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COLLEGE OF HEALTH SCIENCES

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TITLE:

MENSTRUAL HYGIENE MANAGEMENT PRACTICE AND ITS DETERMINANTS AMONG ADOLESCENT GIRLS IN SECOND CYCLE STUDENTS OF SEBETA TOWN, OROMIA, ETHIOPIA.

By: Abera Degefu (BA)

Advisor: Mirgissa Kaba (PhD)

June 2017

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ASSURANCE OF PRINCIPAL INVESTIGATOR

The undersigned agrees to accept responsibility for the scientific ethical and technical conduct of the research project and for provision of required progress reports as per terms and conditions of the Research Publications Office in effect at the time of Grant is forwarded as the result of this application.

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Approval of the primary Advisor

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Name of investigator	Abera Degefu
Name of Advisor(s)	Mirgissa Keba(PHD)
Full title of the research project	MENSTRUAL HYGIENE MANAGEMENT AND ITS DETERMINANTS AMONG ADOLESCENT GIRLS IN SECOND CYCLE STUDENTS OF SEBETA TOWN, OROMIA, ETHIOPIA
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Study Area	Sebeta Town
Address of investigator	Tel: 0911 410832 Mail:aberafana5@gmail.com

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Acronyms and Abbreviations

AAU	ADDIS ABABA UNIVERSITY
AOR	ADJUSTED ODDS RATIO
CI	CONFIDENCE INTERVAL
COR	CRUDE ODDS RATIO
FGD	FOCUS GROUP DISCUSSION
MHP	MENSTRUAL HYGIENE PRACTICE
MHM	MENSTRUAL HYGIEN MANAGEMENT
ORHB	OROMIA REGIONAL HEALTH BEAREAU
SD	STANDARED DIVATION
SPSS	STATISTICAL PACKAGE FOR SOCIAL SCIENCES
UNICEF	UNITED NATION CHILDREN FUND
WASH	WATER, SANITATION AND HYGIENE
WHO	WORLD HEALTH ORGANIZATION

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Abstract

Background: Menstruation and menstrual practices are still clouded by socio-cultural restrictions resulting in adolescent girls remaining ignorant of the scientific facts and hygienic health practices.

Objective: The objective of this study was to assess menstrual hygiene management practice among adolescent girls and its determinants in second cycle schools of Sebeta Town, Oromia Regional State.

Materials and Methods: A school based cross-sectional study design was conducted among 466 in-school adolescent girls of grade 7 & 8 in Sebeta Town in December 2016. A single-stage cluster sampling was used to select the students for the present study. The outcome variable for the present study was menstrual hygiene management practice among in-school adolescents. Data management task was undertaken on EpiData 3.1 and analysis was done using SPSS for windows version 21. Bivariate and multivariable logistic regressions analysis were conducted to identify the determinant factors of menstrual hygiene practice of adolescent female in-school students. A p-value of 5% was used as a cut off value to declare statistical significance in this study.

Results: The proposed sample size for the present study was 485; however, a total of 466 adolescent female students participated in the study making the response rate 95.9%. The prevalence of proper practice of menstrual hygiene management among in-school adolescent girls was one in five (21.0%). Mothers were the major source of information about menstruation before menarche and menstrual hygiene management as well. Young adolescent girls who had a partial awareness about menstrual hygiene management practice [AOR=0.60 (0.36, 0.98)] and unfavorable attitude towards it [AOR=0.37, 95% CI : 0.22, 0.61] were less likely to practice menstrual hygiene management.

Conclusion: The level of proper menstrual hygiene management practice among young adolescent in-school girls is very low and large proportions do not properly wash and change menstrual pad. Many adolescent girls miss school because they lack appropriate facilities within school that allow for private management of their menstrual hygiene. Working on awareness creation on menstrual hygiene management and making school environment conducive to girls does greatly improve the menstrual hygiene management experience of young adolescent girls.

CHAPTER 1. Introduction

1.1 Background

Adolescence is the period of transition from childhood to adulthood. WHO defined adolescence as the age group of 10-19 years. In girls, adolescence is recognized as an unstable period which signifies the transition from girlhood to womanhood. A woman goes through several developmental milestones that greatly influence her reproductive health. Menarche, which is the establishment of menstruation, is one of those milestones and a natural phenomenon unique to females (1). Moreover, menarche was a landmark feature of female puberty and signals reproductive maturity (2). There were several traditions, myths, misconceptions, mystery and superstition prevailing about menstruation (3). Menstruation was the cyclical shedding of the inner lining of the uterus, the endometrial, under the control of hormones of the hypothalamus pituitary axis (1, 3). The first menstruation (menarche) occurs between 11 and 15 years with a mean age of 13 years.

The study done in developing countries observed that lack of policy debate; action and investments regarding menstrual hygiene and management were widespread in developing countries (1). The lack of policy debates was mainly due to cultural issues especially in Africa and Asia. The study recommended policy advocacy, investments and action, in terms of education and improved facilities (such as gender- friendly toilets, and access to sanitary pads) in order for adolescent girls and women to manage their menstrual needs adequately (3).

Majority of the girls lack knowledge about menstruation and puberty. Adolescent girls often are reluctant to discuss this topic with their parents and often hesitate to seek help regarding their menstrual problems (1, 3). The profile of the woman's reproductive health is greatly influenced by the girl's reaction to menarche, her beliefs and attitude towards menstruation, and more importantly by her behavior during it (4). Girls need emotional support and assurance that menstruation was normal and healthy, not bad, frightening or embarrassing (5).

1.2 Problem Statement

It is estimated that around 52% of the females from all over the world (which approximates to 26% of the global population) belong to the reproductive age (6). Out of those, almost all have regular menstrual cycle each month ranging from two to seven days in duration. Although menstruation is a natural process of the female reproduction, it is always considered as a taboo and people often feel shy to talk about it (7). Due to that reason, it becomes more difficult for the girls to prepare for and follow the hygiene practices (8, 9).

Adolescence for girls is understood as an important milestone, marked by the onset of menarche (10, 11). From adolescent to menopause, reproductive health and menstrual hygiene are important aspects in the lives of women. However, not much attention is paid to adolescent girls‟ specific needs; in general, not withstanding that doing so would lay a good foundation for their physical and mental wellbeing and their ability to cope with the heavy demands of reproductive health later in life (11, 12,13). Menstrual hygiene, that is, effective management of menstrual bleeding by women and girls, if not managed properly can cause urinary tract infection, pelvic inflammatory diseases and vaginal thrush as well as bad odor due to these it imposes infringement on the girls‟ dignity (14).

In adolescents who experience menstruation for the first time, menstrual hygiene management (MHM) is constrained by practical, social, economic and cultural factors such as the expense of commercial sanitary pads, lack of water and latrine facilities, lack of private rooms for changing sanitary pads, and low awareness about the facts of menstrual hygiene [15]. During menstruation, adolescent girls face challenges related to the management of menstrual hygiene in public places. UNICEF estimates that 1 in 10 school age African girls do not attend school during menstruation. Similarly, the World Bank statistics indicate that students will be absent from school 4 days every 4 weeks because of menstruation [16].

Despite such evidences of wide spread concern, there is no cross cultural study in Ethiopia in addition in sub urban setting where awareness about sex is relatively better, menstrual hygiene has not been studied. There is no study carried out to assess about preparation before

the onset of menstruation and management of it among adolescent girls in second cycle schools of Sebeta. This study, therefore, attempts to assess the menstrual hygiene practice among in school adolescent girls and its determinants in Sebeta Town.

1.3 Rationale of the study

Since there is inadequate information on menstrual hygiene among adolescent girls in Sebeta, this study will identify issues relevant to preparation, practices, social and challenges of menstrual hygiene management and its determinants among adolescent girls. The study also intends to identify necessary actions to be taken at local and regional levels through which the menstrual hygiene problems of adolescent girls can be addressed. It is also hoped that the findings from the study would generate further interest in the research field of reproductive health and menstrual hygiene in the context of Sebeta Town.

CHAPTER 2. Literature Review

This chapter reviewed studies pertinent to preparation & management of menstrual hygiene of adolescent girls of recently conducted researches in developing countries. A number of globally conducted studies on reproductive health found that supporting menstrual hygiene was vital for females in relation to Water Supply, Sanitation and Hygiene Education (WASHE) (17). Following are review of related studies on menstrual hygiene management and its determinant factors.

2.1 Awareness and attitude towards menstruation and its management

Access to adequate information on menstruation and reproductive health can help girls and women in understanding their menstrual cycle and in relation to practicing proper menstrual hygiene. This would enable females to live healthy, productive and dignified lives. The studies also observed the necessity of girls and women having adequate access to clean water for bathing and laundering of their menstrual paraphernalia, and space for drying such materials. They also need privacy for changing sanitary napkins and proper facilities to dispose of them (11, 17-19).

A study in done in India show that 60% of women dealt with menstruation unhygienically (20). A statistically significant association was seen between menstrual hygiene management and knowledge prior to menarche, type of protection, access to water, bathroom facilities and menstrual disorders. It also showed that unhygienic menses and reproductive tract and skin infection (20). Other studies report inadequate or lack of knowledge about menstruation and consequently, poor menstrual hygiene practices among adolescent girls (1, 5, 10, 11, 21). A cross-sectional study undertaken in West Bengal with 160 respondents reports that the majority of the girls did not fully understand the physical process of menstruation hence were not prepared for their first period. The study further highlights that many girls were ignorant of scientific facts about menstruation and proper hygienic practices (22).

A cross-sectional study conducted in Nepal & India on adolescent girls in four government secondary schools about girls‟ level of knowledge of the physiological and psychological processes of menstruation reported inadequate knowledge of the process of menstruation

among the respondents, and revealed that the girls‟ perceptions were mainly influenced by cultural beliefs (1, 7).

2.2 Environmental determinants of menstrual hygiene management

Studies conducted in developing countries showed that lack of policy debate, action and investments regarding menstrual hygiene and management were widespread in developing countries (1). The lack of policy debates was mainly due to cultural issues especially in Africa and Asia. The study recommended policy advocacy, investments and action, in terms of education and improved facilities (such as gender- friendly toilets, and access to sanitary pads) in order for adolescent girls and women to manage their menstrual needs adequately (3).

The above complies with the findings of previously quoted study of menstrual hygiene and management of school going girls in Malawi. The study reported that poor menstrual hygiene and management in schools in Malawi contributes to girls‟ high rates of absenteeism and poor performance (23). In the same study it was also observed that the sanitation facilities and infrastructures for girls in all schools were inadequate as they do not meet the required minimum standard ratio of 1:30 for toilets as suggested by World Health Organisation (5). Add to this that similar findings on lack of or inadequate facilities were also reported in a cross-sectional study done in Egypt among adolescent school girls (16). Ninty seven percent of the study participants complained about lacking facilities and privacy in schools for disposal and changing of pads. Only 6.7% of the participants reported that they changed pads in school (24).

