

**INFLUENCE OF DIGNITY KITS UPTAKE ON DAASANACH GIRLS'
ATTENDANCE AND PERFORMANCE IN PRIMARY SCHOOLS IN ILERET
WARD, MARSABIT COUNTY**

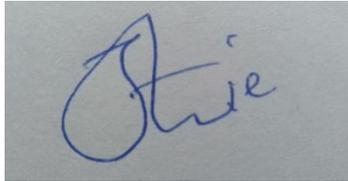
JOANNE MUTHOKI VELO

**A PROJECT PAPER SUBMITTED TO THE DEPARTMENT OF
ANTHROPOLOGY, GENDER, AND AFRICAN STUDIES IN PARTIAL
FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE
OF MASTER OF ARTS IN GENDER AND DEVELOPMENT STUDIES OF
THE UNIVERSITY OF NAIROBI**

2023

DECLARATION

This research project report is my original work and has not been presented for examination in any University for award of degree.



Signature

Date **20th June 2023**

JOANNE MUTHOKI VELO

N69/21247/2019

This research project paper has been submitted for examination with my approval as the university supervisor.



Supervisor.....

... Date...22nd June 2023

DR. DALMAS OCHIENG OMIA

ACKNOWLEDGEMENT

I would sincerely want to thank the Almighty God who enabled me through this journey. I would like to express my sincere appreciation to Dr. Dalmas Omia for his patience and endless guidance throughout this research project. His mentorship was paramount in giving a well-rounded experience throughout my study and this project. I would like to register my gratitude to all teachers in Ileret and Telesgaye primary schools especially Madam Fredina and Madam Margret who have been the menstrual hygiene patrons ensuring that the girls are well catered for, and distribution of dignity kits is done monthly. I am equally indebted to local administrators' support. I would like to acknowledge all the head teachers, deputy head teachers, teachers, and pupils of Telesgaye primary school and Ileret primary school who warmly received me in their schools and completed the questionnaires as I collected data for my research. I am indebted to my loyal friends for their encouragement and support especially Dr. Catherine of Chuka University who kept pushing and never gave up even when I was at the verge of giving up. Finally, I would like to express my appreciation and thanks to my beloved parents Mr. Peter Maundu and Mrs. Jacinta Velo who kept tracking my progress and encouraging me to create time within my busy schedule to finalize my degree, my sisters and brothers, my nieces and nephews and the wider family. I am grateful for the push and pressure to finalize on my project. Max Hartwall and Gunilla Dure who have sacrificed their resources to see girls in Ileret in school and provided with monthly dignity kits, thank you very much. Father Benedict (OSB), Chief Siyel, Monica Goosh, Claudia Goosh, Rahma Ahmed and Ruth Aura (Dobi) who have been my support system in promoting menstrual hygiene among girls in primary schools in Ileret ward. Thank you for making this project a success. Mr Mutuku and the entire TBI family who have not shied away from supporting the girls and being male champions toward ending periods of stigma.

DEDICATION

I dedicate this research project to God Almighty, my creator, my source of wisdom, understanding and knowledge. To the Daasanach school going girls in Ileret ward who have defied all odds to be in school. Their determination and great desire to be in school despite the periods of stigma and to achieve their dreams, I salute you.

Table of Content

DECLARATION	ii
ACKNOWLEDGEMENT	iii
DEDICATION	iv
TABLE OF CONTENT	v
LIST OF FIGURES	viii
LIST OF TABLES	ix
ABBREVIATIONS AND ACRONYMS	x
ABSTRACT.....	xi
1.0 CHAPTER ONE: INTRODUCTION	1
1.1 Background to the Study.....	1
1.2 Problem Statement	6
1.3 Objectives of the Study	8
1.3.1 Overall Objective	8
1.3.2 Specific Objectives.....	9
1.4 Assumption of the Study.....	9
1.5 Justification of the Study	9
1.6 Scope and Limitation of the Study.....	10
1.7 Definition of Key Terminologies.....	10
1.8 Chapter Summary	11
2.0 CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK...	12
2.1 Introduction.....	12
2.2 Dignity kits and class attendance by Girl’s in primary school	12
2.3 Dignity kits and performance of girls in primary school.....	14
2.4 Dignity kits and school enrolment of girls in Ileret Ward	17
2.5 Theoretical Framework: Theory of Planned Behaviour	19
2.5.1 Relevance of the theory of Planned Behaviour to the Study.....	23
2.6 Conceptual Framework.....	24
3.0 CHAPTER THREE: METHODOLOGY	27
3.1 Introduction.....	27
3.2 Research Site.....	27

3.3 Research Design.....	29
3.4 Study Population and Unit of Analysis.....	30
3.5 Sampling and Sampling Design.....	30
3.6 Sample Size and Sampling Procedures.....	32
3.7 Data Collection Methods	33
3.7.1 Survey.....	33
3.7.2 Key Informant Interviews	33
3.8 Data Processing and Analysis.....	34
3.9 Ethical Considerations	35
CHAPTER FOUR.....	37
DATA ANALYSIS, DISCUSSION AND PRESENTATION OF THE FINDINGS	37
4.1 Introduction.....	37
4.2 Response rate	37
4.3 Demographic Characteristics of study participants	37
4.3.1 Class	37
4.4 Influence of dignity kits on girls’ school performance.....	38
4.4.1 Excellence in class work	38
4.4.2 Active school participation.....	39
4.4.2.1 Taking leadership roles.....	39
4.4.2.2 Comfort in school during menses	40
4.4.2.3 Privacy during periods	41
4.4.3 Girls’ performance in relation to boys	43
4.4.4 Rewards girls get for excellence.	44
4.4.5 Recommendations/praises from parents and teachers.....	44
4.5 Influence of dignity kits on girls’ school attendance	45
4.5.1 Times participants are absent from school for lack of dignity kits.	46
4.5.2 How often do the participants attend school while on their periods.	46
4.5.3 Main reasons why girls miss school during menstrual periods.....	47
4.5.4 Other barriers to school attendance	48
4.6 Influence of dignity kits on girls’ education uptake	49
4.6.1 Relationship with teachers	49
4.6.2 Inter-pupils’ relationship.....	51

4.6.3 Involvement in extra-curricular activities	52
4.6.4 Mentorship	52
CHAPTER FIVE	54
SUMMARY OF THE FINDINGS, CONCLUSION AND RECOMMENDATIONS	54
5.1 Introduction.....	54
5.2 Summary of Key Findings	54
5.2.1 Influence of dignity kits on girls’ school performance	54
5.2.2 Influence of dignity kits on girls’ school attendance	55
5.2.3 Influence of dignity kits on girls’ education uptake.....	55
5.3 Conclusions.....	56
5.4 Recommendation	57
REFERENCES	59
APPENDIX I	64
LETTER OF INTRODUCTION.....	64
APPENDIX II	65
SEMI-STRUCTURED INTERVIEW GUIDE FOR THE SCHOOL GOING GIRLS	65
APPENDIX III: KEY INFORMANT INTERVIEW GUIDE	69
Pictorials	71

LIST OF FIGURES

Figure 1: The Variables of TPB Model (Ajzen, 1991).....	22
Figure 2:Conceptual Framework	26
Figure 3: Map of Marsabit County (Source: Marsabit County Integrated Plan 2018-2022)...	27
Figure 4: Map of Horr Sub County (Showing study Site, Illeret Ward).....	29
Figure 5:Distribution of Participants by Class.....	37
Figure 6: Main reasons why girls miss school during menstrual periods.....	47
Figure 7:Other barriers to school attendance	48
Figure 8:Relationship with teachers.....	50
Figure 9:Dignity kits and mentorship programs	53

LIST OF TABLES

Table 1: Respondents Sample Size	32
Table 2: Key informant's title.....	34
Table 3: Comfort in school during menses	41
Table 4: Privacy during periods.....	42
Table 5:Girls' performance in relation to boys.....	43

ABBREVIATIONS AND ACRONYMS

ASALs	Arid and Semi-Arid Areas
Gok	Government of Kenya
JPM	Joint Monitoring Programme for Drinking Water, Sanitation and Hygiene
KDHS	Kenya Demographic Health Survey
LMICs	Low and Middle-Income Countries
MHD	Menstrual Hygiene Day
MHM	Menstrual Hygiene Management
MOEST	Ministry of Education, Science and Technology
TPB	Theory of Planned Behaviour
UNFPA	The United Nations Population Fund
UNICEF	United Nations International Children's Fund
WASH	Water, Sanitation and Hygiene

ABSTRACT

The study examined the uptake of dignity kits by Daasanach girls in primary schools in Marsabit county, Kenya. It specifically sought to: establish how uptake of dignity kits influence the performance of Daasanach girls in primary schools in Ileret ward, to examine how uptake of dignity kits influence the attendance of Daasanach girls in primary schools within Ileret ward and to describe the relationship between uptake of dignity kits and Daasanach girls' enrolment in school in Ileret ward. The study employed a descriptive survey research design among 100 respondents. The unit of analysis was a Daasanach girl enrolled in a local primary school within Ileret. The assent was sought before the survey was conducted and also consent from the teachers who are in charge of the schools. The data was captured in Ms Excel, checked for completeness of the data set then proceeded to descriptive statistics. Presentations were done in tables and graphs.

The findings indicated that Daasanach girls' performance improved as a result of access to dignity kits. Concentration in class also improved due to the comfort and peace brought by the use of the packs. Girl's school enrolment numbers went up in general with increase in class sizes numbers for girls and increased transitions from one class to the other. Findings in attendance indicated that girls reported minimal absenteeism during their monthly periods and thus were able to spend more time in class and in school. The girls also registered improved attendance with some recording 100% school attendance in a term. There has been considerable attention placed on increasing schooling in developing countries and especially of the girl child. This may be attributed to the fact that studies suggest female schooling has positive effects on health, wealth, empowerment, and the health and schooling outcomes of girls' own children later.

The study recommends budget allocation for dignity kits to schools for local purchasing and distribution, Qualified counselling, and guidance teachers to help the girls as they transition in this stage and launch of a girl's education themed campaign on girls' education and advocacy of menstrual hygiene towards girls' education. Providing students with adequate and timely information and promoting menstrual health is of utmost importance. Teachers and school staff should be trained to provide this kind of support especially in areas where culture plays part in girls' education and sexual reproductive health. Teachers should be used as a reference for students' questions on menstruation. To achieve this goal, schools need more support from partners in terms of capacity, resources due to the competing priorities.

1.0 CHAPTER ONE: INTRODUCTION

1.1 Background to the Study

Dignity kit comprises basic necessities that women and girls require to maintain feminine hygiene, dignity, and respect in their daily lives, in spite of displacement (Girod et al., 2017). Hygiene kit is designed to promote hygiene within the family, and may also include certain items considered to restore dignity such as soap and sanitary pads for women (<https://www.oxfamwash.org>) A personal hygiene kit is a useful collection of personal care items dedicated to helping you stop the spread of germs and living a dignified life despite the challenges. While hygiene kits are considered a standard humanitarian intervention outlined in the sphere standards for humanitarian response, UNFPA (2015) outlines minimum standards for provision and response in emergencies that standardised hygiene kits typically do not meet the specific hygiene needs of women and girls as perceived. During emergencies women and girls are more susceptible to various forms of gender based violence that include prevention of access to hygiene kits thus the Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies comprise of a comprehensive set of 18 standards grouped as foundational standards that include; mitigation, prevention, and response standards; and coordination and operational standards. For instance, guidance on engaging communities, supporting national systems, promoting positive gender and social norms, and collecting and utilising data. Guidance to mitigate, prevent and respond to gender-based violence in emergencies, access to reproductive health services for GBV survivors, including clinical management of rape, as well as the distribution of dignity kits, access to psychosocial support, safety and security, justice and legal aid and socio-economic support, guidance on GBV assessment, coordination, advocacy, and communications and securing human and financial resources in emergencies. Unlike the standard hygiene kit, dignity kits contents are

theoretically selected in consultation with local communities and customised to meet both immediate hygiene needs of affected populations and facilitate women's mobility by providing them with items that women themselves prioritise for daily life (Schmitt et al., 2018). As such, dignity kits include culturally appropriate items that vary across countries and regions; examples include headscarves in Muslim countries, hair oil in West Africa, or *capulanas* in Mozambique (multipurpose cloth used commonly throughout sub-Saharan Africa). Kit contents are also adapted according to the needs generated by the specific type of emergency; therefore, items may also vary according to distribution context. Kits also typically contain a number of standard hygiene items: the five most commonly included items are sanitary napkins, hand soap, toothbrush, toothpaste, and underwear (Schmitt et al., 2018; Vanleeuwen & Torondel, 2018).

Menstrual Hygiene Management (MHM) is defined as when women and adolescent girls are using clean menstrual management materials to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials (WHO/UNICEF Joint Monitoring Programme, 2012). As of May 2022, globally, it is reported that at least 500 million women and girls have limited access to menstrual hygiene facilities. Several factors influence difficult experiences with menstruation, including inadequate facilities and materials, menstrual pain, fear of disclosure, and inadequate knowledge about the menstrual cycle (World Bank, 2018).

Studies (Sommer et al., 2016; Chandra-Mouli & Patel, 2017) in low and middle-income countries (LMICs) indicate that women and girls face enormous bottlenecks relating to information access about menstruation, affordable and appropriate sanitary products, poor sanitation facilities and lack of proper avenues for disposal of menstrual waste. This situation

is compounded by taboos and cultural practices that accompany the discussion of sexuality in general and menstruation. Silence on matters surrounding the topic of MHM stifles women and girls' ability to express their sexuality and hinders their participation which is a fundamental human rights principle. Women's and girls' voices are indispensable to ensuring that their needs are understood and prioritised. This includes material and privacy requirements for menstrual hygiene management. Policies and special measures need to be adopted to tackle gender inequalities in practice and strengthen women's voice and participation (Hennegan et al., 2019). Policies and specific measures need to be adopted to tackle gender inequalities in practice and strengthen women's voice and participation.

