MENSTRUAL HYGIENE MANAGEMENT (MHM) for
EDUCATION in EMERGENCIES (EiE)
A Study for
PLAN INTERNATIONAL TANZANIA

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List of Abbreviations

CNO  Canada National Office
ECCD Early Childhood Care Development
EiE Education in Emergencies
FA  Field Assessment
FG  Focus Group
FGA Focus Group Assessment
HSS  Hope Secondary School
MEAL Monitoring, Evaluation and Learning
MHM Menstrual Hygiene Management
RA  Rapid Assessment
RNA Rapid Needs Assessment
Executive Summary
As per the Global Goals (SDG 4- 4.1), Plan International has been strategically supporting girls’ secondary education and working to eliminate the barriers that hinder one of the significant barriers that Plan International Tanzania identified was a lack of support for Burundian refugee girls during their menstruation. This was seen as a contributor to both girls missing several days of school per month or dropping out altogether. Female students don’t have adequate facilities to wash themselves during their menstruation cycle, and that they use old clothes to stop the flow. In addition, they don’t have adequate space in which to change or wash their clothes, and, because of these difficulties, they felt it too challenging to attend school during menstruation.

The objectives were to conduct a thorough assessment of Plan International Tanzania’s MHM program for adolescent girls, to identify gaps and to advise on which additional subjects girls need in school. The study’s four objectives were to: • Identify the meaning of menstruation in the daily lives of adolescent girls in Nduta Camp; • Assess the impact of MHM on adolescent girls’ school attendance in Nduta Camp; • Assess the support resources (parents, teachers, community) align with MHM promotes the adolescent girls’ school attendance in Nduta Camp; • Identify other possible sources of support - from the viewpoints of the girls themselves

A mixed-method assessment was used for this study; such as desk reviews, existing project document reviews, key informant interviews, focus group assessments (FGA) and field assessments (FA) were incorporated. In parallel combinations, methods were used separately, and the FGA and FA findings were integrated after the data was analysed.

Key Findings: When adolescent girls don’t feel clean, they are only focusing on this, and not on the lesson at all. The lack of MHM severely affects the daily school life of these girls. By the provided MHM trainings, they are now prepared for menstruation by having dignity kit. The relevancy and effectiveness of dignity kits and MHM trainings directly impacts adolescent girls’ school attendance. MHM training teach adolescent girls how to best take care of themselves during their period. Girls overwhelmingly do not have any reliable support from families, teachers – except a few female teachers- or the community. They are essentially on their own when they have their period, and it jeopardizes their school attendance and social interactions. Adolescent girls are in danger of several risks, the most important one dropping out of school. Additional supports for adolescent girls attending school are required, such as girls’ club activities, remedial classes (including for the NECTA exam), scholastic materials, and also community awareness campaign regarding girls’ education.

Key recommendations: Within the context of these recommendations are outlined in three subject areas: a. Minimise the risks of adolescent girls’ education, such as providing community based mentorship programs, positive environment for supporting girls’ academic success be provided, etc. b. Minimising the negative effects of menstruation on girls’ daily school lives, such as providing MHM training and dignity kit, gender-friendly latrines in the schools be built, etc. c. Maximising the support sources aligned with MHM, such as conducting informational training sessions on MHM for parents and teachers (for both male and female, implementing youth-centred MHM trainings and activities about the importance of girls education. At the same time, it is expected that educational stakeholders be more proactive; they should be more timely and need based in their responses so as to reduce the minimize risks and negative effects, and also to maximise the support sources aligned with MHM. Educational stakeholders should be supported technically and financially for these in terms of their quality and accountable response.

As per the Global Goals as well as the INEE MS Handbook, children who experience conflict, natural disasters or complex emergencies have a right to education and protection, and to have their communities make education a continuing priority.
Providing quality education for all is the primary responsibility of the national authorities, and is carried out by the ministries of education and local education authorities.
The importance of education should be given permanent priority by all related stakeholders, rather than the Government of Tanzania simply responding to the refugee crisis.
1. Introduction

Due to continued tension and widespread violence in Burundi, the influx of refugees into neighbouring countries, including Kigoma, is expected to continue as the country endures a major, protracted crisis\(^1\).