2.3 Socio-economic determinants of menstrual hygiene management

A descriptive study undertaken at Isra University Hyderabad in India to determine knowledge and different attitudes towards menstruation among local young women, indicated that adolescent girls, compared to their age mates in Western societies, were not prepared for the menstrual process. The study revealed that the girls responded very emotionally when they were faced with their first period; about 53% of them felt embarrassed. The study

recommended early education about menstruation before puberty to prepare the girls emotionally (25).

Studies undertaken in Nepal and South India, specifically underline the importance of socio-economic factors and their direct influence on girls‟ knowledge of reproductive health and their menstrual hygiene practices. Those girls whose parents or families were highly educated and well off had better knowledge and awareness. The higher the family income, the more knowledgeable were the family female members about the various aspects of reproductive health and menstrual hygiene and therefore applied better practices than girls from low class families (11). The study undertaken in India coincides with yet another study done in India by reporting similar findings. There was a case in which a large majority of the participants (about 98%) reported practicing poor hygiene which was clearly due to inadequate knowledge, limited water supply and inadequate sanitary pads, which again could be associated with low income (21). The links between low income/low social status and lack of knowledge, leading to poor menstrual hygiene practices, and correspondingly between high income/high social status and good knowledge, leading to proper menstrual hygiene, is also disclosed in a very recent study from Sokoto in Nigeria (14).

A study conducted in Ethiopia on Age of Menarche and Knowledge about Menstrual Hygiene Management among Adolescent School Girls in Amhara Region of Ethiopia using cross-sectional design on 492 students shows that 446 (90.7%) of the respondents had high level knowledge about menstrual hygiene management. According to the study, factors associated with knowledge about menstrual hygiene management were place of residence (being urban) and educational status of their mothers (26).

A study conducted on Menstrual hygiene management and school absenteeism among female adolescent students in Northeast Ethiopia by using mixed-method research combining quantitative and qualitative shows that 51% of girls had knowledge about menstruation and its management. Moreover, knowledge and income of mothers the main factors for awareness of girls and on school absenteeism (27). Similarly, a school based cross-sectional study design was done in Nekemte Town, Western Ethiopia shows 60.9 % and 39.9 %

respondents had good knowledge and practice of menstrual hygiene, respectively. The findings of the study showed a significant positive association between good practices of menstruation and educational status of mothers (AOR = 1.51, 95 % CI = 1.02 – 2.22) (28).

In general, ignorance of or being unable to apply proper means of menstrual hygiene has a negative impact on the physical and mental wellbeing of girls, as well as their educational opportunities in developing countries (18). Improving girls‟ menstrual hygiene practices and providing more insight in the female reproductive cycle are hence of paramount importance (7). The above studies confirm the value of adequate information, and further, the fact that knowledge can influence attitudes towards good hygiene, behavioural practices and proper menstrual hygiene significantly. Therefore, it was very important to prepare adolescent girls prior to menarche sufficiently by educating them on menstruation and menstrual hygiene. Thus, identifying the determinant factors of menstrual hygiene management of early adolescent girls would be of paramount importance in order to prepare them for the hygienic management of their menstruation. As a result, this study attempted to identify the various determinant factors associated with menstrual hygiene management of early adolescent in-school girls. Based on the above literatures reviewed, a conceptual framework was developed and displayed below.

Conceptual framework

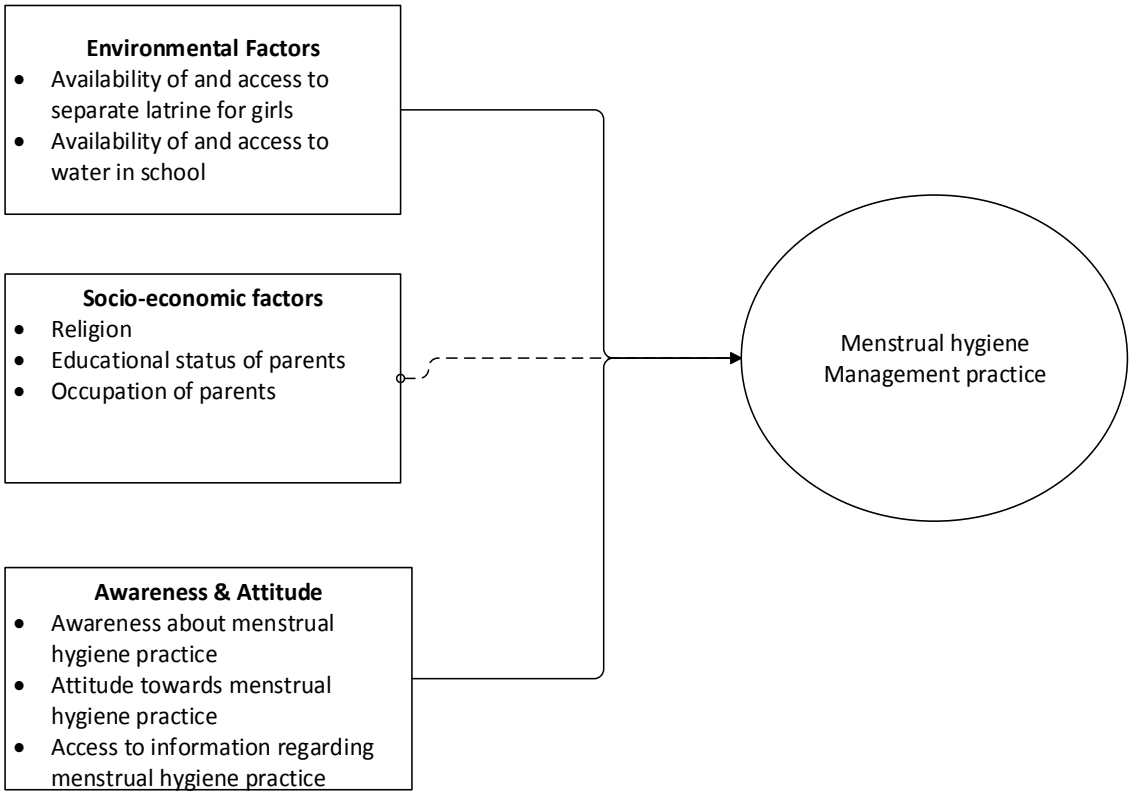

Figure 1: Conceptual Framework of the Study Adopted after Reviewing Related Literature

CHAPTER 3. Objectives

3.1 General Objective

The main objective of this study was to assesses menstrual hygiene management among adolescent girls and its determinants in second cycle of Sebeta Town, Oromia Ethiopia 2016.

3.2 Specific objectives

Specifically, the study aims to

- To assess the level of menstrual hygiene management practice among in-school adolescent girls
- To assess socio-economic determinants of menstrual hygiene management practice of adolescent girls.
- determine environmental determinants of menstrual hygiene management practice of adolescent girls

CHAPTER 4. Methods

4.1. Study Setting

The study was conducted in Sebeta Town Oromia Region which is located 25 km away from Finfine in South West direction. The Town has an area of 17.62 sq. km comprising of 9 Kebeles. The Town is conducive for investment and hosts various small and big industries. The projected total population of the Town in 2008 E.C. was 151,580 as municipality annual report shows (30). Different ethnic groups living in the Town and the population uses variety of languages of which are Afaan Oromo, Amharic & other. There were a total of 104 schools from elementary to high school. From these, 18 schools are government and the rest 86 were privately owned with a total of 38,003 students registered in the current academic year. With regard to health facilities, there are 4 government functional health center, 51 medium private clinics and 4 drug vendors. (30)

4.2 Study Design

A school based cross-sectional study design was conducted among in-school adolescent girls of grade 7 & 8 in Sebeta Town.

4.3 Study period

The data collection was conducted during the period of December 07-17, 2016.

4.4 Population

4.4.1. Source Population

The source population was female students of second cycle in Sebeta Town who reached at the start of menarche.

4.4.2. Study Population

Adolescent girls who are regular students enrolled in grade seven and eight in all the eight governmental schools of Sebeta Town during the 2016/17 academic year.

4.4.3. Study Units

Adolescent girl student enrolled in grade 7 or 8 in Sebeta Town are the study units.

4.5. Sampling Procedure

4.5.1. Sample Size

The sample size was determined using the single population proportion formula for menstrual hygiene management. That is, proportion of students with an appropriate menstrual hygiene management practice (35.4%) (29), 5% margin of error (d), a 95% confidence interval (Z=1.96), a 10% non-response rate and a design effect of 1.5 was assumed. Furthermore, since the population size is less than 10,000 a finite population correction (The total number of students in all the 8 schools are N=1628) was made on the sample size. Considering the above assumption, the initial sample size, n_o, was calculated as shown below:

$$n_o = \frac{Z^2}{d^2} \times P(1-P) = \frac{1.96^2}{0.05^2} \times 0.354(1-0.354) = 352$$

After finite population correction, n_f, becomes

$$n_f = \frac{n_o}{1+\frac{n_o}{N}} = \frac{352}{1+\frac{352}{1628}} \approx 290$$

Adjusting for non-response and design effect, the final sample size will be

$$n = 1.5 \times \left(\frac{n_f}{0.9}\right) = 1.5 \times \left(\frac{290}{0.9}\right) \approx 485$$

4.5.2. Sampling Technique

A rapid assessment survey was conducted before data collection to get the exact number of adolescent girl students from each selected schools. This rapid assessment was made to identify total number of sections and second cycle adolescent girl students by school, grade and section. The students were selected by using a single stage cluster sampling technique. There are 1628 girl students in these 8 schools. In the first stage of sampling, five schools were selected using probability proportion to size sampling technique. The schools were „Mulugeta Gedle", „Alemgena", „Rogee", „Karabu", and „Dima Guranda". Secondly, proportional allocation was used to distribute the sample over the five schools. Further, the sample allocated for each school was distributed proportionally first to grades 7 & 8 and then to sections under each of the grades. Finally, simple random sampling was employed to select students from each section using classroom attendance in collaboration with home room teachers of respective classes.