The population of Kenya is 47,564,296 and that of females is at 24,014,716 which is 50.5 percent of the population (KNBS, 2019). This means that a considerable number of women and girls in Kenya menstruate every month (Alexander & et.al, 2014). They therefore face daily challenges related to inadequate, unsafe, and inappropriate sanitation and hygiene. This is further exacerbated every month when they menstruate and need to wash, bathe, and change the used sanitary pads, more often in privacy, with adequate water, spaces for changing, washing, drying and disposal of menstruation items (Alexander & et.al, 2014). Lack of adequate guidance on MHM; poor quality and inadequate supply of water, disposal facilities, and privacy for changing in many schools continues to leave girls with limited options for safe and proper personal hygiene (Alexander & et.al, 2014). In addition, inadequate sanitary hygiene products force some girls to use un-hygienic materials, potentially increasing urogenital infections. New but limited evidence also suggest that this need leads adolescent girls to engage in transactional sex to buy menstrual products (Phillips-Howard et. al, 2016).

According to UNICEF, 29 % of school going children have access to improved sanitation facilities, with 84 % of rural schools lacking proper hygiene facilities (Sakwa, 2022). Many

girls cannot access or afford appropriate absorbent materials and often resort to crude methods. Besides, menstruation is surrounded by divergent religious beliefs and cultural perceptions that impact on MHM practices. It is considered a taboo by various communities and even by the teachers; hence many teachers and elite women fail to provide information and guidance on the meanings and management of menses. Jewitt and Ryley (2014) aver that unable to cope with this physiologic process and to avoid suffering shame, girls adopt diverse coping strategies that vary across regions, based on personal preferences, resources available, knowledge and cultural beliefs. This affects their rights, social and mental well-being, resulting in suboptimal school performance, school absenteeism, and dropouts. On average, adolescent girls miss at least 6 weeks of school per year due to menses. Furthermore, Marni (2010) explains that many girls suffer diverse reproductive health problems, especially urogenital infections arising from unsafe unhygienic practices. This has worsened existing gender disparities observed across regions on access, retention, transition, and achievements on education. To mitigate its effects, in 2009, the Government of Kenya increased the budgetary allocation to schools to improve WASH facilities and to provide subsidised sanitary pads for needy girls (UNICEF, 2014).

Menstrual Hygiene Day (MHD) which is set on May 28 is dedicated to bringing awareness around the vital role that good menstrual hygiene management (MHM) plays in empowering women and adolescent girls worldwide to become all that they can be. The vision of MHD is a world in which every woman and girl is able to manage her menstruation in a hygienic way- in safety, privacy, and with dignity- wherever they are (*MENSTRUAL HYGIENE DAY 2016 Planning Guide*, n.d.). This however is not the reality in most of our schools and learning Institutions. Marsabit county has its fair share of challenges from prolonged drought, famine, insecurity, education issues, health, and cultural challenges. Endemic drought and starvation are one of the most prevalent problems depriving poor Marsabit residents' access to menstrual products since families have to prioritize their basic needs first (Walter, 2022). For instance,

Ileret in Marsabit County has many pastoral localities which are marginalised in all aspects and getting menstrual hygiene materials for most girls in and out of school is a toll order. Very few households have a pit latrine and the cultural taboos on who can use the latrines limit the number of girls who can access this service comfortably and without any judgement (Korir et al., 2018).

The Ministry of Health conducted a study in 2016 that revealed, the median age for menarche in Kenya stands at 14.4 years. This information about menstruation was largely received (87.7%) from mothers and (15.5%) from teachers (Geertz & et.al, 2016). Parents remain the primary source of information since they are mostly concerned with ensuring that their daughters avoid early child and teenage pregnancies. Minimal attention is given to menstrual health and hygiene with adolescent girls and boys reporting that it is shameful to discuss menstruation (Geertz & et.al, 2016). The myths perpetuated by this silence and stigma results in shame and confusion, poor hygiene during the menstrual period, incidence of urinary tract and vaginal infections, absenteeism from school and work and a sense of poor self-worth that persists long after menstrual period (Geertz & et.al, 2016). Almost half of Kenyan women and girls interviewed believed that it was not correct to talk about or discuss menstruation and more than half believed that menstrual blood contains harmful substances (Khader, 2017).

Under the new constitution of 2010, Kenya adopted a new progressive, rights-based constitution which provides a legal framework for the government to fulfil basic rights for all citizens, including marginalised and vulnerable women and children. As at 2020, there were 32,437 primary schools in Kenya (Kamer, 2022) and 10,413 secondary schools in Kenya (Kamer, Number of secondary educational institutions in Kenya 2013 to 2020, 2023) with a student population of over 14,000,000 learners, comprising of 10.3 million enrolled in primary school and 3.7 million enrolled in secondary schools around the country (AfricaCheck, 2022).

Out of this population, there are about 4,059,000 who are adolescents and are likely to face the challenges related to MHM. Findings of a study done in Western Kenya revealed that WASH conditions in most rural Kenyan primary schools are insufficient for the MHM needs of menstruating girls. It further stated that suboptimal WASH conditions in schools may hinder girls' ability to concentrate in class, attend school when menstruating, or at worst dropout of school completely (Alexander et al., 2014). In Ileret ward, female poverty is exacerbated by gender-based violence, including sexual violence and physical violence. Women's empowerment is hindered by polygyny, early marriage, and harmful cultural and traditional practices such as women illiteracy. A recent survey by the Marsabit County government on Education uptake among the women in Ileret shows that, only 25 % women could read and write (Gok, 2020). In 2019 the number of girls in one of the highly populated schools was 75 out 219 while in 2020, 82 out 222. Without education, women are subjected to all manner of oppressions because they neither know their rights nor have access to any materials done to cushion them. It is against such background that this study seeks to investigate dignity kits uptake by Daasanach primary school girls in relation to their academic performance in Ileret Ward, Marsabit County.

1.2 Problem Statement

There exists growing global attention focused on tackling the menstrual management related challenges facing adolescent girls and women in low- and middle-income countries (LMIC). This includes a surge of growth in new and locally produced menstrual products, often accompanied by innovative distribution approaches aimed at enhancing accessibility, along with the provision of menstruation-related education (Schmitt et al., 2018). Menstrual health management (MHM) is key and a necessity to all girls and women who experience menstrual periods. Several studies have described the importance of the usage of dignity kits by girls, especially those in schools. For instance, Sommer and Sahin (2013) established that in many

Sub-Saharan Africa and South Asia, girls face enormous cultural, economic, and social barriers that hinder them to acquire and use dignity kits which deters many to achieve their academic goals.

Moreover, Miiró et al. (2018) noted that poor MHM contributes to increased absenteeism among girls leading to poor academic performance. In addition, Mason et al. (2013) revealed that MHM is a private issue among women and girls from Western Kenya and limited knowledge is shared in social institutions including schools. Besides, Korir, Okwara and Okumbe (2018) established that primary school girls have limited access to MHM tools and supportive systems, WASH programs were limited which contributed to poor school attendance among girls.

One of the subjects that has received more attention within MHM is education and whether an improved access to girl-friendly toilets, pads, and knowledge on MHM in school can increase the girl's attendance and enrolment rates. The data is however conflicting due to limited and context specific literature. According to Adukia (2013), the menstruation hypothesis, which states that menstruation creates an impediment for girls to go to school, is one of the reasons for the high dropout rates among girls who reach puberty. This belief has contributed to the construction of girl-friendly toilets with enough space and privacy for the girls to change and wash themselves. However, the limited MHM data presents skewed conclusions. While the limited qualitative data is pointing towards linkages between school sanitation and girls' enrolment rates, there is still not enough quantitative data that can support the hypothesis. The same goes for the data on school dropout; most of the data is of qualitative nature and the quantitative data is conflictive.

At the same time, the interdependence of the gender, education, and sanitation Millennium Development Goal (Ten, 2007) has received increased interest from donors and NGOs.

However, marginalised areas, especially arid and semi-arid areas (ASALs) experience limited access to MHH items. Girls and women from such regions are compounded with not only economic challenges but socio-cultural norms, gender roles and expectations and women's low status in the society. According to Barbara Frost (cited in Melik, 2011) without sanitation 'you cannot achieve universal primary education, you cannot promote gender equality and empower women, you cannot reduce child mortality. Despite numerous studies on access to dignity kits by girls especially in the arid and semi-arid regions, no study clearly indicates the influence of dignity kits uptake on school performance and attendance of Daasanach girls.

Thus, this study was designed to find out the influence of dignity kits uptake which is a comprehensive package on Daasanach Primary School Girls' attendance and performance in Ileret Ward, Marsabit County. In the view of the foregoing, the study strived to answer the following research questions.

- i. What is the link between uptake of dignity kits and performance of girls in primary schools in Ileret Ward?
- ii. What is the influence of dignity kits uptake by primary school girls on their school attendance in Ileret Ward?
- iii. To what extent does uptake of dignity kits contribute to the enrolment of girls in primary schools in Ileret ward?

1.3 Objectives of the Study

1.3.1 Overall Objective

To assess the influence of dignity kits uptake on Daasanach girls' attendance and performance in primary schools in Ileret Ward, Marsabit County

1.3.2 Specific Objectives

- i. To assess how uptake of dignity kits influence the performance of Daasanach girls in primary schools in Ileret ward.
- ii. To examine how uptake of dignity kits influence the attendance of Daasanach girls in primary schools within Ileret ward.
- iii. To describe the link between uptake of dignity kits and Daasanach girls' enrolment in school in Ileret ward.

1.4 Assumption of the Study

- i. Uptake of dignity kits by Daasanach girls improved the girls primary school performance.
- ii. Dignity kits have positively influenced education uptake of girls in Ileret ward.
- iii. Dignity kits uptake by Daasanach primary school girls contribute to improved school attendance and low absenteeism.

1.5 Justification of the Study

The study generates useful findings on the influence of dignity kits uptake by primary school girls on their performance, enrolment, and attendance in Ileret Ward, Marsabit. County that will be significant in advancing the discourse of menstrual hygiene management among school going girls. This report will also help the county in coming up with a better menstrual hygiene policy that can cater for the primary schools within the county amidst all the challenges and the competing priorities. The findings will also help the schools, the county leaders and development partners to address the gaps and unique challenges through better programming and policy interventions. The report will also open spaces for discussions which will lead to more studies and funding towards menstrual hygiene health within the entire Marsabit county, the challenges that the girl-child from marginalised communities encounter in their pursuit for academic, economic, and social empowerment.

1.6 Scope and Limitation of the Study

This cross-sectional study focused on the dignity kits uptake by primary school girls in Ileret Ward and their academic performance and school attendance. The study targeted primary school going girls who are of menstruating age and already beneficiaries of the dignity kits program. In addition, sub county education officers, teachers, local administrators, and gender officers as well as local leaders who champion for girl child education and MHM will be recruited as key informants. The study was to specifically focus on the influence of dignity kits uptake on girls' school attendance and performance. The study adopted qualitative data collection methods. This included the use of semi-structured interviews and key informant interviews to collect primary data from respondents and informants respectfully.

In terms of study limitations, understanding dignity kits uptake on academic performance can present a methodological challenge owing to the multi-dimensional nature of dignity kits and how they can enhance academic performance. Whereas the study was conducted in public primary schools and findings were specifically informed by the influence of dignity kits uptake on girls' academic performance, these results can only be mapped under similar settings, hence context specific. Therefore, it is worth noting that methodologically, the study could have suffered the generalizability power especially on qualitative findings from key informant interviews. It thus requires other studies to be conducted for comparison purposes. Another limitation in this study was that it was purely qualitative in nature and draws from a small sample to warrant generalisation and external validity.

1.7 Definition of Key Terminologies

Academic performance: This is operationalized as the ability to study and remember facts, being able to study effectively and see how facts fit together and form larger patterns of knowledge and being able to think for yourself in relation to facts and being able to

communicate your knowledge verbally or down on paper. The grades acquired by the girl child in Kenya Certificate of Primary Education.

Dignity kit can be described as a package comprising basic necessities that displaced women and girls require to maintain feminine hygiene, dignity, and respect in their daily lives, despite displacement. A typical dignity kit has items such as soap, sanitary pads, panties, wrapper, slippers, body oil, toothbrush and toothpaste, comb, torch, and bag.

Drop-out: This refers to children leaving school and not re-enrolling in their immediate or any other school before they have completed the cycle.

Menstrual Hygiene Management (MHM) is defined as when women and adolescent girls are using clean menstrual management materials to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials.

School attendance: It refers to pupils' appearance at school for a previously scheduled event.

School discipline issues: It refers to a system consisting of code of conduct, punishment, and behavioural strategies to regulate students and keep school and classroom in order.

1.8 Chapter Summary

This chapter identifies that access to dignity kits improves the menstrual hygiene of primary school going girls which results into more concentration in class that sets to improve performance and attendance in schools. The chapter aims to examine the influence uptake of dignity kits has on the enrolment, attendance, and performance of Daasanach Girls in Ileret Ward, Marsabit county. The chapter concludes that menstrual hygiene is an important component of Girl child empowerment and a great influence on access to education by the girl child.

2.0 CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

This chapter revised existing literature on dignity kits uptake by primary school girls and how this influences their school attendance, enrolment, and performance. The study was pegged on the Theory of Planned Behaviour as its theoretical framework showing its relevance to the study as well as an illustration of a conceptual framework displaying the interplay between independent and dependent variables of the study.

2.2 Dignity kits and class attendance by Girl's in primary school

The former UN Secretary General Kofi Annan in 2003 proclaimed that girls' education is key to economic and social development. He stressed that economic productivity, reduced mother, and infant mortality compounded by improved household nutrition is highly linked to women and girls' education (Jewitt & Ryley, 2014). Education informs girls on how to protect themselves against early and unplanned pregnancies as well as harmful outcomes of menstrual periods. It has been established that young girl who are at the onset of the menstrual period find it too hard and stressful to cope up with the new changes in their bodies. VA Leeuwen and Torondel (2018) add that many young teenage girls receive menstrual periods unexpectedly and perceive that something has gone wrong with their reproductive health. Many of the girls develop a sense of fear even to inform their parents, especially their female parents as well as teachers. They usually think that they have done something wrong which they can trace. As opined by Sommer and Sahin (2013), girls in primary school hesitate to go to school for two or more days during their first menstrual period thinking that they are sick unless someone explains to them before such cases happen. It is therefore important to note that girls' first menstrual periods are critical and relevant information will be helpful to help them tackle such cases.

