acknowledgment by international development agencies of the myriad ways in which adolescent girls experience menstruation in resource-poor contexts, beyond essentialist discourses.

Abbreviations

KCK	Kids Club Kampala
LMIC	Lower-Middle Income Country
MHM	Menstrual Health Management
MHH	Menstrual Health and Hygiene
NGO	Non-Government Organisation
WASH	Water, Sanitation and Hygiene

Chapter 1: Introduction

Menstruation is a natural bodily function, with an estimated two billion people around the world menstruating (UN Women, 2024). Yet, the *lived* experience of menstruation, and subsequent stigma, is contingent upon the socio-cultural context within which the menstruator has to manage their menses. In Uganda, female roles have traditionally been bound to the sphere of reproductive and domestic labour (Farago, Eggum-Wilkens and Zhang, 2021). As a result, the cultural association of menstruation with a readiness for marriage and childbirth has contributed to the silencing of open conversations, for fear of what menarche signifies for the futures of adolescent girls (Maharaj and Winkler, 2020). This is evident in the high teenage pregnancy rate in Uganda (Ochen, Chi and Lawoko, 2019). Given that Uganda's growing population is among the youngest in the world, the reproduction of such taboos poses an imminent concern to the health of an increasing number of adolescent girls (UNICEF, 2021). In addition, the stigmatisation of menstruation as 'dirty' has compounded the cultural taboo, whereby fear of teasing and community exclusion can be attributed to psychological distress within adolescent girls (IRC, 2013).

It should be disclaimed, that this study is under no illusion as to the presence of menstrual stigma within developed, as well as developing, countries. However, it acknowledges that the form of menstrual stigma differs across contexts, according to the socio-cultural norms which it reproduces; and which it is reproduced by. This study analyses how menstrual stigma uniquely impacts adolescent girls within resource-poor settings in Uganda, through a feminist phenomenological framework. This analysis is based upon the case study of Kids Club Kampala (KCK): a local NGO working to empower vulnerable adolescents living in predominantly slum-based communities. The research concludes that the intersection of socio-cultural, economic, and environmental factors of menstrual experience reproduces menstrual stigma in resource-poor contexts. The role of KCK, as a local actor, contributes to facilitating girl-to-girl support; protecting adolescent girls from menstrual-related harms; and providing sanitary materials.

Chapter 2 will detail the current body of literature surrounding this research. Primarily, it will discuss the current scholarly conversations around period poverty and menstrual shame; the role of global and national-level policy in exacerbating menstrual stigma; and essentialist discourses around menstrual health management (MHM) research. Thus, paving the way for the emergence of holistic understandings of MHM in developing contexts, as advocated for by the Integrated Model of Menstrual Experience (Hennegan *et al.*, 2019). Chapter 3 posits a feminist phenomenological framework as the most appropriate approach to privileging marginalised voices within this study. Chapters 4 and 5 outline the aims and objectives, the case study context, and the qualitative methodology. Chapter 6 postulates the findings, analysis and discussion of the research under three themes: girl-to-girl communication; responsibilities and repercussions of womanhood; and economic and environmental hardship. The final conclusions are summarised in Chapter 7.

1.1 Definitions

Whilst this study recognises that it is not only cisgender females who menstruate, for the purpose of this research and in light of the precarity surrounding sexuality in Uganda, menstruators are addressed as ‘adolescent girls’.

‘Menstrual stigma’ is defined as “the negative perception of menstruation and those who menstruate, characterizing the menstruating body as abnormal and abject” (Olson, 2022).

‘Period poverty’ is understood according to Crichton’s (2013, p. 893) definition, intended for use in developing contexts: “the combination of multiple practical and psychosocial deprivations experienced by menstruating girls and women in resource-poor settings.”.

Chapter 2: Literature Review

2.1 Gender Norms and Menstrual Stigma

Bobel (2018, p. 285) denounces the menstruating body as a “patriarchal social construction”. Resultantly, menstrual experiences cannot be fully understood in absence of the gendered norms which grant particular meanings to menstruating bodies and ultimately, create stigma. Patriarchy exposes the menstruating body to paradoxical expectations of containment, male sexual pleasure, and reproductive functioning (Ibid.). In light of Houppert’s (1999) culture of concealment, Wood (2020) conceptualised the ‘menstrual concealment imperative’ to explain women’s internalisation and adherence to gendered menstrual discourse. Women are disempowered to speak about menstruation, “enabling others to produce knowledge about women’s bodies that is not based on their own situated knowledge and experience” (Ibid. p. 322). As a result, harmful gender norms and menstrual stigma are continually reproduced by the cycle of silence and disembodied knowledges preventing open conversations on menstruation. Persdotter (2020) groups the subsequent behaviours solicited by these clusters of contradictory norms under the umbrella term: “*menstrunormativity*”. For those who do not fulfil the ideal of the “*menstrunormate*”, they risk moral inferiority (Ibid., p. 362). However, the paradoxical subjectivity surrounding menstrual norms makes the fulfilment of this ideal near impossible. Thus, menstruating bodies are inevitably and inextricably bound to a subordinate status within structures of gendered hegemony (Connell and Messerschmidt, 2005).

As Erchull (2020) suggests, negative attitudes about menstruation are framed within cultural context. Therefore, the construction of gender norms and menstrual stigma within Ugandan society can only be fully understood by examining local attitudes and meanings. Ninsiima’s (2018) study of gender norms and youth sexuality in Western Uganda, reveals that the social construction of gender norms dictates acceptable female behaviour. Furthermore, a cultural emphasis on silence and parental mandates to control the girl-child illustrate the reproduction of gender norms as an inter-generational issue (Ibid.). Although Ninsiima’s (2018) study focuses

on sexual and reproductive health, their qualitative engagement with gender norms illustrates the unequal behavioural expectations placed on girls once they are deemed to reach sexual maturity (menarche) (Bobier, 2020). Understanding the gendered challenges of sexual control accompanying menarche, is vital to comprehending the way in which menstrual stigma is formed.

Montgomery's (2016) randomised control trial in urban Uganda presents menstrual health as a gendered issue. They note that for poorer girls, their (in)ability to manage menstruation significantly impacts their health, comfort and school attendance (Ibid. p. 2). This is compounded by a lack of open conversations about menstruation, subsequently affecting the preparedness of adolescent girls for menarche (Ibid.). Although Montgomery (2016) does acknowledge the role of behaviours, attitudes and shame in adolescent girls' experiences of MHM, the study privileged school absenteeism as the primary measure of menstrual experience. Thus, exhibiting gaps in country-specific studies, whereby menstrual stigma has not been analytically explored.

2.2 National Policy and Global Agenda

Adolescent sexual and reproductive health has gained far greater policy attention than MHM in Uganda. Arguably, reflecting the secrecy and lack of open communication around menstruation (Nyanzi, 2020). In 2018, the Uganda Ministry of Education and Sports published the 'National Sexuality Education Framework'. The rollout of the framework in formal education settings has been proposed as a means to an end of protecting the morals of young people, and ensuring their "appropriate"¹ contributions to the nation's socio-economic development. According to the framework, menstrual health and hygiene is considered under 'Sexuality and Sexual Health'. The framework recommends discussing menstrual health and hygiene (MHH) with children from age 6, focussing on hygiene, female development, and sources of information.

¹ Appropriate has been put in inverted commas, to emphasise that the approval of youth contributions to socio-economic development is contextually specific, and embedded in behavioural expectations.

