



Influence of Menstrual Hygiene Management Knowledge, Attitudes and Practices and School Attendance among Girls in Public Primary Schools in Kisumu West Sub-County, Kisumu County, Kenya

Pamela Akech Ombogo, Peter Gutwa Oino, Callen Nyamwange, & Lumayo Mildred
Department of Sociology, Gender and Development Studies, Kisii University

Email: pamnadi@yahoo.com

Abstract: School based comprehensive sexuality education that addresses Menstrual Hygiene Management (MHM) knowledge practices – including hygiene practices and management of menstrual pain may be an avenue for addressing both poor MHM practices and absenteeism, if they are locally adapted and practiced. Inadequate knowledge, lack of access to quality sanitary materials, cultural beliefs and taboos around menstruation and MHM, are common challenges that can negatively affect Education, Employment, Health and psychosocial outcomes. The study aimed at examining Menstrual Hygiene Management Knowledge, Attitudes and Practices in public primary schools in public Primary schools in Kisumu west sub-county. The respondents consisted of class 6-8 girls, teachers, Head teachers, and MoE officials who were key informants for the study. Data was collected using structured questionnaires and interview schedules. The data analyzed using Statistical Package for Social Sciences (SPSS) version 22 software. Both quantitative and qualitative findings were presented in the study. The study revealed that there is high prevalence of poor MHM among adolescent girls, and there exist a strong association between poor MHM and low knowledge. The study concluded that menstrual hygiene management in public primary schools is greatly influenced by knowledge, attitudes and practices of school management and girls' perceptions. The study recommends the need for comprehensive education interventions in school settings, delivered during early adolescence to reach pre-menarche girls, particularly in rural settings for improve menstrual hygiene practices. The government should have a clear monitoring tool to ensure pupils receive accurate and timely information on menstruation and menstrual hygiene management.

Keywords: Menstrual Hygiene Management, Knowledge, Attitudes, Practices, Beliefs, Interventions, Pre-menarche, Kenya

How to cite this work (APA):

Obongo, P. A., Oino, P. G., Nyamwange, C. & Lumayo, M. (2023). Influence of Menstrual Hygiene Management Knowledge, Attitudes and Practices and School Attendance among Girls in public Primary schools in Kisumu West Sub-County, Kisumu County, Kenya. *Journal of Research Innovation and Implications in Education*, 7(3), 70 – 79.

<https://doi.org/10.59765/7391rzia>

1. Introduction

School based comprehensive sexuality education that addresses Menstrual Hygiene Management (MHM) knowledge practices—including hygiene practices and management of menstrual pain – as well as shame, stigma and teasing, may be avenues for addressing both poor MHM practices and absenteeism, if they are locally adapted and practiced. Lack of adequate guidance and

social support, male-dominated decision making, on-going gender inequality, and cultural beliefs and taboos around menstruation leave girls in numerous low- and middle-income countries (LMIC) experiencing shame, fear, confusion and discomfort when trying to cope with their monthly period (McMahon, 2011). According to Torondel (2018), MHM are the specific hygiene and health requirements of girls and women during menstruation, including the information, materials and facilities needed

to manage menstruation effectively and privately. It involves the ability to understand the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear. However, menstrual hygiene transverses the management of the menstrual period but also the need to address societal beliefs and taboos surrounding the issue.

Although health education delivered in primary and secondary schools under the National School Health Program includes aspects of menstruation, limited data suggests that many girls are ill-prepared for menarche (Rosso, 2019). The Indonesia Demographic and Health Survey (2012) reported that a quarter of adolescent girls had not discussed menstruation with anyone before menarche, and 17% were not aware that Menstruation was a physical sign of puberty (IDHS. 2012). Further, MHM-related knowledge, attitudes, practices, and impacts among girls in Indonesia are not well understood.