Primary school girls in Sub-Saharan Africa are faced with enormous challenges of accessing and using dignity kits. School going teenage girls in many Sub-Saharan countries bear a disproportionately high burden of menstrual hygiene and its outcome (World Bank, 2011). Even though girls' school attendance in the region has increased in recent years, many especially from poor households and arid and semi-arid areas still encounter big challenges daily. A comparative study by Malusu and Zani (2014) explain that the ratio of girl's enrolment in primary school in Sub-Saharan Africa is still low. The chances of girls getting enrolled in school are approximated to be 85% as compared to 92% for boys. Therefore, girls still need a helping hand and interventions that can help them have relatively higher school enrolment chances as genesis to girls and women empowerment in many Sub-Saharan countries.

According to the study by Girod et al. (2017) on the influence of girls' access and utilisation of dignity kits on school attendance. Findings indicated that girls from poor households who attend public primary schools in informal settlements find it hard to get access to menstrual pads and clean and safe water for sanitation purposes. Many of the girls end up using one sanitary pad for a whole day which is not recommendable. It is therefore important to note that many girls in resource poor localities struggle to get access to dignity kits and this prevents many of them from going to school regularly as opposed to boys. Besides, Sommer (2012) explains that attention has been drawn to linkages between poor school-based sanitation and girls' low attendance rates. Many governments and non-government agencies are championing the provision and availing dignity kits for girls across the globe and especially in developing countries. Key areas of concern have been girls' menstrual hygiene management in humanitarian emergencies. It is established that during conflicts and civil wars and emergencies, girls and women are the most affected, however, the menstrual period and outcomes do not wait until such calamities are over. Burdened by inaccessibility to school,

girls during humanitarian crises find it hard to get access to dignity kits. Sommer recommended special attention for girls during humanitarian crises.

Miiró et al. (2018) aimed to investigate menstruation management practices, barriers and facilitators, and the influence of menstruation on school absenteeism among secondary school students in a peri-urban district of Entebbe. The study findings reported substantial embarrassment among schoolgirls and fear of teasing related to menstruation in the qualitative interviews, and said that this, together with menstrual pain and lack of effective materials for menstrual hygiene management, led to school absenteeism (Velo, 2023). All policy makers interviewed reported poverty and menstruation as the key factors associated with school absenteeism among girls (Velo, 2023). Therefore, management of menstruation can present substantial challenges to girls in low-income settings (Velo, 2023). In preparation for a menstrual hygiene intervention to reduce school absenteeism, it would require actors and stakeholders to partner and give supportive systems to girls in both primary and secondary schools (Girod et al., 2017).

2.3 Dignity kits and performance of girls in primary school

Several empirical studies have been conducted regarding school attendance and retention for girls once they start experiencing menstrual periods. In Sierra Leone and Guinea, school aged girls must leave school because their parents, having had to pay for an expensive acquisition of dignity, are unable or unwilling to go on financing their daughter's education (Plan International, 2006). Many girls suffer from health problems, pain and trauma following the menstrual periods (USAID, 2005). There are indications that girls enrolled in school are often absent or less attentive in class for these reasons. This leads to mediocre performance, interruptions, and premature termination of schooling (Plan International, 2006).

UNICEF (2004) shows that menstruation has negatively impacted girls' education in areas and communities where resources are limited. This is because it affects the social, emotional, and psychological well-being of the girls. For instance, a study done by USAID in 2005 among the Somalis of Kenya found that management of menstrual hygiene was compounded by FGM complications. The study used in-depth interviews, focus group discussions, facility assessment and interviews. The sample included 55 Antenatal Clients (ANC) and 44 health workers. The study was conducted in Wajir and Mandera districts and the Eastleigh estate in Nairobi. The findings indicated that 79.5 percent of the health workers interviewed said they had encountered patients with medical complications associated with FGC, 61.37 percent of them cited problems as pain, and bleeding leading to anaemia, 59 per cent stated painful menstruation, while 57 percent listed difficulty in urination. Of the ANC clients interviewed, 39 per cent stated they had suffered from some complications at the time of FGC ranging from excessive bleeding, difficulty passing urine, pain and shock, infection to genital swelling. Being that the age of circumcision is that of school going girls, it is clearly a factor that affects the school attendance and performance of these girls in schools.

The literature (Kahoro, 2007; MYWO, 2007; Plan International, 2006; UNICEF, 2004; USAID, 2005) indicate that menstrual periods for girls from resource limited households has adverse effects on the attendance of schoolgirls. There are often cases of girls getting unexpected vaginal infections and therefore delaying the healing process that consequently affects the attendance and performance for the girls. In some cases, girls must leave school for a few days because they become afraid of the consequences of menstruations including, shame in the event there is leaking of menstrual blood while at school, and associated pain. For the girls who have limited knowledge on management of menstrual periods, it becomes more conflicting, and some end up dropping out of school (Schmitt et al., 2018).

Korir et al. (2018) explain that MHM is even hard for girls in areas where FGM is prevalent. The double burden faced by schoolgirls contributes to absenteeism as the healing takes a prolonged duration which forces the initiated girls to fail to attend school sessions (Population Reference Bureau, 2001). This automatically contributes to their poor performance. As the girls are withdrawn from school by parents to attend the lengthy initiation ceremonies, they become absent in such duration of time until those ceremonies are over. By that time, it means that girls are not attending school, thus becoming even prone to absenteeism. Some of the girls who undergo the FGM experience develop some health complications for instance due to excessive bleeding which force them not to attend school regularly (Berg and Denison, 2011). This could be due to excessive bleeding during the operation, or any kind of health hazard related to the practice (WHO, 2008) and such would keep the school going girls out of school. Therefore, for such girls, dignity uptake is crucial, however, it is saddening that girls from such communities have limited access to dignity kits.

Menstrual period has a relationship with issues such as girls not completing their education and having poor literacy. This is seen when the majority of the girls at the onset of menstruations start distancing themselves from school and social spaces (Schmitt et al., 2018). Thus, school priority is deterred. Moreover, girls find it difficult to concentrate in their school studies as they know at the back of their minds that they can mess up anytime, to say so every month (Population Reference Bureau, 2001). They become ‘untouchable, not clean’ as perceived by many religions and cultures hence limiting their motivation for education. Much clashing with the school authority and the uncircumcised peers causes them to perform poorly and worse drop out of school.

There is a general tendency for girls to drop out of school during menstrual periods. The Maendeleo Ya Wanawake Organization strategic plan (2002-2007) sees menstruation as one

of the core reasons why girls drop out before completion of basic primary education. The issue of girls dropping out of school before completion is common among poor households and especially among pastoral communities. Among the Pokot, FGM and menstruations have been major contributors to dropouts (Daily Nation, 12th December 2005). The Elimu Yetu Coalition (2005) has reported that among the Maasai, poor MHM has led to early withdrawal of girls from twenty-seven schools.

2.4 Dignity kits and school enrolment of girls in Ileret Ward

During puberty young adolescents develop an acute concern about their changing bodies. For adolescent girls in low-income contexts, particularly in developing countries, there is an added concern of having a blood stain on their school uniform every month. In recent decades there has been an increased attention on the impact of menstruation on girls' schooling in developing countries (Miuro et al., 2018).

Access to accurate health and hygiene information is often taken for granted in developed countries. Open family communication and formal health education course work within the school systems contribute to creating a society in which most girls in developed countries have access to both the necessary information and products to manage most health issues as they enter adulthood. Girls in rural areas in developing countries have limited access to sanitary pads due to their cost and availability. Instead, many girls use leaves or repeatedly use old unsanitary rags which frequently leak or cause chaffing (UNFPA, 2014). This is aggravated by a lack of water in the schools and by their distance from school (Vanleeuwen & Torondel, 2018). Children frequently walk or run up to 3 miles to and from school each day; a distance that becomes challenging with cramps and leakage. The school toilets are not private and often lack water which makes basic hygiene practices throughout the day increasingly challenging (Schmitt et al., 2018).

A study that included a participatory activity of Girls in Northern Tanzania, asked girls to indicate what they would do with a million shillings. The girls responded that; they would buy sanitary pads, publish booklets that educate girls on menstruation, purchase toilets that were equipped with water taps as well as build resting areas for girls experiencing menses while in school (Mucherah, 2017). A similar study by Adika et al. (2011) conducted in Nigeria to determine secondary school girls' perceptions of medical problems associated with key practices during menstruation, showed that of the 550 girls, only 32% had access to sanitary pads while 41% used the toilet.

Menstruation is an issue that goes beyond learning because it concerns the educational setting. Menstrual hygiene materials must be made available, linkages to health services must be formed, and safe latrines, clean water and soap, adequate sanitation and disposal mechanisms must be provided. These objectives are for the benefit of all members of the school community, including learners and staff; furthermore, failure to meet them puts girls at risk of not having a high-quality educational experience (UNESCO, 2014).

One of the most challenging times for learners is puberty, when the body goes through multiple changes all at once as it makes the transition to adulthood. Puberty is not a problem to be solved; it is simply a time of accelerated physical growth and sexual development experienced by every human. But by facing this pivotal phase of life unprepared, learners are left confused and unsupported, which in turn affects the quality of their education. In some cases, it may directly affect school attendance, especially for girls. It is incumbent on the education sector to make sure all learners are prepared for these changes. Achieving this goal calls for education about puberty, sometimes approached within a wider programme of comprehensive sexuality education, but it also requires ensuring that the educational setting is a safe and clean space to

support healthy practices. A health- promoting school is central to providing a high-quality education for all, including learners going through puberty (UNESCO, 2014).

In many contexts menstruation is considered a private issue, making it difficult to speak about it in public, for instance in a classroom. Many girls are not properly prepared; numerous studies, particularly from low-income countries, show that a remarkably high number of girls start menstruating without having any idea what is happening to them or why. Since parents can find it difficult to speak of sensitive and sexual issues with their children, even while admitting it is also their responsibility, schools have a central role in puberty education (McMahon et al., 2011).

In their study focusing on the dynamics in the school space, FAWE notes that, a girl's education is the most important investment for women because of its contribution towards better health for their families, alongside increasing the women's potentials as well as lowering fertility rates (FAWE, 2020). The onset of menstruation marks a significant turning point in the life of a young girl. According to O'Connor and Kovacs (2003), this turning point is something worth celebrating. However, for most girls in Kenya and other parts of the continent, this phase often brings challenges that push girls out of school and social activities, making the celebration short-lived.

2.5 Theoretical Framework: Theory of Planned Behaviour

The Theory of Planned Behaviour (TPB) was propounded by social psychologists Icek Ajzen in 1980 to predict an individual's intention to engage in a behaviour at a specific time and place. TPB was expounded as an improvement of the predictive power of the Theory of Reasoned Action (TRA). Ajzen theorised the need to incorporate perceived behavioural control which was absent in TRA (Ajzen, 1991). The theory proposed to explain all behaviours over which human beings in different cultural and social as well ecological contexts can exert self-control.

The core component to TPB is behavioural intent or intentions which is influenced by attitude about the likelihood that behaviours will have expected outcomes and subjective evaluation of the risks and benefits of those outcomes (Norman & Conner, 2016).

The Theory of Planned Behaviour has succeeded in predicting and explaining a lot of health behaviours and intentions in several behavioural and social studies. The theory improved predictability of intention concerned with several health-related behaviours associated to drinking, smoking, health services utilisation, among others (LaMorte, 2022). TPB has been excellently used as a guiding theory in many nutrition and breastfeeding studies globally. Understanding the psychosocial outcomes of lunch is in the back, a parent program for packing healthful lunches for preschool children was successfully guided by TPB ((Sweitzer *et al.*, 2011). TPB suggests that behavioural achievements and/or outcomes depend on motivation, that is, an individual's intention and ability to influence health-promoting actions commonly known as behavioural control by the theorist (Ajzen, 1991). It distinguishes between three major types of beliefs concerning intentions and the ability people act in relation to such behaviours. These are behavioural, normative, and control beliefs. The TPB is composed of six key tenets which collectively represent an individual's actual control over health, social or any behaviour (Ryan & Carr, 2010; Shih & Fang, 2004).

1. Attitudes - This refers to the degree to which a person has a favourable or unfavourable evaluation of the behaviour of interest. It entails a consideration of the outcomes of performing the behaviour. According to the U.S. Department of Health and Human Services (2005), attitude in TPB can be described as a person's individual feelings and evaluation of the behaviour. It answers this question, do people see this behaviour or action as good or bad?

2. Behavioural intention - This refers to the motivational factors that influence a given behaviour where performing an action or behaviour is strongly dependent on the intentions to do it. Individuals' behavioural intentions are a representation of their attitudes, worldviews, perceptions, values among other personal as well as cultural backgrounds.
3. Subjective norms – TPB describes subjective norms as beliefs about whether most people or social group approve or disapprove of an individual's intended behaviour. It relates to a person's beliefs about whether peers and people of importance to him/her think he or she should engage in the behaviour. This depicts that human beings are by nature social creatures and cares about what others perceive about them, what they think, believe, and do. It is important to note that if society views a function as favourable, individuals will automatically think the same.
4. Social norms - This refers to the customary codes of behaviour in a group of people or a larger cultural context. Social norms are considered normative, or standard, in a group of people. Therefore, social norms are in most cases objective and all individuals are called forth to observe and adhere to such laid down social norms. Whoever is willing to go contrary to social norms will be perceived as defiant and not fit for society. Therefore, what is normal to an individual is shaped by cultural and social orientations.
5. Perceived power - This refers to the perceived presence of factors that may facilitate or impede the performance of a behaviour. Perceived power contributes to a person's perceived behavioural control over each of those factors. Power includes access to and control over crucial resources that are required for an individual to perform the intended act. TPB explains that in health-related behaviours, individuals with resources like money are likely to go to the hospital for check-ups and buy nutritional supplements for their infants (Norman & Conner, 2016).