The MENISCUS pilot intervention tested the implementation of Government guidelines for improving MHH in 2 peri-urban secondary schools, in partnership with local NGO 'WoMena' (Kansiime *et al.*, 2022). The intervention involved puberty education, a drama skit to address stigma and social attitudes, and the provision of a menstrual management kit (*Ibid.*). The drama skit in particular was shown to enable inter-generational conversations around MHH and reduce teasing by boys. What is important to note, however, is that all aspects of delivery were contingent upon the local NGO, in addition to East Africa-based NGO AFRIPADS. Thus, whilst national policy may have principally informed the MENISCUS study, the practical rollout of the intervention suggests that local NGOs are bridging the gaps in community delivery.

A lack of policy attention on MHH at the global level further reinforces the vitality of grassroots organisations operating at the micro-level. Despite menstruation being a catalyst for other gendered issues, the international arena has neglected its significance for development (Parker *et al.* 2014, p. 438). Sommer (2021) criticises the Sustainable Development Goals (SDGs) for their failure to explicitly address menstruation, despite its relevance to gender equality, poverty reduction, WASH, education, and health and wellbeing. Within the context of Uganda, this is particularly problematic, given that the Ministry of Health (2004) embedded its Roadmap for Improving Adolescent Health within the achievement of the SDGs.

Nevertheless, the increasing volume of menstruation-related research, undertaken in lower-middle income countries (LMICs), is making significant progress towards putting MHH on the global agenda as a cross-sectoral issue (WHO, 2023; UNICEF, 2019). The World Health Organisation (WHO) (2023) proclaimed that the research of Chandra-Mouli and Patel (2017) directly influenced its five action points for work in menstrual health, consisting of: education, norm creation, WASH, social support, and empathetic healthcare. In Uganda, research conducted by Rossouw and Ross' (2021) has further emphasised the need for a multi-disciplinary approach, acknowledging how socio-economic inequalities influence structural realities of MHH in resource-poor contexts, and vice versa (*Ibid.* p. 2571). However, Rossouw

and Ross' (2021) exclusive use of quantitative methods limits the extent to which *lived* experiences are acknowledged. Qualitatively understanding the multi-faceted realities of menstrual experience, is essential to comprehending how menstrual stigma can be approached.

2.3 Beyond Essentialist Discourses

The international development sector has typically framed solutions to menstrual management within a fundamentally human rights-based framework, entrenched into the broader category of water, sanitation and hygiene (WASH) (OHCHR, 2022; Jalali, 2023, p. 317). McCarthy and Lahiri-Dutt (2020) problematise the application of transnational human rights to MHM initiatives, for their stigmatisation of local menstrual knowledges. This does not mean to say that human rights frameworks are entirely inapplicable with regards to issues such as menstruation-related WASH. However, human rights as a measure of achievement risks contributing to an essentialist distinction of 'us vs them', particularly when analysing socio-cultural norm production and gender equality (Gottlieb, 2020, p. 151). Renzaho (2017, p. 27) supports this critique, suggesting that there are discrepancies in Uganda between universal sexual and reproductive health rights and local community contexts within which young people live.

Feminist activists have questioned whether 'menstrual hygiene' terminology has any use at all in challenging harmful menstrual health discourses (Bobel, 2018). Alongside 'management', they have argued that such dialogue contributes to the stigmatisation of menstruation as 'dirty' and in need of containment (Lahiri-Dutt, 2015). However, menstruation feminists have suggested that for girls and women in developing contexts, 'hygiene' and 'management' are crucial aspects to feeling that their periods are normal and free from shame (Keiser, 2013). Keiser (Ibid.) continues that part of this, is being able to 'manage' menstruation through access to sanitary materials and living freely from menstrual silence and stigma. Thus, exhibiting the need for menstrual researchers to appreciate the myriad ways in which the menstrual experiences of girls in resource-poor settings exacerbate stigma, before casting judgment upon

the correct approach to eliminating it. As a result of this debate, this study will view the *normalisation* of menstruation as “part of a broader agenda to normalise being a girl”, with the aim of creating “a more enabling environment for their increased autonomy” (Wilson *et al.*, 2018, p. 17). This includes analysing the contributions of menstrual resources and the physical environment to the production of menstrual stigma.

2.4 Towards an Integrated Approach

Hennegan (2017; 2019; 2020) has paved the way for a more holistic, nuanced understanding of MHM in LMICs. The Integrated Model of Menstrual Experience (Figure 1) illustrates the multifaceted nature of menstrual health, whereby the antecedents for individual bodily experience of MHM highlight the potential for negative psychosocial and physical outcomes, stemming from socio-cultural gender norms and stigma (Hennegan *et al.*, 2019).

There has been a recent shift in the literature towards an integrated approach to measuring MHM in Uganda, with studies moving away from single component interventions to focus on the physical *and* psychosocial aspects of MHM (Kansiime, 2022; Nalugya, 2020, p. 10). Multiple studies have acknowledged that menstrual experience is shaped by the availability of social support, behavioural expectations, and an internalisation of inequitable gender norms, which subsequently lead to shame and distress (Hennegan *et al.* 2017; Lung *et al.*, 2017; Nalugya *et al.*, 2020; IRC, 2013; Tanton *et al.*, 2021). However, the generalisability of this data to resource-poor settings is somewhat limited by the data-collection primarily taking place in secondary schools. This is problematic when it is considered that the national net enrolment rate for girls in secondary school stands at 21% (UN Uganda, 2022). Furthermore, as a result of systemic educational and economic inequalities, many menstruating girls remain in primary school (Waetherholt *et al.*, 2019). Thus, the menstrual experiences of the majority of adolescent girls living in resource-poor communities in Uganda are marginalised by the current literature, whose focus highlights experiences within a particular social location. Given the context-

dependency of menstrual stigma, unpacking the lived experiences of the demographic group requires moving beyond exclusively school-based sampling.

Whilst this study appreciates the difficulties in accessing girls who do not attend school, it simultaneously acknowledges the need to understand the nature of menstrual stigma in their lives where possible. Studies which have acknowledged the relationship between menstrual stigma and period poverty in Uganda have predominantly taken place in rural poor settings (Kennedy and Severe, 2020). Thus, the unique experiences of adolescents living in urban slum-based settlements remain unanalysed. In utilising the Integrated Model of Menstrual Experience, this research hopes to move beyond essentialist discourses presented by Western and human rights-based frameworks, towards a holistic understanding of community-based approaches to challenging menstrual stigma (Hennegan *et al.*, 2019).

