

blood is considered dirty and harmful, restricting the girl-child from participating in some activities for fear that they may 'contaminate' others and the things they may touch (Kottoh, 2008). The persistent cultural practices in most of the African communities stipulate that menstruating girls are not allowed to perform house-hold chores, and neither are they allowed to participate in social events such as participating in games. In turn this propels stigma among community members as this creates restrictions and perceptions that menstruation is shameful and that menstrual blood is harmful, yet menstrual blood is free of toxins and any harmful bacteria (Bharadwaj and Patkar, 2004). This paper therefore looking into the social-cultural perceptions of the menstruation process of the girl child will try to demystify the misconceptions perceived to limit their participation and the need for the government to improve accessibility of the girl-child in the education sector more, so providing a platform for the stakeholders to contributing towards providing vital care for the girl-child by providing alternative solution.

2. Methodology

This paper used desktop review design to critically evaluate misconceptions and challenges faced by the ordinary girl child with regard to menstruation process, based on the literature reviewed. The paper also analyses the socio-cultural perspectives that discusses the practices and belief system regarding girl-child statuses and situations during the menstruation period. These challenges impede the participation of the girl-child in the public domain especially in the educational sector. At the same time a critical literature from various authors provides an overview of the perceived cultures with regard to puberty among the girl-child in various communities.

3. Reviewed Literature

3.1 Cultural Practices Regarding Menstruation

Accordingly, the social taboos related to menstruation, and the culture tends to be silent about the menstruation process (Chebii, 2014). In the Asian context, the common social and cultural practices and restrictions concerning menstruation among the young girls and women are that they are not supposed to enter in the Kitchen area (Chawla, 1992; Sharma, Vaid, and Manhas, 2006). Furthermore, the adolescent aged girls and women are not are not supposed to look into the mirror, and attending to the guests during the menstruation process (Audinarayana et al., 2005; Dasgupta and Sarkar, 2008; Deo and Ghattargi, 2005; Puri and Kapoor, 2006; Sharma, Vaid, and Manhas, 2006).

In rural areas, adolescent girls consider menstruation as a sin or curse from God (Dasgupta & Sarkar, 2008; Sharma et al., 2006). Studies also show that the awareness regarding menstruation prior to its onset is poor among adolescent girls (Ahuja and Tewari, 1995; Chowdhary, 1998; Khanna, Goyal, and Bhawsar, 2005; Sharma et al., 2006; Singh, 2006). Moreover in the cultural setting among the Hindu community, strict dietary restrictions are also followed during menstruation such as sour food like curd, tamarind,

and pickles are usually avoided by menstruating girls (Audinarayana et al., 2005; Paul, 2007; Puri and Kapoor, 2006; Singh, 2006).

In the Religious context, menstruating girls and women are restricted from offering prayers and touching holy books (Tjon A Ten, 2007). Prevailing cultural connotation regarding menstruation include numerous myths and taboos that prevail regarding menstruation, and which have negative implication for adolescents' health particularly their menstrual hygiene. Furthermore studies by Tjon A Ten, (2007) unearthed the myths, taboos, and social and cultural practices related to menstruation in urban residential areas and slum areas of Ranchi in India that negatively perceived the girl-child negatively.

Studies by Blanchet (1987) further indicate that the menstrual blood is seen as 'the greatest of all pollution'. During menstruation, women and the girl-child are restricted to indoor setting and thus they must not be seen outside; they are not allowed to prepare food or to work in the rice fields. Sex (and sharing a bed with their partner) and praying or reading the Koran are prohibited during this period. Furthermore, according to the Muslims, menstruating women are prohibited from touching the Koran and praying during a minimum of three and a maximum of seven days; they are also not allowed to enter the mosque, to fast, or to have sex. Accordingly, the Koran (verse 2:222) terms menstruation as a harmful, therefore, states that men are supposed to stay away from the women during the menstruation and do not enter to them, until she is pure. This is because it is believed that menstrual blood pollutes the home. Moreover, the Bible further stipulates there is an explicit reference to the impurity of women during their menstruation. In the Jewish tradition, menstruating women and everything that they touch is considered to be impure. Among Hindus, menstruation is considered 'polluting'. During the menstruation period, women and girls are not allowed to visit a temple, performing household chore for that anything they touch is impure. They are not allowed to touch anybody and have to stay away from their family, because they are seen as impure. This clearly shows the extent where various religions are against menstruation process and more so advocates for the discrimination of women and the girl-child. This is in contrast when in some communities the first menstruation of a girl is celebrated as she is perceived to symbolize womanhood (Tjon A Ten, 2007). It is an occasion worth celebrating, therefore special rituals are carried out, and particular dishes are served to symbolize the new stage (Bosch and Hutter, 2002). The Kumari community in Nepal celebrate menstruation since girls are regarded to have the status of living goddesses (incarnations of the goddess Kali) and are believed to lose their divine strengths when they start menstruating; they loses their status of living goddess immediately.

