

# Obstacles and challenges of policy implementation on menstrual health and hygiene for schoolgirls: Insights from stakeholders in Kafue District of Lusaka, Zambia



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## Abstract

Proper Menstrual Health and Hygiene (MHH) is an international health priority that impacts schoolgirls' educational attainment. Girls' educational access remains challenging due to political limitations, economic hardships, and cultural stigmatisation surrounding menstruation. This further hinders girls from fully realising their potential. This research investigates the role of policymakers in the Kafue District of Lusaka Province, Zambia, in promoting Menstrual Hygiene Management (MHM) among schoolgirls. The study found a knowledge gap among key policymakers, stakeholders, community members, private institutions, and ministry representatives regarding existing MHH policies in Kafue. The results revealed that few participants understood and contributed to the District's MHH initiatives, policies, and projects. Despite the Zambian government distributing sanitary materials to schoolgirls, lack of sustainable resource allocation, economic hardships, and political continuity remain critical MHH concerns. The study highlights the need for a better understanding and support of MHH policies to help girls realise their potential fully.

## Key Words

Policymakers, Menstrual Health, Political Economy, Kafue District

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## Introduction

Zambia has a population of 21 million, with children (aged 0-14) 42% of the total population and adolescents (aged 14-19) 24% (UNFPA 2024). The country's young population has resulted in political endeavours to enhance educational opportunities nationwide. In 2022 Zambia extended a free education policy from primary to secondary schools to ensure that all children have access to sound education, irrespective of their financial background (Odesomi, 2023).

Currently, Zambia boasts near universal primary school completion levels, with national statistics suggesting a completion rate of 91.8 per cent in Grade 7 alone (UNESCO, 2020). Yet this figure conceals significant geographical and demographic disparities, and transition rates from primary to secondary school remain low. Financial barriers to secondary education include school costs and loss of potential family income. The dispersed nature of secondary schools means children must travel long distances, often incurring transport costs. Education quality remains challenging, with only 55.3 percent of children passing Grade 9. Gender disparities in education also continue to be highlighted, especially among adolescents (UNESCO, 2020).

Girls in rural and urban communities continue to face barriers that hinder their full participation in the education system (UNICEF, 2019). Traditional gender roles and expectations can lead to early marriages and limited support for girls' education. Cultural perceptions around menstruation, inadequate menstrual materials and inadequate sanitary facilities can discourage girls from attending schools regularly. Political and economic factors, such as poverty and the associated costs of education, can disproportionately affect girls. Families facing financial challenges may prioritise boys' education, perpetuating gender disparities in school attendance (World Bank, 2020).

Educating girls enhances their well-being and contributes to broader social and economic development (Calder and Huda, 2013). While challenges persist, various initiatives are underway to address the barriers to girls' education in Zambia (Sommer and Sahin, 2013). Governmental policies, Non-Governmental Organisations (NGOs), and international collaborations with various

organisations with a focus on MHH can create an inclusive and supportive academic environment for girls.

In the policy landscape, Zambia has made strides in recognising MHH as a factor in girls' education. Zambia has integrated MHH into its broader national health and education policies, with dedicated national policies and guidelines to support menstruating girls (Menstrual Hygiene Matters, 2016). Such policy guidelines can influence allocating resources and prioritising MHH within the political agenda. The policies include provisions for access to menstrual hygiene products, and training special teachers in all schools to provide MHH education in national curricula for both girls and boys.

Zambia's effective policy implementation faces various challenges, including resource constraints, cultural restrictions, politics, and varying levels of awareness. To overcome such challenges, the government, in partnership with private institutions, individuals, international partners, and NGOs such as UNICEF, Plan International, World Vision, and Save the Children, has initiated projects to improve MHH in schools. These programmes often include menstrual hygiene kit provision, educational sessions, and infrastructure improvements (UNICEF, 2019; World Bank, 2020). However, the projects' sustainability and widespread impact is halted once the project funding has ended.