6. Perceived behavioural control - This refers to a person's perception of the ease or difficulty of performing the behaviour of interest. Perceived behavioural control varies across situations and actions, which results in a person having varying perceptions of behavioural control depending on the situation. Intentions, as well as resulting individuals' behaviours, will therefore be influenced by the perceived behavioural control. TPB categorises two types of perceived behavioural controls namely, internal, and external control. Internal control places the control power and influence towards the intended action on individuals. Individual's knowledge, skills and abilities are key variables to enable people to perform intended behaviour. On the other hand, external control invites other people and environments while time limits influence an individual towards developing positive/negative attitudes to a behaviour which in turn bolsters his/her intention to see certain specific actions to the end (Fang, 2004).

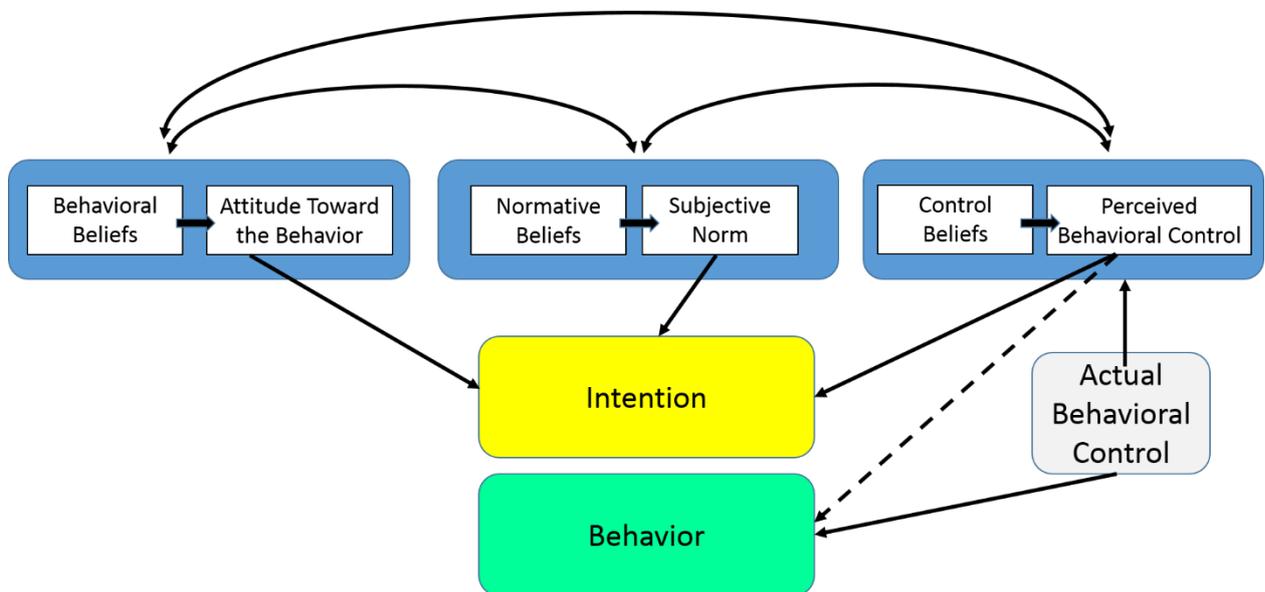


Figure 1: **The Variables of TPB Model (Ajzen, 1991).**

Therefore, TPB is cognizant of the fact that there is a high probability for a person's intention to be completely different from the behaviour that is deliberately planned and conducted. This is commonly traced to the divergence of levels of perceived behavioural control with that of actual control employed.

2.5.1 Relevance of the theory of Planned Behaviour to the Study

The theory of Planned Behaviour is found to be suitable in guiding this study on dignity kits uptake by primary school girls in relation to their academic performance and progression. The key variables in the TPB are attitudes, behavioural intention, subjective norms, social norms, perceived power, and perceived behavioural control. On the other hand, study variables include primary school enrolment, school retention and girls transition to secondary schools as well as tertiary education.

The relevance of the TPB is depicted in the sense that girls in primary school who experience menstruation intent to get access and always use dignity kits. The knowledge of where to get dignity kits and how to use them contribute to the motivation the girls have towards accessibility and uptake of dignity kits. The study will evaluate girls, female teachers, and mothers' attitudes as whether they are favourable or unfavourable to attract girls' interest in using dignity kits. Attitude evaluation encompasses girls' consideration of acting out specific behaviours in the pursuit to get dignity kits. The behavioural intention will enable the research to understand the extent to which girls are willing to intentionally seek for dignity kits and use them according to the recommended guidelines by global and local health communities. Subjective norms will guide the examination of beliefs about whether many people approve or disapprove of girl's uptake of dignity kits. This can be rooted to the cultural values and norms of the Daasanach community who are known to place less value on girl child education as many pastoral communities.

Moreover, social norms will guide in understanding girls' gender roles and expectations that may hinder them from having access to dignity kits. Reproductive, productive and community roles and expectations on women and girls by Daasanach society will be analysed as determinants of whether girls are given enough time and required resources including clean water to enhance dignity uptake and adoption. TPB also guides the understanding on access to and control over key resources which enhances improved dignity usage by girls in primary school under the construct of perceived power. Girls' decision-making abilities in seeking and uptake of dignity as powered by the available resources will also be deconstructed.

The TPB further helps in understanding internal and external control primary school girls encounter getting access to dignity kits and institutional influences. Internal behavioural control will enable the researcher to understand the intentions and ways girls put into usage of dignity kits and how this enables them to achieve their academic goals. However, the external behavioural control focuses on socio-cultural, economic, and environmental conditions that facilitate or hinder girls' education uptake based on availability, accessibility, and affordability of dignity kits. TPB therefore enhances finding out the influence of dignity kits uptake and primary school performance in Ileret Ward, Marsabit County.

2.6 Conceptual Framework

This section is a presentation of how study concepts are displayed showing interdependence and relationships. It is an illustration of key variables of dignity kits uptake among primary school girls of Daasanach community and how this influences girls' academic performance in Ileret Ward, Marsabit County. Study key concepts which include the influence of dignity uptake on girls' school performance and attendance. Dignity uptake is presented as independent variables. On the other hand, girls' school attendance and performance are presented as dependent variables. The outcomes of independent and dependent variables contribute to girls'

academic performance. The interrelationships of study variables are as shown below (figure 2.2).

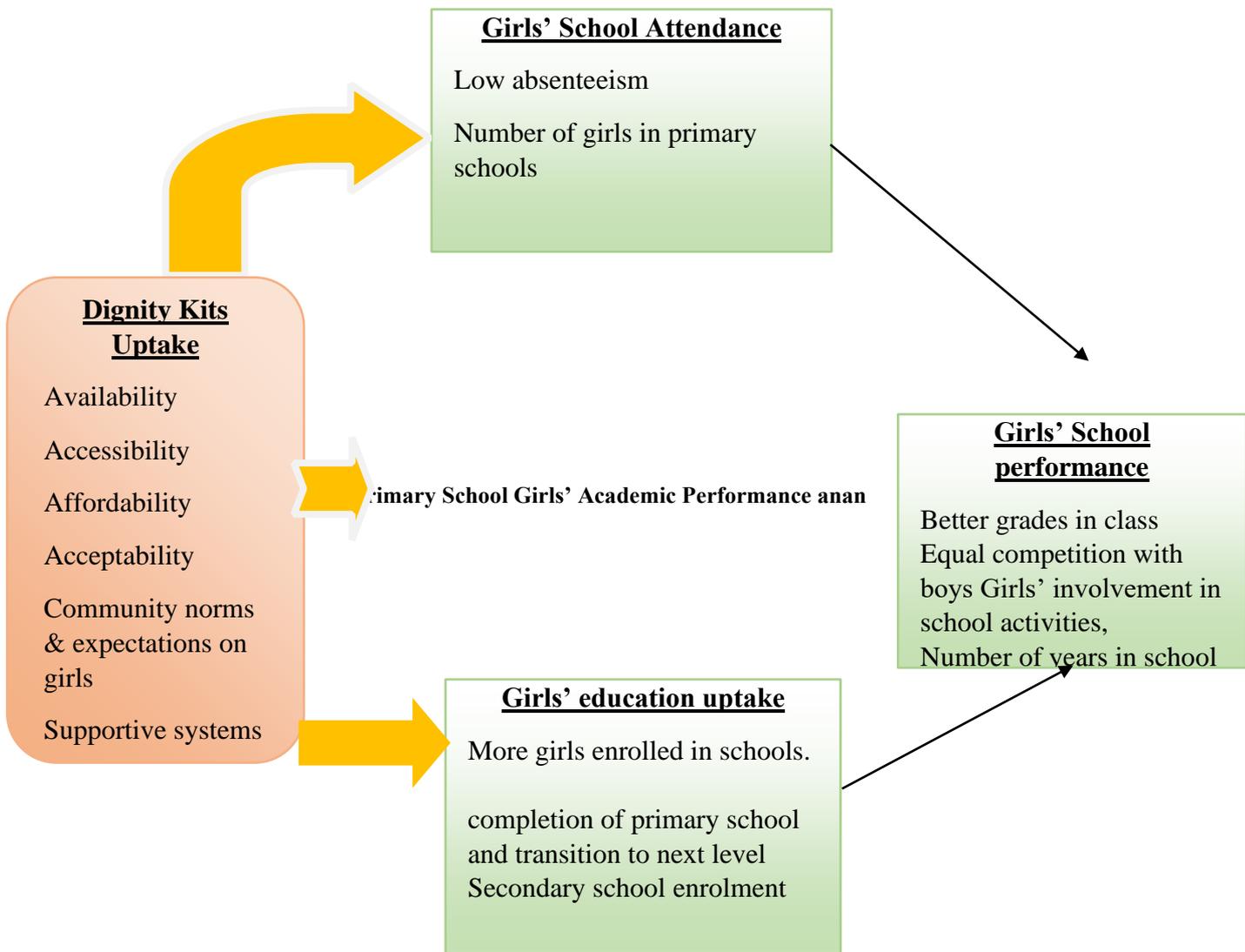


Figure 2: Conceptual Framework

Source: Author, 2022.

3.0 CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter described research methods that were used to conduct this study. It entails the research site, research design, target population, sample and sampling techniques, data collection methods, data analysis technique and ethical considerations that were employed by the study.

3.2 Research Site

The study was conducted in Ileret Ward, Marsabit County. Marsabit County falls within an arid and semi-arid area, with a total area of 70,961.2 sq. kilometres. The county is in Northern Kenya, and it lies between latitude 02^o 45^o North and 04^o 27^o North and longitude 37^o 57^o East and 39^o 21^o East. The county has four constituencies namely Saku, Laisamis, North Horr and Moyale.

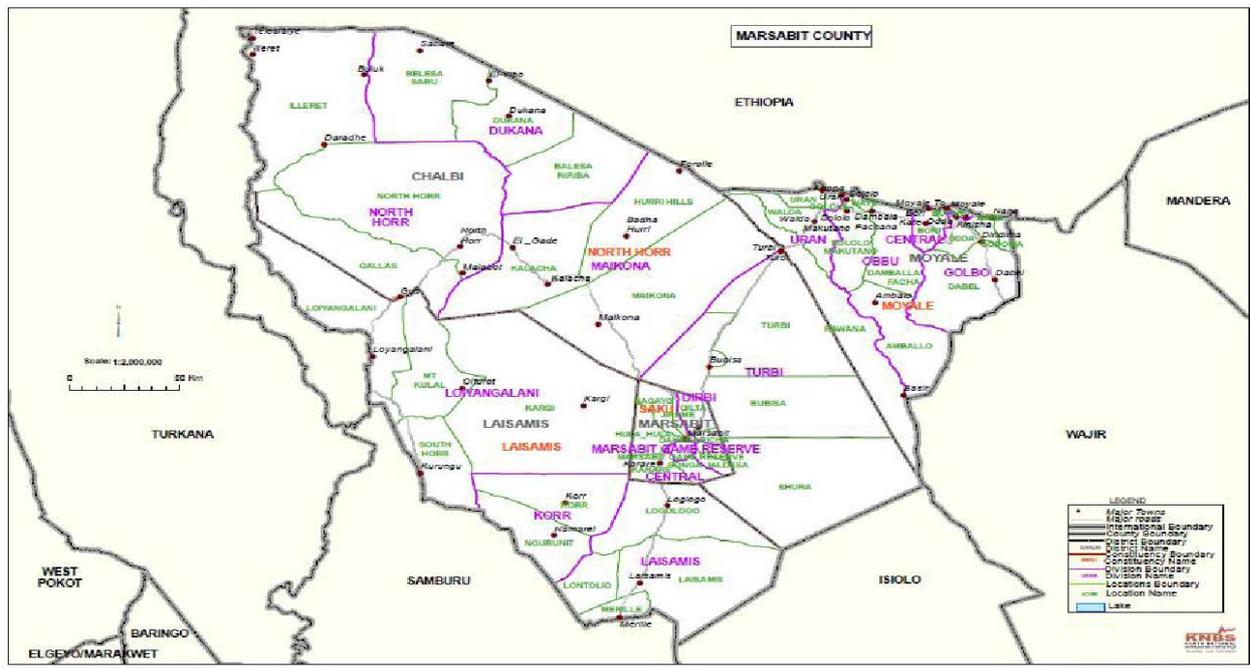


Figure 3: Map of Marsabit County (Source: Marsabit County Integrated Plan 2018-2022).