A study by Chinyama (2019) on MHM in rural Zambia found that girls could not maintain menstrual hygiene in school, which restricted their school attendance and participation. Findings further showed that girls did not know anything about Menstruation before menarche and only received informal education on MHM when they attained menarche. Girls also skipped school due to fear of personal embarrassment and teasing from others, especially boys. As also shown elsewhere, inadequate MHM facilities affected girls' confidence, psychological wellbeing and ability to perform physical activities. Schoolgirls were unable to practice adequate MHM due to lack of preparedness for menarche.

A more recent 2018 survey by Save the Children Kenya shed further light on MHM practices. The survey took place in eight schools in Central, Western, North Eastern, and Coastal regions, with a total of 420 participants (212 boys and 208 girls). Findings showed that none of the schools guided girls on MHM, and no education materials were available. Another key finding of the research was that the respective regions did not include classes preparing students for puberty and the management of menstruation in annual planning and supervision activities. Although these studies highlight MHM issues in both rural and urban areas, there continues to be limited understanding about the challenges girls face at the onset of menstruation, what girls require to handle monthly periods with discretion and dignity, and how these challenges vary across different cultures.

MHM-related knowledge, attitudes, practices and impact among girls in Low and middle- income countries are not well understood and as a result, an evidence-base for programming and interventions to improve MHM is lacking. Due to inadequate knowledge, girls and women in Low and Middle-Income Countries (LMIC) still face

significant challenges in managing their menstruation. To enhance school based comprehensive sexuality education that addresses MHM knowledge and practices – including hygiene practices and management of menstrual pain – as well as shame, stigma and teasing, avenues for addressing both poor MHM practices and absenteeism, there is need to locally adapt and practice, employ strategies to highlight the need for comprehensive education interventions in school settings, delivered during early adolescence to reach pre-menarche girls, particularly in rural settings. This study examined influence of Menstrual Hygiene Management Knowledge, Attitudes and Practices and School Attendance among Girls in public Primary schools in Kisumu west sub-county, Kisumu County, Kenya.

Research objectives/Questions

To determine the influence of Menstrual Hygiene Management Knowledge, Attitudes and Practices and School Attendance among Girls in public Primary schools in Kisumu west sub-county, Kisumu County, Kenya.

2. Literature Review

MHM-related knowledge, attitudes, practices and impact among girls in Indonesia are not well understood and as a result, an evidence-base for programming and interventions to improve MHM is lacking. To address this information gap, a school-based survey among adolescent girls was conducted in Indonesia by Jessica, Alison and Odagiri (2018), to assess the prevalence of MHM practices and school absenteeism due to menstruation, to explore factors associated with poor MHM and absenteeism, and to identify key targets for policy and program interventions. From the findings, high population prevalence of poor MHM among Indonesian adolescent girls, and a strong association between poor MHM and low knowledge, highlight the need for comprehensive education interventions in school settings, delivered during early adolescence to reach pre-menarche girls, particularly in rural settings. Reducing absenteeism is more complex but should include efforts to address secrecy around menstruation and appropriate relief of menstrual pain.

Although existence of latrines is a main issue for hygiene and menstrual health, it is not the only factor affecting MHM. Water Aid (2018) conducted a detailed study, which included a total of seven schools in and around Liberia. The study employed the use of a survey research design. Three recurring themes emerged from the participatory sessions, questionnaires and semi-structured interviews. The themes were sanitation facilities, cultural beliefs and knowledge and education. Facilities and infrastructure observed in the study were inadequate in every visited school. All of them except one failed to meet

the WHO suggested toilet/student ratio of 1:30. On cultural beliefs around menstruation, it was found that parents do not talk to their children about menstruation. Menstruation is seen as 'strictly secret' and girls are told to stop playing and talk/chat with boys. On knowledge and education, ignorance about menstrual issues is prevalent not only amongst schoolchildren but also in communities.