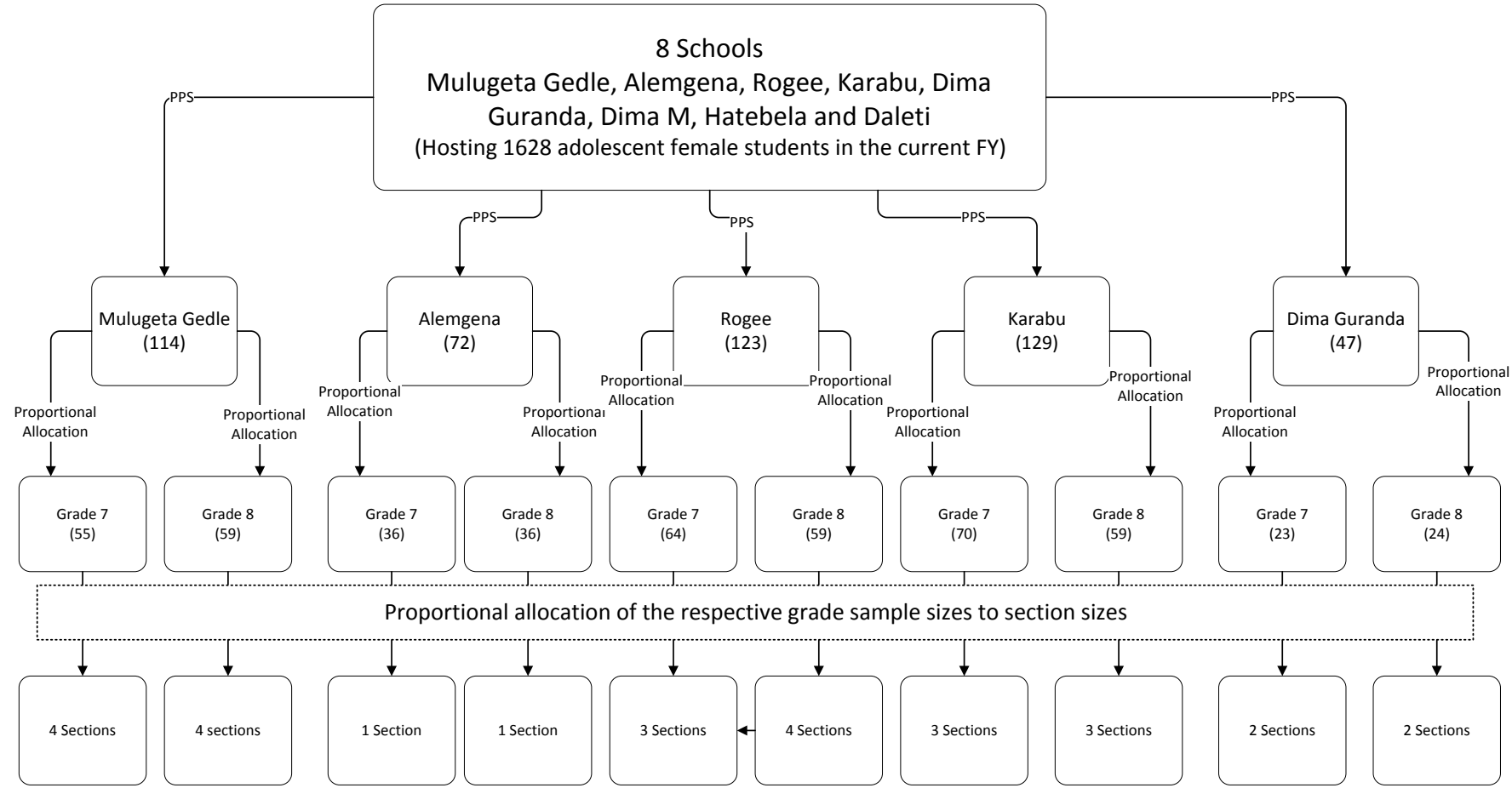

Figure 2: Sampling Procedure Scheme

4.5.3. Inclusion Criteria

All adolescent girls of grade 7 and 8 found in selected schools of Sebeta Town.

4.5.4. Exclusion criteria

Adolescent girls those have hearing and sight problems

4.6. Measurement Variables

4.6.1 Dependent Variable

Menstrual hygienic practice: when adolescent girls use a clean material to absorb or collect menstrual blood and this material can be changed in privacy as often as necessary for the duration of the menstrual period.

4.6.2 Independent variables

- Age of a student,
- Grade
- Educational status of mother and father,
- Religion
- Knowledge about menstrual hygiene management
- Attitude of adolescent girls towards menstrual hygiene management
- Availability of and access to water and
- Availability of and access to separate latrine for female

4.7. Data Collection Procedures

The overall data collection process was coordinated and supervised by hired supervisors, data collectors and the principal investigator. A total of 10 female teachers from the selected schools, two in each school, 5 supervisors one from each school, who were fluent speaker of Amharic and Afaan Oromo and well versed in the culture of the community were recruited to assist the

research process and supervise the data collection process. They were given a briefing about the objective of the research and were trained for one day on the content of the questionnaire. The questionnaire was pre-tested on 30 students at Keta Junior School of Burayu Town. The feedback from the pretest was used to edit the wording of terms in the local language and sequencing of some questions.

The data collectors gathered the selected students from each section, one for grade 7 and one for grade 8, of a given school in one class for ease of data collection and distributed the questionnaire to the students. An orientation about the research objective was given to the students before filling out the questionnaire and clarification was also given by the supervisors for questions that were raised by the students on personal basis. Finally, the collected data was reviewed for completeness and consistency by the supervisors and the principal investigator on daily basis.

4.8. Data Processing and Analysis

Data was entered, cleaned and prepared for analysis using EpiData 3.1 and exported to SPSS for windows version 21 for analysis. Percentages, frequencies, chart, and cross tabulations were used to describe the major characteristics of respondents. Further, bivariate and multivariable logistic regressions analysis was conducted to identify the determinant factors of menstrual hygiene practice of adolescent female in-school students. A Bivariate analysis was used to identify candidate variables for the multivariable analysis. A 20% p-value was used in the bivariate analysis in order not to miss potential variables early from the multivariate analysis. Crude Odds Ratio (COR) and Adjusted Odds Ratio (AOR) were the effect measures of association used in the analysis to identify the predictors of menstrual hygiene management practice. A p-value of 5% was used as a cut off to declare statistical significance in multivariable analysis for this study.

4.9. Data Quality Management

To maintain the quality of the data, the data collection tools were partially adopted from standard questionnaires (EDHS) and carefully designed based on the objectives of the research. The principal investigator has submitted the draft of the questionnaire to the advisor and colleagues for comment and the comments given were incorporated in to the final questionnaire. The questionnaires were translated to the local languages (Afaan Oromo and Amharic) and back translated to English to ensure consistency with different translators.

Moreover, to enhance data quality of the research, supervisors were given a one day training on the objective of the study, the data collection instrument and data collection procedure. In addition, the instrument was pretested on 30 students in a similar setting at Keta Junior School of Burayu Town among in-school female adolescents. The principal investigator monitored the entire research process and checked the quality of data collected during data collection process on daily basis for consistency and completeness.

4.10. Ethical Consideration

Ethical approval for the study was obtained from AAU School of Public Health Ethical Review Committee. An official letter of approval was written to Oromia Regional Health Bureau (ORHB) from School of Public Health. Moreover, a letter of approval and cooperation was secured from ORHB and submitted to Sebata Town Education Office. The letter was then referred to the selected schools for notification and cooperation. Verbal consent was obtained from parents of the students through the supervisors of the present study. Besides, the study has no or minimal risk on the respondents. Students were not required to write their name and the temporal identifications used for the data collection were not used in connection with their identity. They were also informed that they had the right not to participate at all or at any time during the study.

4.11. Dissemination of Results

The findings of this research will be presented and submitted to the Addis Ababa University School of Public Health. Efforts will also be made to present it in seminars and workshops. It will also be given for peer reviewed journals for publication.

4.13. Operational Definition

Awareness about menstruation and its management: This was measured using three questions; namely, awareness about menstruation before menarche (0=No, 1=Yes), awareness about the cause of menstruation (0=Other Causes, 1=Growth) and awareness about menstrual hygiene management (0=No, 1=Yes). Accordingly, the scores were summed and those who scored 3 are considered as having „General awareness", those who scored 1 or 2 are classified as having „Partial awareness" and the remaining were categorized as having „No awareness".

Attitude towards menstrual hygiene management: Attitude was measured using two questions; asking money for buying sanitary pad from family by telling the purpose (0=No, 1=Yes) and belief about regular washing of perinea area during menstruation (0=No, 1=Yes). The scores of these questions were summed and those who scored 2 were considered as having „Favorable Attitude" and those who scored 0 or 1 are classified as having „Unfavorable Attitude".

Menstrual hygienic practice: In current study, when an adolescent girl during menstruation changes menstrual pad and washes perinea area at least three times per day, it is considered as „ideal" practice, if the practice is done twice per day it is considered as „good" practice otherwise it is considered as „fair" practice. However, if an adolescent girl does not change sanitary pad and wash perinea area within a day, she is considered as not practicing menstrual hygiene. The dependent variable, menstrual hygiene management practice, was coded as 1 if a girl"s practice is either ideal or good or fair. Otherwise, it is coded as to denote that a girl is not practicing menstrual hygiene management.

CHAPTER 5. Result

5.1 Background Characteristics of the Respondents

The proposed sample size for the present study was 485; however, a total of 466 adolescent female students of Sebeta Junior School participated in the study with response rate of 95.9%. The non-response was due to the fact that 14 of the questionnaires were incomplete and 5 of the selected students reported of not having started menstruating. The respondents constitute in the ratio of 49 to 51 for grade 7 and 8. About 7 in 10 of the students live in urban . Two third of the participants were followers of Orthodox Christianity and the remaining were Protestant (16.3%) and Muslim (16.3%) an insignificant number of the students were observers of other religions including „*Waqefata*" (1.9%). Nearly three quarter of the respondents were Oromo (73.0%) followed by Gurage (12.9%) and Amara (10.5%) ethnicity. The living arrangement of the participants was gathered and 2 in 5 of them live with both parents while 41.6% of them live with relatives. The remaining 16.1% were living with single parent during the time of the survey. The mean age of the students were 15.5 with a standard deviation of 1.1 where as the average age of menarche was 13.3 (SD=±1.0). [Table 1].

Pertaining to educational status of mothers half of them (50.5%) were illiterate, one in five of the mothers were able to read and write and those who had attended primary schooling were 18.9%. Students whose mothers had attended above secondary level of education were only 8.6%. Regarding paternal educational status, 28.9% of them were illiterate and 1 in 3 of them were able to read and write. The remaining 38.2% attended at least primary level of education. Regarding the occupation of parents, three in five of the fathers were farmers while a little more than half (53.8%) of the mothers were housewives [Table 1].