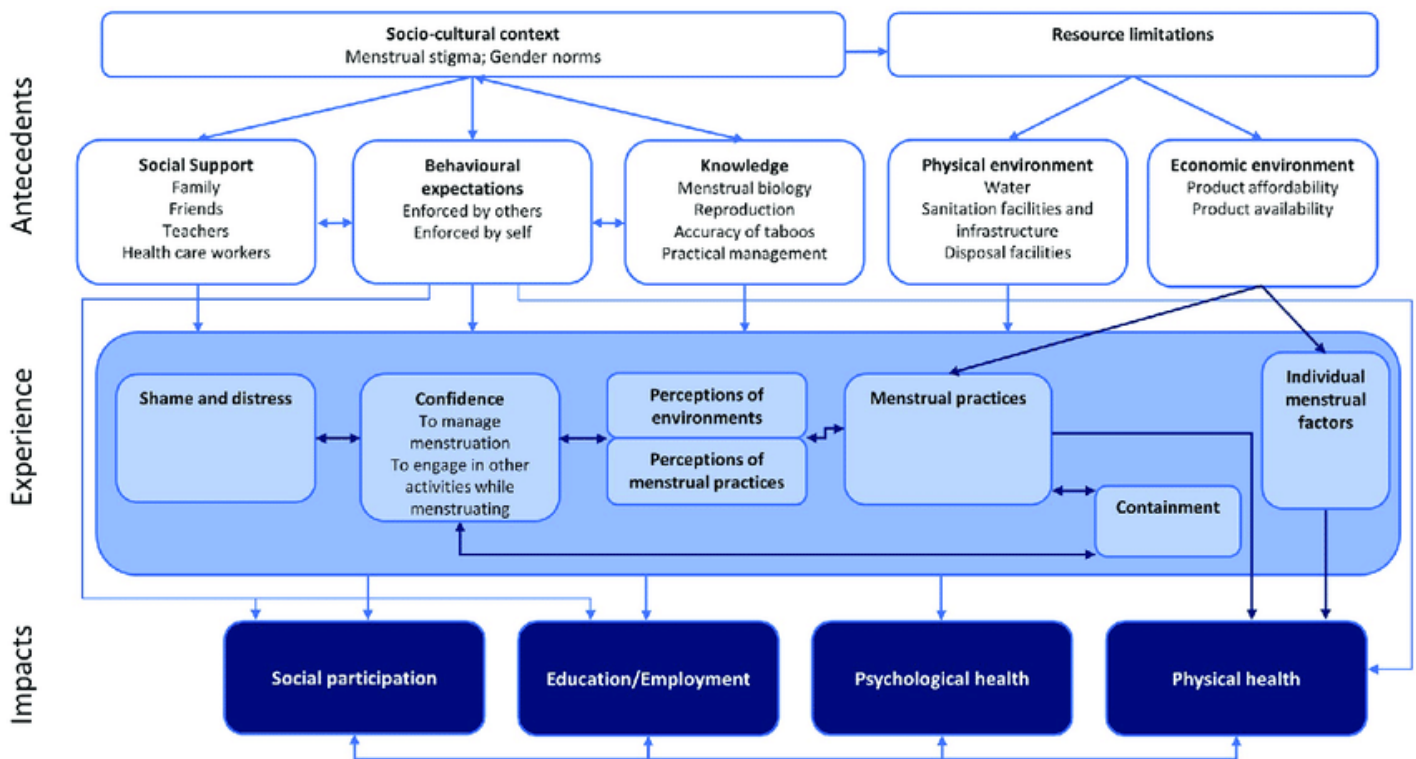


Figure 1: Integrated Model of Menstrual Experience (Hennegan *et al.*, 2019).

Chapter 3: Theoretical Framework

As a widening-deepening approach, feminist phenomenology bridges the gap between theory and praxis (Thornton Dill and Kohlman, 2012). The holistic nature of the theoretical framework compliments the multiplicity of factors and identities, upon which the Integrated Model of Menstrual Experience is premised. Thus, illustrating the compatibility of the theoretical framework of this study with a multi-component model for examining menstrual experience within developing contexts.

3.1 Feminist Phenomenology

Menstrual stigma requires a gendered lens to unpack its social meaning (Bobel, 2018). Feminist phenomenologists focus on the “embodied location” of women’s bodies, viewing the body as layered with social, historical, economic, political and cultural meaning (Young, 2005, p. 7). Heidegger’s term ‘lifeworld’ referred to the idea that such meanings invariably influence individual’s realities (Neubauer, Witkop and Vapio, 2019, p. 94). As such, Young (2005, p. 7) argues that phenomenological enquiry is required to understand the subjectivity of women’s menstrual experiences, as “lived and felt in the flesh”.

Feminist phenomenological accounts of menstruation see the body *as* situation and the body *in* situation (Kelland, Paphitis and Macleod, 2017, p. 33). The latter warrants a holistic understanding of the material and symbolic factors affecting the bodily agency of individual adolescent girls, and how they manage their menses (Johnston-Robledo and Stubbs, 2013). Menstruation feminists challenge the universal responsibility placed on women to privately manage their own bodies, in light of public expectation (McCarthy and Lahiri-Dutt, 2020). In her phenomenological account of menstruation, Iris Marion Young (2005, p. 107) further describes the relationship between practical difficulties, psychological distress and social pressure surrounding the culture of concealment. She problematises this relationship not only from an external perspective, but also from a place of internalised shame and self-acceptance (Ibid.).

Bartky (1990, p. 87) adds that “the distressed apprehension of oneself as a lesser creature”, lends further legitimacy to the structures which occasion such experiences of self-alienation. Consequently, challenging menstrual stigma not only requires addressing external structures of oppression, but also confronting the internalisation of menstrual shame. The essentialist politicisation of female bodies necessitates a reflexive feminist understanding, to contextually situate the experience of menstrual stigma and challenge heteronormative ideology (Guilló-Arakistain, 2020, p. 879).

Chapter 4: Research Aims and Objectives

4.1 Aim

This research aims to understand how issues of MHM exacerbate the embodied experiences of menstrual stigma, for adolescent girls living in resource-poor communities around Kampala, Uganda.

4.2 Objectives

- *To comprehend how feminist phenomenology facilitates an understanding of the context within which adolescent girls manage their menstruation.*
- *To identify how menstrual stigma is uniquely experienced by adolescent girls living in resource-poor communities around Kampala, Uganda.*
- *To assess the extent to which community-based approaches play a role in combatting menstrual stigma, through MHM initiatives.*

Chapter 5: Methodology

5.1 Framework

The methodology was informed by a phenomenological feminist framework. Disembodiment has largely blocked women's voices from contributing to menstrual discourse (Wood, 220, p. 331). In researching a phenomenology of menstruation, this inductive approach privileged the participants' voices as experts on their own embodied realities (Johnston-Robledo and Stubbs, 2013, p. 5). In conjunction with feminism, a phenomenological approach allowed the research to analyse and unpack the *lived* experiences of menstruation as a socially gendered construct, throwing critical light on the constitution of normalcy (Jenkins, 2007; Zelier and Käll, 2014, p. 7). Utilising this framework facilitated a move away from top-down approaches to data-collection, towards a more participatory research design, which provided a space for often marginalised voices (Moree, 2018).

When designing social research with marginalised groups, it is ethically vital to ensure that the research is to the benefit of the research participants (Cox, Geisen and Green, 2008). In the case of this study, there was an intrinsic purpose to provide a platform from which adolescent girls were able to speak safely and openly about menstruation.

5.2 Case Study Context

Uganda graduated to lower-middle income status in 2022, with recent economic growth accelerating national GDP by 5.3% in the first quarter of FY24 (World Bank, 2024). Yet, lack of policy reform and rapid population growth have prevented poverty reduction and improvements to human capital and social welfare (Ibid.). As the population grows, more and more people are living in slums. At present, there are around 62 slum settlements in Kampala, home to an estimated 60% of the city's residents (KCK, 2024). It is likely that the environmental

and economic factors affecting menstrual experiences for girls within this study are therefore, also impacting increasing numbers of girls living in other urban slum areas across the city.

The data for this research was collected in June 2024, alongside KCK. KCK are a Kampala-based charity, supporting vulnerable children in Uganda through community outreach initiatives. Across 10 locations in and around Uganda, KCK run Girls Support Groups every Saturday for girls aged between 13 and 17. Through counselling, peer support and education, the Girls Support Groups aim to provide a safe space for vulnerable adolescents, including discussions on menstrual hygiene and the provision of free sanitary pads (KCK, no date). Working closely with KCK, allowed for an in-depth investigation into the phenomenon of menstrual experience within a specific real-life context (Warren and Bell, 2022). As a local actor, KCK contributed to ensuring that this study was developed and undertaken holistically, challenging any pre-conceived notions present in the mind of the researcher or current development literature about menstrual experience within LMICs. Ultimately, enhancing the capacity of this research to qualitatively map how boundaries of menstrual stigma are constructed, negotiated and subsequently challenged, from an 'insider' perspective (Smith, 2007).