Studies conduct in East Africa region regarding menstruation have had negative and misguided beliefs regarding women and girl child. For instance, in Western Uganda, menstruating girls and women were not allowed to drink milk from the cows. It is perceived that menstruation would affect the production of milk from the cows to get bloody milk.

Furthermore, in the Eastern Uganda, menstruating girls and women were not allowed to plant groundnuts during the planting season, because this would affect the yield. In Central Uganda menstruation was supposed to be a top secret only known to yourself. (Tjon A Ten, 2007)

In southern Africa, “menstrual blood of women is dangerous to men and also to the fertility of cattle and of crops” (Kuper, 1982). Among the Maya and in ancient Japan menstruating women had to isolate themselves in “women’s huts” to carry out rituals and exchange experiences and wisdom. In that period, the men took over the daily chores of the women (Tjon A Ten, 2007). Similarly, in Ethiopia and among certain tribes in Nigeria menstruating women must isolate themselves in menstruation huts, because it is believed that menstrual blood pollutes the home. Such customs and beliefs still exist in some Asian and African cultures, thus discriminating the girl-child and women who undergo menstruation process. This discrimination allows for the girl-child not to participate in the public sphere, thus this creates fear, scepticism that the girl-child can contribute in the public domain.

4. The Kenyan Context: Challenges Faced During Menstruation Process

According to UNICEF (2005), one (1) in ten (10) school-age African girls ‘do not attend school during menstruation, or drop out at puberty because of the lack of clean and private sanitation facilities in schools’. In another survey conducted in Uganda, 94% of girls reported issues during menstruation and 61% indicated missing school during menstruation (House et al., 2012). In Ethiopia 51% of girls miss between one and four days of school per month because of menses and 39% reported reduced performance”. Accordingly, an overwhelming majority (95%) of girls in Ghana sometimes miss school due to menses. Statistical evidence further shows that 86% and 53% of girls in Garissa and Nairobi respectively, in Kenya miss a day or more of school every two months.

Research findings by Obonyo (2003) critically observed the difficulty faced by adolescent girls in accessing sanitary protection resulting from their struggle to meet their daily needs. These economic conditions, Obonyo observed, are caused by many factors ranging from lack of empowerment to single parent-headed families. The living conditions are deplorable with overly congested houses constructed of cardboard boxes, old iron sheets and mud walls, which do not offer privacy to girls. In her study, Obonyo brings highlights the fact that accessing sanitary protection is also tied to a lack of facilities for the girls to dispose of their used sanitary towels as well as a lack of private spaces where the girls can comfortably change.

Reports the non-governmental agencies especially the international agencies have indicated that enrolment and incompleteness among the school going children are attributed to a variety of reasons (Lee and Kerner, 2014). These reasons are compounded by the fact there are factors attributed to health and nutritional status of the children. According to the World Health Organization (WHO), 272 million school days

are lost each year due to diarrhoea alone and about 400 million children in the developing world have worms that prevent them from learning. These barriers to education are further worsened with puberty in the adolescent.

Furthermore, for girls, in particular, the impact of low school attainment and poor health and nutrition can have a magnified impact. Malnourished girls become mothers who face high levels of maternal mortality, and bear low birth weight babies. In addition, the link between female educational attainment and lifetime health is indisputable; a better educated girl takes better care of herself and as a woman, has healthier and fewer children (Lee and Kerner, 2014).