In another study, Pilitteri (2017) examined the MHM cultural practices, attitudes and perceptions of women/girls in Mzimba and Salima districts of Uganda, using mixed methods approach with questionnaires and focus group discussion guides as tools of data collection. The findings suggest that girls had a significantly higher level of knowledge than boys and knowledge in girls was associated with better MHM practices and with reduced absenteeism. Interestingly, increased MHM knowledge of boys was associated with negative effects for girls, such as teasing and absenteeism. The use of disposable pads was positively associated with school attendance during menses. In both districts, girls in menses were seen as unclean and restricted from several activities. While the quality of actual MHM practices did not differ, girls missed more school days during menses and knew more about MHM in one district (Salima). In addition, socio-cultural differences grounded in information sources were observed: grandmothers traditionally played the role of giving information on MHM during initiation rites in Mzimba, whereas girls in Salima relied more on mothers and female teachers.

Osea (2018) conducted research on the effect of Menstruation on Academic Performance of High School Girls: A case study on Human Dignity in Migori County, Kenya. The study employed the descriptive research design with questionnaires and interview guides to collect data. From the analyzed results, although families and especially mothers, try to educate their daughters on Menstruation and its management in a manner that ensured that their privacy, intimacy and their dignity is protected and respected, stigmatization is still evident among many school going girls.

Kirk and Sommer (2016) found that policymakers and key stakeholders must acknowledge that menstruation is a natural fact of life that must be integrated at all levels of life and only then will there be an enabling environment for girls and women to manage their menstruation adequately without shame, embarrassment, secrecy, fear, humiliation, silence, taboo and stigma. Osea (2018) further reported that menstruation created several challenges, for example: physical, socio-cultural and economic constraints, which may interfere with an adolescent girls' ability to attend school and actively participate in class and school activities.

Oster and Thorton (2017) reported that policymakers have stated that Menstruation and lack of effective sanitary products were barriers to adolescent girls' schooling. Low academic performance is one of the main results attributed to menstrual-related challenges. Moreover, popular media has reported that menstruation is limiting school attendance. There is inadequate information concerning proper menstrual hygiene management. This makes the girl child vulnerable to diseases associated with reproductive health. School attendance is also affected, especially during the time of menstruation, which impacts directly on their academic programs and performance as well as the long-term objective of economic empowerment, amongst others. There is no attention and visibility to policymakers concerning menstrual hygiene issues resulting in no practical plan of action to address the same (Mawathe, 2016).

In a study on MHM practices, cultural practices, attitudes and perceptions of women/girls by House (2012) using descriptive survey design with multiple regression analysis, the findings showed that the median age at menarche for girls was 15 years, while boys started experiencing pubertal body changes around 14 years. Girls in areas with better nutritional and health indicators started menstruating about one year earlier. Elderly women were the first source of information on MHM in most of the regions. Many villages had a designated elderly woman acting as chief counselor on reproductive health issues for young women. 43% of females and 33% of males reported that they had participated in an initiation or puberty rite, usually after they experienced menstruation or body changes. Focus of initiation or puberty rites for girls and boys was on advising them on the transition to a sexual world - ranging from encouragement to experience sex to advice on avoiding contact with the other sex to avoid pregnancy - including issues of respect and roles in society. 82% of girls were unaware of menses before menarche and 30% were scared by menarche. 30% of responding girls did not use the latrine when menstruating. 7% of girls missed school on heavy days and over a term, each girl misses 0-8 days. Based on the above findings, the researcher was reviewing the specific influence of MHM knowledge, attitudes and practices, MHM school programs, MHM information dissemination and sanitation systems on school attendance among girls.

Even though many societies are doing away with negative attitudes towards menstruation, such tendencies still exist especially in areas where they are perpetuated by religion and culture (Costos, 2022). Due to social constructions that surround girls' menstruation, the period is regarded as a signifier to womanhood and some parents indeed had given this information to their daughters and sometimes it brought scary feelings to the girls because they didn't know what to expect as it implies that, today they are

children, if they get periods the next day, then they are women (Lee, 2019). As Felicia rightly stated in Knox, 2020 that when girls are on their menses, the male relatives will not even like to eat their food. In addition to boycotting food prepared by girls in their menses, some girls felt that society looked at them differently if they got their menses early. A particular girl who got her menses at 8 shared that girl from the neighborhood told her that menarche is an indicator that someone has started seeing boys. The same finding was mentioned by Houppert in Lee, 2016 where she quoted some girls who menstruated early as being labeled promiscuous. Much as such a label is not very common, it exists and it usually lowers the self-esteem of girls which tampers with their active involvement or their willingness to get involved in different activities at school.