Data in this study was collected at 3 KCK centres in and around Kampala: Kasubi, Katanga, and Wakiso. The participants in Kasubi lived in an urban slum-based context and attended a private primary school. Participants in Wakiso lived in a peri-urban non-slum area and attended a public secondary school, with the exception of one girl who did not attend school. The participants at Katanga lived in an urban slum-based context and did not attend school. Collecting data in 3 different locations covering differing school-statuses, allowed for comparative analysis of the nuances of menstrual experiences across differing physical and social geographic contexts. Ultimately, enriching the complexity of experience that could be uncovered by this research.

5.3 Sampling

This research employed purposive sampling. There were 3 categories of participants recruited for this study: girls currently attending Girls Support Groups; previous participants of Girls Support Groups; and staff from local NGOs, including KCK and AFRIPads. In total, there were 28 participants. All participants within the first two categories were selected in close communication with KCK. KCK's local knowledge and immediate presence within the lives of Girls Support Group attendees was honoured throughout the sampling process. This helped to ensure that girls' uptake of the study was entirely voluntary, and that they felt comfortable during data-collection. Beyond time-constraints, there were no set limits to the number of participants able to take part in the study, as this was entirely dependent upon voluntary uptake.

As the minimum attendance age for Girls Support Groups is 13, research participants were required to be 13 years old and above to be eligible for the study. In accordance with the aim and objectives, it was the researcher's intention that only menstruating girls were to be included under the first two participant categories. However due to participant misinformation, one participant (Evelyn, KS3) had not yet started her menstruation. This data has still been included in the analysis, as a result of what it reveals about the relationship between menstrual communication and the internalisation of menstrual stigma.

5.4 Data-collection Methods

Qualitative methods facilitated the triangulation of data (Flick, 2018). For all 3 methods, a question guide was produced based upon the Integrated Model of Menstrual Experience. The contextual flexibility of the model ensured that question guides accommodated diverse menstrual experiences, including socio-cultural, physical, environmental, and economic factors.

Good qualitative questions should be developed through reflexive and interactive inquiry (Agee, 2008). Thus, pre-departure, I shared the research proposal with KCK, so that any initial problems could be raised by the partner organisation. Before any field research was conducted, an in-depth consultation was held with KCK's Head of Operations to modify the question guides. Throughout the data-collection process, reflective conversations occurred between the translator and I to adjust interpretative issues and optimise participant engagement.

In the majority of semi-structured interviews, a language barrier was present. For the majority of participants, they were most comfortable to speak in Luganda. A female KCK staff member acted as a translator throughout the data-collection process. Given the gender sensitivity of the subject area, it was vital that the translator was female. In a few cases, interviews took place entirely in English, where the interviewee expressed a will to do so. However, the translator remained present in these cases, to provide interviewees with an outlet to speak their native language at any point if they preferred.

5.4.1 Focus Groups

Focus groups have been widely used by feminist researchers, for their ability to break the ice on taboo discussions and “give people permission to comment” within a non-hierarchical structure (Moloney, 2010, p. 58). Girl-to-girl relations amongst attendees of the KCK Girls Support Groups were explored through focus groups. In observing the location of relationality, the stigma surrounding menstrual communication could be linguistically and methodologically analysed. Given that focus group interactions are a naturalistic result of the subject topics provided by the researcher, it was the hope of this study that focus groups would replicate an environment comparable to KCK counselling sessions (Morgan and Hoffman, 2018).

In total, 2 focus groups were held. The Kasubi focus group took place in a school playground with 8 girls aged between 13 and 15, who attended school and KCK together. The Wakiso focus group consisted of 8 girls aged between 13 and 17, who also attended school and KCK together.

This was held during a Girls Support Group at KCK Wakiso centre. A focus group was *not* conducted at Katanga centre, due to difficulties in co-ordinating a time at which girls who worked could all attend.

5.4.2 Semi-structured Interviews

14 semi-structured interviews took place; 11 of whom were current Girls Support Group attendees and 3 who were former attendees. *Phenomenologically*, interviews provided a neutral space to examine lived experiences through open questions, which explored the feelings and perceptions of the interviewee (Roulston and Choi, 2018). Interviews provided a private environment for interviewees to express deeper feelings and individual experiences, that they may not have felt comfortable to do in group settings. This was crucial, given the taboo subject nature of the research. To optimise participant comfortability, prior to beginning the interview, participants were encouraged to perceive it as an informal conversation.

Interviews were carried out in a location convenient for the participant. Where possible, locations maximised privacy, through taking place in an empty classroom or school office. Due to busy work schedules of 2 girls at Katanga, interviews took place within their places of work. Due to the presence of the translator, who was known within the community, privacy was mostly given by onlookers.

Name (Pseudonym)	Participant Code	Location	Age	School Status	Child Status	KCK Attendee Status
<i>Patricia</i>	KS1	Kasubi	15	Private Primary	X	Short term
<i>Akello</i>	KS2	Kasubi	14	Private Primary	X	Long term
<i>Evelyn</i>	KS3	Kasubi	13	Private Primary	X	Long term
<i>Marilyn</i>	KS4	Kasubi	14	Private Primary	X	Short term

<i>Peace</i>	KS5	Kasubi	13	Private Primary	X	Long term
<i>Anne</i>	KT1	Katanga	19	N/A	✓	Former
<i>Miremba</i>	KT2	Katanga	18	N/A	✓	Former
<i>Maria</i>	KT3	Katanga	17	N/A	X	Long term
<i>Stella</i>	KT4	Katanga	19	N/A	✓	Former
<i>Hadija</i>	KT5	Katanga	17	N/A	✓	Long term
<i>Patience</i>	KT6	Katanga	17	N/A	Unknown	Long term
<i>Afiya</i>	W1	Wakiso	16	N/A	X	Long term
<i>Nakimera</i>	W2	Wakiso	15	Government Secondary	X	Long term
<i>Joy</i>	W3	Wakiso	17	Government Secondary	X	Long term

Figure 2: Demographic characteristics of semi-structured interview participants.

5.4.3 Key Informants

A Key-informant focus group and interview were undertaken with individuals, who had a stake in the lives of the demographic group. The key-informant focus group consisted of 3 female members of staff at KCK. An interview was also undertaken with a female member of the Partnership Team at AFRIpads.

Key informants not only witnessed the MHM experiences of adolescent girls, but also had primary experience with the socio-cultural norms impacting upon it. The purpose of this method was to enable the researcher’s engagement with the socio-cultural context, by unpacking implicit meanings with “knowledgeable member[s] of an in-group” (Pahwa *et al.*, 2023, p. 1252). Additionally, key informants contributed new information that adolescent girls did not feel comfortable sharing with somebody who was not part of their community. It was suggested that adolescent girls may have felt ashamed recalling some of their experiences, specifically male relationships, with a white woman.

5.5 Positionality

As a well-educated white Westerner, I acknowledged my position of relative privilege within a cross-cultural context. It was essential to practice active reflexivity and maintain accountability to the emergence of any personal bias (Soedirgo and Glas, 2020). Keeping a research diary contributed to this practice. Recording the research process, facilitated the reflection of methodological and personal challenges negatively impeding the research study (Browne, 2013).

In light of the gendered nature of the research, it was my hope that being a woman who experiences menstruation would help to alleviate communication barriers rooted within patriarchal norms. However, the intersection of my gender and ethnicity challenged the extent to which I was deemed relatable by participants. During the Kasubi focus groups, participants questioned why I wanted to know about menstruation because, “white people don’t menstruate”. Whilst I corrected the menstrual myth, I took the opportunity to reinforce that it was their experiences I was interested in, rather than my own.