Compounding these customary challenges is the lack of access to sanitary protection and towels, which disempowers girls, as they have to stay at home to avoid staining their clothes with blood in public. The cost of sanitary ware and towels is beyond the reach of most young women and girls, who in Africa are the majority of the unemployed and those living in poverty. Most girls end up not going to school, because they cannot afford to buy sanitary ware (Chebii, 2014). This paper attributes the fact that locking the girls out of the public sphere discriminates them from public and prevents participation in the social spheres. Moreover, most girls, particularly those in rural areas, had never seen sanitary pads, although most had heard about them. Almost all girls were enthusiastic about learning about these alternative menstrual blood management products (Dhingra et al., 2009; Mehta, and Gibbs, 2008; Lee and Kerner, 2014). While participants said they looked forward to the opportunity to use sanitary pads, they also expressed concern about sustained usage due to cost (Lee and Kerner, 2014).

Studies conducted in some part of the rural areas in Kenya indicate that the girl-child use old rags, leaves, cow dung or even dig a hole on the ground to sit on for the whole period as a means to manage their menstrual flow. A study conducted in Bungoma District among the primary school going children by Lukalo (2010) as cited in Chebii (2014) noted that menstruation is not just a private affair but has the influence to become public, discomforting and brings about stigmatization for the girl-child.

Furthermore, compounding socio-economic status (Dasgupta and Sarkar, 2008), education, and family background of the family have a significant impact on the menstrual practices of the adolescent girls. The economic status of the family has direct influence on menstrual practices. The girls from rich families reported that they use sanitary napkins whereas the girls from urban slum do not use sanitary napkins because of monetary problems. They also reported having less access to private bathrooms. The girls who are better educated are more conscious of their menstrual hygiene (Dhingra et al., 2009; Guterman, Mehta, and Gibbs, 2008). However, studies in Sierra Leone, it is believed that used sanitary napkins can be used to make someone sterile (Tjon A Ten, 2007). This misconception still persists in some communities in Kenya that advocate for using leaves as compared to the sanitary ware. Poverty and lack of knowledge can also be attributed to the usage of leaves among the girls in the North-Eastern part

of Kenya.

In addition, there are physiological and symptomatic challenges that girls go through during their menstrual cycle, which also hinder their full access to education as well as stop them from fully enjoying social activities with others. For instance, before the onset of menstruation, adolescent girls can experience tension, depression, tiredness and irritability; symptoms of premenstrual syndrome (PMS), which affects the way adolescent girls relate to other students in school and their teachers (Dalton, 1979). The hormonal changes in the bodies of adolescent girls cause sudden mood swings as well. Physically, the retention of fluids in the body tissues can cause swelling around the ankles in some adolescents as well as backaches. If fluids are retained in the stomach region, it can result in bloating (Dalton, 1979) as cited in Chebii (2014). Studies by Sharma, Malhorta, Teneja and Saha (2010) as cited in Chebii (2014) argue that, at the onset of menstruation, females between the ages of 15 and 25 can experience dysmenorrhoea, which featured as the commonest problem among adolescent girls and often results in prolonged bed rest and girls missing both classes and other social activities.

Kirk and Sommer (2005; 2006) identify the lack of knowledge and understanding about menstruation in most traditional and conservative communities as the key source of stigma about what is a normal, natural biological process. There is also a culture of silence around menstruation leading to the menstrual process being viewed as a weakness of women. The subject entailing menstruation is hardly discussed in families, resulting in it also not being an easy topic of discussion and engagement even in schools around menstruation leading to the menstrual process being viewed as a weakness of women. This makes it difficult for the girl-child not to express herself and the challenges faced. Lack of expression by the girl child locks her voice in that there is no way one can neither understand her nor give her an opportunity to open up to the overall public. Because of this, girls get left behind, especially in complex and abstract subjects where there is a continued building on previous knowledge. This can eventually also lead to school drop-out. Research confirms that the onset of puberty leads to significant changes in school participation among girls (Chebii, 2014; Lee and Kerner, 2014; Lukalo, 2010).