Another study by Sychareun (2020) has concluded that there is no prior information and education to young girls on the topic of menstruation before having their personal experience. Lack of understanding about reproductive health, inadequate information about the modern methods of maintaining menstrual hygiene and the usage of menstrual hygiene materials, often leads to confusion and generate doubts about the authenticity of the information received from various corners. The absence of information and education on menstrual preparedness and its management is common amongst young girls and has been reported in past studies. In a sanitary pad awareness program, one of the slum participants shared apprehension in using a sanitary pad properly. This is further aggravated by the awkwardness, discomfort, and hesitance experienced by women during mensuration-related discussions. The provision of healthcare facilities also plays a significant role in influencing the awareness and choice of using sanitary napkins growing at a fast pace, the Indian healthcare industry has emerged as one of the largest sectors in revenue and employment generation. With a CAGR of 16.5% during 2008-20, the healthcare industry is expected to reach USD 280 billion by 2020 (Sangwan, 2020). In its attempt to increase menstrual hygiene awareness, improve access to good quality sanitary pads, and ensure safe disposal of sanitary pads, the government has launched few schemes as part of the Adolescent Reproductive and Sexual Health (ARSH) component under RCH II. Under the scheme, the supply of sanitary pads would be either through the central supply mode by the government or through the Self-Help Group (SHG). The Accredited Social Health Activists (ASHA) then ensure the provision of these pads.

Miuro (2018) have studied the relationship between menstrual onset and schooling in Uganda. Another study by Haque (2019) has studied menstrual education programs in schools and explored their influence on knowledge, beliefs, and menstrual hygiene-related

practices. In their study primarily in low and middle-income countries, Hennegan and Montgomery (2020) have analyzed the effectiveness of menstrual management interventions towards female education, work, and psychosocial wellbeing. Few papers have also focused on the socio, cultural and physical implications of menarche (Lahme, 2018). However, no work in existing literature has studied the factors affecting the usage of sanitary pads. Moreover, there is inadequate research and poor dissemination of information on the subject matter in the developing world (Chandra-Mouli and Patel, 2017; Coast, 2019). While research has proven that cleanliness of the genital area and access to safe menstrual products reduces the risk of reproductive infections (Janoowalla, 2020); proper use of sanitary napkins during mensuration can significantly reduce infections associated with periods (Sychareun, 2020).

Cascading Model Theory

This theory was developed by Tokako (2018). The cascading model is referred to as a competency-based model focusing on skill acquisition and competency-based evaluation through mentoring, collaboration and co-therapy with clinicians, and other trainees. According to Tokako (2018), the model proposes a strategy for training many people within a limited period. It can deliver a large number of teachers relatively quickly at a reduced cost of training. This theory is important to the study in that it emphasizes dissemination of information on menstrual hygiene which is core to the current study.

There are myths, taboos and beliefs associated with menstruation. These have compounded to the increased reluctance of people to discuss menstruation publicly. A study conducted revealed that 25% of girls in Southern Sudan experienced cleansing rituals, while 28% of the girls interviewed reported that people around them expect restrictive movements during their menses (SNV, 2014). Among primary schools, it is common for nicknaming a girl 'bleeding cow' by boys once she soils her dress. This inflicts a lot of fear and shame, which culminates in continued school absenteeism during periods and sometimes dropout. This is affirmed by the findings of the study in Uganda in which the fear of soiling contributed to 35% of girls missing school during their menses (WAF, 2013). Therefore, to improve the knowledge, attitudes and practices of the different stakeholders to appreciate that menstruation is normal and natural, Plan International, works together with the different government departments of Health and Education, teachers, health workers, community health workers, drama groups, religious leaders, and School management committees. These are trained and oriented on menstrual hygiene management as Trainer of Trainers (TOTs) and later engaged in training of schoolgirls and boys, awareness creation within

communities through dialogues, community theatres, and radio talk shows. This has created a reliable human resource (local actors) to drive the scale-out of MHM information dissemination.