## Menstrual hygiene and educational access

MHH is recognised as an urgent international issue. Millions of girls are denied the right to manage their menstruation in a dignified and healthy way (UNICEF, 2019). MHH involves Menstrual Hygiene Management (MHM): (a) using a clean menstrual management material that can (i) absorb or collect menstrual blood and (ii) can be changed in privacy as often as necessary, using soap and water for washing the body as required; and (b) having access to safe and convenient facilities to dispose of used menstrual management materials (WHO/UNICEF Joint Monitoring Program, 2012). Schoolgirls need adequate MHM materials, sanitary facilities, menstrual health and sex education to manage menstruation well.

MHH is a multisectoral issue encompassing schools' Water, Sanitation and Hygiene (WASH) services. Interestingly, MHH encompasses the broader systematic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment, and rights (WHO/UNICEF Joint Monitoring Program 2012; Sommer *et al.*, 2021). This shows the significance of our study among vulnerable age groups. Several studies have revealed the impact of menstruation on schoolgirls' attendance in Zambia. Sommer and Ackatia-Armah (2012) highlight the pervasive stigma surrounding menstruation in many societies, including Zambia. Cultural norms and taboos lead to shame and embarrassment among girls, resulting in absenteeism or reduced attention during menstruation, hindering girls' successful participation (Hennegan *et al.*, 2021; Sommer *et al.*, 2017).

Menstrual myths and traditional practices are still common in many societies globally. The lack of adequate MHH education, sociocultural misconceptions, and superstitions are particularly acute in many Low to Middle-Income Countries (LMICs) like Zambia. Socio-cultural attitudes towards girls' place in society and period poverty often stand in the way of girls being able to manage menstruation safely. The menstrual narrative and inadequate WASH infrastructure obstruct girls' educational access. MHH is highly prioritised for girls' educational access opportunities (Sommer *et al.*, 2016; Sommer *et al.*, 2015). While there is much literature on the impact of MHH on girls' schooling (Sommer *et al.*, 2013; Boosey *et al.*, 2014; Phillips-Howard *et al.*, 2016), fewer studies have looked at the factors that obstruct change and interventions in school policy.

The research question explored the obstacles and challenges to policy implementation: What factors impact policy implementation on girls' menstrual health in schools in Zambia? Therefore, the study aims to identify and understand the factors that hinder or influence the effective implementation of policies related to menstrual health for girls in Zambian schools.

## Conceptual framework: Fraser's social justice theory

The social justice theory explores justice and

injustice across cultural, economic, and political dimensions (Fraser, 2000). It provides a framework to analyse girls' inequities in accessing education, particularly during menstruation, by examining sociocultural factors, financial positions and policy landscapes. The theory helps identify girls' interconnected challenges and suggests strategies for creating a more equitable educational environment. Fraser's social justice theory revolves around three key dimensions of justice: recognition (cultural or symbolic justice), redistribution (economic justice), and representation (political justice). Each dimension addresses a specific type of injustice. Fraser argues that these three dimensions of justice are interconnected and must be addressed together (Fraser, 1995). The absence of these three dimensions in MHH efforts perpetuates period poverty and denies girls equitable access to education. Therefore, in the case of MHH, her framework emphasises the need for policies that prioritise menstrual health to reduce educational inequalities for girls.

## Methodology

The study employed a qualitative approach, utilising In-Depth Interviews (IDIs) with 40 key policymakers and stakeholders. Participants included seven teachers, three health workers, 11 ministry representatives, three social entrepreneurs and advocates, eight community members, four NGO representatives, two journalists, one traditional chief, and the district women's chairperson. The interviews focused on barriers to implementing effective school policies, girls' education, and the influence of culture and the political economy on menstrual practices. We explored the policy impacts on girls and the cultural perceptions of menstruation, aiming to identify obstacles to creating more inclusive policies that ensure girls do not miss school due to menstruation.