Accordingly, research findings pointed out that the provision of sanitary ware is a major determinant in achieving gender parity in education in Kenya and there is a need to consider this as a significant factor in education policy planning and development. There is also a need to address the underlying menstrual issues that restrict adolescent girls' from achieving their full potential in relation to schooling and their public lives. An understanding of how adolescent girls reflect on what it means to be a woman in their world during these moments, and what such days mean to their schooling is crucial (Chebii, 2014). Furthermore, girls stated that school latrines have limited privacy and poor hygienic conditions. Teachers and girls also confirmed that there are no hand-washing facilities at the schools.

Accordingly, there has been insufficient budgetary allocation targeting the girl child. The government's commitment following the budget allocation in June 2011, announced that money would be provided to schools to buy sanitary towels for their female pupils at the beginning of the term in September 2011, as part of the free education for all campaign. Considering that an estimated 2.7 million girls aged between 9 and 18 are in need of sanitary ware. Another Ksh 1.3 billion is still needed to make the programme viable nationwide. There is also need to provide underwear to hold the pads in place if this initiative is to be truly successful (Siringi, 2011; Chebii, 2014). More so the tax-free incentives offered by the government are not sufficient in that the rural poor and those living in slum area cannot still afford the sanitary ware. Study findings by Lee and Kerner, (2014) further point out that most of the girls use cotton or cloth from old dresses as sanitary protection materials and complain about their lack of comfort and inadequate protection quality. Only a few described having used commercially produced sanitary pads.

Information on reproductive health is very limited particularly on puberty, feminine hygiene, and menstruation. A few girls reported receiving some information on reproductive health and puberty from science and biology classes. The Girl-child navigates puberty without proper information about the physical changes they can expect, without support from family members, without schools that have a "girl-friendly" water and sanitation infrastructure, and without information on feminine hygiene products. Furthermore, they have limited access to sexual and reproductive sexual health information and services, and the socio-cultural context perpetuates an environment in which these issues remain taboo to discuss with parents (Lee and Kerner, 2014). This supports earlier findings stipulated by Kirk and Sommer (2006). Further research studies by Lee and Kerner, (2014) indicate that girls learned about feminine hygiene from peers and sometimes from elder sisters and mothers. Many experienced their first period on their own without prior information about the onset and nature of menstruation. Many girls were surprised or panicked by their first menstruation. Some girls described not wanting to go to school when menstruating because they felt they could not fully participate in school activities.

Moreover not forgetting the women, research findings by Lee and Kerner (2014) indicated that monthly menstruation period also creates obstacles for female teachers. They either report themselves sick, or go home after lessons as fast as possible and do not have enough time to give extra attention to children who need it.

5. Conclusions and Expected Recommendations

This paper agrees that menstruation and related issues have an effect on school performance and attendance. This is pointed by Chebii (2014) who indicates that lack of sanitary ware impedes the girl child from attending school. Furthermore, Bharadwaj and Patkar (2004) point out that menstrual hygiene seems to be an insufficient acknowledged problem. This provides for a forum to discuss the challenges facing the girl-child in terms of menstrual hygiene.

Policy makers should prioritize, and clearly articulate, a policy position on the provision of sanitary ware for girls in schools, as a right for all girls that need them. In addition, incorporation of school curriculum targeting the girl-child should include in view demystifying issues regarding reproductive health especially those relating to menstrual issues. Further, Chebii (2014) point out that this should include instructive processes that can enable learners to develop a critical understanding of the body/subject, power and control dynamics in their society. These could be incorporated into activities that target the girl-child in socio-cultural and political spheres.

The possible role for menstruation in limiting school attendance has received significant attention in popular media including a documentary by NTV's loise Wangui has highlighted the plight of the Kenyan girl-child. Further, nearly all the media among other authors have argued that menstruation is likely to be significant factor in schooling (Kristof and Wu Dunn, 2009; Kayiggwa, 2007; Mawathe, 2006; BBC, 2010) as cited in Chebii, (2014). For example, Kristof and Wu Dinn (2009) write: "education experts increasingly believe that a cost-effective way to keep high school girls from dropping out in poor countries is to help provide them with sanitary products."