However, this model's weakness is that it encourages distortion of information transferred during the training since it is passed down through many different levels of personnel. The distance between the central and the local level is considered as another weakness of this model. The lowest level may not internalize the content from the training and hence not perform well for some steps of the training contents. The cascading model is also criticized for its top-down and center-periphery structure, which makes it too inflexible to respond to the needs of the grassroots level. It does not encourage participation and commitment (Tokako, 2018). This theory was employed to explain the objective on information dissemination on menstrual hygiene management and school attendance.

3. Methodology

The study was carried out in Kisumu West Sub County, an electoral constituency in Kenya. It is one of seven sub counties of Kisumu County. The sub county was established for the 1997 elections, when the larger Kisumu Town Constituency was split into Kisumu Town East and West Constituencies. The sub county has eleven wards largely in the rural setup. The sub county has a population of 131,246 within an area of 212.90(km²). The sub-county has 109 primary schools, (81 public and 28 private). In addition, the researcher has chosen Kisumu West because of its unique positioning as a semi urban area with both urban and rural characteristics that may give a good comparison.

This study employed descriptive survey design. The target population for this study was all the primary school going girls; all class teachers, and all primary school head teachers, and MoE officials in Kisumu West Sub County. The accessible population was 3233 comprising of 5 officials from the MoE, 81 head teachers, 2534 standard 6-8 pupils and 613 teachers (County Directors Office Kisumu, 2020). This is presented in table 1 below:

Table 1: Target Population Matrix

| No. | Category | Target population |
|----------|-----------------|-------------------|
| 1 | MoE Officials | 5 |
| 2 | Head teachers | 81 |
| 3 | Class 6-8 girls | 2534 |
| 4 | Teachers | 613 |
| 5 | Total | 3233 |

Source: County Director of Education's office, Kisumu County (2020)

A sample size representative of the study population was selected using proportionate sampling. The researcher used stratified sampling procedures to classify the respondents into class 6-8 girls, teachers, head teachers and Ministry of education (MoE) officials. The study administered a questionnaire to the class 6-8 girls and teachers in selected schools. The questionnaire used Likert scale to scale responses in the study with means ranging from 1-5 (where 1=strongly disagree, 2= disagree, 3= Undecided 4= Agree and 5= strongly agree). This study also employed the use of interview schedules to collect qualitative data from the MoE officials and head teachers. The collected data was

analyzed by both descriptive with the aid of the Statistical Package for Social Sciences (SPSS) version 22 software.

4. Results and Discussions

Analysis on MHM Knowledge, Attitudes and Practices on School Attendance was presented in form of frequencies, percentages, mean and standard deviation as shown below. The study begun by assessing who was the first person to tell the respondent about menstruation. The results are presented in table 2 below.

Table 2. Sources of menstrual Information by Girls

| Source of Menstrual Information | Frequency | Percent (%) |
|--|------------------|--------------------|
| Elder sisters | 89 | 36.8 |
| Friend | 79 | 32.6 |
| Teacher | 36 | 14.9 |
| Mothers | 32 | 13.2 |
| Others | 6 | 2.5 |
| | 242 | 100.0 |

Analysis from table 2 revealed that Majority of the respondents received information from their elder sisters 89(36.8%), then friend 79(32.6%), teacher 36(14.9%) and then mothers 32(13.2%) while others was 6(2.5%).