Gender discrimination remains an overriding factor in the prohibiting of girls from receiving the same educational rights as boys. However, a number of other factors play a critical role in whether families decide to send their daughters to school, including: poverty and limited employment opportunities for girls; cultural practices and traditions; exclusion of pregnant adolescent and young mothers; and schools that are very far from home.

Even when girls make it to school, it is difficult to retain them because of the poor quality of the education they receive and the fact that the education system often does not meet the needs their gender requires. Some of the challenges girls face are: poor teachers, curricula and textbooks; classroom environments that reinforce gender stereotypes; sexual harassment; lack of security; and inappropriate school facilities \(^2\).

In July 2016, Plan International Tanzania conducted a Rapid Needs Assessment (RNA) in the Mtendeli and Nduta Camps, and was conducted in line with Plan International Tanzania’s overall mission to improve educational quality for Burundian refugee children in Nduta and Mtendeli. Findings from the RNA determined the following discrepancies:

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1. UNHCR Tanzania Fact Sheet, June 2016
- Lack of school access
- Lack of learning environments (school buildings and classrooms)
- Lack of gender-friendly WASH facilities
- Lack of teaching and learning facilities, teacher offices, laboratories and lab equipment
- Lack of ECCD facilities

The RNA identified significant barriers that prevent adolescent girls from going to school on either a permanent or semi-permanent basis.

One of the significant barriers that Plan International Tanzania identified was a lack of support for girls during their menstruation. This was seen as a contributor to both girls missing several days of school per month or dropping out altogether. Some of the female students interviewed stated they don’t have adequate facilities to wash themselves during their menstruation cycle, and that they use old clothes to stop the flow. In addition, they also stated that they didn’t have adequate space in which to change or wash their clothes, and, because of these difficulties, they felt it too challenging to attend school during menstruation.

Considerable gaps in education administration led Plan International Tanzania to develop a three-year Education in Emergencies (EiE) strategic plan that would help provide better access to quality schools and a more equitable education for all refugee children, especially adolescent girls enrolled in secondary schools in the Nduta and Mtendeli camps.

As part of the EiE strategic plan, Plan International’s Canada National Office (CNO) supported the project on the improving quality of education for secondary students in Nduta Camp, with a focus on adolescent girls, to be submitted by February 2016.

Between February 2016 and April 2017, the Plan International Tanzania team focused on three short-term, critical intervention areas:

1. Lack of learning and teaching materials
2. Lack of gender-friendly WASH facilities
3. Lack of access to school and retention of adolescent girls in secondary school

Plan International Tanzania carried out several activities to improve WASH facilities, with the hope it would reduce the number of girls missing or dropping out of school due to menstruation.
Since February 2016, Plan International Tanzania distributed “dignity kits” to adolescent refugee girls. These kits included an “AfriPad,” a sanitary pad that can be washed, dried, and re-used for 12+ months. MHM training was also given to girls attending Hope Secondary School (HSS).

Plan International Tanzania’s Menstrual Hygiene Management (MHM) program at HSS and its consequential impact on reducing school absenteeism and dropout rates due to menstruation are outlined in this proposal.

2. Objectives
The objectives were to conduct a thorough assessment of Plan International Tanzania’s MHM program for adolescent girls, to identify gaps and to advise on which additional subjects girls need in school.

The study’s three objectives were to:
- Identify the meaning of menstruation in the daily lives of adolescent girls in Nduta Camp
- Assess the impact of MHM on adolescent girls’ school attendance in Nduta Camp
- Assess the availability of support sources (parents, teachers, community) align with MHM promotes the adolescent girls’ school attendance in Nduta Camp
- Identify other possible sources of support - from the viewpoints of the girls themselves

3. Methodology
A mixed-method assessment was used for this study. A few different methods were systematically integrated into the process, and were generally data-driven. Other data collection sources, such as desk reviews, existing project document reviews, key informant interviews, focus group assessments (FGA) and field assessments (FA) were incorporated. In parallel combinations, methods were used separately, and the FGA and FA findings were integrated after the data was analysed.