Purposive sampling was employed to recruit participants, targeting key stakeholders involved in policy formation on menstruation and education in Kafue district. Kafue was selected due to its central location within Lusaka Province, ensuring accessibility to diverse stakeholders and providing a broad representation of perspectives on menstrual health practices and challenges. This allowed for close collaboration with local stakeholders, enriching

the insights gathered. The inclusion criteria focused on participants' influence, decision-making, authority, expertise, and relevance to the research topic. Data collection occurred over six weeks, with 30-60 minutes interviews conducted in person or on Zoom. Informed consent was obtained from all participants. Data were managed using computer storage devices and mobile recorders, all secured with a password only known by the Principal Investigator (PI). The PI conducted and coordinated interviews, assisted by three enumerators. The study adhered to strict ethical guidelines, ensuring confidentiality, anonymity, and neutrality throughout. Enumerators received training to address the sensitivity of menstruation and gender-related matters, and they strictly followed research ethics standards. With their understanding of Zambian languages and cultural contexts, they ensured gender sensitivity was maintained during the entire process.

We adopted an inductive approach for thematic analysis, allowing themes to emerge, which were then mapped to the social justice framework. Emerging themes focused on the role of policymakers and the obstacles faced in policy implementation. The analysis centred around Fraser's three dimensions: cultural recognition, distributive justice, and political representation. Cultural recognition explored the barriers to changing school policies regarding menstrual health. Distributive justice examined the inadequate resources and irregular investment in menstrual health-sensitive facilities, as well as the limited dissemination and awareness of existing policies. Political representation focused on political will, the influence of policymakers, and the economic realities faced by families. The framework provided valuable insights into understanding and addressing societal inequalities surrounding menstruation in the educational sector.

## Results and discussion

The findings of this study focused specifically on the pathway to policy change by investigating the obstacles and challenges of policy implementation on MHH for adolescent schoolgirls and its impact on their educational access.

### Theme 1: Cultural recognition

Zambian cultural beliefs, norms and menstrual

practices, in which menstruation is seen as being unclean and girls may be isolated and restricted from engaging in certain activities like meal preparation, can contribute to a negative perception of menstruation (Chinyama, 2019; Sambo *et al.*, 2024). Zambia has pushed the MHH agenda by introducing MHH policies on education and product provision. When the participants were asked about how culture impacts policy implementation, a health officer commented 'in our African culture, as you know, we are not allowed to talk about certain things as they are taboo, and that affects girls. Our culture has impacted menstrual hygiene issues negatively. However, the coming of NGOs and forming school WASH and health nutrition clubs that address menstrual hygiene and WASH-related issues is a recommendable school policy' (District Health Officer, Female). A nurse who was interviewed mentioned that:

'... there are many Dos and Don'ts during menstruation: women are isolated, labelled unclean, and restricted from normal activities, like cooking. Some are told they can cook but not add salt' (Nurse, female).

One teacher explained:

'When we were growing up, we are told not to add salt to the food during our periods because it would make others unclean. Everyone would know we were on our period' (Headteacher, female).

These cultural beliefs strongly influence girls' menstrual practices, gender roles and societal expectations. Culture is essential to uphold traditional values and identity. However, some ceremonial rituals associated with menarche (first period), myths and misconceptions, and traditions passed down through generations as cultural norms, can have a negative impact. Cultural barriers that hinder girls' access to WASH facilities at schools are prevalent. For example, a district officer explained that: 'menstruation has been treated as such a taboo that it is not mentioned publicly, causing girls to be alienated compared to boys.' Another male we interviewed said that 'certain cultures have demonised menstruation instead of embracing it as a natural occurrence. Our culture has good and bad aspects' (District WASH Coordinator, male).

Some cultures or beliefs encourage girls to rest

and refrain from hard chores or active roles. Socio-economic factors like poverty and cultural beliefs can limit girls' participation who must stay home or keep their materials on longer until they return home to change them in safety and privacy. Cultural beliefs can impede MHH interventions in schools. Zambia has a diverse cultural background, with over 73 tribal groups. Interventions must be culturally sensitive and appropriate to suit culturally specific beliefs. Overall, cultural recognition served to impact the implementation of policy on girls' menstrual health by examining how cultures can obstruct the implementation of MHH-related school politics.