The study further assessed the influence of Menstrual Hygiene Management Knowledge, Attitudes and Practices

among girls in public Primary schools in Kisumu west sub-county, Kisumu County Kenya. The statements were anchored on a five-point Likert-type scale ranging from 5=Strongly Agree to 1= Strongly Disagree and respondents were asked to indicate the extent to which they agreed to the questionnaire statements during data collection.

Table 3. MHM Knowledge, Attitudes and Practices among School Girls

| Statement | 1 | 2 | 3 | 4 | 5 | Mean | Std. dev |
|---|-----|-----|-----|-----|-----|-------|----------|
| I had heard about menstruation before my first menstrual period | 138 | 18 | 22 | 16 | 48 | 2.248 | 1.634 |
| | 57% | 7% | 9% | 7% | 20% | | |
| I freely discuss with my family and/or other girls about menstruation | 136 | 16 | 34 | 38 | 18 | 2.116 | 1.415 |
| | 56% | 7% | 14% | 16% | 7% | | |
| Girls sometimes don't go to school during menstrual period | 10 | 16 | 160 | 48 | 8 | 3.116 | .744 |
| | 4% | 7% | 66% | 20% | 3% | | |
| I feel comfortable to talk about menstruation with my friends who are girls | 6 | 150 | 32 | 18 | 36 | 2.702 | 1.145 |
| | 2% | 62% | 13% | 7% | 15% | | |
| I used pads during my last menstrual period | 16 | 162 | 20 | 12 | 32 | 2.512 | 1.134 |
| | 7% | 67% | 8% | 5% | 13% | | |

Source: Field Data (2021)

The findings showed that most of the respondents 138 (57%) strongly disagreed that they had heard about menstruation before their first menstrual period, this implied that most pupils had not heard about menstruation before their first menstrual period. 18 (7%) of the respondents disagreed that they had heard about menstruation before their first menstrual period. Nine percent 22(9%) of the respondents were undecided that they had heard about menstruation before their first menstrual period. Seven percent 16(7%) of the respondents were in agreement that they had heard about menstruation before their first menstrual period. Twenty percent 48(20%) of the respondents strongly agreed that they had heard about menstruation before their first menstrual period.

The study also sought to investigate whether they freely discuss with their family and/or other girls about menstruation. Majority 136(56%) of the respondents strongly disagreed that they freely discuss with their family and/or other girls about menstruation. Fourteen percent 34(14%) of the respondents were undecided that they freely discuss with their family and/or other girls about menstruation. These findings show that the topic of menstruation is not a very common matter of discussion in most households. When asked about whether girls sometimes don't go to school during menstrual period, majority 160(66%) were undecided that girls sometimes don't go to school during menstrual period, this implied that school attendance is affected by menstruation. 16(7%) of the respondents disagreed that girls sometimes don't go

to school during menstrual period. 48 (20%) of the respondents agreed that girls sometimes don't go to school during menstrual period.

On whether they feel comfortable to talk about menstruation with their friends who are girls, 56% disagreed that they feel comfortable to talk about menstruation with their friends who are girls. Most of the respondents 2% and 62% disagreed and strongly disagreed respectively that they used pads during their last menstrual period. On average, the overall level of satisfaction in the Menstrual Hygiene Management Knowledge, Attitudes and Practices was 48.4% and was rated moderate. This indicates that Menstrual Hygiene Management Knowledge, Attitudes and Practices of majority are not effective thus need for improvement. Some of the ways suggested by respondents in which the school can help them improve on pupils MHM knowledge, attitudes and practices are through structured sensitization programs and possible consistent evaluations.

Findings from the education officer revealed as follows; both male and female teachers are involved in school MHM programs. He also asserted that government policy supports provision of sanitary towels. Teachers were also said to assist girls when there is need. Further, he indicated that girls who have begun menstruating are exposed because they are informed and their knowledge on menstrual hygiene management is average.