North Horr Sub County has three wards: Turbi, North Horr and Ileret (study site). Ileret ward is located on the northern part of Kenya, on the eastern shores of Lake Turkana, North of Sibiloi National Park near the Ethiopian border covering a stretch of about 4,041.50 sq. km. Ileret ward is divided into 15 administrative villages namely, Kerech, Elbokoch, Sabare, Elmasich, Aibete, Baulo, Sieslucho, Ilgele, Telesgaye, Guoro, Nang'olei, Lomadang', Namuguse, Iloilo and Ileret itself.

The area is divided into 2 main sources of livelihood zones namely, livestock keeping and fishing, a few indulge in retail business. Lake Turkana waters adjacent to Ileret ward are reputed to be the most productive for fishing in Kenya. The population of Ileret is predominantly Christian with few upcoming Muslims especially in those areas occupied by Somalis. The active reproductive age group population is currently estimated to be more than 5,500 people.

Traditional and cultural ideas about the roles of girls and women restrict their contributions to Kenya. Women are less empowered especially in the areas of economic growth, nutrition, and food security. A key issue limiting women's potential is the lack of education. There are over 28,362 primary and 8,625 secondary schools in Kenya respectively with a student population of over 11,869,138 learners (MOEST, 2014). However, Ileret ward has only two public primary schools, limiting access to such schools by pupils within the ward.

While the issue of gender equality has gained greater attention and the passing of the country's new Constitution in 2010 increased women's rights in Kenya, 40 percent of the region's primary-aged girls do not finish grade 8. Local communities, especially pastoralists see little advantage in educating their girls. Families living on less than \$1 per day cannot afford sanitary supplies to help daughters stay in school during menstruation, so adolescent girls miss nearly a week of school each month due to their menses. In Ileret, which is marginalised in all aspects,

menstrual hygiene is a sign of readiness for a girl to transition from childhood to adulthood and to assume roles and responsibilities associated with women.

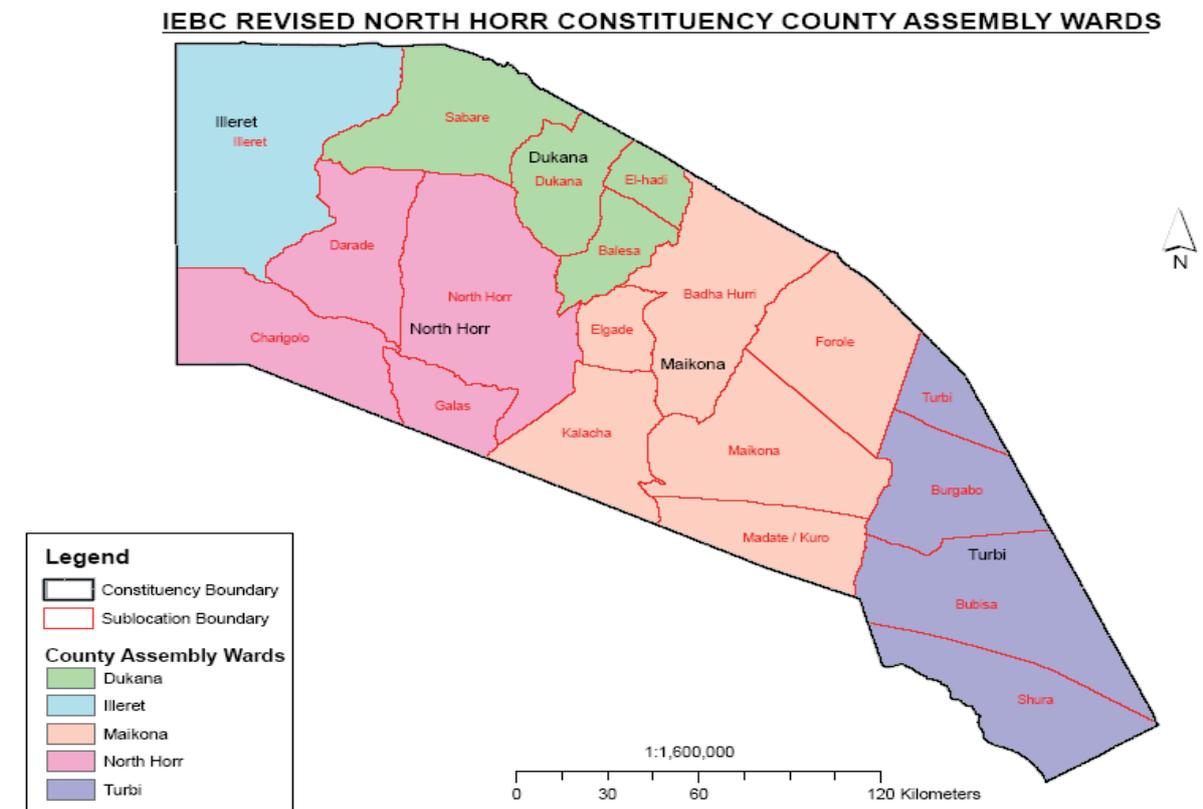


Figure 4: Map of Horr Sub County (Showing study Site, Illeret Ward).

3.3 Research Design

This study employed cross sectional descriptive research design. This design determined and reported the way things are within a short period and was a snapshot of that particular time. A cross descriptive survey design was suitable for this study to obtain information on dignity uptake by Daasanach girls in relation to school academic performance, school enrolment and attendance in Illeret Ward, Marsabit County. Data was collected from selected schoolgirls who are beneficiaries of free dignity kits distributed on a monthly basis in the school. The surveys were done during the second term of the education calendar which is a less busy month for the schools. The study took approximately two weeks within the selected primary schools and

another two weeks to analyse the collected data and reaching out to the key informants. During the study, we were able to retain the girls from the start to the end.

3.4 Study Population and Unit of Analysis

The study population refers to the larger group from which the population sample is derived (Kombo & Tromp, 2013). The population of the study were Grade 4 to class 8 girls from two public schools in Ileret Ward. The age bracket of the target group was between 12 – 17 years of menstruating age and already benefiting from the dignity kits program issued in the two primary schools of study, Ileret primary school and Telesgaye primary school. Moreover, female parents with primary school girls who have started experiencing menstrual periods, education officers, local leaders at sub county level and champions for girl child. The unit of analysis was a Daasanach girl enrolled in a local primary school within Ileret ward.

3.5 Sampling and Sampling Design

This is the technique used by a researcher in selecting the items for the sample which need to result in a truly representative sample, controls systematic bias, a smaller sampling error and is viable in the context of funds available for the research study. On the other hand, sample size is the number of items to be selected from the universe to constitute a sample which should be optimum (Kothari, 2004). The researcher purposefully selected Ileret primary and Telesgaye primary schools, respectively because Daasanach community had a relatively high population making it fit to conduct the study due to the availability of active respondents. Stratified random sampling was used in selection of 82 girls from the two primary schools who were divided into 5 strata groups by using grades from the school register which was the sampling frame. The grades were important because they represented the bracket of girls that were experiencing menses as part of the transition to Womanhood. The girls were important in the study because they constituted the age bracket that heavily relied on dignity kits for their menstrual hygiene.

According to (Creswell, 2014), in order to get valid and reliable data, it is important for the researcher, at his or her justifiable discretion, to focus specifically and select a sizeable sample that best informs the research.

Ileret primary		Telesaye primary	
Grade	Numbers	Grade	Numbers
4	10	4	10
5	10	5	10
6	10	6	10
7	10	7	5
8	5	8	2
Total	45	Total	37

Table 1: **Respondents Sample Size**

Category	Population
Girls' population Ileret Primary 4-8	45
Girls' population Telesgaye 4-8	37
Total	82

Source: School Registers 2022

3.6 Sample Size and Sampling Procedures

In each school, stratified random sampling was employed to select the girls who were respondents to the study. A sample size of 82 girls as respondents in total participated in the study, this was because the higher grades had a smaller number of girls than the lower classes. These mainly comprised of girls from classes four, five, six, seven and eight who had started their menses. Apart from the Girls who were the main targeted respondents to the study, other informants from each school including the head-teachers and female teachers in charge with the distribution of sanitary towels, guiding and counselling teachers were also important in providing data to enrich the study.

To have a good representation which gives each person an equal chance, minimize sampling error and bias; the researcher used the two registered public primary schools in the whole of Ileret ward for the study. Simple random sampling to select the public primary schools in the constituency to be studied with the help of the Ministry of Education. In each school, stratified random sampling was employed to select 10 girls respectively from classes four, five, six, seven and 5 girls in Ileret Primary school while in Telesgaye primary school 5 girls were from class seven and 2 from class eight. They were also assisted by the concerned teachers who also approved and gave consent of the study.

3.7 Data Collection Methods

3.7.1 Survey

The researcher used a survey questionnaire with open and minimal closed ended questions to conduct the study. She settled the pupils in a private room set by the project patron within the school compound. This was mainly vital for the variables that cannot be directly observed such as views, perception, opinions, and feelings of the respondents. Also because of the time constraint and sample size, I found the questionnaire instrument as the most ideal tool for collecting data. The researcher went through the topics of discussion which were the main objectives of the study to give insight to the respondents. Performance enrolment and attendance were discussed with the selected respondents for clarity and understanding when answering.

3.7.2 Key Informant Interviews

The researcher conducted face to face key informant interviews with the selected teachers, local leaders, girl child education champions and health officers whose contribution towards girls' education cannot go unmentioned. A total of 10 key informant interviews were conducted. The recruitment of key informant interviews was based on the knowledge of dignity kits uptake by girls at study area and informants' commitment in championing girl child education and menstrual health management. Individuals who have directly supported distribution and delivery of dignity kits within Ileret Ward were key priority as key informants. As a principle of qualitative research (Bryman, 2012), key informant interviews consisted of open-ended questions which gave room for informants to air their views freely, in their own words, terms and as rich and nuanced as possible. This enhanced getting rich in-depth data that was helpful to the study. From the interviews, it was clear that more needed to be done by both the local stakeholders the Ministry of Education and the Marsabit county government through implementation of the National Menstrual hygiene policy 2019-2030 by the Ministry of Health,

direct support to the girls in schools, gender officers on ground who can address the challenges locally and a budget for girls' education funding /dignity kits. A good number of the respondents also emphasized on the need for the local schools to be allowed to outsource the dignity kits themselves to avoid gaps and delays that have been the norm from the government and the women representative's office.

Table 2: **Key informant's title**

Key informants title	Role	Frequency
Guiding and counselling teachers	Provide counselling to girls on dignity kits use	2
Primary School Head teachers	In charge of primary school operation, management, and leadership.	2
Deputy Head teacher	Aid in school management and academic affairs	1
Health Centre Chairlady	Provides leadership at a local health centre and participates in organising health outreach to primary schools, especially on reproductive health.	1
Catholic Priest	Involved in sourcing and distributing dignity kits to school-going girls in North Horr Sub County, Marsabit County.	2
Local Administrator/Chief	Community representative to the national government under the Ministry of interior and internal affairs an influential leader to the Assistant County commissioner on government policy implementation	2

3.8 Data Processing and Analysis

Data was captured in Ms excel, checked for completeness of data set then proceeded to analyse with descriptive statistics. Descriptive analysis such as frequencies, percentages were used to present quantitative data in form of tables and graphs. Qualitative data from key informants was translated to be read over transcript to identify the study objective's theme and colour

coded to identify the quotes to support the themes. Descriptive and inferential statistics objective's use of absolute and relative (percentages) frequencies, measures of central tendency, dispersion (mean and standard deviation respectively) and correlation and regression analysis. Frequency tables were used to present the data for easy comparison. For open ended questions, the researcher first read the responses to see if made sense.

Quantitative data from semi-structured questionnaires were cleaned, coded, and entered into the computer for computation of descriptive statistics. Statistical Packages for Social Sciences (SPSS) was used as quantitative data analysis software. This method involved descriptive analysis. Descriptive analysis such as frequencies and percentages were used to present the quantitative data in form of tables. Data from questionnaire was coded and logged in the computer using Statistical Package for Social Science (SPSS V20.0). This involved coding closed ended items in order to run simple descriptive analysis to get reports on data status. A code-list was derived from the responses given on the questionnaire. The data was coded and sorted using MS Excel. The researcher also employed descriptive analysis techniques like means, percentages, tables, and frequency plus the standard deviation.

3.9 Ethical Considerations

The informed consent process involves three key features, disclosing to potential research subjects' information needed to make an informed decision, facilitating the understanding of what has been disclosed and promoting the voluntariness of the decision about whether or not to participate in the research. The researcher clearly explained the purpose of the study emphasising that the respondents and informants are entitled to give assent /consent or refuse to participate in the study, and their participation was voluntary. Dealing with school going girls who are minors, the researcher received consent from the head teachers to conduct the study within the schools and an assent from the girls who were picked to participate in the study. The researcher assured respondents of confidentiality explaining to potential respondents that the findings would only be used for academic purposes. From the

questionnaires, anonymity was assured through the use of codes entered in the excel form so as to exclude the respondents' names. The researcher also ensured that the laptop remained protected from any third party to protect the confidentiality of the data. Presentations of the findings was also done with uttermost confidentiality without exposing the respondent's direct comments or contributions to the study. As an upcoming scholar, the report of the study would be made available at the University of Nairobi library and an attempt would be made for journal publications. Other ethical issues put in check included honesty whereby the researcher strived to maintain truthfulness in reporting data results by ensuring that there is no fabrication, falsehood, or any misrepresentation of data. The respondents volunteered to participate in the study without any enticements – free dignity kits or payments whatsoever. Objectivity done by the researcher avoided biasness in research design, data analysis, and data interpretation. Respect for Intellectual Property by the researcher to honour patents, copyrights, and other forms of intellectual property by accrediting and acknowledging of contributions from various parties.

CHAPTER FOUR

DATA ANALYSIS, DISCUSSION AND PRESENTATION OF THE FINDINGS

4.1 Introduction

This chapter presents the findings and discussion on the influence of dignity kits uptake on Daasanach girls' attendance and performance in primary schools in Illeret Ward, Marsabit County. The findings were unveiled through conducting semi-structured interviews with 82 girls in Illeret and Telesgaye Primary schools and were reinforced with more information obtained from key informant interviews.