I was aware that my positionality could potentially impact what research participants revealed. It was apprehended that through wanting to ‘impress’, the participants might reveal what they thought I wanted to hear. To counteract this, the value of participant voices was emphasised at the beginning of all interviews and focus groups. The utilisation of a phenomenological approach contributed to this practice, allowing menstrual stigma to be explored from the perspective of those who experience it (Neubauer, Witkop and Varpio, 2019).

5.6 Ethics

Ethical approval for this research was granted by the University of Sheffield Research Ethics Committee.

Via KCK, written parental/guardian consent was granted for minors. In addition, oral consent was obtained from all participants. In the majority of cases, consent discussions were delivered through the translator, who contributed to ensuring consent was completely understood.

Since research participants were primarily minors, their vulnerability to harm had to be considered, particularly in relation to the sensitive subject area. Equally, it was important to acknowledge the active agency of participants and their autonomous capacities for self-expression (Meloni, Vanthuyne, and Rousseau, 2015). As a result, it was paramount that prior to consent being given, the research participants were informed through long conversations with KCK and I as to the full scope of the research, its purpose, the meaning of their involvement, and potential risks. Furthermore, consent is an ongoing procedure (Morrow, 2008). Consequently, participants were advised on their rights to withdraw information, and were encouraged to ask questions or express concerns throughout and following the data-collection process.

5.7 Analysis

Using NVivo, interview and focus group transcripts were transcribed and thematically analysed. To maintain anonymity, all interviewees were assigned a code and pseudonym. Assigning a pseudonym ensures that participants are seen as real people with lived experiences, rather than subjects of research. Following transcription, parent and child codes were aggregated from the Integrated Model of Menstrual Experience, to account for factors of antecedence, experience, and impact along both social and physical axes. All transcripts were then manually searched and coded according to the model. The themes generated from the codes were grouped into sub-themes and then, defined under broader analytical categories, according to Braun and Clarke's (2006) 6 stage process.

Chapter 6: Findings, Analysis, and Discussion

This chapter details the findings of this study, in relation to the existing literature and through the lens of feminist phenomenology. It will show how menstruation-related stigma is reproduced by the socio-cultural, economic and physical nature of the environment, within which the research participants manage their menstruation.

The concealment imperative dictates that “women’s ability to maintain the secrecy of their polluted bodies” is essential for achieving femininity (Wood, 2020, p. 326). Within the context of this study, socio-cultural expectations of menstrual secrecy contribute to the internalisation of menstruation as something that one has to hide. In acknowledging the manifestation of menstrual stigma within this specific context, the unique impact and challenges posed to the research participants will be discussed. The extent to which KCK, as a community-based organisation, plays a role in combatting menstrual-related stigma will be unpacked in relation to the impacts directly expressed by the girls whom they support.

The chapter is divided into 3 overarching themes: girl-to-girl communication, responsibilities and repercussions of womanhood; and economic and environmental hardship.

6.1 Girl-to-Girl Communication

The Integrated Model of Menstrual Experience acknowledges social support as an antecedent of MHM (Hennegan *et al.*, 2019). In light of this and the concealment imperative, this section will explore how menstrual stigma is both reproduced, and challenged through social relationships. Namely, girl-to-girl communication.

6.1.1 Backbiting

The practice of 'backbiting' was commonly referred to as the discrimination of one girl by other girls, during menstruation. Within these communities, menstruation has become weaponised as a tool for abuse and stigmatisation. Outside of KCK, girl-to girl support was not something experienced by the majority of participants. In fact, other girls were presented as catalysts in advancing menstrual stigma and abuse². Both within and outside of school environments, participants recalled teasing and isolation from other girls when they are menstruating.

Backbiting is not only harmful in and of itself, but is also problematic for its advancement of menstrual taboos. Participants reported being ridiculed as 'dirty', when classmates or members of the community saw blood stains on their clothes. If a friend is with them when a menstrual stain occurs, then that friend too will be shamed. As a result, to avoid stigmatisation, menstruating girls are ostracised by their peers.

6.1.2 Sisterhood

Challenging this practice, KCK Girls Support Groups provide a safe space for adolescent girls to discuss menstruation, sheltered from community abuse. KCK staff said that the aim of this is to purposively enable menstruating girls to share their challenges with one another, through open conversations. Ultimately, making adolescent girls feel less alone. Furthermore, the volunteers who run the Girls Support Groups originate from the communities themselves, adding to the trust and understanding exhumed by these networks of support. The participants' appreciation for KCK's support is iterated through the words of Joy:

² It should be noted that menstrual-related abuse was not exclusively perpetrated by females. However, given the gendered nature of the Girls Support Groups, menstrual communication between girls and boys was beyond the scope of the research objectives.

“Kids Club, it really has done a great job in my life, because I was feeling really afraid to talk to someone about my menstruation. But, when it came, they taught us how to cooperate with other people, share your problems.” (Joy, W3)

When asked about her experience of menarche, Stella stated that she was “not so scared”, as a result of attending the Girls Support Groups:

“They had told us if you see your periods it doesn’t mean anything is wrong in your body, but you are experiencing change as a girl. Each stage is normal.” (Stella, KT4)

Menstruation feminists have acknowledged that “[w]oman-to-woman connections can resolve shame. But menstrual shame undermines women’s capacity to speak about menstruation and build those necessary connections[.]” (McHugh, 2020). Through providing a safe space for adolescent girls to establish connections, KCK Girls Support Groups challenge notions of menstrual shame. Whilst communication may remain within the walls of the KCK community, the establishment of an internal sisterhood is taking important steps to allowing adolescent girls to come out of the ‘menstrual closet’ and challenge the concealment imperative (Young, 2005; Wood, 2020). Furthermore, this analysis explicitly supports the links drawn in the Integrated Model of Menstrual Experience from social support to the alleviation of shame and distress (Hennegan *et al.*, 2019).

6.2 Responsibilities and Repercussions of Womanhood

Menstruation feminists recognise “that the biological event of menstruation is experienced and perceived within a broader sociocultural context” (Johnston-Robledo and Stubbs, 2013, p. 1). In this respect, menstrual stigma cannot only be perceived in relation to the physical act of bleeding. Rather, the new responsibilities and repercussions necessitated by menstruation must be assessed for their contribution to not only the stigmatisation of menstruation, but also the simultaneous stigmatisation of those who are found to menstruate. A phenomenological

enquiry of the body *in* situation, contributes to understanding the contextual significance of these taboos (Kelland, Paphitis and Macleod, 2017).

6.2.1 Relations to Men

There was universal agreement amongst research participants that menarche signifies the beginning of womanhood. Adolescent girls were aware that womanhood does not arrive without repercussions, reporting that when they start their menses they are “ready to produce”. In one instance, a girl recalled how her brother had learnt of her menstruation, telling her:

“You are old enough, go and get boys”. (Kasubi Focus Group)

Within the context of this study, staff key informants expressed concerns about cultural gender norms when girls begin their menses, and the vulnerability it exposes them to.

“...men violate girls when they get their menstruation periods. Culturally, however old a girl is 10, 9, whatever age a girl gets her periods, you’re termed as a woman. So, literally they think this girl is ready for whatever any adult can handle, they’re ready for sex, I can use them anyway I want. Culturally, that’s how people or men look at it, it doesn’t matter the age.” (Staff Key Informant Interview)

Menstruation feminists have argued that at menarche, “[b]odies become sexually marked through reproductive potential” (Bobier, 2020, p. 303). Sommer has suggested that this is amplified in developing contexts, whereby menarche as a sign of sexual readiness intensifies the gendered experiences of menstruating girls (Sommer, 2021). This dissertation supports this, illustrating that cultural norms construct ‘sexual readiness’ from a male perspective.