Table 1: Background characteristics of in school adolescent girls, Sebeta 2016

Characteristics and categories		No.	%
Grade (n=466)	Grade 7	229	49.1
	Grade 8	237	50.9
Residence (n=466)	Urban	317	68.0
	Rural	149	32.0
Religion (n=466)	Orthodox	305	65.4
	Protestant	76	16.3
	Muslim	76	16.3
	Other	9	1.9
Ethnicity (n=466)	Oromo	341	73.2
	Gurage	60	12.9
	Amara	49	10.5
	Other	16	3.4
Living arrangement (n=466)	Mother and Father	197	42.3
	Only mother	66	14.2
	Only father	9	1.9
	Relative	194	41.6
Father's education (n=456)	Illiterate	132	28.9
	Read and Write	150	32.9
	Grade 1-8	101	22.2
	Secondary and above	73	16.0
Mother's education (n=465)	Illiterate	235	50.5
	Read and Write	102	21.9
	Grade 1-8	88	18.9
	Secondary and above	40	8.6
Father's occupation (n=448)	Farmer	258	57.6
	Government Employee	62	13.8
	Private	54	12.0
	Merchant	50	11.2
	NGO Employee	19	4.2
	Other	5	1.1
Mother's occupation (n=459)	Housewife	247	53.8
	Farmer	75	16.3
	Private	55	12.0
	Merchant	46	10.0
	Government employee	20	4.4
	NGO Employee	14	3.0
	Other	2	0.4
Age (n=466) [Mean ± SD*]		15.5 ± [1.1]	
Age menarche (n=466) [Mean ± SD*]		13.3± [1.0]	

*SD=Standard Deviation

5.2 Awareness and Communication about Menstruation and Menstrual Hygiene Management

Four in five of the students had information about menstruation before the onset of their menarche. The prominent sources of information about menstruation were adolescents‟ mothers (44.4%), teachers (30.6%), elder sisters (26.1%) and girls club (25.8%). Friends (15.4%), mass media (5.6%) and other sources (1.1%) of information were also mentioned as a source of information [Figure 3].

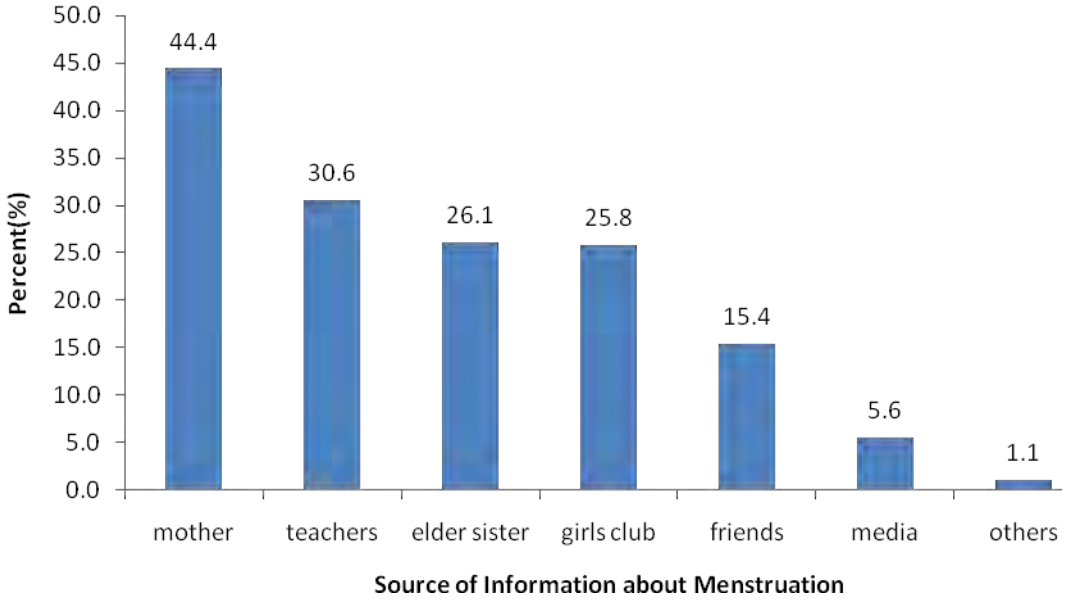

Figure 3: Source of information about menstruation for in-school adolescents, Sebeta 2016.

Awareness about menstrual hygiene management was highly prevalent (79.2%) among in school adolescents in Sebeta Town. Similar to source of information about menstruation, the sources of menstrual hygiene management were mothers (39.5%), elder sisters (27.3%), girls club (23.8%) and teachers (23.0) held the leading places. Friends (14.3%), mass media (4.6%) and other sources (1.1%) were mentioned by fewer numbers of female students as sources of menstrual hygiene management [Figure 4].

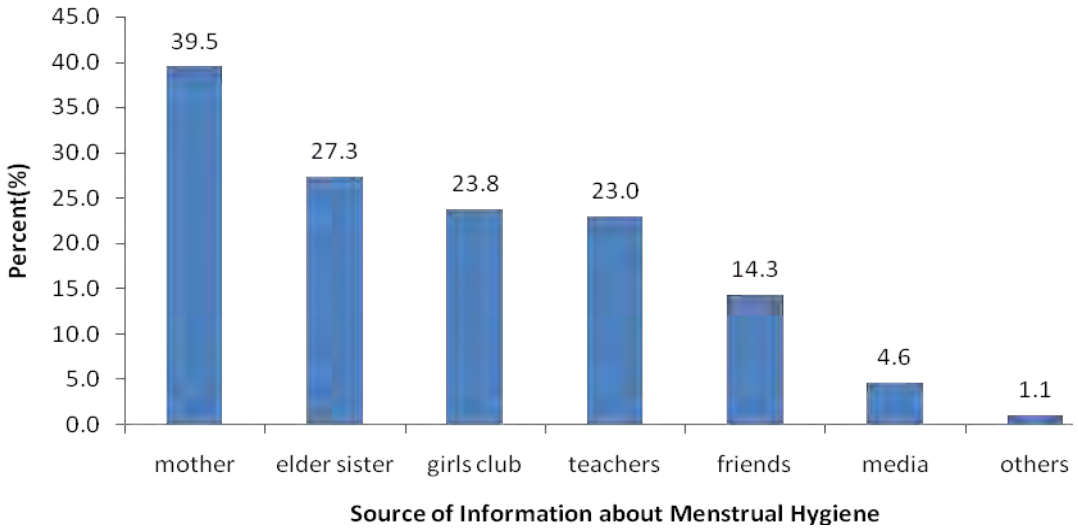

Figure 4: Source of information about menstrual hygiene for in-school adolescents, Sebeta 2016

Two in five (39.4%) of the respondents told their mother about their first experience of menstruation whereas one in four (25.8%) of them told it to their elder sister. Some of the respondents shared information about their first experience to their friends (11.2%) and teachers (2.2%). About a quarter (24.1%) of them kept it secret and did not tell their experience to anyone. While a third of the respondents (34.3%) openly communicate with family about menstruation, the reasons mentioned by the respondents for non-existence of open communication about menstruation in the family were shame (30.1%), taboo (14.7%) and both (54.9%). Further, one in five (19.7%) had a misconception about the cause of menstruation while the rest of the respondents mentioned biological growth as a cause for menstruation [Table 2].

Table 2: Awareness and communication about menstruation among in-school adolescent girls, Sebeta 2016

Who did you tell your first experience?	Mother	183	39.4
	Elder sister	120	25.8
	Friends	52	11.2
	Teacher	10	2.2
	No one	112	24.1
Open communication about Menstruation	No	306	65.7
	Yes	160	34.3
Reason for non-communication about menstruation	Shame	92	30.1
	Taboo	45	14.7
	Both	168	54.9
Awareness about cause of menstruation	Growth	374	80.3
	Do not know	68	14.6
	Health Problem	24	5.2

5.3 Determinants of Menstrual Hygiene Management Practice

The practice of menstrual hygiene practice among in-school adolescent girls was ideal for one in five (21.0%), one half (49.1%) of the girls had a good and 1 in 10 had a fair practice. The remaining one in five (19.7%) do not practice menstrual hygiene management. The prevalence of menstrual hygiene practice among in-school female adolescents was, therefore, 80.3%.

The prevalence of menstrual hygiene management practice was also analyzed over different socio-economic and demographic characteristics of adolescent girls. Prevalence of practice of menstrual hygiene of adolescent in-school girls by paternal education with primary level was 90.1% and secondary education was 84.9%. However, in-school girls whose mothers were illiterate were disadvantaged of menstrual hygiene practice with a 72.4% prevalence of practice. On the other hand, the prevalence of practice ranges from 84.9% to 92.5% for adolescent in-school girls of whose mothers can read and write to those who attended at least secondary and above level of education. The prevalence of practice for adolescent in-school girls whose mothers‟ occupation is farming is the least (76.0%) and private employees (76.6%) as compared to other occupation categories [Table 3].

Table 3: Percent distribution of menstrual hygiene practice by socio-economic and demographic characteristics of in-school adolescent girls, Sebeta 2016

Characteristics and categories		No	Menstrual Hygiene Management			
			Ideal (%)	Good (%)	Fair (%)	Not practicing (%)
Grade	Grade 7	229	28.4	41.0	11.8	18.8
	Grade 8	237	13.9	57.0	8.4	20.7
Residence	Urban	317	20.5	51.4	9.2	18.9
	Rural	149	22.2	44.3	12.1	21.5
Religion	Orthodox	305	21.6	45.6	10.5	22.3
	Protestant	76	27.6	54.0	2.6	15.8
	Muslim	76	9.2	60.5	15.8	14.5
	Other	9	44.4	33.3	11.1	11.1
Ethnicity	Oromo	341	25.5	46.0	9.1	19.4
	Amara	60	8.2	61.2	6.1	24.5
	Gurage	49	6.7	58.3	18.3	16.7
	Other	16	18.8	43.8	12.5	25.0
Living arrangement	Mother and Father	197	11.9	56.4	11.2	20.8
	Only mother	66	24.2	48.5	6.1	21.2
	Only father	9	22.2	44.4	22.2	11.1
	Relative	194	29.4	42.3	9.8	18.6
Father's education	Illiterate	132	22.7	43.9	9.8	23.5
	Read and Write	150	17.3	46.8	11.3	24.7
	Grade 1-8	101	19.8	59.4	10.9	9.9
	Secondary and above	73	28.8	50.7	5.5	15.1
Mother's education	Illiterate	235	20.8	38.3	13.2	27.7
	Read and Write	102	21.6	61.8	7.8	8.8
	Grade 1-8	88	21.6	59.1	3.4	15.9
	Secondary and above	40	20.0	60.0	12.5	7.5
Father's occupation	Farmer	258	26.0	43.0	9.7	21.3
	Merchant	62	14.0	50.0	12.0	24.0
	Government Employee	54	14.5	66.1	8.1	11.3
	NGO Employee	50	15.8	52.6	15.8	15.8
	Private	19	14.8	57.4	11.1	16.7
	Other	5	40.0	60.0		
Mother's occupation	Housewife	247	15.8	52.2	13.0	19.0
	Farmer	75	37.3	32.0	6.7	24.0
	Merchant	55	17.4	56.5	6.5	19.6
	Government employee	46	30.0	50.0	5.0	15.0
	NGO Employee	20	7.1	78.6	14.3	
	Private	14	25.4	45.4	5.4	23.6
	Other	2	50.0	50.0		
Total		**466**	**21.0**	**49.1**	**10.1**	**19.7**

Out of 466 respondents, 4 in 5 of them use sanitary pad and 40.8% of them use water and soap for washing while 26.2% of them change menstrual pad three times daily during menstrual period. Moreover, it was observed that more than 1 in 10 of them re-use sanitary pad [Figure 5].