4.2 Response rate

With a target response of 82 questionnaires, 80 questionnaires were correctly filled and returned. The response rate was appropriate since according to C.R. Kothari (2007) a response rate of more than 70% is appropriate for analysis.

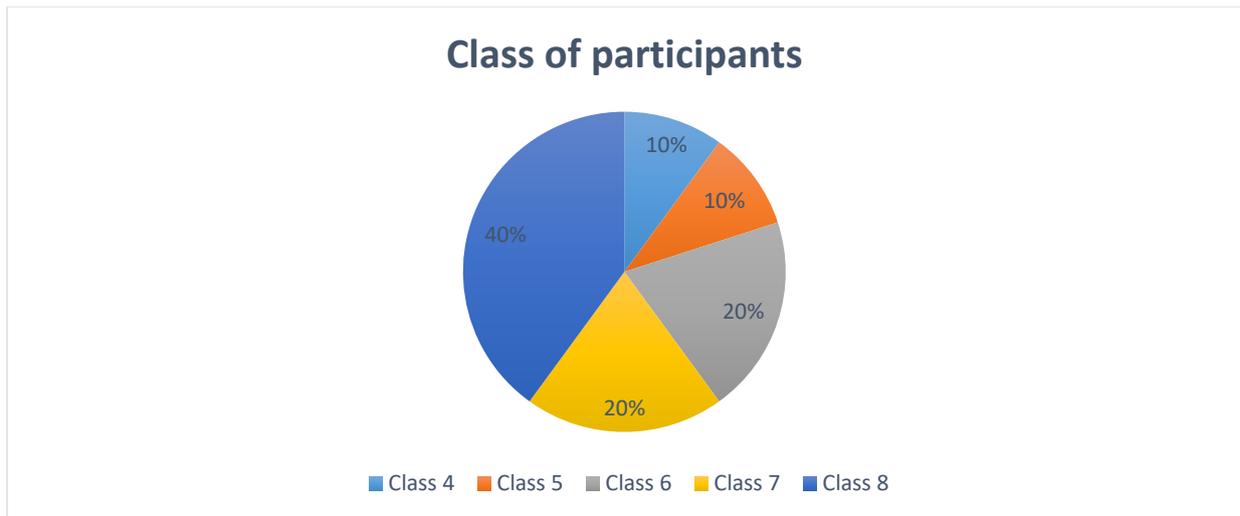
4.3 Demographic Characteristics of study participants

The study sought the demographic characteristics of the respondents in the study, specifically the gender, age, class and whom does the girl live with.

4.3.1 Class

The study sought to interview pupils from specifically classes four, five, six, seven and eight respectively at random who have already started their menses, in order to establish how uptake of dignity kits influences their performance in school, how uptake of dignity kits influences their attendance in school and the relationship that exists between uptake of dignity kits and school enrolment. This was done under the guidance of the mothers and teachers.

Figure 5: Distribution of Participants by Class



From figure 4

4.4 Influence of dignity kits on girls' school performance

4.4.1 Excellence in class work

Excellence refers to the quality of doing very well at something, in our case, it's the performance of Daasanach girls in school. Information from the study participants indicates that Daasanach girls display significant improvement in classwork performance in recent years (10 years). This is a result of active stakeholders and NGOs who partner with Ileret primary school as well as other schools within Marsabit county to aid in sourcing, distribution, and delivery of dignity kits to girls who have begun experiencing menstruation. 100% of the girls who were interviewed reported having received dignity kits from UNICEF, TBI and other well-wishers. The girls reported excelling more in class as compared to their predecessors who barely had access to dignity kits in the past years. Thus, this indicated that planned behaviour was vital to understanding how attitudes, behavioural intention, subjective norms, social norms, perceived power, and perceived behavioural control all essential factors of consideration to girls were obtaining dignity kits as soon as they started their menses, and how access to dignity kits had a positive influence on their school performance.

Moreover, information from key informants concurred with the fact that girls who have access to and use dignity kits perform well in class. One head teacher and a priest who are active participants in sourcing and distribution of the dignity kits in Ileret Ward explain that girls have improved in their class work given that they are able to stay and concentrate in class even during the menstrual periods as detailed in the excerpts below.

“I. We have been successful, and many girls are able to get dignity kits and their class performance has improved. When you ask other teachers, you will hear them say that girls perform excellently as compared to the past” (Headteacher).

“The girls in this Ward (Ileret) are lucky. We get many well-wishers and NGOs who partner with schools and give donations to ensure that girls can get dignity kits. I have worked with TBI and UNICEF to help distribute dignity kits to different schools including Ileret Primary. Girls are now performing well and some even outshine boys because they are settled. I can confidently say that dignity kits have positively influenced girls’ performance at school” (Religious leader).

4.4.2 Active school participation

4.4.2.1 Taking leadership roles.

Leadership refers to a set of behaviours individuals use to align their collective direction towards the execution of strategic plans while guiding a group, team, or organization (Pratt, 2023). The study participants also reported that girls who have access to dignity kits are comfortable at school and can participate actively in various activities. During the study, girls expressed their joy to participate in school activities without fear or worrying about menstruation. Over 90% of the girls who were interviewed reported having been involved in class discussions, school debates and leadership roles. 30% of the girls were class prefects and two girls were school head girls of Ileret Primary and Telesgaye primary, respectively. Class prefects were reported to manage class activities including collecting class assignments and taking them to the staff room, telling other pupils to stop making noise in class or reporting them to respective teachers. Such roles required dedication, active involvement and movements that demand girls use dignity kits to avoid shame and build self-confidence. The study also indicated that due to the availability of knowledge on and access to dignity kits, girls were able

to enhance their social norms, making it easier for them to interact with both their peers and community members which in turn positively influenced the attitudes and behavioural intention of their peers towards menstruation.

Further information from a deputy headteacher indicated that girls actively participate in class activities. He said that *“once the girls have the sanitary pads, they will be active in school. We have many girls who are in leadership and perform very well in their roles. There has been significant improvement for girls, especially in their participation in school forums, science congress forums, and music and drama festivals. This has been because of mentorship from organisations like UNICEF and TBI because they give these girls dignity kits and educate them on how to use them”* (KII, teacher, Ileret Primary).

4.4.2.2 Comfort in school during menses

Comfort is a state of ease and feeling less upset during a difficult time, in this study, it's the ability of girls to feel at ease during the menstruation period because of access to dignity kits. Majority of the respondents at 60% strongly agree that they feel more comfortable in class during their period while 30% just agree as shown below in table. 5% disagreed while another 5% were undecided. This implies that due to adequate provision of sanitary towels in primary schools, adolescent girls now feel more comfortable in class during their menses. Unlike earlier shown studies where the lack of sanitary towels made girls use rags, mattresses thus making them uncomfortable and unable to attend school during their periods which deeply affects the performance in school. Being comfortable increases their self-esteem, reduces embarrassments and psychological trauma school because it means the girls are more aware of their bodies and understand the menstrual management. The perceived behavioural control of girls is positively influenced because they are able to undergo the menstruation period feeling more comfortable

because they have access to dignity kits which positively impacts on their attitudes towards schoolwork.

Table 3: Comfort in school during menses

	Frequency	Percentage
Strongly agree	12	60
Agree	6	30
Disagree	1	5
Strongly Disagree	0	0
Undecided	1	5
Total	20	100

4.4.2.3 Privacy during periods

Privacy is a state where girls are not distracted, disturbed, and not distracted during their menstruation period. When asked whether others do not notice when one is on their periods, 70% strongly agreed with the statement and 20% just agreed. 2% and 8% strongly disagreed and just disagreed respectively while 0% neither agreed nor disagreed. From the percentages shown in the table below, it implies most girls run normal lives when on their periods without being noticed. Most of the teachers explained that the girls are more equipped with how to manage themselves during these times and with adequate provision of sanitary towels, there is nothing to worry about. Going unnoticed increases, the levels of self-esteem and confidence of the adolescent girl with reduced embarrassments and psychological trauma, which positively influences their attitudes and social norms that make it easier for them to interact with their peers and pay more attention to their studies.

Table 4: Privacy during periods

	Responses	Percentage
Strongly agree	14	70
Agree	3	20
Undecided	0	0
Disagreed	2	8
Strongly disagree	1	2
	20	100

4.4.3 Girls' performance in relation to boys

Table 5: Girls' performance in relation to boys

	Girls' frequency	Class/ Grade	Boys' Frequency
Top 10 in class	5	4	5
	3	5	7
	2	6	6
	2	7	8
	2	8	2

From the Table above, it is evident that the number of girls in the top ten is improving. In grade four, which was the lowest grade, respondents were recruited to display an equal number of girls to boys (50%:50%) for those who were in the top ten in the exams they did prior to the study. Grade six also reported having a significant number of girls (40%) among the top ten pupils in exam performance. The significant improvement in girls' performance is attributed to increased access to dignity kits and currently, girls can stay at school for a similar duration as compared to boys.

Findings from key informants complement the increased number of girls among top ten pupils in schools in Ileret Ward. One of the key informants, a deputy headteacher at Ileret Primary stressed that girls' academic performance has improved drastically in the last few years as supported by the following excerpt.

“I have worked in this school for the last 15 years. In the past, girls were not performing well in class. You could find one girl or sometimes no girl among the top ten. Boys were shining over the girls. We can say that many reasons contributed to poor academic performance for the girls, however, the lack of dignity kits was a major reason. Girls could stay at home for weeks while in their monthly periods and once they come back to school, they would have lost much. This contributed to their poor performance. However, given that nowadays the girls have access to dignity kits supplied by TBI and other well-wishers, their performance is good. They are competing with the boys squarely. And in future, girls may defeat the boys in academic performance” (KII, teacher, Ileret Primary).

4.4.4 Rewards girls get for excellence.

Study findings reported that many get rewards as a gesture of well done in academics. Respondents unveiled that the girls who perform well are given gifts and rewards to encourage them to keep on doing their best. Over 60% of the study respondents were reported to have received a reward from teachers and other stakeholders for good academic performance as well as winning trophies during co-curricular activities including music festivals, netball games, and other activities. The common rewards that the girls received included new school uniforms, school shoes, school bags, best girl badges, financial support and some even got scholarships. Such rewards have motivated girls to work hard at school hence excellent performance is reported among many girls across the Ileret Ward.

Information from one key informant, A project officer at a project called Water and Energy for Food (WE4F) TBI, indicated that the project has championed the welfare of school-going girls in Ileret Ward. The project officer stressed that among key duties the project does include, supply of dignity kits to school-going girls, offering financial support to girls from needy households, organising events and extra-curricular tournaments to encourage girls by rewarding them as well as provide for food to class eight candidates to ensure that they concentrate on schoolwork as detailed below.

“We have a project called Water and Energy for Food (WE4F) supported by TBI which supports school-going girls in many ways. We provide dignity kits, food, school shoes, books, and many other support systems to girls from poor backgrounds. This has motivated the girls at school and their academic journey is encouraging” (KII, Project Officer).

4.4.5 Recommendations/praises from parents and teachers

Study findings reported that educating girls in Ileret Ward requires dedication, sacrifice, and commitment. Cultural practices like FGM and early marriages hinder many girls from achieving their academic goals. 20% of the girls who were interviewed were reported to be survivors of FGM, rescued by their mothers and TBI. 60% of the respondents reported the hard

conditions they undergo as a result of them coming from poor backgrounds as well as degenerative cultural practices. As a result, it was reported that girls who persevere to achieve academic goals and those who show great potential are supported by different individuals including teachers, parents, and well-wishers.

One informant said that *“teachers will always praise girls who persevere to the end and make them role models to the young ones. Also, the teachers will follow up on their behalf with parents to ensure that such girls are doing well in class. The teachers are also tasked to recommend girls who show great potential for scholarship support from different individuals, institutions, and organisations”* (KII, Headteacher).

Further information from key informants indicated that many parents of girls who perform well at school can protect them from harmful cultural practices for high school education. Such parents receive praise and shame in equal measure for educating girls given that the Ileret ward is surrounded by a patriarchal-dominated culture where boys are valued over girls. This is as detailed in the excerpt below.

“Many parents, especially women, try their best to ensure that they give an amble environment to the girl child. This is because there are many barriers faced by girls in this community while trying to pursue education. Barriers include FGM, early marriages and many domestic chores. However, we support our girls by providing dignity kits, and teachers at school encourage them to work hard. Some girls are recommended for scholarships and many of them get good opportunities. This is encouraging” (KII, Ileret Health Centre representative).

4.5 Influence of dignity kits on girls’ school attendance

The second specific objective was to examine how dignity kits uptake influences the attendance of Daasanach girls in primary schools. The study identified four key findings in relation to the influence of dignity kits on girls’ school attendance which include, absenteeism, regularity of attendance at school during menses, reasons for missing school during menses and other barriers as presented and discussed below.

4.5.1 Times participants are absent from school for lack of dignity kits.

Study participants were asked whether there are times when they were absent from school because of menstrual periods and 40% admitted to having been absent from school while 60% said that they were never absent. Besides, it was reported that girls who are already enrolled in the menstrual program have 100% surety of dignity kits access. Before these girls could miss school because they did not have the dignity kits to keep them safe and dignified during their menses.

Information from the guiding and counselling teacher at Telesgaye primary school unearthed that there are menstrual programs within the school that recruit girls. Such girls are given dignity kits if they are within the program. The teachers stressed that the provision of the dignity kits has reduced school absenteeism among the girls that were resulting from the discomfort of menstruation. This is explained in the following excerpt.

“In our school, we have a menstrual program where TBI recruits’ girls who have started menstruation and they provide dignity kits. The program has helped many girls, especially those from poor backgrounds given that TBI gives required dignity kits within the program and no girl can miss the dignity kits. This has helped many girls to stay at school because they are confident even if the menses start. The cases of absenteeism have reduced. Many girls are at school now” (KII, Teacher Telesgaye school).