There should be effective partnerships between education, health, and other sectors, as well as with communities and the adolescent aged children. This provides for inclusivity of all sectors of the public and private stakeholders. Lee and Kerner, (2014) of the Save the Children's have indicated that the implementation approach is to create model programmes through strong partnerships with governments, local organizations and communities. They further point out that engagement of communities is especially critical when challenging current gender norms and addressing reproductive health issues. Moreover, it is necessary to Mobilize and educate parents and community leaders were necessary for the success of these projects and should be the first step in future efforts to address the needs of girls in and out of schools.

In response, studies have shown that a number of NGOs and sanitary product manufacturers have begun campaigns to increase availability of sanitary products, with a stated goal of improving school attendance (Deutsch, 2007, Callister, 2008, Cooke, 2006). The largest of these is a program by Proctor & Gamble, which has pledged \$5 million toward providing puberty education and sanitary products, with the goal of keeping girls in school (Deutsch, 2007). Those with political influence have come up with global initiatives such as the Clinton Global Initiative has pledging \$2.8 million to aid businesses that provide inexpensive sanitary pads in Africa with an aim of improving girl-child school attendance. In addition to these large scale efforts, a number of smaller NGOs (UNICEF and CARE) have undertaken similar programs (Cooke, 2006; Bharadwaj and Patkar, 2004). Therefore, the paper acknowledges the participation of other stakeholders' taking part in this campaign to ensure that the girl-child is looked at in every angle. Their participatory role enables the country's development.

Budgetary constraints are seen to limit the accessibility of the sanitary ware to the girl child. Therefore, the government should provide budgetary allocation targeting the girl child. There should also be wavering of taxes regarding sanitary ware. If condoms are free then the sanitary wares should be free for all school going children, thus the government should reduce the pricing or make them free for the school going children.

References

- [1] Ahuja, A., and Tewari, S. (1995). Awareness of pubertal changes among adolescent girls. *Journal of Family Welfare*, 41(1), 46–50.
- [2] Audinarayana, N., Sakilarani, R., and Jyothimani, N. (2005). Menstrual hygiene and its determinants among adolescent girls in a rural setting of Downloaded by at 16:50 20, February, 2014.
- [3] BBC (British Broadcasting Corporation) News, (2010). "Sanitary pads help Ghana girls go to school." London.
- [4] Behrman, J., and Rosenzweig, M. (2002). "Does increasing women's schooling raise the schooling of the next generation?," *American Economic Review*, 92, 323–334.
- [5] Behrman, J., and Wolfe, B. (1989) "Does more schooling make women better nourished and healthier?" *Journal of Human Resources*, 24, 644–663.
- [6] Bharadwaj, S., and Patkar A. (2004). *Menstrual Hygiene and Management in Developing Countries: Taking Stock*. Mumbai: Junction Social. Retrieved from: <http://www.mum.org/menhydev.htm>.
- [7] Blanchet, T. (1987). *Meanings and rituals of birth in rural Bangladesh*. Dhaka, Bangladesh: University Press.
- [8] Bosch, A., and Hutter, I. (2002). *Achtergronden, opzet en data collectie in een levensloopstudie naar reproductieve gezondheid van adolescenten in ruraal Bangladesh*, *Bevolking en Gezin*, 31, 2, p. 67–94.
- [9] Callister, L. C. (2008). "Always Stay in School," *Journal of Maternal Child Nursing*, May/June 2008.
- [10] Chaudhary, R. H. (1998). Socio-economic demographic and reproductive health profiles of adolescent in SAARC countries. Paper presented at the South Asia Conference on Adolescence, New Delhi, India.
- [11] Chawla, J. (1992). The rig vedic slaying of vrtra: Menstruation taboos in mythology. *Manushi*, 68, 29–34.
- [12] Chebii, J. S. (2014). *Menstruation and Education: How a lack of sanitary towels reduces school attendance in Kenyan slums*. *A Journal on African Women's Experiences*. 96 (1) 27-31.
- [13] Cooke, J. (2006). "Practical Interventions to Meet the Menstrual Hygiene Needs of Schoolgirls: A Case Study from Katakwi, Uganda." PhD dissertation, Cranfield University.
- [14] Dalton, K. (1979). *Once a Month: the Menstrual Syndrome; its Causes and Consequences*. Stanford: Harvester.
- [15] Dasgupta, A., and Sarkar, M. (2008). Menstrual hygiene : How hygienic is the adolescent girl? *Indian Journal of Community Medicine*, 33(2), 77–80.
- [16] Deo, D. S., and Ghattargi C. H. (2005). Perceptions and practices regarding menstruation: A comparative study