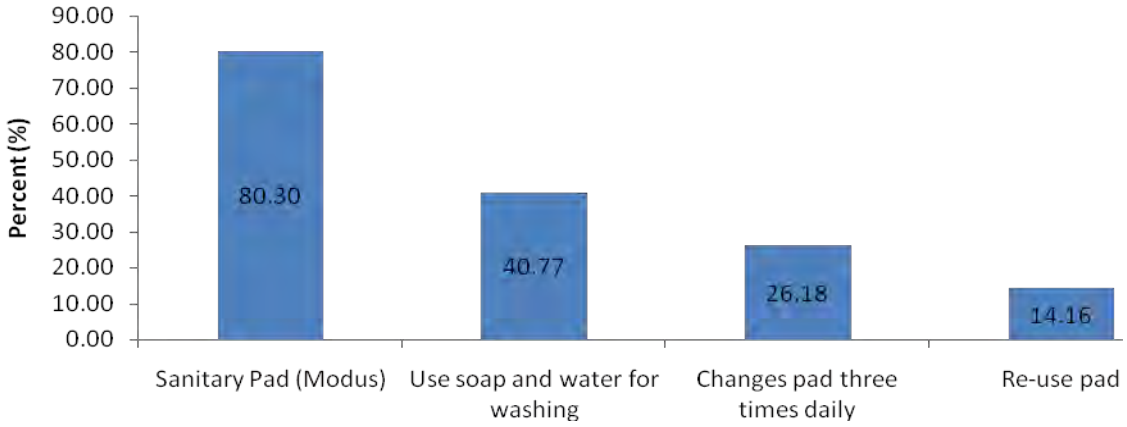

Figure 5: Menstrual Hygiene Management Practices among in-School Adolescent Girls, Sebeta 2016.

Regarding school absenteeism, 48.9% of them had an experience of school absenteeism during menstruation. Only 6.0% of them default from school for longer than 4 days during their menstruation. The reasons for absence from school mentioned by the students were abdominal pain (58.3%), fear of others (47.8%) and lack of toilet (4.8%) and water (37.7%) in the school environment [Table 4].

Table 4: School absenteeism and reasons for absence during menstruation of in-school girls, Sebeta 2016

Characteristics and categories		**No.**	**%**
school absenteeism during menstruation	Yes	228	48.9
	No	238	51.1
number of days absent	1-2 days	100	43.9
	2-3 days	100	43.9
	3-4 days	28	12.3
reason for school absenteeism	Abdominal pain	133	53.8
	Fear of others	109	47.8
	Lack of water	86	37.7
	Lack of latrine	11	4.8

The prevalence of menstrual hygiene management practice varied greatly by level of awareness and attitude of in-school adolescent girls. The prevalence progressively decreases with a decrease in the level of awareness about menstrual hygiene management. The prevalence for in-school adolescent girls with general and partial awareness was 83.9% and 75.5%, respectively. It further decreases to 66.7% for those with no awareness about menstrual hygiene management. The prevalence of practice was greatly affected by attitude towards menstrual hygiene practice of in-school adolescent girls. The prevalence of practice for those having a favorable attitude was 88.6% while the figure for those with unfavorable attitude was 68.7%. The prevalence was also compared across open communication about menstrual hygiene management practice categories. The prevalence among those who openly communicate with families, teachers and/or peers was higher (82.0%) as compared to those who do not openly communicate about menstrual hygiene management (73.0%). While many of the respondents agree on the presence of separate latrine in school environment, there is lack of enough and suitable water in school. The prevalence of hygiene management is affected by availability of enough and suitable water in school [Table 5].

Table 5: Percent distribution of menstrual hygiene practice by Awareness and attitude of in-school adolescent girls, Sebeta 2016

Characteristics and categories		No.	Menstrual Hygiene Management			
			Ideal (%)	Good (%)	Fair (%)	Not practicing (%)
Level of awareness about menstrual hygiene management	General awareness	285	20.7	54.0	9.1	16.1
	Partial awareness	163	22.7	41.7	11.0	24.5
	Not at all	18	11.1	38.9	16.7	33.3
Attitude to menstrual hygiene management	Favorable	271	23.6	59.4	5.5	11.4
	Unfavorable	195	17.4	34.9	16.4	31.3
Open communication	Yes	377	21.5	51.7	8.8	18.0
	No	89	19.1	38.2	15.7	27.0
Availability of separate latrine in school environment	Yes	343	17.8	51.6	10.5	20.1
	No	123	30.1	42.3	8.9	18.7
Availability of enough and suitable water in school	Yes	36	36.1	44.4	8.3	11.1
	No	430	19.8	49.5	10.2	20.5

5.4 Multivariable Analysis of Determinants of Menstrual Hygiene Management Practice

Socio-economic, demographic and school environment variables along with awareness and attitude of adolescent girls about menstrual hygiene management were considered in exploring and identifying the determinants of menstrual hygiene management practice of in-school adolescent girls. Both bivariate and multivariate binary logistic regression models were fit for this purpose and the result of the analysis is displayed in the following table. The following narration is based on the result displayed in Table 6 below.

Age, residence, living arrangement, grade, occupation of parents and open communication about menstruation did not show a sizeable influence on menstrual hygiene management practice of adolescent in-school girls. The evidence from the analysis further corroborates that school environment characteristics such as presence of separate latrine for girls and availability of enough and suitable water did not have a statistically significant association with menstrual hygiene management practice. Educational status of the parents, level of awareness and attitude towards menstrual hygiene management practice of in-school adolescent girls had a substantial influence over the outcome.

Educational status of father of the students had a statistically significant impact on menstrual hygiene management of in-school girls in the bivariate analysis; however, this influence vanishes when other factors such as maternal education, awareness and attitude of girls towards menstrual hygiene management practice is controlled. Maternal education, on the other hand, had a strong influence on the menstrual hygiene management practice of in-school girls. Students whose mother is able to read write were more than 4 fold likely to practice menstrual hygiene (COR=3.95 with a 95% CI [1.88, 8.29] and AOR=4.34 with a 95% CI [1.91, 9.86]) as compared to girls whose mothers are illiterate. Adolescent girls whose mothers had a primary and secondary and above level of education were also highly likely, COR=2.02 with a 95% CI [1.06, 3.83] and COR=4.72 with a 95% CI [1.40, 15.83], respectively, to practice menstrual hygiene management than in-school girls whose mother is illiterate. However, educational status of the mother loses its significance when other factors are considered in the analysis.

Awareness and attitude towards menstruation and menstrual hygiene management practice of adolescent in-school girls had a consistent influence both in the bivariate and multivariate analysis.

Adolescent girls with unfavorable attitude towards menstrual hygiene management were 63% less likely to practice menstrual hygiene management (AOR=0.37 with a 95% CI [0.22, 0.61]) as opposed to adolescent girls with a favorable attitude towards same. Adolescent in-school girls with partial awareness about menstruation and its management were 40% less likely to practice the hygiene practice (AOR=0.60 with a 95% CI [0.36, 0.98]) when compared to those with a good level of awareness about menstruation and its management.

Table 6: **Result from Logistic Regression Analysis for Menstrual Hygiene Management Practice among in-school adolescent girls, Sebeta 2016.**

Characteristics and categories		Menstrual Hygiene Management Practice		COR [95% CI]	AOR [95% CI]
		No	Yes		
Grade	*Grade 7*	43	186	1.13[0.71,1.78]	
	Grade 8[Ref]	49	188	1.00	
Age	*Young*	13	58	0.90[0.44,1.842]	
	Adolescent[Ref]	30	149	1.00	
Residence	*Urban*	60	257	1.17[0.72,1.90]	
	Rural[Ref]	32	117	1.00	
Living arrangement	*Both Parent[Ref]*	41	156	1.00	
	Single parent	15	60	1.05[0.54,2.04]	
	Relative	36	158	1.15[0.70,1.90]	
Father's education	*Illiterate[Ref]*	31	101	1.00	1.00
	Read and Write	37	113	0.94[0.54,1.62]	0.59[0.32,1.08]
	Grade 1-8	10	91	2.79[1.30,6.01]	1.59[0.70,3.69]
	Secondary and above	11	62	1.73[0.81,3.69]	0.90[0.37,2.22]
Mother's education	*Illiterate[Ref]*	65	170	1.00	1.00
	Read and Write	9	93	3.95[1.88,8.29]	4.34[1.91,9.86]
	Grade 1-8	14	74	2.02[1.06,3.83]	1.65[0.78,3.52]
	Secondary and above	3	37	4.72[1.40,15.83]	2.98[0.80,11.12]
Father's occupation	*Farmer[Ref]*	55	203	1.00	
	Private	21	83	1.07[0.61,1.88]	
	Employed	10	76	2.06[1.00,4.24]	
Mother's occupation	*Housewife[Ref]*	47	200	1.00	
	Private	40	136	0.80[0.50,1.28]	
	Employed	3	33	2.58[0.76,8.79]	
Level of Awareness	*General[Ref]*	46	239	1.00	1.00
	Partial or less	46	135	0.56[0.36,0.90]	0.60[0.36,0.98]
Attitude	*Favorable[Ref]*	31	240	1.00	1.00
	Unfavorable	61	134	0.28[0.18,0.46]	0.37[0.22,0.61]
Open communication about menstruation	*No*	24	65	0.60[0.35,1.02]	
	Yes[Ref]	68	309	1.00	
Availability of separate latrine in school environment	*Yes[Ref]*	69	274	1.00	
	No	23	100	1.10[0.65,1.85]	
Availability of enough and suitable water in school	*Yes[Ref]*	4	32	1.00	
	No	88	342	0.49[0.17,1.41]	

CHAPTER 6. Discussion

The present study attempted to assess menstrual hygiene management practice and its determinants among in-school adolescent girls in Sebeta Town. The findings indicate that only 21.0% of in-school adolescents change menstrual pad three times a day. This indicates that a large number of adolescent in-school girls do not properly wash perinea area and change menstrual pad properly. Studies conducted in in Mekelle and Nekemte Town among high school students showed that the prevalence of changing menstrual protective materials properly was 40.8% and 39.9%, respectively. The probable reason for the disparity in the prevalence of practice could be that while my study is based on in-school young adolescent girls, the aforementioned studies focused on high school students who are probably more mature, experienced their menarche a long while ago and had a good level of awareness about menstruation and its management (28,29).