## Theme 2: Distributive justice

Economic disparities play a crucial role in limiting girls' access to menstrual hygiene products. The inability to afford these essential items contributes to absenteeism, perpetuating a cycle of economic injustice. Fraser's framework scrutinises economic structures and advocates for policies that address financial barriers. The participants mentioned that several key factors obstruct school policy changes, primarily centred around the lack of funds for MHH improvements and school investments. This includes insufficient funds for the provision of menstrual products, inadequate sanitary facilities, lack of sex education. The resources and power lie with Government ministries, donor-recipient relationships and school management. Peri-urban schools face challenges in accessing materials, and to provide female friendly environments to manage menstruation. The power dynamics and the priorities can contribute to the access or lack thereof. An education advocate said that 'the biggest challenge is the lack of funds. Most sanitary pads come from NGOs or donors, so schools cannot rely on a steady supply. If policymakers believe pads are essential, they will prioritise them in the national budget' (Quality Education Advocate, male). A nurse commented that 'the obstacle is the lack of resources and funding from the government and partners, like Plan International, which trains people to make pads. It's a good programme and should be sustained' (Nurse, female).

In addition, community engagement to challenge barriers and promote sustainable funding mechanisms must be implemented. Donor-promoted campaigns on period poverty exist in some schools. However, local initiatives using local

materials and knowledge are needed to encourage sustainability and continuity. A teacher explained that 'the government provided pads to every schoolgirl. I am unsure whether it will continue beyond this school term, but it is a good and positive policy. It is a very welcomed move. We know it will help girls attend school during their periods, as many miss school for days because they lack proper sanitary products' (Headteacher, female). Another teacher trained to work with menstruating schoolgirls mentioned that 'policies are working. Clubs have been created through the career counselling and guidance office where girls are involved in making pads. Materials are provided, and skills are imparted. The pads are kept at school and given to girls in need' (Career Counselling and Guidance Teacher, female). Overall, distributive justice served to impact the implementation of policy on girls' menstrual health by highlighting how the lack of resources and inconsistent investments in MHH-sensitive and appropriate sanitary facilities can obstruct justice.

## Theme 3: Political representation

Political injustice highlights the intersection of political dimensions with girls' education, emphasising how unequal resource distribution and lack of political will may hinder effective MHM initiatives. The policymakers in Kafue were often unaware of specific MHH policy programmes or existing guidelines, leading to gaps in implementation and good MHM. There is a massive obstruction in the policy-to-practice pathway if the key players do not comprehend what 'must' be in place. When asked about how effective government policies were, one noted that 'the government implemented a policy for menstrual product provision to girls to access pads. However, it has not been sustained. Government and other policy makers must sustain policies as this is key' (Nurse, female). An NGO representative also explained 'the government is not doing enough, as compared to NGOs and individuals. Government must influence companies that make sanitary materials to reduce the prices, or subsidise and remove the taxes' (NGO Researcher and Implementation Officer, female). In addition, 'most policies are not given the attention they deserve because they lack sensitisation, orientation and funding. Some policies are excellent and can have a positive impact, but due to lack of funds, they are not well implemented' (Quality Education Advocate, male).

The disconnect between the assumptions of central government and the district's policymakers, and the actual needs of menstruating schoolgirls, is exacerbated by insufficient consultation with girls and considering their varied experiences (age, cultural background), leading to inadequate policy solutions. Despite national guidelines, teacher training and the establishment of school clubs, unequal participation in decisions affects the success of policies. The participants emphasised the need for more policy prioritising MHH needs as a pathway to policy change. Political advocacy efforts are essential within the political agenda. As a WASH coordinator said 'political will is needed to distribute free menstrual products. Selling pads makes it hard to afford them, especially in families with limited budgets where pads are not a priority' (District WASH Coordinator, male). As one nurse explained during the interviews that 'the policy will improve girls' education by ensuring they are in school consistently. It helps build a better, life as attending school means they can graduate and avoid other activities to raise money for pads. Having pads will allow them concentrate and become better individuals' (Nurse, female).

In June 2023, the Zambian government's decision to provide free sanitary pads to school-going menstruators was a step in the right direction aimed at improving girls' educational access and well-being. However, issues of sustainability, policy clarity, continuity, and knowledge gap remain, potentially undermining the long-term success of such initiatives. Additionally, families' economic struggles further compound these challenges, as many prioritise basic needs like food over menstrual products, forcing girls to use unhygienic alternatives, thus affecting their confidence and causing worry about staining clothes (Zaman *et al.*, 2024). For example, one teacher said that 'if pads were cheaper, vulnerable children could afford them. However, many use unhygienic pieces of clothes because their families prioritise food over buying pads' (Headteacher, female). Another participant mentioned 'some parents cannot afford pads, which affects girls' attendance. Without pads and proper menstrual education, girls miss class and may face shaming or teasing from boys when they experience or manage menstruation at school' (Quality Education Advocate, male). Overall, political representation served to impact the implementation

of policy on girls' menstrual health by focusing on political will, stakeholder influence, and the economic realities of families that shape policy outcomes.