- in urban and rural adolescent girls. *Indian Journal of Community Medicine*, 30 (1), 33–34.
- [17] Deutsch, C. (2007). "A Not-So-Simple Plan to Keep African Girls in School," New York Times Company.
- [18] Dhingra, R., Kumar, A., and Kour, M. (2009). Knowledge and practices related to menstruation among tribal (Gujjar) adolescent girls. *Ethno-Med*, 3 (1), 43–48. Retrieved from <http://www.krepublishers.com>.
- [19] Glewwe, P. (1999). "Why does mother's schooling raise child health in developing countries? Evidence from Morocco," *Journal of Human Resources*, 34(1), 124–159.
- [20] Herz, B., K. Subbarao, M. Habib, and L. Raney, (1990). "Letting Girls Learn. Promising Approaches in Primary and Secondary Education," World Bank - Discussion Papers 133, World Bank.
- [21] House, S., Mahon, T., and Cavill, S. (2012). Menstrual Hygiene Matters. A Resource for Improving Menstrual Hygiene around the World. Water Aid.
- [22] Kayiggwa, P. (2007). "Adolescents Missing School During Menstruation Call for Sanitary Pads," *Africa News*.
- [23] Khanna, A., Goyal, R. S., and Bhawsar, R. (2005). Menstrual practices and reproductive problems: A study of adolescent girls in Rajasthan. *Journal of Health Management*, 7 (1), 91–107.
- [24] Kirk, J., and Sommer, M. (2005). Menstruation and Body Awareness: Critical Issues for Girls, Education Newsletter for Beyond Access: Gender, Education and Development, Issue 15, p. 4–5. Retrieved from <http://k1.ioe.ac.uk/schools>.
- [25] Kirk, J., and Sommer, M. (2006). "Menstruation and Body Awareness: Linking Girls' Health with Girls' Education," Royal Tropical Institute (KIT), Special on Gender and Health.
- [26] Kottoh, M.A. (2008). Traditional Menstrual Practices: Sexual and Reproductive Health and Gender implications for Adolescent Girls. Institute of African Studies Research Review NS 24.1:1<www.sabinet.co.za/abstracts/inafstud/inafstud_v24_n1_a3.html -> accessed 20/3/2014.
- [27] Kristof, N. and WuDunn, S. (2009). *Half the Sky: Turning Oppression into Opportunity for Women*. New York Times.
- [28] Kuper, A. (1982). *Wives for Cattle: Bridewealth and Marriage in Southern Africa*. London: Routledge and Kegan Paul.
- [29] Lee, S., and Kerner, B. (2012). *What Do Menstruating Girls Need in Schools: Save the Children*. Kenya.
- [30] Lukalo, F.K. (2010). 'Ethnography in the margins': Schooling in Rural Kenya, Presented in a Conference on schooling in Kenya in Nairobi -Kenya, Nov 2010.
- [31] Mawathe, A. (2006). "Period misery for Kenya schoolgirls," *British Broadcasting Company*.
- [32] Mehrah, G. (1995). "Girls' Drop-Out from Primary Schooling in the Middle East and North Africa: Challenges and Alternatives," Reports - Research and Technical, United National Children's Fund.
- [33] Mehta, P., and Gibbs, M. S. (2008). Menstrual taboos among major religions. *Internet Journal of World Health and Societal Politics*. Retrieved from http://www.ispub.com/journal/the_internet_journal_of_world_health_and_societal_politics/volume_5.
- [34] Mooijman, A., Snel, M., Ganguly, S., and Shordt, K. (2010). *Strengthening Water, Sanitation and Hygiene in Schools A WASH Guidance Manual with a Focus on South Asia*. IRC, the Netherlands.
- [35] Muvea, F. (2011). Menstruation a Hindrance to Girls Education in Kenya. *Ezine Articles .com*. <http://ezinearticles.com/?Menstruation-a-Hindrance-to-Girls-Education-in-Kenya&id=6064293> Accessed 20 February. 2014.
- [36] O'Connor, V., and Kovacs, G. (2003). *Obstetrics, Gynaecology and Women's Health*. Cambridge University.