Menstruation is a natural phenomenon, always occurring, but unspoken. It is associated with psychological, physical, social and educational problems, but not well addressed or given due attention. Young adolescents are often ill prepared for menstrual experience before menarche. In the present work, it is observed that mothers were the main source of information about menstrual experience before menarche for many in-school adolescent girls and also mothers were often told about the first experience of menstruation of their daughter. This shows that the strength of mother and daughter connection is very high even in families and communities where open communication about menstruation and its management is regarded as taboo.

During menstruation, various forms of problems threaten adolescent girls among which school absenteeism is one and commonest. The current study showed that nearly half (48.9%) of in-school adolescent girls were absent from school during menstruation for 1-4 days. The reasons mentioned by students for their absence from school were lack of water, lack of separate latrine for adolescent girls, fear of others and abdominal pain. In the present study, during data collection, all school toilets were observed. Even if the adolescent girl‟s toilet was separated from male students, practically male students also use girl‟s toilet. A similar finding was reported by studies conducted in Amhara and Tigray Regional States of Ethiopia (27). These studies reported that the main reasons for school absenteeism during menstruation were lack of privacy for washing or cleaning, pain or discomfort and fear of accidental leakage of menstrual blood (26, 29). Many adolescent girls are missing school for the

reason that they lack appropriate products and/or because facilities within school do not provide for their needs (27). It is understandable how much this phenomena affected the lives of adolescent girls by competing with their learning activities at school. Consequently, the results suggest that working on awareness creation on menstrual hygiene management and making school environment conducive to girls does not only address the single issue but it also addresses the future socio-economic status of girls in the society.

Regarding the determinants of menstrual hygiene management, it is maternal education rather than paternal education that influenced the menstrual hygiene management practice of in-school young adolescents in Sebeta Town. Maternal education was positively correlated with menstrual hygiene management practice but the strength of association was higher for mothers who were able to read and write and the relationship loses its importance for maternal education of primary and above level of education. This may be due to the fact that educated mothers may lack time to provide their young daughters information regarding menstrual hygiene management and a good model of practice which affects their practice. Contrary to this finding, studies done on high school girls in western Ethiopia [AOR=2.03 (1.38, 2.97)] and rural areas of Bengal [AOR=2.3 (1.06-5.01)] reported that maternal education and menstrual hygiene management practice were positively associated (28). Further, a study done in northern Ethiopia reported a progressive positive influence of maternal education on sanitary pad use of high school adolescent girls. (3,27). This is an indication of the fact that maternal education is relatively important in affecting the menstrual hygiene management practice of girls a long while after the onset of menstruation; however, for young daughters who recently started menstruating, maternal education did not play a role in influencing menstrual hygiene management practice of girls.

Awareness and attitude towards menstruation and menstrual hygiene management practice are the prominent characteristics of in-school adolescent girls that had a consistent and sizeable influence on the actual menstrual hygiene management practice in Sebeta Town. Adolescent in-school girls with partial awareness about menstruation and its management were 40% less likely to practice menstrual hygiene management [AOR=0.60 (0.36, 0.98)]. In-school adolescent girls with unfavorable attitude towards menstrual hygiene management were unlikely to properly practice menstrual hygiene

management [AOR=0.37 (0.22, 0.61)]. Opposite to this, a cross-sectional survey of 1,295 rural adolescent girls aged 13 to 19 years was conducted and the finding indicated that a more positive attitude toward menstruation, the mean attitude score was 3.84 (SD ± 1.62) out of a maximum of six (24).

CHAPTER 7. Conclusion and Recommendation

7.1 Conclusion

The level of proper menstrual hygiene management practice among young adolescent in-school girls is very low and large proportions do not properly wash and change menstrual pad. Many adolescent girls miss school for the reason that they lack appropriate products and facilities within school that do not allow for their needs to be met. Besides, making school environment conducive to girls does greatly improve the menstrual hygiene management practice of young adolescent girls and their school experience.

7.2 Recommendation

Schools

- Improve access to water in the physically accessible toilet facilities found in the school environment whereby girls can wash and change menstrual pad without fear or feeling ashamed and with dignity.
- Strengthen the school girl club by providing basic information about menstruation and menstrual hygiene management for young adolescent girls.
- Strengthen enrolments of girls in education to change attitude to practice ideal menstrual hygiene.
- Make menstrual hygiene management a priority agenda in the quarterly meeting of the parent-teacher association to minimize school absenteeism and enhance their performance.

7.3. Strength and limitations

Strength

The current study focused on early adolescents and it helps to have an insight towards menstrual hygiene management of adolescent as early as possible**.**

Limitation

The study was done using quantitative methods if it is done by mix method may find more facts about adolescent girls menstrual hygiene management practices.

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29. Annual plan of Town administration of Sebeta 2016

Annex

QUESTIONNAIRES

QUESTIONNAIRES PREPARED TO COLLECT INFORMATION ON PREPAREDNESS OF IN SCHOOL ADOLESCENT ON MENSTRUAL HYGIENE PRACTICES

INFORMATION SHEET

Good morning/afternoon, students? Thank you for participating in our study of preparedness of adolescent girls for menstrual hygiene practice in Sebeta Town. I represent School of Public Health, College of Health Sciences, Addis Ababa University. I am conducting a study on adolescent girls for menstrual hygiene practice . The purpose of this study is to learn the level of awareness and practice of students of second cycle of Sebeta Town about menstrual hygiene practice.

Concerning this, a self administered questionnaire is prepared for you to read properly and give your answer by circling the answer you choose. You are not required to write your name on the questionnaire. The information you provide us will not in any way be divulged to a third party and your identity will be concealed at all cost . Your name will not be used in any report, but your ideas and suggestions will help us to better meet the needs of young girls like you.

You are not obliged to participate in the study and you have the right to refuse to participate at any stage of the study. Should you agree to participate in the study and you find some questions that you are not comfortable to answer, you can skip them without answering.

If you have any questions you may ask me or contact Mr. Abera Degefu 0911410832.

You can also contact the Institutional Review Board (IRB) of College of Health Sciences, Addis Ababa University using this telephone number: (0115538734).

1. **CONSENT FORM**

I have understood that no information about me will be exposed to other party. After taking this in to consideration, I, the undersigned have:

1. Agreed to participate in the study (continue)

Signature _____ Date_____.

1. Disagree to participate in the study(stop)

Signature _____Date_____.

Thank you for taking your time

S. No	Questions	Codes and categories	
PART 1BACKGROUND CHARACTERSTICS			Remark
101	Age (at last birth day)		
102	Grade		
103	Place of residence	1. Urban 2. Rural	
104	What is your religion?	1. Orthodox 2. Protestant	

		3. Muslim 4. other(specify)	
105	What is your Ethnicity?	1. Oromo 2. Amhara 3. Gurage 4. other (specify)	
106	Living arrangement	1. living with both parents 2. living with mother 3. living with father 4. living with relatives 5. lives alone	
107	Educational status of father	1. Illiterate 2. Able to read and write 3. Primary (grade 1-8) 4. Secondary and above	
108	Educational status of Mother	1. Illiterate 2. Able to read and write 3. Primary (grade 1-8) 4. Secondary and above	
109	Occupation of father	1. Farmer 2. Merchant 3. Government employee 4. Non Government 5. Unemployed	

		6. Other(specify)	
110	Occupation of your mother	1. Housewife 2. Farmer 3. Merchant 4. Government employee 5. Non Government 6. Unemployed 7. Other(specify	
PART 2 AWARENESS and ATTITUDE ABOUT MENSTRUAL HYGINE MANAGEMENT & PRACTICE			
201	What is the cause of menstruation?	1. Biological/physiological 2. Pathological 3. Curse	
202	Do you have awareness about menstruation before you see menstruation?	1. Yes 2. No	
203	If your answer of question 202 is „yes" from whom do you get the awareness?	1. My mother 2. My sister 3. Girls club 4. Teacher 5. Media	
204	How old were you when you had your first period?	1. 11 years 2. 12 years 3. 13 years 4. 14 years 5. 15 years and above	
205	What did you feel at the moment?	1. Fear 2. Ashamed 3. Embarrassments	

		4. Stress 5. All 6. Other specify	
206	When you see menstretion at the first time for you told?	1. My mother 2. For my sister 3. My teacher 4. My friend 5. No one 6. If any ans……..	
207	Do you have information about menstrual hygien management before?	1. Yes 2. no	
208	If your answer que. No 207 „yes" from whom did you get?	1. Mother 2. Sister 3. Girls club 4. Media 5. Teachers 6. If other…….	
209	During your menstruation time do you belive that the importance of washing prenea area?	1. Yes 2. no	
210	What kind of material do you use to absorb your menstruation?	1. Cloths 2. Sanitary pads(modes) 3. Other(specify)	
211	During your menstruation how frequently do you change the material used	1. Once 2. Twice 3. Thrice or more	

	for sanitation?		
212	During menstruation how many times do you wash your perinea area per day?	1. Once 2. Twice 3. Three times 4. Four and above	
213	What you use during wash your perinea?	1. Only water 2. Water and soap	
214	Modes or cloth once you use would you use again?	1. Yes 2. No	
PART 3 COMMUNICATION ABOUT MENUSTRUAL HYGIENE MANAGEMENT			
301	Is there an open communication about menstruation with your family?	1. Yes 2. No	
302	With whom do you frequently communicate?	1. Mother 2. Father 3. Sister 4. Brother 5. Other member of family	
303	Why is there no communication about menstruation in your family?	1. It is taboo 2. It is kept as a secret 3. All	

304	For whom did you tell this new phenomena?	1. For my mother 2. For my sister 3. For my girl friend 4. For my teacher 5. I didn‟t tell for any one	
305	Do you have information about menstrual hygiene management?	1. Yes 2. No	
306	What was your source of information?	1. Mother 2. Sister 3. Teacher 4. Friends 5. Others	
307	Do you ask money from your family for buying sanitary pads?	1. Yes 2. 2. No	
308	From whom do you get money for buying sanitary pads?	1. Mother 2. Father 3. Elder siter 4. Brother 5. Other	
309	Do communicate about menstruation with your teachers?	1. Yes 2. No	
310	With whom do you communicate?	1. Male teachers 2. Female teachers 3. Both	
PART 4 SCHOOL ENVIRONMENT			
401	is there separate latrine in school compound for female student?	1. Yes 2. No	

402	Is there enough amount of water in your school?	1. yes 2. not always 3. not at all	
403	Is the water is accessible for use?	1. Yes 2. No	
404	Is there isolated places to change sanitary pad?	1. Yes 2. No	
405	Was there a time when you did not go to school during your menstruation period?	1. Yes 2. No	
406	For how many days on average were you absent from school monthly due to inconvenience by your period?	1. 1-2 days 2. 3-4 days	
407	What is the reason for your absentees?	1. Lack of water in the school 2. Lack of separate latrine for female in the school 3. Fear of leakage 4. Abdominal pain	
408	Do you ask your homeroom teacher permission when you are on your period by telling the fact?	1. Yes 2. No	

409	What reason do you give to get permission?	1. Family reason 2. Illness 3. Other social problem	

<u>Gaafii hubannaa shamarran kutaa 7 fi 8tiiti baratan marsaa laguu irrati qaban ilaalchisee ragaa guuruuf qophaa'e</u>

Uunka Walii-galtee hayyamaa

Akkam bultan/ooltan dargaggoo? Ani _____ jedhama.Dhaabbatni ani irraa dhufes Yunivarsiitii Finfinnee koollajjii saayinsii fayyaatti dame barnoota Saayisii Fayyaa Hawaasaa irraa ti.