## A summary of how the three themes interconnect

Cultural recognition examines how cultures can obstruct the implementation of MHH-related school politics. Distributive justice highlights the lack of resources and inconsistent investments in MHH-sensitive and appropriate sanitary facilities. Whereas, political representation focuses on political will, stakeholder influence, and the economic realities of families and the impact on policy outcomes. The absence of these three dimensions in MHH efforts perpetuates period poverty and denies girls equitable access to education. For instance, cultural stigmas and taboos around menstruation create an environment where students feel ashamed or embarrassed about their periods. Lack of access to affordable products forces girls to miss school or manage menstruation with inadequate supplies, impacting their ability to participate fully in class and the community. Lack of representation in policy-making leads to inadequate attention to menstrual health needs in schools and the community.

Policymakers can take all girls and their varied experiences into account in their planning by addressing inclusive representation (reflecting diverse backgrounds of girls, including socioeconomic, cultural, and geographic differences), cultural sensitivity (considering cultural norms and taboos surrounding menstruation), economic accessibility (providing free or affordable products especially for low-income settings), infrastructure and facilities (accessible, private, and safe facilities, such as clean toilet with water, soap and disposal options). Comprehensive education for all girls and boys about menstrual health can reduce stigma and promote understanding, leading to a more inclusive environment for menstruating girls.

## Conclusion

Participants' limited awareness and poor implementation of MHH policies significantly hinder girls' access to education during menstruation, contributing to absenteeism, increased dropout rates, and lower academic performance.



Strengthening policymakers' awareness through training, capacity-building initiatives, and fostering stakeholder collaboration are essential for addressing these issues. Additionally, sufficient resource allocation for MHH programmes, alongside establishing robust monitoring and evaluation mechanisms, is critical for practical policy realisation and improvement. Policy advocacy plays a vital role in raising awareness about MHH issues and driving gender-responsive, evidence-based policy changes. This focus ensures that policies prioritise the needs of menstruators, promoting educational equity for girls. In Kafue, heightened awareness and a thorough understanding of MHH policies among policymakers and stakeholders are necessary. Insufficient comprehension of MHH-related challenges continues to perpetuate stigma and hinder girls' access to education, adversely affecting their well-being, health, and academic outcomes.

In the Zambian context, cultural, economic and political factors significantly affect menstrual practices, hindering girls' education and overall well-being. Addressing these issues through targeted interventions is crucial to fostering a more equitable educational environment. The study emphasises the importance of holistic solutions that integrate Fraser's social justice theory to guide interventions. Collaboration between the Ministry of Education, schools, families, communities, and governmental and private organisations is needed to address menstrual health challenges effectively. Government and private organisations have made strides by providing menstrual supplies and offering training in producing reusable materials. However, misconceptions surrounding menstruation persist, underscoring the need for continued advocacy and education on good MHH practices. This research underscores the critical role of policymakers in improving MHH practices within the education system. Sustainable MHH initiatives, supported by increased funding and a focus on educational equity, can help reduce absenteeism and dropout rates among menstruating schoolgirls. Prioritising evidence-based policies and accessing menstrual myths are vital steps toward overcoming gender inequality in education and fostering long-term development. MHH policies, policymakers and all stakeholders should consider diversity in experience, cultural sensitivity, economic support, facility improvement, and inclusion education.

## Limitations

This study focused on understanding MHH issues from the perspectives of policymakers in urban and peri-urban schools. While it provided valuable insights into policy challenges, it did not include input from menstruating girls or rural areas, where MHH issues are often more severe. The study emphasises the importance of addressing the policy-to-practice gaps and improving WASH infrastructure to enhance girls' educational access.

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There is nothing to declare.

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