3.1 Methodology overview
The methodologies utilized were:
a. Desk Reviews (secondary data): Improving quality of education for Secondary Students in Nduta Camp, with a focus on adolescent girls’ project documents and related literature.
b. Focus Group Assessments (primary data):

Primary data was taken from direct target group members; they were adolescent girls at HSS that participated in an FGA in Nduta Camp. The FG was comprised of 15 girls from HSS with two girls from each grade. Prerequisites for FGA participants were that they must have owned a dignity kit and must have attended the MHM training, both of which were provided by Plan International Tanzania.

c. Field Assessments (primary data)³:

Data collected from mobile phones (from 20 girls representing all grades) was also taken. The survey questionnaire, downloaded on mobile phones and tablets, was administered by the refugees’ data assistants, who conducted the survey with technical assistance provided by MEAL⁴ staff. The 20 girls met the MEAL team at an FA regarding the use of AfriPads. The EiE Team provided qualitative questions about MHM in EiE to MEAL Team members for their data collection process.

d. Observations (Primary data): The Hope School in Nduta Camp was regularly visited by the EiE Team regularly; the EiE Specialist interviewed school administrators and teachers. General observations regarding WASH facilities for Burundian refugee girls at HSS were recorded. Data was gathered through desk reviews, FAs (done by MEAL team), FGAs, and data analysis and triangulation process observations written by the EiE Specialist.

3.2 Assessment Tools

Two types of questionnaires were given during the data gathering stage. First, the EiE team developed a semi-structured (quantitative) questionnaire on MHM in EiE, and was used by the EiE team during the FGA. (See Annex 1: FGA Questionnaire MHM in EiE.) Additionally, the EiE team provided qualitative questions to the MEAL Team for their mobile phone data collection process during the FA. (See Annex 2: FA Questionnaire MHM in EiE.)

The assessment tools were designed in accordance with the survey objective to obtain reliable data from the adolescent girls at Hope Secondary School. The questions focused on: MHM factors in adolescent girls’ daily school life in the Nduta Camp; the impact of MHM on adolescent girls’ school attendance in the Nduta Camp; their support sources (parents, ³ Field Assessment (primary data): FA was conducted by the MEAL team. MEAL team conducted a KAP Survey to determine adolescent girls’ knowledge, attitudes and perceptions on the use of sanitary pads (AfriPad) during menstruation. EiE Team provided qualitative questions regarding MHM in EiE.
⁴ MEAL: Monitoring, Evaluation and Learning
teachers, community members) and how they align with MHM’s mission to encourage adolescent girls’ school attendance; and additional factors, as offered by the girls themselves, on how they see attending school.

4. Findings

The overall findings of the Menstrual Hygiene Management (MHM) program at Hope Secondary School are outlined below in four sections.

4.1. MHM in daily school life

The meaning of MHM to the girls, the availability of gender-friendly latrines, the impact of the lack of gender-friendly latrines at Hope Secondary School, and other related findings, are detailed here in the following comments.

When asked what MHM means to them, most said: “being clean,”; “having a pad and being clean...”, “having soap and being clean...”; “having panties and being able to go to school,”; “washing myself, being clean, and able to go to school...”; “bathing myself three times, washing pads every time I changed it...”; “keep (pad) in a manner that no one will realize that I am menstruating...”

The availability of gender-friendly latrines: All girls complained/reported about the lack of gender friendly-latrines at Hope Secondary School. The girls say the following: “there are only three toilet stalls; we are more than 150 girls...” ; “there are) only three toilet stalls with no doors, no bucket to wash ourselves with...”; “the latrines do not provide privacy or space for us to tend to ourselves while we are on our periods...”

During menstruation, the girls report the following: “we try to use nearby residents’ toilets...”; “we are requesting some neighbours’ permission to use their bathrooms to wash and change our pads in...” ; “it is embarrassing to request permission from strangers to use their toilets, but I have to do it...”

There is not a reliable coping mechanism for girls when they are menstruating, as there is an absence of gender-friendly latrines at Hope Secondary School.
It was found that respondents aligned MHM with both ‘being clean’ and “having a pad” because they hate feeling dirty. It was discovered that, when adolescent girls don’t feel clean, they are only focusing on this, and not on the lesson at all. It was determined that the lack of MHM severely affects the daily school life of these girls.