Irrespective of female agency or consent, it is men who proclaim menarche to signify the sexual maturity of adolescent girls. With regards to sexual gendered hegemony, this study strengthens

Ninsiima's (2018, p. 2) findings that "conceptions of female sexuality as passive, devoid of desire, and subordinate to male needs or desires" are embedded in gender inequality in Uganda. This research additionally illustrates the inter-relationship between gender-based sexual norms and menarche within this context.

6.2.2 Community Accusations

When asked what part of getting her menstruation period worried her the most, Anne (KT1) said that she feared getting pregnant. Anne explained that she felt a similar fear at menarche:

"When I got my first period I didn't know about it, and by seeing blood I thought when I go to my mother she'd beat me, accusing me of having slept with a man." (Anne, KT1)

Despite being 13 at menarche and 19 at the time of interview, fear of sex and pregnancy still prevailed for Anne. Such accusations are exacerbated by the physical symptoms of menstruation, which are mistaken for those of pregnancy or abortion. Both of which imply one to have had sex:

"When we are on our menstruation periods, we experience you know those feelings like a pregnant person. Those people in the community start saying: 'that girl, she's pregnant'. When you are done with your menstruation periods, you go back to normal, they say: 'now she has aborted'. So, those words they torture us so bad, so you feel uncomfortable being in the community." (Stella, KT4)

"I normally get cramps, I feel nausea. At times my parents ask me: 'are you pregnant?'. I feel like vomiting. I spent 3 days inside not working, I was like what will people think about me. Some of them they say: 'ay can you see she's pregnant'. Some men laugh at you, it's as if they have never seen it, they can talk about you. You feel ashamed and scared of walking around." (Patience, KT6)

KCK staff endorsed the fears expressed by Stella and Patience. Staff suggested that the inability of the community to distinguish between symptoms of menstruation and those of pregnancy or abortion, lead to social discrimination and self-esteem issues amongst adolescent girls. As expressed by both Stella and Patience, fear of moral decay forces girls into solitude to keep their menstruation secret. Stella continued that she, amongst many others, sought out family planning, so that she did not have to experience menstruation.

Community accusations surrounding pregnancy were a greater concern for interviewees at Katanga, compared to Wakiso and Kasubi. This is potentially as a result of the girls at Katanga not attending school, and therefore spending a larger proportion of their unsupervised time within their communities. For these girls, their social location exacerbates the link between menstruation-related stigma and community accusations.

The interviewees at Katanga felt that KCK had protected them from falling victim to community accusations. Specifically, through counselling sessions on sexual abstinence, HIV prevention, and handling oneself around boys. Within interviews, multiple girls expressed their gratitude and thanks to KCK for their influence in their lives. Stella's words reflect the severity of the situation, if menstruating girls fail to fulfil socio-cultural norms:

“Us girls have some challenges, especially in the community, boys, so we are counselled, we know they help us. If we didn't have such help, we would've been destroyed by the community.” (Maria, KT3)

The gendered hegemony of sex results in community discrimination against menstruating adolescents considered to be sexually impure. Female virginity is a highly expected cultural norm in Uganda, prohibiting adolescent girls from participating in any sexual activity prior to marriage (Ninsiima, 2018, p. 3). Despite the onset of menstruation exposing adolescent girls to male sexual advances, socio-cultural norms dictate that it is the girl who is at fault for having sex or getting pregnant before marriage. Subsequently, menstruation creates new responsibilities for Ugandan girls regarding sexual abstinence and preventing pregnancy. The

'National Sexuality Education Framework' (2018) institutionalises this gendered hegemony, proclaiming that menstruating girls have a 'social responsibility' from 10 years old. The incorporation of menstruation into sex education solidifies the explicit cultural intertwine between menstruation and female sexualisation, from a young age (Bobier, 2020).

Research in both Uganda and the US challenges KCK's indoctrination of female abstinence, in light of the reinforcement of sexist stereotypes and hegemonic masculinity associated with abstinence-only education (Lewinger and Russell, 2019; Hoefler and Hoefler, 2017). Assuming a phenomenological feminist lens, the lived experiences of the research participants should be viewed in light of the "embodied location and interaction" of the menstruating body, which layers it with "social and historical meaning" (Young, 2005, p. 7). When applied to this research context, it could be suggested that the practice of female abstinence, in fact, contributes to limiting potential gender-based harms for girls once they start menstruating. As expressed by the voices of those whom they support, KCK counselling sessions play a pivotal role in preventing community accusations and individual stigmatisation of menstruating girls. Although counselling sessions might not directly combat menstrual stigma, they provide opportunities to protect menstruating girls against gender-based harms which illicit community stigmatisation. The contrasting analysis between this interpretation and present literature, reinforces the importance of examining MHM as an embodied and contextually contingent experience.

6.3 Economic and Environmental Hardship

Section 6.3 will detail how the economic and environmental hardship experienced by the research participants, intensifies their experience of menstrual stigma. The data presented here will emphasise the interaction between social and physical factors of menstrual experience within developing contexts- a significant aspect of the Integrated Model of Menstrual Experience. Not only does this section explore the difficulties girls face in maintaining menstrual secrecy, but also the lengths which they will go to fulfil the concealment imperative. As stated

by Wood (2020, p. 320), “women’s vigilance about menstrual concealment is a form of self-surveillance and self-objectification”.

Environmental hardship is to be understood in terms of sanitation, disposal and privacy.

6.3.1 WASH

Girls living in Katanga reported having no access to a private toilet, getting infections from poor hygiene, and having no safe place to dispose of their pad. Even though WASH impacts the entire community, menstruation makes women and girls disproportionately vulnerable in such contexts (Goddard and Sommer, 2020). As such, the gendered experience of menstruation is intensified by the physical inequalities of the resource-poor environment.

“Here in Katanga, toilets are few and you have to pay. Sometimes, when you are on your periods, you do not have money, even putting rubbish in the dustbin you have to wait for those big trucks to come for it. So, it becomes hard for you, you don’t have anywhere you can throw your used pads. Everything becomes hard.” (Stella, KT4)

“I just hope that the cleanliness improves here, it is the biggest challenge.” (Maria, KT3)

An inability to maintain personal menstrual hygiene and dispose of used menstrual materials, evoked concerns of bad odour and community accusations. This is particularly problematic, given the concerns expressed around being branded ‘dirty’ when menstruating.³

“They can abuse you, saying you are unclean.” (Anne, KT1)

Concerns around sanitation and hygiene were only iterated in Katanga. Despite Kasubi also being classified as a slum, KCK staff commented that sanitation is a much greater problem in

³ See section 6.1.1.

Katanga. This is potentially due to the larger population size of Katanga slum, at over 20,000 people (Omulo *et al.*, 2017). In addition, the girls at Kasubi attended school, which provided them with alternative WASH facilities to change and dispose of their pads. Gender separate latrines in schools have been proven to be useful in assisting girls to manage their menses in developing contexts (Alam *et al.*, 2017). These facilities were not available to the girls in Katanga, who did not attend school.

This data supports Goddard and Sommer's (2020) claims that urban slum contexts make it extremely challenging for women to hide their menstruation, due to the intersection of MHM and WASH. Whilst the scope of this research did not directly investigate physical health impacts, evidence from India suggests that lack of WASH facilities simultaneously increases the risk of menstruating women contracting Urinary and Reproductive Tract Infections within urban slum environments (Das *et al.*, 2015, Deshpande *et al.*, 2018). The sustainment of infections can be presumed to further exacerbate stigma around menstruation as 'dirty', within this study context.