On attitude he said that girls are open to discussions, training is done in the assembly and boys were involved although a few girls are still shy and are sometimes embarrassed on issues of MHM. Most are aware and it has become a normal issue, teachers assist the girls when there is need and generally the attitude of girls and teachers towards menstrual hygiene is positive. It was also found that some pupils use commercial pads while others use traditional pads and that weekly health club meetings are organized for girls in school.

On practices, one of the respondents said that there is constant supply of pads by well-wishers and the government, emergency pads are provided to girls to change and come back to class and stocks are available for emergencies. The respondent also noted that no cases of girls missing school during menses, Water and soap are available for them to wash. However, water points are in the open so sometimes they have to rush home change and come back to school. The respondent also said that teachers are positive and discuss menstrual hygiene freely with the girls. Some schools have "Cater and Better" program by an NGO that provides sanitary towels and pants for girls plus vests and pants for boys during their meetings with the pupils.

The head teachers in contrasting the above narrative revealed that so far, no policy document is available regarding Menstrual Hygiene Management. The available document is on School Health in general and may touch on MHM. On whether the government has a system for ensuring that schools impart knowledge on Menstrual Hygiene Management to the pupils in Primary schools the respondents indicated that there is no clear system. Teachers are expected to capture this information within their teaching as emerging issues or pertinent and contemporary issues. It can be addressed through Guidance and Counseling or Health Clubs in school. On what is the impact of the information dissemination on the pupils' attitude towards menstruation, one of the respondents said that: *"The information translates into empowering the pupils giving them alternatives to take care of themselves. Given the information and choices improves their attitude and self-esteem"* (Interviewee, 09).

Other studies support the above findings like Pilitteri (2017). The findings suggest that girls had a significantly higher level of knowledge than boys and knowledge in girls was associated with better MHM practices and with reduced absenteeism. In addition, some socio-cultural differences grounded in information sources were observed: grandmothers traditionally played the role of giving information on MHM during initiation rites in Mzimba, whereas girls in Salima relied more on mothers and female teachers. However, the findings by Osea (2018) in research on the effect of Menstruation on Academic Performance of High School Girls: A case study on Human Dignity in Migori County, Kenya contrasted the above findings. The study employed the use of descriptive research design with questionnaires and interview guides to collect data.

From the analyzed results, families and especially mothers, try to educate their daughters on Menstruation and its management in a manner that will ensure that their privacy, intimacy and their dignity is protected and respected. Therefore, the concern on MHM in Kisumu West Sub County is valid and the information from respondents is an indication that MHM on girls' school attendance should be given more attention. The findings of this study also concur with findings by Kirk and Sommer (2016) found that policymakers and key stakeholders must acknowledge that menstruation is a natural fact of life that must be integrated at all levels of life and only then will there be an enabling environment for girls and women to manage their menstruation adequately without shame, embarrassment, secrecy, fear, humiliation, silence, taboo and stigma.

5. Conclusion and Recommendations

5.1 Conclusion

The study concluded that menstrual hygiene management knowledge, attitudes and practices has a significant effect on school attendance among girls in public primary schools in Kisumu West Sub County. A few of the respondents (girls) confessed having heard about menstruation before their first period however the topic of menstruation was not freely discussed by the girls with friends or even family due to cultural hindrances and stereotypes towards menstruation. This confirms the proposal by the Knowledge-Attitude-Behavior Theory which proposes that knowledge and information are the foundation for establishing active and correct beliefs and attitudes towards behavior change.

5.2 Recommendations

Since MHM practices have been found to have influence on the school attendance, this study therefore recommends that; menstrual hygiene management knowledge, attitudes and practices have a significant effect on school attendance among girls in public primary schools in Kisumu west Sub County. It's further suggested that the topic of menstruation should be freely discussed by the girls with friends or even family even before the first period. The study recommends the need for comprehensive education interventions in school settings, delivered during early adolescence to reach pre-menarche girls, particularly in rural settings for improve menstrual hygiene practices. The government should have a curriculum to be used by the teachers and have a clear monitoring tool to ensure pupils receive accurate and timely information on menstruation and menstrual hygiene management.