Therefore, it is suggested that, at least initially, continuous periodic MHM trainings and installing gender-friendly latrines would increase adolescent girls’ school attendance numbers.

4.2. The impact of MHM support on adolescent girls’ school attendance
The relevancy and effectiveness of MHM kits and MHM trainings directly impacts adolescent girls’ school attendance; the related findings are outlined here.

The items in the dignity kit and their importance were ranked as follows: 30% reported sanitary pads as the most crucial during menstruation; 30% mentioned soap; and 22% reported that the panties are the most important item during their periods. Additionally, the body lotion and the wrap cloth (kitenge) were reported as useful items.

![Figure 2: Most useful items in dignity kit](image-url)
Girls expressed their feelings on their school attendance, and how the MHM kits and training affected that.

Before:
“the fear of bleeding in school is nightmarish...”; “I want to come to school. No way... how can I come and stay in class during my period...”, “before MHM training and having these materials I had a big fear of bleeding in school...”; “the boys are laughing and saying...oh, you do not know yourself ...look at that... you should not come to school...”; and “before I wasn’t aware about how to use pads properly...”

After:
“I know my menstruation days and can get ready for it..”; “I have learned about personal hygiene during menstruation, and I know how to use sanitary products...”; “I can attend school during my period, and I can manage the process by myself...”; “I confidently know how to handle menstruation. My underpants are not dirty anymore...I handle them carefully and wash them properly...”; “I know how to use sanitary pads, and I also realize that menstruation is a normal thing. I’ve learned to be clean, which I didn’t feel I was before the training...”; and “I now know it that I must change my pad after 4 hours...”

Respondents confirmed the effectiveness of MHM trainings, as they are now prepared for menstruation by having dignity kits (Inc. sanitary pads).

It remains clear that providing MHM trainings, gender-friendly latrines, and sanitary pads would establish a relatively more gender-friendly environment, and would encourage adolescent girls to continue their studies.

4.3. Alignment of support sources with MHM

Parents, teachers, and community members that support MHM promotes better attendance of adolescent girls. Exactly which types of support that would be most useful to strengthen school attendance of adolescent girls in the Nduta Camp are outlined here.

The support of menstruating girls’ parents/caregivers:
It was determined that 60% of girls were unsupported by parents/caregivers during menstruation; 40% received some support.
All respondents (40%) who received support from parents/caregivers during their menstruation clarified that the support was defined as “providing them with soap.”

The support of menstruating girls’ teachers:
It was found that 65% received no support from teachers during menstruation; 35% received some form of support.
All respondents (35%) who received support from teachers during menstruation clarified that this support meant “providing a sanitary pad if the girls don’t have it” and “let the girl go home to get a sanitary pad”. At home, they are also able to wash themselves.

Most of the respondents indicated that male teachers are not mostly aware of, or understand the importance of MHM. The girls are accused by male teachers as to be “liars” when they request permission to go home if their period has started or if they are experiencing cramping. Many male teachers do not believe the girls, who often first experience menstruation at 10- or 11-years-old.

A sole respondent mentioned that some female teachers provide advice on personal hygiene and counsel them on how to manage her period.

All respondents stated that they don’t receive positive community support during their period. They reported that the community expect them to stay home during the length of their menstruation, and, furthermore, the community doesn’t support girls’ education at secondary school (and beyond) to begin with.

*It was found overwhelmingly that girls do not have any reliable support from families, teachers or the community. They are essentially on their own when they have their period, and it jeopardizes their school attendance and social interactions.*

*It is recommended that the importance of girls’ education, including MHM, is needed to disseminate information within the community and be included in future household and school-based projects in the Nduta Camp.*

Parents’ reactions after the distribution of the dignity kits:

All respondents reported that their whole family was happy and that they had expressed their appreciation to Plan International for distributing the dignity kits and providing the MHM info. Some direct quotes from the respondents:

“My parents were very happy to see that I received the dignity kits. Previously, it was very difficult for me as they cannot afford to buy sanitary pads or soap for me, but I have pads…”;

“I have soap, sanitary pads, and even body oil. They felt very happy and their stress will be reduced when my period starts…”;“when my parents saw that I received sanitary pads and most importantly, soap, they were very happy, and they sent me to the Plan office to pass their gratitude onto them...”.
4.4. Additional support for adolescent girls attending school

Respondents stated that adolescent girls are in danger of several risks, the most important one dropping out of school. Ideas to support adolescent girls’ education are outlined below.