An dhimma marsaa laguu irrati hubannaa fi qophaa"ina shamarranii ilaalchisee Magaalaa sabbattaa irratti qorannoo gaggeessa. Kaayyoon qorannoo kanaas rakkoo hanqina hubannaa qulqullina marsaa laguu eeguu waliin walqabatee jiru adda baasuuf yoo ta"u . qorannoon kuniis barattootni shamarran kutaa shanii hanga sadeetiiti barachaa jiran fedhii fi hayyama isaaniitiin gaafannoo dhiyaatee guuchisuun kan raawwatuudha.

Dhimma kana ilaalchisee qorannoo kanaaf kan gargaaran gaafiiwwan qophaa"anii jiru. ragaan isin nuuf kennitan hundi iccitiidhaan kan qabamanii fi maqaa keessaniin wanti ibsamu tokkolleen kan hin jirre ta"uu isaa isinii mirkaneessuu barbaanna. Waraqaa gaafannoo irrati maqaa keessan barreessuun hin barbaachisu .

Gaaffii yoo qabaattan yeroo barbaaddaniitti teessoo kanaan obbo Abarraa Dagafuu gaafachuu ni danddeessu 0911410832 .Akkasumas gaaffii biraa yoo qabaattab Yunveerstii Finfinnee bilbilan kanaan (0115538734) gaafachuu nidaneessu

Qorannoo kan keessatti hirmaachuuf yoo fedha keessan taʺe, bakka duwwaa qophaaʺee jiru irrati mallatteesaatii gara fuula isa itti annuutti darbaa.Waraqaa kana irratti maqaan keessan hin barbaadamu. Kan barbaadamu deebii keessan qofa waan taʺeef dhugaa qabatamaa beektan irrati hundaaʺuun gaafiiwwan deebisaa.annaa.

Yeroo keessaniif isin galateefadha

WALII-GALTEE

Yaada armaan olitti ibsame dubbisee hubadheera.Qorannoo kana keessatti hirmaachuun fedhii koo ti.

Hirmaachuuf wlii galeera. Mallattoo_____ Guyyaa_____

Yaada armaan olitti ibsame dubbisee hubadhee.Qorannoo kana keessatti hirmaachuun garuu fedhii koo miti

Mallattoo _____Guyyaa_____

Yeroo keessan fudhattanii waan yaada keessan nuuf kennitaniif baayʺee galatoomaa.

Galatoomaa

Gaafannoo

lakk	Gaafiiwwan	Codes and catagories

Kutaa 1ffaa Odeeffanoo waliigalaa		
101	Umrii	
102	Kutaa	
103	Iddoo jireenyaa	1. Magaalaa
		2. Baadiyyaa
104	Amantaan kee maali?	1. Orthodoksii
		2. Protestaantii
		3. Musliima
		4. kan biraa(haa ibsamu)
105	Qomoo/shanyiin kee maali?	1. oromo 2. Amaara 3. Guraagee 4. kan biroo (haa ibsamu)
106	Eenyu waliin jiraata?	1. Abbaa fi haadha koo waliin 2. Haadha koo waliin 3. Abbaa koo waliin 4. Fira waliin 5. Kophaa koo
107	Haalli baruumsa abbaa keetii	1. Kan hin baranne 2. Dubbisuuf barreesuu kan dandaʻu 3. Barumsa sad 1ffaa kan barate (kutaa 1-8) 4. Sadarkaa 2ffaa fi sanaa ol
108	Haalli baruumsa Haadha keetii	1. Kan hin baranne 2. Dubbisuuf barreesuu kan dandeessu. 3. Barumsa sad 1ffaa kan baratte (kutaa 1-8) 4. Sadarkaa 2ffaa fi sanaa ol
109	Hojiin Abbaa keetii	1. Qotee bulaa 2. daldalaa 3. hojjataa mootummaa

		4. hojjataamiti mootummaa 5. kan dhuunfaa kan hojjatu 6. kan boroo yoo taʺe haa ibsamu
110	Hojiin harmee/Haadha keetii	1. kunuunsituu maatii 2. Qotee bulaa 3. daldalaa 4. hojjataa mootummaa 5. hojjataamiti mootummaa 6. kan dhuunfaa kan hojjatu 7. kan boroo yoo taʺe haa ibsamu
Kutaa 2ffaa hubannaa/beekumsa marsaa laguu irrati qaban ilaalchisee		
201	Marsaan laguu maal irraa dhufuu dandaʺa?	1. guddachuu 2. mallatoo dhibeeti 3. hin beeku
202	Waaʺee maalummaa marsaa laguu otoo hin argiin dura dhageessee beektaa?	1. Eeyyee 2. Lakkii
	Deebiin kee gaafii 202 laakkii yoo taʺe gaafii 203 bira dabri	
203	Deebiin kee gaafii 202 “eeyyee” erga taʺe eenyu irraa dhageesse?	1. Haadha koo 2. Obboleetii koo 3. Gumii shamaranii 4. Miidiyaa irraa 5. Hiriyaa koo iraa 6. Barsiisaa/tu koo 7. Kan biro taanaan ibsi _____
204	Yeroo jalqabaaf marsaa laguu yemmuu agartu umriin kee meeqa ture?	_____
205	Yeroo jalqaba marsaa laguu argite sanati maaltu sitti dhagaʺame?	1. Soda 2. qaanii 3. dhiphachuu 4. hunda
206	Yeroo jalqaba marsaa laguu	1. Harmee koof 2. Obboleetii koof

	yemmuu agartu eenyuuti himte?	3. Barsiisaa/tuu koof 4. Hiriyaa koof 5. Nama kamittuu hin himne 6. Kan biro taanaan ibsi_____
207	Haala eegumsa qulqullina marsaa laguu hubannaa qabdaa?	1. eeyyee 2. lakkii
	Deebiin kee gaafii 207 „lakkii‟‟ yoo ta‟‟e gaafii 208 bira dabri	
208	Deebiin kee gaafii 207 “eeyyee” yoo ta‟‟e maddi odeefannoo keetii eenyu?	1. Haadha koo 2. Obboleetii koo 3. Gumii shamaranii 4. Miidiyaa irraa 5. Hiriyaa koo irraa 6. Barsiisota koo 7. Kan biro taanaan ibsi_____
209	Yeroo marsaan laguu sitti dhufu qaama hormaataa dhiqachuun barbaachisaadha jettee ni‟‟amantaa?	1. Eeyyee 2. Lakkii
210	Dhangala‟‟aa marsaa laguu akka uffata kee hin tuqne maal fayyadamta?	1. Uffata/carqii/ 2. moodasii 3. kan biro taanaan haa ibsamu_____
211	Yeroo marsaan laguu kee dhufu guyyati si‟‟a meeqa qaama hormaata kee dhiqata?	1. Al tokko 2. Al lama 3. Al sadii fi isaa ol
212	Yemmuu dhiqatu maal fayyadamta?	1. Bishaanii fi saamunaa 2. Bishaan qofa
213	Yeroo marsaan laguu kee dhufu guyyati si meeqa uffata ykn modasii jijjiirta?	1. Al tokko 2. Al lama 3. Al sadii
214	Uffata ykn moodasii al tokko fayyadamte irra deebitee isuma sana erga dhiqate booda	1. Eeyyee 2. Lakkii

	fayyadamtaa?	
	Kutaa 3ffaa waa'ee eegumsa qulqullina marsaa laguu irrati odeeffannoo qabaachuu	
301	Maatii kee keessati waa"ee marsaa laguu iftoominaan ni mari"attuu/dubbattuu?	1. Eeyyee 2. Lakkii
	Deebiin kee gaafii 301 „lakkii" yoo ta"e gaafii 302 bira dabri	
302	Deebiin kee gaafii 301 „eeyyee" yoo ta"e Eenyu waliin marii"ata?	1. Harmee koo 2. Abbaa koo 3. Obboleetii hangafa koo 4. Kan biro taanaan haa ibsamu_____
303	Mana keessati hin dubbatamu taanaan sababni isaa maali?	1. Qaanii waan ta"eef 2. Safuu waan ta"eef 3. Hunda 4. Kan biroo jiraannaan haa ibsamu_____
304	Moodasii bita jettee maatii kee maallaqa nigaafataa?	1. eeyyee 2 lakkii
306	Barsiisoota kee waliin waa"ee marsaa laguu ifati dubbataa?	1. Eeyyee 2. Lakkii
	Deebiin kee gaafii 306 „lakkii" yoo ta"e gaafii 307 dabri	
307	Deebiin kee gaafii 306 „eeyyee" yoo ta"e Barsiisaan waliin mari"atu?	1. Barsiisaa dhiiraa 2. Barsiistuu dubartii 3. Lachanuu waliin
308	Waa"ee marsaa laguu hiriyoota kee waliin mari"attaa?	1. Eeyyee 2. Lakkii
309	Deebiin kee gaafii 308 „eyyee" yoo ta"e eenynu waliin mari"ata?	1. Hiriyaa shamarran 2. Hiriyaa dhiiraa

		3. Lamaanuu waliin
Kutaa 4ffaa Haala naannawa mana baruumsaa		
401	Mana baruumsaa keetiitti manni fincaanii shamarranii kophaati jiraa?	1. Eeyyee 2. Lakkii
402	Mana baruumsaa keeti marsaa laguu dhiqachuu yemmuu barbaadu Bishaan fayyadamuuf yeroo hunda argataa?	1. eeyyee 2. jira garuu fayyadamuuf mijataa miti 3. hin jiru
403	Modasii /uffata/ jijjiiruuf iddoon shamaranniif mijataa taʺe mana baruumsaa keessaniiti jiraa?	1. Eeyyee 2. Lakkii
404	Deebiin kee gaafii 403 „lakkiiʺ taanaan eessatii jijjirta?ibsi	_____
405	Marsaan laguu yemmuu siti dhufu mana baruumsaa irraa yeroon itti haftu jiraa?	1. Eeyyee 2. Lakkii
	Deebiin gaafii 405„ lakkiiʺ yoo taʺe gaafii 406,fi 407, bira dabri	
406	Guyyoota meeqaaf sababa marsaa laguutiin mana baruumsaa irraa hafta?	1. Guyyaa 1-2 2. Guyyaa 2-3 3. Guyyoota 3-4
407	Maaliif mana baruumsaatii hafta?	1. Manni fincaanii waan hin jirreef 2. Bishaan mana baruumsaa keessa waan hin jirreef 3. Yoo narrati mulʺate jedhee sodaachuun 4. Waan garaa nadhukkubuu 5. Sababa biro taanaan ibsi_____
408	Yeroo mana baruumsaatii haftu eeyyama yemmuu gaafatu sababni dhiyyeefatu maali?	1. Marsaan laguu sitti dhufuu himuun 2. Sababa kan biro dhiyeessuun
409	Deebiin kee gaafii 408 „hin gaafadhuʺ yoo taʺe sababa maalii dhiyeeffata	1. Rakkoo maatii ibsachuun 2. Mataa na dhukkube jechuun 3. Sababoota biraa yoo jiraate_____