4.5.2 How often do the participants attend school while on their periods.

Most participants (90%) reported attending school without fear while going through menses. Even though a good number of girls find it difficult to have access to dignity kits, especially while at home during holidays, many are not restrained by that to attend school given that at school dignity kits will be provided. Only 10% of the respondents reported having missed school during menses, however, not regularly. However, this was not directly attributed to the lack of dignity kits but to painful periods.

Moreover, a key informant, the priest informed the researchers that many girls in Ileret Ward have access to dignity kits. He said that *“there have been efforts to source and distribute dignity kits to girls in primary and secondary schools around here. If my memory serves me well, all*

school-going girls have access to dignity kits for free. Many well-wishers, NGOs and stakeholders have offered invaluable support and donations of dignity kits. Currently, girls attend school and when they miss school, it can be because of something else but not lack of dignity kits” (KII, Religious leader).

4.5.3 Main reasons why girls miss school during menstrual periods.

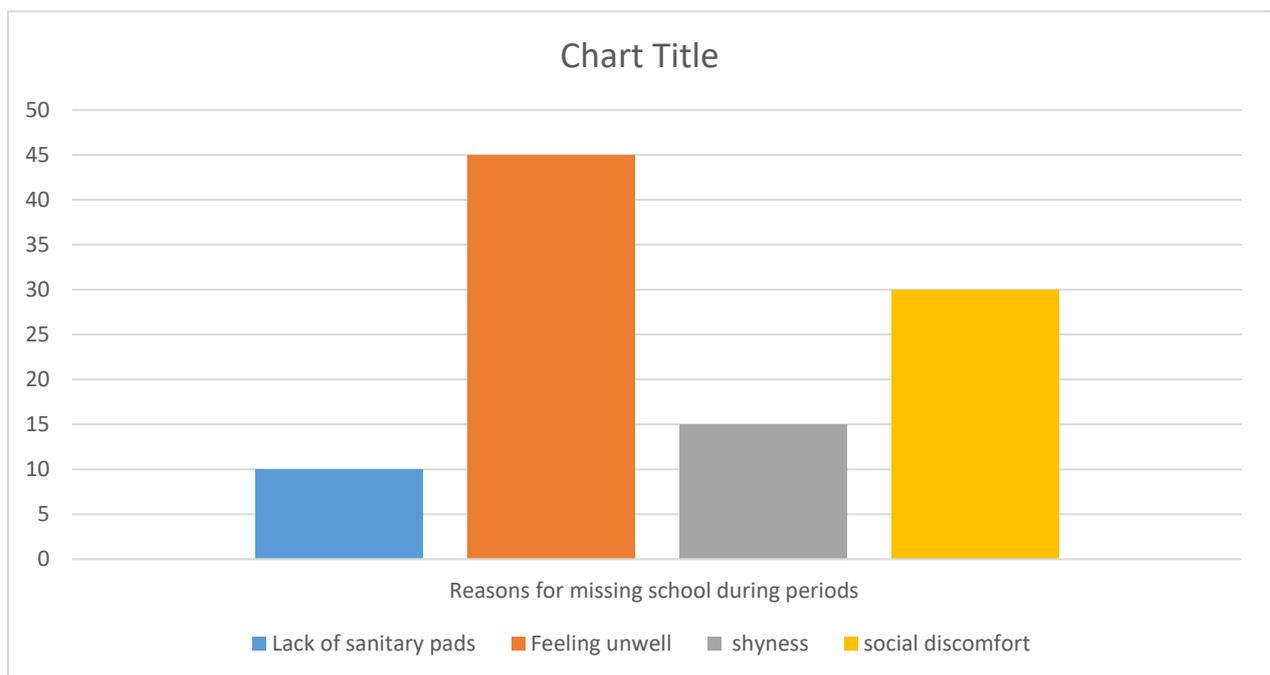


Figure 6: **Main reasons why girls miss school during menstrual periods.**

From the figure above, evidence shows that the lack of sanitary towels (dignity kits) plays an insignificant role in girls missing school during menstrual periods in Ileret Ward. Pain and feeling unwell as well as social discomfort play major roles in Primary school girls missing school during menstruation. It is also evident from the figure above that a significant number of girls may feel shy to sit in groups and in class when they are experiencing monthly periods. Similar information from key informants indicates that at the present time, many school-going girls have access to dignity kits. A charlady at Ileret Health Centre stressed that through

donations and support from different stakeholders, many girls in Ileret Ward have access to sanitary pads as opposed to former days. This is as detailed in the following excerpt.

“Nowadays the girls are lucky. Many if not all have access to sanitary pads which are given to them freely. There are different stakeholders and well-wishers who support school-going girls to ensure that they are safe and have dignity kits during menstruation. There is no girl who can fail to go to school now because of the lack of dignity kits. Absenteeism can be a result of other issues at home” (KII, Ileret Health Centre representative).

4.5.4 Other barriers to school attendance

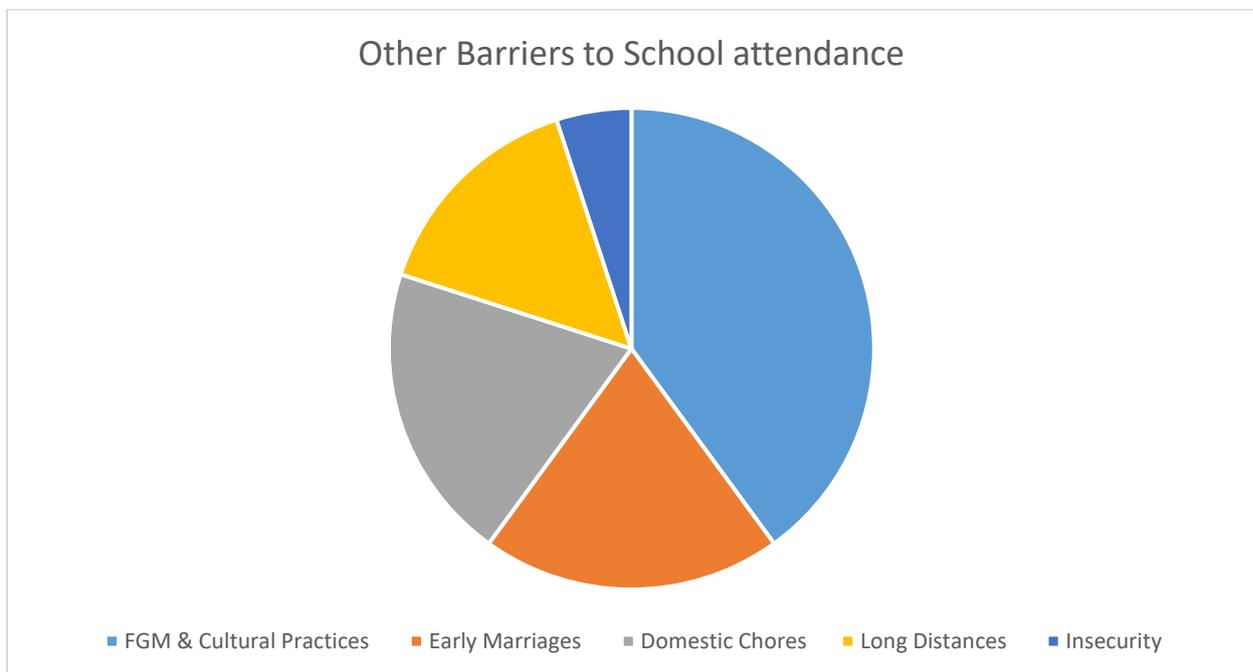


Figure 7: Other barriers to school attendance

Study participants also highlighted other barriers that hinder primary school girls from attending school regularly. It was reported that FGM and other retrogressive cultural practices account for 40% in hindering girls to attend school, early marriages put 20% of school-going girls at risk of not attending school, House chores for girls were also listed as major barriers for girls to attend school (20%) given that girls are assigned many domestic roles like fetching water and other recurrent domestic duties. Besides, long distances to and from school accounted for 15% whereby many girls get tired after walking for miles and the next day, they

may fail to go to school. The Ileret Ward also experiences insecurities (5%) which force families to move from one place to another hence no consistency for pupils to attend schools. Key informants supported the fact that FGM, early marriages, domestic chores, long distances, and insecurities contribute to absenteeism for school-going girls in Ileret Ward as detailed in excerpts below.

“The major challenges that school-going girls face especially in upper primary school include the practice of FGM which is a valued cultural practice. This has led to many girls missing school for months and some may not come back after going through the practice. Also, household chores can hinder girls from attending school. In this community, girls are given huge roles to play at home especially when there are young children to look after. This makes many girls to come to school late or not come at all” (KII, Teacher Ileret primary)

“Sometimes there are cases of insecurities in this ward which force some households to relocate and in turn children will not attend school for weeks or months. Also, girls are the ones who fetch water and water points can be some miles away hence spending longer time and failing to go to school. Moreover, there are few schools in this ward, in fact, only two, hence the long distance that girls walk from Monday to Friday. Some may get tired and skip some days before reporting to school” (KII, Area representative).

4.6 Influence of dignity kits on girls’ education uptake

The third and last objective was to describe the relationship between dignity kits uptake by Daasanach girls and girls’ education uptake. The measure of education uptake was identified by several variables which include the relationship that exists between schoolgirls and teachers, inter-pupils’ relationship, talent search and nurture, and mentorship programs as presented and discussed below.

4.6.1 Relationship with teachers

Study respondents reported progressive trends in terms of the positive academic relationship between teachers and pupils. 80% of the girls who were interviewed reported having a good relationship with teachers, especially female teachers. 15% of the respondents reported an improved relationship with the teacher even though the relationship is yet to be good and only 5% reported having a deteriorating relationship with teachers at school. The rate of

improvement of teacher-pupils relationship since the beginning of free primary school in Kenya is as summarized in the figure below.

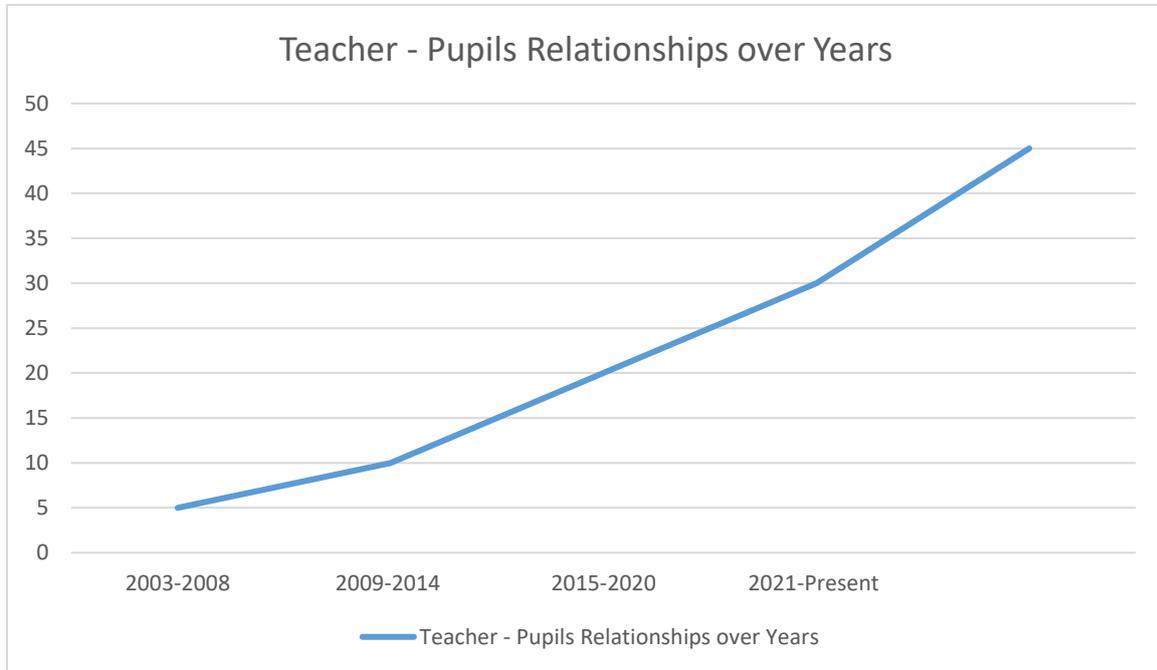


Figure 8: Relationship with teachers

Information from study findings further indicates that most of the teachers working in schools in Ileret Ward and Marsabit county at large are men. As time goes on, the number of women teachers is increasing, however, it is still minimal. It was also reported that according to cultural norms and values girls of puberty age are not allowed to interact freely with men. It is culturally considered a taboo for ‘unclean’ girls (during menstruation) to have contact with men thus most school-going girls choose to avoid such by staying out of school. This is supported by the following excerpt.

“Even though it is changing, cultural norms in our community forbid girls especially during menstruation to come closer to men. It was and some still consider it a taboo. This restrains many girls from developing long-lasting academic relationships with male teachers. However, given that many girls have access to dignity kits and teachers are aware that menstruation is a normal condition for women, the teacher-pupils relationships have improved in recent years” (KII, Area representative).

The study established that the relationship between teachers and pupils has improved because of the girls having access to dignity kits which has translated to improved self-esteem and image. This has in turn led to good performance and primary school girls currently enjoy education and a good relationship with teachers. It is important to note that self-esteem and dignity among girls make school life enjoyable and their grades improve hence being praised by teachers resulting in good relationships.

4.6.2 Inter-pupils' relationship

The study findings further reported that the supply of dignity kits among school-going girls has improved the relationships among the pupils given that girls are more comfortable interacting with fellow girls as well as with boys without fear. The interaction through extra-curricular activities and discussion in school debates have led to both girls and boys to have common ground for interaction and engagement. 100% of the study respondents reported that since they can have access to and use dignity kits, they are able to relate well with boys at school.

Information from a deputy headteacher, one of the key informants indicated that dignity kits have helped girls to equally engage in school activities with boys which resulted in good relationships and respect among pupils. He said that *“girls are now respected by boys as opposed to in the past. The use of dignity kits has enabled girls to perform well in class and boys no perceive girls as inferior. They all engage in discussions, supporting each other in assignments. This has boosted good relationships among pupils”* (KII, teacher Ileret).