**Girls’ club activities:** The girls mentioned that they can easily be sexually abused and/or forced to get married due to economic hardships in the camp and thus drop out of school. Additionally, they reported different challenges and coping mechanisms for dealing with those problems, such as domestic violence, heavy domestic responsibilities, poverty, problems with parents, etc.

In this sense, they are thankful to Plan International for establishing girls’ club activities and have since requested more activities so that they can further learning and share different progressive ideas, lessons, experiences and wisdom.

**Remedial classes:** The girls mentioned their struggles with certain classes and with advanced concepts. They desire to fully understand subject basics and need extra instruction/tutoring after school. Additionally, they mentioned that they need extra support for the NECTA\(^5\) exam.

In this sense, they are also thankful to Plan International for providing remedial classes. They’ve asked for more remedial classes which they believe will remedy a student environment that suffers from low self-esteem. The girls are encouraged by Plan International to ask as many questions as necessary so as to understand a subject, and not to give in to the pressure to learn everything immediately.

**Scholastic materials:** The girls reported that their families have struggled to provide basic scholastic materials such as workbooks, pens, complementary math and science materials, as well as difficulty buying school bags, clothes, and shoes for school.

To that end, the girls thanked Plan for providing their scholastic materials, and have also requested school supplies, clothes and shoes in the near future.

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\(^5\) **NECTA** (The National Examinations Council of Tanzania (NECTA)) Registration of candidates is undertaken for both school and private candidates depending on the type of examinations and examination season. The types of examinations private candidates can register for are the Certificate of Secondary Education (CSEE), Advanced Certificate of Secondary Education (ACSEE) and Qualifying Test (QT)
Community awareness campaign regarding girls’ education: The girls mentioned their need for full community support of their attendance of secondary school in the Nduta Camp. The girls expressed gratitude to Plan International for launching a community awareness campaign about the importance of girls’ education in Nduta, and want the awareness campaigns to continue. Interestingly, they also asked Plan to provide MHM awareness training to male (and female) teachers at Hope Secondary School. They hope to garner better support from their teachers during their periods, and specifically, male teachers.

5. Conclusions and Recommendations

As per the Global Goals (SDG 4-4.1)\(^6\), Plan International has been strategically supporting girls’ secondary education and working to eliminate the barriers that hinder it. One key element Plan International identified in Kibondo was that the overall lack of support of girls during their menstruation is one of the most significant barriers to their education. Ever since, Plan International has advocated the empowerment of girls at Hope Secondary School on MHM, which emphasises and encourages good personal hygiene and regular school attendance.

Within the context of these three subject areas:

5.1. Minimise the risks of adolescent girls’ education

Adolescent girls face several risks that lead to them dropping out of school, such as sexual abuse, early marriage, domestic violence, heavy domestic responsibilities, and poverty. They need better support for developing coping mechanisms. Additionally, they need extra tutoring for both basic and advanced concepts or for when they’ve missed class.

Recommendations:

- It is recommended that a knowledgeable and experienced supervisor be installed to ensure a safe environment for the establishment of a girls club, peer support programs, and community-based mentorship.

\(^6\) SDG4 – 4.1

Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education.
• It is recommended that remedial class activities in a positive environment for supporting girls’ academic success be provided.

• It is recommended that scholastic materials, school sweaters, wrap cloths (kitenge), and shoes for going to school are periodically provided.

• At the same time, it is expected that educational stakeholders be more proactive; timely responses can minimize risks.

• Educational stakeholders need technical and financial assistance for this.

5.2. Minimising the negative effects of menstruation on girls’ daily school lives

The lack of MHM severely affects girls’ daily school life.

Recommendations:

• It is recommended that periodic MHM trainings and the delivering of dignity kits continue and that gender-friendly latrines in the schools be built.

• At the same time, it is expected that educational stakeholders be more proactive; they must be more timely in their responses so as to reduce the negative effects.

• Educational stakeholders need technical and financial assistance for this.