Although development agencies have emphasised the relationship between MHM and WASH, they have neglected the intensification of menstrual taboos by the unsanitary environment (WASH United, no date; World Bank, 2022; OHCHR, 2022; Caron and Margolin, 2015). The data discussed here shows that issues of sanitation, disposal and privacy not only make it difficult for girls to confidently manage their menstruation, but also compound stigmas around menstruation as 'dirty'. Within the context of East Africa, this data reinforces Maclean, Hearle and Ruwanpura's (2020) findings in Kenya, whereby the intersection of material inequities and socio-cultural geographies was shown to perpetuate menstrual taboos. The results of this study further contribute to analysing the unique embodied experiences of menstruation within resource-poor contexts, which form context-specific determinants of menstrual stigma.

6.3.2 Privacy

At both Katanga and Wakiso, girls expressed concerns about multiple-occupancy rooms, and accessing single-sex spaces to change their pads.

Patience (KT6) stated that she felt ashamed when a man opened a toilet cubicle and saw her changing her pad, as she feared he might laugh or accuse her of pregnancy. This suggests that her inability to fulfil the concealment imperative within the physical environment, exposed her to potential stigmatisation and social discrimination.

At Wakiso, Nakimera (W2) explained that she goes into the bush to change her pad, as she lives in a single room with her mother, stepfather and multiple siblings. KCK staff explained that this is extremely dangerous, as it heightens the likelihood of rape. Thus, exhibiting the high-risk measures girls take in order to fulfil the concealment imperative in physically and economically constrained environments.

Evidence from India suggests that there is a link between lack of safe private toilets in urban slums, and sexual violence against women and girls (Kulkarni, O'Reilly and Bhat, 2017). In light of what menarche signifies for the sexual maturity of adolescent girls, this risk is exacerbated for menstruators (Goddard and Sommer, 2020). Although this was not explicitly expressed by the girls in this study living in urban slums, data from Wakiso suggests that this is not only an issue within urban environments. Future research must start to examine the intersection between private toilets, menstrual norms, and gender-based sexual violence within resource-poor non-slum locations. Overall, emphasising the importance of the feminist phenomenological enquiry to deepen empirical work into MHM, through its interrogation of the “constitutive role of embodiment, the situatedness of subjectivity, and the concreteness of lived experience” (Zeiler and Käll, 2014, p. 9).

6.3.3 Resource Affordability

Disposable pads were regarded by research participants as a practical symbol of safety and protection from stigmatisation. However, resource limitations increased girls' risk of stigmatisation, should they fail to conceal their menses.

Across all 3 locations, girls expressed worries about affording enough pads to meet the demands of their cycle. As a monthly occurrence, menstruation places a regular economic burden upon these girls and their families. In light of parental fear,⁴ when girls ask for pads, they can face stigmatisation and discrimination from their own families. To avoid this, girls reported using cloth and paper as menstrual materials, or avoiding going out the house. For girls with a heavy menstrual flow or longer cycle, their need for menstrual products is exacerbated even further. Maria (KT3) reported sacrificing money for food, so that she could afford to buy pads and conceal her period.

“There was a time where I was not going to let my dad buy the pads, so I said that I was going to buy them myself. So, when he used to give me money for breakfast, I used to save. So, every month I managed to buy 2 packs.” (Maria, KT3)

In instances where girls could not access menstrual products, they felt ashamed. There was a common consensus that in the absence of pads, their menstrual ‘secret’ might be revealed to the entire community. Given the potential for social discrimination illustrated in the former two sections, this experience of menstrual stigma causes great psychological distress to adolescent girls. The words of Stella echo this rhetoric:

“You start to hate yourself for nothing.” (Stella, KT4).

⁴ Adolescent girls reported feeling uncomfortable speaking to their parents about menstruation. KCK staff and volunteers suggested that parental fear around menstruation was due to 2 reasons: a lack of normalisation, and a lack of prioritisation due to financial struggles.

This data contributes to evidencing the link between period poverty, financial deprivation and, familial tensions within East African contexts (Crichton, 2013). Additionally, it supports the existing volume of research on the use of unsanitary menstrual materials by adolescent girls living in resource-poor settings in East Africa (Kearon, 2021; Magayane and Meremo, 2021). Whilst country-specific studies have noted the importance of menstrual materials for MHM, this research contributes a new perspective regarding the relationship between gender norms, concealment and resource limitations.

Feminist phenomenologists have noted the significance of self-judgment in legitimising the experience of shame associated with failure to fulfil menstrual norms (Bartky, 1990). The qualitative data collected in this study reinforces the importance of acknowledging the role of menstrual materials in combatting this internalisation of stigma by adolescent girls. As suggested by Olson (2022), it is not the lack of products themselves that cause stigma, but rather the social norms that present the visibility of menstruation as dirty and shameful. Whilst menstrual pads may not challenge the roots of stigma itself, they allow “menstruators to pass as non-menstruators both to others and to themselves, temporarily covering up the stigmatized condition that may negatively affect social interactions” (Ibid.).

6.3.4 Transactional Sex

KCK staff explained how some girls seek out transactional sex, to be able to buy pads. During the Covid-19 lockdown, lack of access to pads and lack of work intensified, to the point whereby girls felt as though they had no other option. Presumably, as a result of shame, this was not mentioned by any adolescent girls in the study. However, staff interviewees informed that the consequences of transactional sex for pads had a long-term impact:

“Even after they have over-come that and maybe they have access, they look back they feel like this is not something I should’ve done, maybe I should’ve handled it better.

There is a lot of regret, and some of them actually got pregnant in the process. So, they

were fighting the menstrual problem, and now they have a bigger problem. Some of them got infected [with HIV] and something they have to live with all their lives.” (Staff Key Informant)

Not only does this illustrate the internalised menstrual shame facing girls who find themselves in these extreme circumstances of period poverty. But it also puts them at an increased risk of social discrimination, given the menstruation-related stigmatisation of sex and pregnancy within their communities.

This research substantiates the findings of multiple studies in East Africa, demonstrating the magnitude of transactional sex, and its exacerbation by poor menstrual health circumstances (Mason et al., 2013; Ninsiima, 2018; Birech, 2019). Additionally, this research sheds new light on the interaction between resource limitations, socio-cultural norms, and social discrimination, which highlight both antecedents and impacts of the embodied experience of transactional sex.

Bell (2011) has claimed that transactional sex can be positive for Ugandan adolescents, in terms of furthering female agency and control over one’s situation. In the context of extreme period poverty, however, the choices of adolescent girls are constrained to a point whereby they feel transactional sex is their *only* option. Thiaw *et al.* (2024) have suggested that encouraging communication around menstruation may help to shift socio-cultural norms, which prevent girls from asking for support and leading them to resort to transactional sex.

Applying a feminist phenomenological lens, the social demographic of this study saw no alternative than to articulate bodily-self alienation at the intersection of extreme economic depravity and gendered structures of power (Zeiler and Käll, 2014). It is these very structures of power which demand that they conceal their menstruation in the first place (Wood, 2020). Subsequently, illustrating how the overlap of patriarchal structures of concealment and socio-economic inequalities, intensifies the experience of menstrual stigma.