ፍቃደኝነትን ፡ መግለጫ

በተሰጠኝ ማብራርያ መሰረት የጥናቱን አላማ ተረድቼ ጥያቄዎቹን ለመመለስ ፍቃደኛ ነኝ፡፡ ፍቃደኛ መሆኔን በፊርማዬ አረጋግጣለሁ፡፡ _____ ቀን_____

መጠይቅ

ተ.ቁ	ጥያቄዎች	
ክፍል 1፡- አጠቃላይ መረጃ		
101	እድሜ	
102	ክፍል	
103	የመኖሪያ አድራሻ	1. ከተማ 2. ገጠር
104	እምነትሽ ምንድነዉ?	1. ኦርቶዶክስ 2. ፕሮቴስታንት 3. ሙስሊም 4. ሌላ ካለ ይገለፅ_____
105	ብሄርሽ ምንድነው?	1. ኦሮሞ 2. አማራ 3. ጉራጌ 4. ሌላ ይገለፅ_____
106	ከማን ጋር ነው የምትኖሪው?	1. ከእናቴና ከአባቴ ጋር 2. ከእናቴ ጋር 3. ከአባቴ ጋር 4. ከዘመድ ጋር 5. ብቻዬን
107	የአባትሽ የትምህርት ደረጃ	1. ምንም አልተማረም 2. መፃፍና ማንበብ የሚችል 3. የመጀመሪያ ደረጃ(1-8)ክፍል 4. ሁለተኛ ደረጃና ከዚያ በላይ
108	የእናትሽ የትምህርት ደረጃ	1. ምንም አልተማረም 2. መፃፍና ማንበብ የሚችል 3. የመጀመሪያ ደረጃ(1-8)ክፍል 4. ሁለተኛ ደረጃና ከዚያ በላይ

109	የአባትሽ ስራ	1. አርሶ አደር(ገበሬ) 2. ነጋዴ 3. የመንግስት ተቀጣሪ 4. መንግስታዊ ያልሆነ ድርጅት 5. የግል 6. ሌላ (ይገለፅ)_____
110	የእናትሽ ስራ	1. ቤተሰብ ተንከባካቢ 2. አርሶ አደር(ገበሬ) 3. ነጋዴ 4. የመንግስት ተቀጣሪ 5. መንግስታዊ ያልሆነ ድርጅት 6. የግል 7. ሌላ (ይገለፅ)_____
ክፍል 2፡- ስለ ወር አበባ ንፅህና አጠባበቅ ያለ እውቀት መዳሰሻ፡፡		
201	የወር አበባ ከምን ይመጣል	1. ከእድገት 2. የህመም ምልክት ነው 3. አላውቅም
202	የወር አበባ ሳታዩ በፊት ስለ ወር አበባ ታውቂ ነበር	1. አዎ 2. አላውቅም
	የ 202 መልስ 'አላውቅም ከሆነ 203ን እለፊ	
203	የ 202 መልስ አዎ ከሆነ ማን ነገረሽ	1. እናቴ 2. እህቴ 3. ከት/ት ቤት ክበብ 4. ከሚዲያ 5. ከጋደኛዬ 6. መምህሬ 7. ሌላ ካለ ዱገለጽ
204	ለመጀመሪያ ግዜ የወር አበባ ስታዩ እድሜሽ ስንት ነበር?	_____

205	መጀመሪያ የወር አበባ ሲታይሽ ምን ተሰማሽ ?	1. ፍርሀት 2. እፍረት 3. መጨነቅ 4. ሁሉም 5. ሌላ ይገለጽ_____
206	የወር አበባ ለመጀመሪያ ግዜ ሲታይሽ ለማን ነገርሽ ?	1. ለእናቴ 2. ለታላቅ እህቴ 3. ለአስተማሪዎቼ 4. ለጋደኛዬ 5.ለማንም አልነገርኩም
207	ስለ ወር አበባ ቀደም ሲል እውቀት /መረጃ ነበረሽ?	1. አዎ 2. አልነበረኝም
	የ 207 መልስሽ አልነበረኝም ከሆነ የ 208 ጥያቄን እለፊ	
208	የ 207 መልስሽ አዎ ከሆነ የመረጃ ምንጭሽ ማን ነበር?	1. እናቴ 2. እህቴ 3. ከት/ቤት ክበብ 4. ከሚዲያ 5. ከጋደኛዬ 6. መምህሬ 7. ሌላ ካለ ይገለጽ
209	የወር አበባ ሲመጣብሽ የመራቢያ አካልሽን መታጠብ እንዳለብሽ ታምኚያለሽ	1. አዎ 2. አላምንም
210	ለወር አበባ ፍሳሽ መቀበያ ምንድነዉ የምትጠቀሚዉ	1. ልብስ 2. ሞደስ 3. ሌላ ካለ ይገለጽ----------

211	በወር አበባ ግዜ በቀን ስንቱ ብልትሽን ትታጠቢያለሽ?	1. በቀን አንዴ 2. በቀን ሁለቴ 3. በቀን ሶስቴና ከዚያ በላይ
212	ስትታጠቢ ምን ትጠቀሚያለሽ	1. ዉሃና ሳሙና 2. ዉሃ ብቻ
213	በወር አበባ ግዜ ስንት ግዜ ሞደስሽን ትቀይሪያለሽ?	1. በቀን አንዴ 2. በቀን ሁለቴ 4. በቀን ሶስቴና ከዚያ በላይ
214	የተጠቀምሺውን ልብስ/ሞደስ ደግመሽ ትጠቀሚያነሽ	1. አዎ 2. አልጠቀምም
ክፍል 3፡- ስለ ወር አበባ ንፅኅና የሚደረግ ዉይይትን በተመለከተ		
301	በቤተሰብ ዉስጥ ስለ ወር አበባ በግልፅ ዉይይት ታደርጋላችሁ?	1. አዎ 2. አናደርግም
	የ 301 ጥያቄ መልስ አናደርግም ከሆነ 302ን እለፊ	
302	ስለ ወር አበባ በብዛት ከማን ጋር ነዉ የምትወያዩዉ?	1. ከእናቴ 2. ከአባቴ 3. ከታላቅ እህቴ 4. ሌላ ካለ ይገለጽ----------
303	በቤተሰባችሁ ዉስጥ ስለ ወር አበባ ውይይት ከሌለ ምክንያቱ ምንድነዉ?	1. ስለ ሚያሳፍር 2. በነውር ስለሆነ 3. ሁሉም 4. ሌላ ካለ ይገለጽ----------
304	ሞደስ ለመግዛት ቤተሰብን ገንዘብ ትጠዪቂያለሽ?	1. አዎ 2.. አልጠይቅም
305	የ 304 ጥያቄ መልስሽ አልጠይቅም	1. ስለማፍር

	ከሆነ ምክንያትሽ	2. ሌላ ካለ ይገለጽ----------
306	**ከመምህራኖችሽ ጋር ስለ ወር አበባ ትወያያለሽ?**	1. **አዎ** 2. **አልወያይም**
	የ 306 መልስ አልወያይም ከሆነ 307ን እለፊ	
307	የ 306 መልስ አዎ ከሆነ **በብዛት ከማን ጋር ነው የምትወያዩው?**	1. **ከወንድ መምህራን ጋር** 2. **ከሴት መምህራን ጋር** 3. **ከሁለቱም ጋር**
308	ስለ ወር አበባ ከጋደኞችሽ ጋር ትወያያለሽ	1. **አዎ** 2. **አልወያይም**
309	የ 308 ጥያቄ መልስ አዎ ከሆነ **በብዛት ከማን ጋር ነው የምትወያዩው?**	1. **ከሴት ጋደኞቹ ጋር** 2. **ከወንድ ጋደኞቹ ጋር** 3. **ከሁለቱም ጋር**
ክፍል 4፡- ስለ ት/ም ቤት አካባቢ		
401	**በትምህርት ቤታችሁ የሴቶች መፀዳጃ ቤት ለብቻዉ ተለይቶ አለ?**	1. **አዎ** 2. **የለም**
402	**በትምህርት ቤታችሁ ለመታጠብ ስትፈልጊ ውሃ ታገኚያለሽ?**	1. **አዎ** 2. **አለ ግን ለመታጠብ ምቹ አይደለም** 3. **ጭራሽ የለም**
403	**ሞደስ የምትቀይሩበት የተለየ ቦታ በትምህርት ቤታችሁ ውስጥ አለ?**	1. **አዎ** 2. **የለም**
404	**የ 403 መልስሽ** የለም ከሆነ የት ነው የምትቀይሪው	----------
405	**የወር አበባ ሲመጣብሽ ትምህርት የማትሄጂበት ግዜ አለ?**	1. **አዎ** 2. **የለም**
	የጥያቄ 405 መልስሽ የለም ከሆነ ጥያቄ 406 እና 407ን እለፊ	
406	**በወር አበባ ግዜ በአማካይ በየወሩ ስንት ቀን ከትምህርት ትቀሪያለሽ?**	1. **ከ 1-2 ቀን** 2. **ከ 2-3 ቀናት**

		3. ከ 3-4 ቀናት
407	ለምንድነዉ ከትምህርት ቤት የምትቀሪዉ	1. ት/ቤት ሽንት ቤት ስለሌለ 2. ት/ቤት ዉሃ ስለሌለ 3. ይታይብኛል ብዬ ስለምፈራ 4. ስለሚያመኝ
408	የክፍል ሀላፊ/ ስም ጠሪሽን በወር አበባሽ ግዜ እውነቱን ነግረሽ ፍቃድ ትጠይቂያለሽ ?	1. አዎ 2. ውነቱን ነግሬ አልጠይቅም
409	የ408 ጥያቄመልስሽ አልጠይቅም ከሆነ ምን ምክንያት ነው የምትጠቀሚው ??	1. የቤተስብ ችግር እንዳለ በመናገር 2. እራሴን አሞኛል በማለት 3. ሌሎች ምክንያት በማቅረብ