5.3. Maximising the support resources aligned with MHM

The girls do not have any reliable support from their families, teachers or from the community. The girls need full support from these entities.

Recommendations:

• It is recommended that the importance of girls’ education, including MHM, needs to be disseminated throughout the community. Additionally, informational training sessions on MHM for parents and teachers (for both male and female) should be conducted.

• It is recommended that youth-centred MHM trainings and activities about the importance of girls education be implemented.

• At the same time, it is expected that educational stakeholders will be more proactive in their conduct in order to maximise the support resources aligned with MHM.

• Educational stakeholders need technical and financial assistance for this.
A final note

As per the Global Goals as well as the INEE MS Handbook, children who experience conflict, natural disasters or complex emergencies have a right to education and protection, and to have their communities make education a continuing priority.

Providing quality education for all is the primary responsibility of the national authorities, and is carried out by the ministries of education and local education authorities.

The importance of education should be given permanent priority by all related stakeholders, rather than the Government of Tanzania simply responding to the refugee crisis.
6. Annexes

Annex 1: FGA Questionnaire MHM in EiE
Annex 2: FA Questionnaire MHM in EiE
Annex 1:

FOCUS GROUP DISCUSSION with ADOLESCENT GIRLS in
HOPE SECONDARY SCHOOL

Topic: MHM Support in EiE
Venue: Hope Secondary School      Date-Time: 1:00-14.30 pm. on February 16, 2017.
Participants: 16 female secondary school students (2 students/grade)
Pre-requisite: Must have a Dignity Kit and informative brief on MHM from Plan Int.
Facilitator(s): Maryloema Panga, EiE Field Officer
Zeynep M. Sanduvac, EiE Specialist

SEMI STRUCTURED QUESTIONNAIRE

1. What do you know about the term “menstrual hygiene management”? Are you familiar with it?

2. Considering the MHM training session, could you please say a bit about your attitude towards menstruation:    a. Before the training   b. After the training

3. Have you ever had a dignity kit? a. Yes   b. No

4. If “Yes”: a. Where did you get it and how? b. What were some of the items that were in it?

5. If No. How did you manage your menstrual cycle during school hours?

6. Was the lack of at Dignity Kit and MHM training one of the reasons that you have missed school? a. Yes   b. No   Please explain...

7. Now that you have a Dignity Kit and have had some MHM training, are you better able to see the benefits of attending school? a. Yes   b. No   Please explain...

8. Which items in your Dignity Kit are the most useful to you? Please explain...

9. Which items do you think should be added to the Dignity Kit? Please explain...

10. Do you find the latrines at your school “friendly” during your menstrual cycle? a. Yes   b. No

11. If No, please explain, ” how do you manage your menstruation cycle when you’re at school?

12. Are your parents or caregivers supportive of you when you’re going through your menstrual cycle? a. Yes   b. No   Please explain...

13. Are your teachers supportive of you when you’re going through your menstrual cycle?
   a. Yes   b. No   Please explain...

14. What was your parents’ reaction when you got a Dignity Kit? Please describe...

15. What kind of support do you think adolescent girls need in order to regularly attend school?

16. Other suggestions or ideas?

THANK YOU FOR YOUR PARTICIPATION
FOCUS GROUP DISCUSSION with ADOLESCENT GIRLS in
HOPE SECONDARY SCHOOL

QUESTIONS for FA

1. Have you ever had a dignity kit
   a. Yes  
   b. No (if NO-stop the interview)

2. What do you know about the term “menstrual hygiene management”?
   Are you familiar with it?

3. Considering the MHM training session, could you please say a bit about your attitude towards
   menstruation:  a. Before the training  
   b. After the training

4. Which items in your Dignity Kit are the most useful to you? Please explain...

5. Are your parents or caregivers supportive of you when you’re going through your menstrual
   cycle?  a. Yes  
   b. No  
   Please explain...

6. Are your teachers supportive of you when you’re going through your menstrual cycle?
   a. Yes  
   b. No  
   Please explain...

7. What was your parents’ reaction when you got a Dignity Kit? Please describe...

8. Other suggestions or ideas?

THANK YOU FOR YOUR PARTICIPATION.