6.3.5 Addressing Resource Limitations

KCK plays a monumental role in preventing girls from having to resort to harmful measures. Every participant stated that KCK provides them with pads. The provision of pads combats menstrual stigma in multiple ways, including preventing transactional sex; avoiding menstrual leaks; and the use of safe menstrual materials. In turn, this was shown to have a positive impact upon girls' social participation, confidence to manage their menstruation, and psychological health.

Whilst the overall consensus amongst the research participants was immense gratitude for KCK's provision of pads, the effectiveness of the delivery was not without its challenges. The economic inequalities facing their families, meant that they sometimes had to share their pads with their mothers and sisters. Furthermore, the girls were given one pack per average cycle. As a result, for girls who had a heavier flow or longer than average cycle, they did not have enough pads to meet their individual menstrual needs.

Reusable pads are increasingly being used as a sustainable alternative in East Africa, with organisations such as AFRIPads leading the way in distribution. Being equipped by KCK with the skills and knowledge to make reusable pads, offered a viable solution to lack of access to disposable sanitary materials. Due to the reusable nature of the pads, they provide a more financially effective option for girls in resource-poor contexts.

“This organisation taught me how to make pads, [...] it saved me money.” (Hadija, KT5).

Despite reusable pads offering a principled solution, the physical environment inhibits their practical use. Namely, washing and hanging reusable pads was reported as problematic. In an interview with a member of staff at AFRIPads, it was emphasised that the use of reusable pads is only effective, if girls are educated on how to correctly look after their pad. In addition, girls noted that they struggled to find a gender-safe space to hang their pads:

“My brothers, my father, it looks like a shame for them to get to see me hanging pads”
(Hadija, KT5).

Overall, reusable pads provide an economically sustainable alternative to disposable pads, but the nature of the physical environment makes it difficult for girls to fulfil concealment norms whilst using them. This theme is similarly highlighted in a study in rural Uganda, whereby reusable sanitary pad provision reduced fears of garment soiling, but failed to address menstrual hygiene challenges associated with washing and drying the pads (Hennegan *et al.*, 2017). The participants of Hennegan *et al.*'s (2017) study, however, did report some signs of management by drying reusable pads in bushes, hanging them on wires, or drying them in their boarding school dormitories. For non-schoolgirls in urban environments, like Katanga, this concealment is near impossible. Given that reusable pads are employed by girls to conceal their periods, an inability to do so may render reusable pads ineffectual in such contexts.

Subsequently, suggesting that the provision of sanitary materials is not merely a 'quick fix' to period poverty. Future research into resource limitations must account for the overlap of socio-cultural, economic, and environmental factors, which constitute embodied experiences of menstruation. In turn, this supports the applicability of the Integrated Model of Menstrual Experience to analyse the multi-dimensionality of menstrual experience within resource-poor contexts.

Chapter 7: Conclusions

This research has demonstrated how issues of MHM exacerbate the embodied experiences of menstrual stigma, for adolescent girls living in resource-poor communities around Kampala. The (re)production of menstrual stigma was contextually understood under 3 key themes: girl-to-girl communication; responsibilities and repercussions of womanhood; and economic and environmental hardship.

Through a feminist phenomenological framework, this research privileged the voices of adolescent girls as experts on their own embodied experiences. Viewing the body *in* situation, contributed to understanding how gender norms perpetuate menstrual stigma within the specific social-geographic location of the research participants. Wood's (2020) 'menstrual concealment imperative' was pivotal in exploring menstrual normativity as both an object of patriarchy, and as a subjective cultural experience. Utilising this framework through qualitative data contributed to furthering the empirical enquiry into MHM within developing contexts, beyond essentialist discourses and quantitative analysis.

The application of the Integrated Model of Menstrual Experience supported an exploration of the social, cultural, economic, and physical factors affecting how menstrual stigma is experienced in resource-poor contexts. In chapter 6.1, peer abuse was shown to contribute to the reproduction of menstrual stigma amongst adolescent girls. Chapter 6.2 explored the socio-cultural significance of menarche as the marker of womanhood. The sexualisation of the female menstruating body from menarche, subsequently exposes adolescent girls to stigmatisation and social discrimination. Thus, soliciting fear and internal shame. Chapter 6.3 demonstrated how the physical and economic environment in the research locations exacerbates difficulties of menstrual management, and compounds menstrual stigma. Furthermore, in light of economic depravity, girls were shown to take high risk measures to fulfil the concealment imperative.

KCK's position as a local actor enabled them to comprehend the vulnerability of the demographic to menstruation-related harms. Arguably, KCK's focus of menstruation-related support is restricted to adolescent girls, and thus, does not combat the wider community roots of menstrual stigma. However, KCK's girl-to-girl support, counselling sessions, and sanitary pad provision contributes to protecting adolescent girls against the social, sexual and physical harms which can result from menstrual stigma. Furthermore, Girls Support Groups establish a sisterhood which challenges concealment norms within set boundaries. In opening up conversations on menstruation with a youth demographic, KCK is creating long-term generational change.

7.1 Limitations

As a small-scale qualitative study, the generalisability of this research is limited. Given that the researcher was only in Uganda for a month, the number of research participants was limited by time-constraints. However, the comparability of the results to other studies in resource-poor contexts, suggests that this research nevertheless contributes to improving an overall understanding of MHM within LMICs. Furthermore, the phenomenological enquiry of this research privileged individual experiences over breadth of data.

It is possible that the sensitive area of research and the vulnerability of the target group, limited the extent of information disclosed by participants. Furthermore, the use of a translator can alter the information relayed back to the researcher (van Nes *et al.*, 2010). In turn, potentially limiting the scope of meaning revealed by the embodied experiences of research participants. A close working relationship with KCK was paramount to protecting the interests of participants, and ensuring that their ease and engagement was maximised throughout the research process. Key informant interviews contributed to bridging any gaps in experience that participants did not want to disclose to a white western researcher, as well as triangulating the data.

7.2 Future Research

Theoretically, this research has demonstrated the applicability of feminist phenomenology and the Integrated Model of Menstrual Experience, as frameworks of enquiry into the diverse experiences of menstruation within developing contexts. From an empirical perspective, this research has illustrated the significance of menstrual stigma as a catalyst in exacerbating challenges of MHM for adolescent girls in resource-poor contexts. Future research should expand its enquiry into the inter-relationship between social and physical factors, if it is to understand the reproduction of menstrual stigma, and its subsequent consequences. This includes an increased acknowledgment by international development agencies of the myriad ways in which vulnerable adolescent girls experience menstruation.

Compared to previous studies, this research was inclusive of girls who do not attend school. Comparisons between the social demographics demonstrate that future research must start to enquire into the experiences of girls who are marginalised on multiple social axes, including access to education.

KCK's organisational focus on community outreach means that there are limits to which their capacities stretch to addressing infrastructural issues, such as WASH and privacy. More research is needed into the extent to which the Government is prioritising menstrual health needs when addressing infrastructure in slums. Goddard and Sommer (2020, p. 6) have previously suggested that ineffective governance in LMICs appears to be further marginalising menstruating adolescent girls, whose basic needs are institutionalised as invisible. However, no studies to-date have unpacked this within the location of this research.

7.3 Impact and Dissemination

To my knowledge, this is the first study to be done on MHM and menstrual stigma amongst adolescent girls living in resource-poor contexts around Kampala. This research contributed to

amplifying the voices of adolescent girls living in such communities, whose menstrual experiences have been suppressed.

Through working with KCK, the research uncovered the effectiveness of community-based approaches to MHM in the lives of adolescent girls. Immediate findings were presented to KCK pre-departure from Uganda. Based upon the findings, a recommendations report will be disseminated to KCK. It is the hope of the researcher that this report can inform future delivery of MHM initiatives in the communities within which KCK operate.

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