References

- Babbie, R. (2010). The mental health of people living with HIV/AIDS in Africa: A Systematic Review. *African Journal of AIDS Research*. 8(2): p. 123–133.
- Chandra-Mouli and Patel, C., (2017). Children's attitudes toward peers with disabilities: the Israeli perspective *Developmental Medicine & Child Neurology*, 39(12), 811–814.
- Chinyama, A. (2019) Giving care to people with symptoms of AIDS in rural Sub-Saharan Africa. *AIDS Care*, 16(7): p. 795-807.
- Costos, H. (2022). Attitudes of elementary school teachers in Riyadh, Saudi Arabia toward the inclusion of children with autism in public education. ProQuest Information & Learning). *Dissertation Abstracts International Section A: Humanities and Social Sciences*, 68(4), 1403–1403.
- Creswell, J.W. (2009). *Research design: A quantitative and mixed effort approaches* (3rd Ed). Thousand Oaks, Calif: Sage Publications
- disabilities: the Israeli perspective. *Developmental Medicine & Child Neurology*, 39(12), 811–814.
- Hennegan, J., & Montgomery, P. (2020) Do menstrual hygiene management interventions improve education and psychosocial outcomes for women and girls in low- and middle-income countries? A systematic review. *PLoS ONE*, 11(2), 1–21.
- House, J. (2012). Children's attitudes toward peers with disabilities: the Israeli perspective. *Developmental Medicine & Child Neurology*, 39(12), 811–<http://doi.org/10.1186/1472-698X-11http://www.uni-koeln.de/wiso-fak/fisoz/Forschung/schulver/material/truancy.pdf> Accessed 20/03/06.
- Kirk and Sommer (2016). Inclusion in action: an in-depth case study of an effective inclusive secondary school in the south-west of England. *International Journal of Inclusive Education* 6, 38–43: 201–207.
- Lee, M. (2019). Health related quality of life and psychosocial correlates among HIV infected adolescent and young adult women in the US. *AIDS Education and Prevention*, 23(4): p. 367-381.
- Mawathe, B. (2016). Giving care to people with symptoms of AIDS in rural subSaharan Africa. *AIDS Care*, 16(7): p. 795-807.
- McMahon, A. (2017). The Timing and role of Initiation Rites in Preparing Young People for Adolescence and Responsible Sexual and Reproductive Behaviour in Malawi, 76, 150–167.
- Miiró (2018). 'The Long-Term Outcomes of Truancy', in Hersov, L. & Berg, I. (eds.), *Out of School*, New York: John Wiley and Sons
- Osea, J (2018). *Why Rising Tides Don't Lift All*

Boats?, London, Centre for Analysis of Social Exclusion, Paper No. 46, London School of Economics.

Oster and Thorton (2017). Giving care to people with symptoms of AIDS in rural sub-Saharan Africa. *AIDS Care*, 16(7): p. 795-807.

Pilitteri, R. (2017). *Why Rising Tides Don't Lift All Boats?*, London, Centre for Analysis of Social Exclusion, Paper No. 46, London School of Economics.

SNV (2014). Children's attitudes toward peers with disabilities: the Israeli perspective. *Developmental Medicine & Child Neurology*, 39(12), 811–814.

Tokako, S. (2018). Knowledge and attitudes of high school pupils towards peers' attention deficit and learning disabilities. *Patient Education and Counseling*, 43(1), 31–36.

WAF (2013). Children's attitudes toward peers with disabilities: the Israeli perspective. *Developmental Medicine & Child Neurology*, 39(12), 811–814.

Water Aid (2018). *Analysis of school attendance data at primary and post-primary levels for 2003/2004*, Report to the National Educational Welfare Board, Dublin: Educational Research Centre

Water Aid (2018). *Analysis of school attendance data at primary and post-primary levels for 2003/2004*, Report to the National Educational Welfare Board, Dublin: Educational Research Centre