- [37] Obonyo, S.A. (2003). "A Study of Knowledge and Practices of Slums in Nairobi" Unpublished Thesis, Kenyatta University.
- [38] Paul, D. (2007). Knowledge and practices of adolescent girls regarding reproductive health with special emphasis on hygiene during menstruation. New Delhi, India: National Institute of Public Cooperation and Child Development. ICMR project.
- [39] Puri, S., and Kapoor, S. (2006). Taboos and myths associated with women's health among rural and urban adolescent girls in Punjab. *Indian Journal of Community Medicine*, 31(4), 168–170.
- [40] Sharma, N., Vaid, S., and Manhas, A. (2006). Age at menarche in two caste groups (Brahmins & Rajputs) from rural areas of Jammu. *Anthropologist*, 8 (1), 55–57.
- [41] Sharma, P., Malhotra C., Teneja, D.K., and Saha, R. (2010). Problems related to menstruation amongst adolescent girls. *Indian Journal of Paediatrics*, 2008 vol 75(2) p.125-9.
- [42] Singh, A. J. (2006). Place of menstruation in the reproductive lives of women of rural North India. *Indian Journal of Community Medicine*, 31(1), 10–14.
- [43] Siringi, S. (2011). Ministry Rolls out Project to give Girls Sanitary Pads <http://allafrica.com/stories/201108090044.html> Accessed February 2014.
- [44] Sommer, M. (2009). "Where the Education System and Women's Bodies Collide: The Social and Health Impact of Girls' Experiences of Menstruation and Schooling in Tanzania," *Journal of Adolescence*.
- [45] Ten, V. T. A. (Ed.). (2007). Menstrual hygiene: A neglected condition for the achievement of several millennium development goals. *Europe External Policy Advisors*. Retrieved from http://www.eepa.be/wcm/component?option=com_remository/func,startdown/id.
- [46] *The Millennium Development Goals: Report (2010)*. United Nations, New York.
- [47] Thérèse, M., and Maria, F. (2010). Menstrual hygiene in South Asia: A neglected issue for WASH (water, sanitation and hygiene) programmes. *Gender & Development*, 18 (1), 99–113.
- [48] Tjon A Ten, V. (2007). Menstrual Hygiene: A Neglected Condition for the Achievement of Several Millennium Development Goals. *European External Policy Advisors*.
- [49] UNICEF (2005). *Sanitation: the challenge*: New York, United Nations.

- [50] UNICEF (2010). Raising Clean Hands: Advancing Learning, Health and Participation through WASH in schools. A Joint Call to Action. New York, United Nations.
- [51] United Nations Children's Fund. (2008). Sharing simple facts: Useful information about menstrual health and hygiene .Retrieved from <http://esa.un.org>.
- [52] Wolfe, B., and Behrman, J. (1987). "Women's schooling and children's health: Are the effects robust with adult sibling control for the women's childhood background?" Journal of Health Economics, 6 (3), 239-254.
- [53] World Bank (2005). Toolkit on Hygiene Sanitation & Water in Schools: Gender Roles and Impact. World Bank. New York.

Authors Profile



Margaret Njeri Ngugi received the B.A. in Social Studies from Moi University in 2010 and currently pursuing her M.A. Sociology in Project Management and Community Development from Egerton University. She is currently a diploma lecturer and tutor among the leading institutions in Kenya. Her specialties are Social Work, Community Development and Criminology.



Jasper Edward Nyaura received the B.A. in Social Studies from Moi University in 2010 and currently pursuing his M.A. Sociology in Project Management and Community Development from Egerton University. He is currently a diploma lecturer and tutor among the leading institutions in Kenya. His specialties are Community Development, Social Work and Criminology.