Furthermore, study findings unveiled that schools in Ileret Ward have developed open safe spaces where girls can interact freely and have conversations about their experiences. Healthy relationships are therefore boosted among pupils as expressed in the excerpt below.

“We have open safe spaces in our school. When girls have issues, they are allowed to go there and relax. It is also in the safe spaces that pupils with similar issues bond and develop strong relationships. Female teachers also support the girls in safe space by encouraging them and offering necessary support” (KII, Teacher Telesgaye)

4.6.3 Involvement in extra-curricular activities

Information from study participants shows that schools in Ileret Ward and Marsabit County at large engage pupils in different extracurricular activities which include, school games days, music and drama festivals, different functions as well as attending key county forums. Even though girls are less likely to compete with boys in such activities, however, the schools have introduced girls' teams to compete amongst themselves to promote their involvement and change mindsets among the boys and the community at large. These teams also compete on inter-school games and with neighbouring schools. It also improves girls' interest in school since they feel a sense of freedom. Debate clubs are used as safe spaces where both boys and girls can engage in discussing cultural issues affecting their education and future.

One of the key informants said that *"given that girls have access to dignity kits. They can participate in extracurricular activities. Such activities include playing Football, Netball, Volleyball, and long tennis. Girls also engage in music and drama competitions and many of them have been successful and got good rewards including new school uniforms, financial support, and scholarships"* (KII, Headteacher)

4.6.4 Mentorship

The study findings also reported that girls not only receive dignity kits from stakeholders like TBI and UNICEF, but they also receive mentorship from different individuals and organisations. Key activities that happen during dignity kits donation include education on how to use dignity kits and mentorship on how to develop a good self-image and self-esteem. 100% of study respondents reported having attended mentorship programs during dignity kits distribution in school.

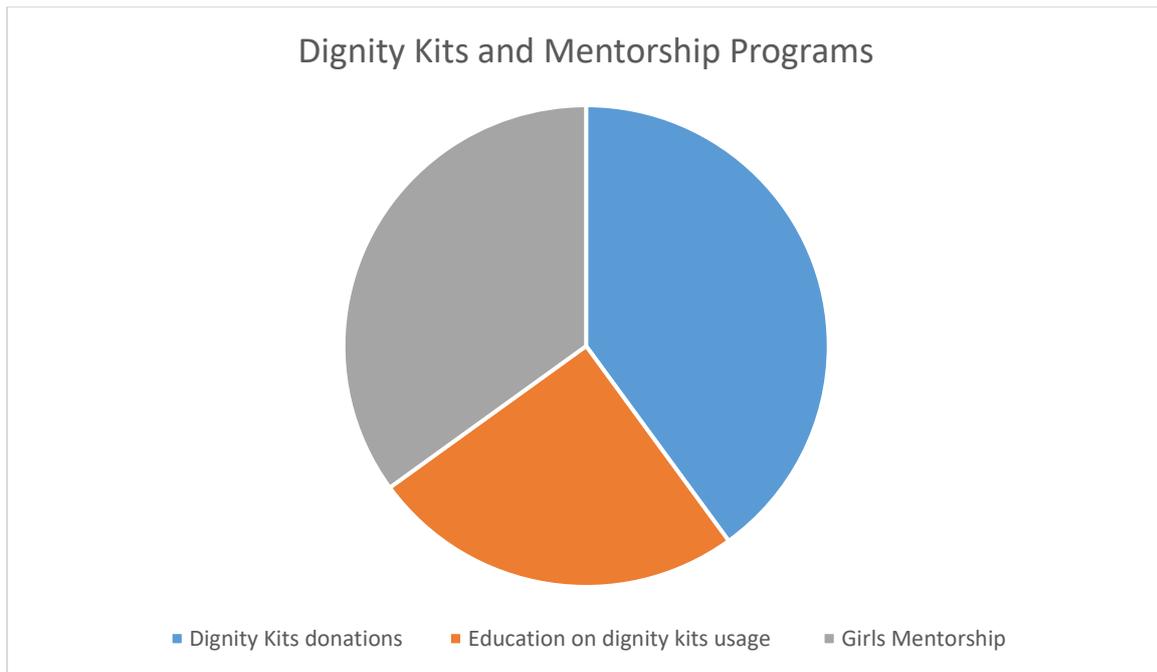


Figure 9: Dignity kits and mentorship programs

From the figure above which reported the activities that happen during dignity kits donations to the girls, it is evident that over 60% of event time goes to mentorship and education on how to use dignity kits.

Information from key informant interviews indicated that many stakeholders who donate dignity kits to the girls in different schools engage the girls in mentorship programs. Key areas that mentorship programs focus on include educating girls on how to use dignity kits, encouraging them to develop a positive self-image as well as working hard in class and other extracurricular activities. This is supported by the following excerpts.

“The girls in this school receive good information from many people who visit us. There are mentorship programs that are ongoing monthly where different stakeholders come to educate the girls on different issues including rights, ethics, and lifestyles” (KII, Headteacher).

“We go to the school to instruct girls about reproductive health and hygiene to ensure that our girls are safe during menstruation. During some events, we mentor them and encourage them to concentrate on their education which will benefit them in future because education is key to success” (KII, Ileret Health Centre representative).

CHAPTER FIVE

SUMMARY OF THE FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter consists of a summary of the key findings, conclusions and recommendations as informed by the study findings and guided by the research questions and theories. The presentation is structured in line with the three specific objectives of the study, which were to establish how dignity kits uptake influences the performance of Daasanach girls; to examine how dignity kits uptake influences the attendance of Daasanach girls, and to describe the relationship between dignity kits uptake by Daasanach girls and girls' education uptake in Ileret ward in Marsabit County. The chapter also detailed conclusions based on the findings and discussion in the context of existing literature and theories. The chapter closes with a section on recommendations aligned with the study objectives for policy and scholarship exploration by key stakeholders.

5.2 Summary of Key Findings

This present study established that access to and the use of dignity kits by primary school-going girls have an enormous influence on academic performance in Ileret Ward. The summary of the findings is as highlighted below.

5.2.1 Influence of dignity kits on girls' school performance

The study findings reported that the distribution of dignity kits in primary schools in Ileret Ward has led to girls excelling in school given that many of the girls are comfortable at school. This has boosted their concentration on academics hence excellent performance is recorded among the girls. Besides, it was reported that girls are actively participating in class activities including answering questions and engaging in discussions. It was also reported that since the programs of donating dignity kits to girls, girls' performance in the Ileret ward has improved.

The performance ratio between girls and boys is equalising as reported by many study participants resulting from constant academic improvement among the girls. The study findings also show that girls who perform well are rewarded to encourage them. Furthermore, girls receive praise from parents and teachers during mentorship programs with different stakeholders. As a result, many girls have received sponsorship and scholarship opportunities for further education.

5.2.2 Influence of dignity kits on girls' school attendance

It was also reported that dignity kits have contributed to improved school attendance among girls in Ileret Ward. It was noted that absenteeism among the girls which is related to menstruation has declined in the primary school in Ileret ward. Instead, the number of girls who go to school during menstruation has increased given that they have access to dignity kits that are donated by different stakeholders. However, feeling unwell, shyness and social discomfort were reported as some of the reasons why girls can miss school during monthly periods. Other barriers that hinder girls from attending school were reported to be FGM and other retrogressive cultural practices, early marriages, women's domestic chores, long distance to and from school and seasonal insecurity issues within Ileret Ward.

5.2.3 Influence of dignity kits on girls' education uptake

The influence of dignity kits on girls' education uptake was also examined and the key findings include how pupils relate with teachers for optimal benefits. It was reported that teachers-pupils' relationships have improved in the recent past, especially among girls. Access to and use of dignity kits by the girls have boosted inter-pupil relations where girls and boys are able to engage in class discussion and support each other in academics. It was further reported that girls have increasingly reported engaging in extracurricular activities. They can engage in music and drama festivals, inter-school games and other activities because of being confident in themselves as their menses issues are covered. The findings also reported that stakeholders

who donate dignity kits to school-going girls offer mentorship programs which boost girls' self-image and encourage the girls to work hard.

5.3 Conclusions

This study concludes that access and use of dignity kits by girls in primary schools in Ileret Ward has led to good performance among the girls. Through donations, girls are excelling in school given that many of them are comfortable at school especially during menses. It is noteworthy that after having access to dignity kits, the girls' concentration on academics has improved leading to good performance. The girls are now able to actively participate in class activities including answering questions and engaging in discussions which is attributed to the use of dignity kits. Consequently, the performance ratio between girls and boys is equalising resulting from constant academic improvement among the girls. As a motivation to perform well, girls are rewarded with gifts and opportunities. Furthermore, girls receive praise from parents and teachers during mentorship programs with different stakeholders. This has led to many girls receiving sponsorship and scholarship opportunities for further education.

Donation and distribution of dignity kits have contributed to improved school attendance among girls in Ileret Ward. The menstruation related absenteeism among the girls has declined in the primary school in Ileret ward. Instead, the number of girls who go to school during menstruation has increased given that they have access to dignity kits that are donated by different stakeholders. However, other reasons like feeling unwell, shyness and social discomfort can make girls miss school during their menses. Besides, FGM and other retrogressive cultural practices, early marriages, women's domestic chores, long distance to and from school and seasonal insecurity issues within Ileret Ward are still some of the barriers that hinder girls from attending school.

The dignity kits have a direct influence on girls' education uptake in Ileret Ward. The education actors like teachers and pupils have developed positive academic relationships especially, among girls resulting from giving the girls dignity kits and mentorship. Access to and use of dignity kits by the girls have also boosted inter-pupil relations where girls and boys are able to engage in class discussion and support each other in academics. Furthermore, the girls are noted to increasingly engage in extra-curricular activities like music and drama which give them additional opportunities.

5.4 Recommendation

1. The National Government under the Ministry of Health should ramp up Continuous and consistent support of the school going girls with dignity kits, to ensure girls get access to dignity kits easily and quickly, for no girl deserves to miss school because they lack the basic essentials required during their menstruation period.
2. Health being a devolved sector under the new constitution 2010, Marsabit county Government should expedite Budgetary allocations for dignity kits to schools for local purchasing and distribution to vulnerable and less-privileged girls within the county. This will not only impact positively on school performance but also on school attendance of girls in marginalized areas of the county.
3. The County Government should also train and equip qualified counselling and guidance teachers to help the girls as they transition in this stage. This initiative will go a long way in providing the psychological support girls need during the menstruation period as well as overcome the social stereotype and trauma impacted by the society when it comes to menstruation.
4. Local leaders and parents' sensitization and launch a powerful campaign on girls' education and advocacy of menstrual hygiene and retrogressive cultural barriers towards girls' education. Girl child empowerment campaigns are crucial to not only

creating awareness but also sensitising the general public about menstruation hygiene and the need to avail dignity kits to girls regardless of their ethnic groupings, race, social standing, and region.

5. The Ministry of Health should leverage partnerships with Development partners such as International Organizations, NGOs, and the private sector to Increase sanitary facilities to allow girls privacy during periods in school. These efforts are important in restoring dignity to girls as well as providing a safe space for girls to undergo their bodily growth without fear of stereotyping from their peers and the society at large. Also, these facilities are crucial to the proper disposal of these dignity kits after use, to ensure proper menstrual hygiene.

REFERENCES

- Adika, V. O., Yabga, Apiyanteide, Ologidi, P. W., & Ekpo, K. E. (n.d.). Perception and behaviour on use of sanitary pads during menstruation among adolescent schoolgirls in Bayelsa State, Nigeria. Retrieved June 29, 2021, from www.pelagiaresearchlibrary.com.
- AfricaCheck. (2022, september 26). How many children go to school in Kenya? Retrieved from africacheck.org.
- Ajzen, I. (1991). The theory of planned behaviour. *Organizational Behaviour and Human Decision Processes*, 50(2), 179–211. [https://doi.org/10.1016/0749-5978\(91\)90020-T](https://doi.org/10.1016/0749-5978(91)90020-T)
- Alexander, K. T., & et.al. (2014, May 22). Water, Sanitation and Hygiene conditions in Kenyan Rural Schools: Are schools meeting the needs of Menstruating girls? *MDPI*, 6(5). Retrieved from <https://doi.org/10.3390/w6051453>
- Fang, Y.-Y. S. (2004, July). The use of a decomposed theory of planned behaviour to study Internet banking in Taiwan . *ResearchGate*, 14(3), 213-223. doi:10.1108/10662240410542643
- FAWE, F. f. (2020, January 28). FAWE Gender responsive pedagogy. *issuu*.
- Geertz, A., & et.al. (2016). *Menstrual Health in Kenya: Country Landscape Analysis*. FSG. Nairobi: Bill and Melinda Gates Foundation.
- Girod, C., Ellis, A., Andes, K. L., Freeman, M. C., & Caruso, B. A. (2017). Physical, Social, and Political Inequities Constraining Girls' Menstrual Management at Schools in Informal Settlements of Nairobi, Kenya. *Journal of Urban Health*, 94(6), 835–846. <https://doi.org/10.1007/s11524-017-0189-3>
- Girod, C., Ellis, A., Andes, K. L., Freeman, M. C., & Caruso, B. A. (2017). Physical, social, and political inequalities constraining girls' menstrual management at schools in informal settlements of Nairobi, Kenya. *Journal of Urban Health*, 94(6), 835-846.
- Hennegan, J., Shannon, A. K., Rubli, J., Schwab, K. J., & Melendez-Torres, G. J. (2019). Women's and girls' experiences of menstruation in low-and middle-income countries: A systematic review and qualitative metasynthesis. *PLoS Medicine*, 16(5). <https://doi.org/10.1371/journal.pmed.1002803>

- Jewitt, S., & Ryley, H. (2014). It's a girl thing: Menstruation, school attendance, spatial mobility, and wider gender inequalities in Kenya. *Geoforum*, 56, 137–147. <https://doi.org/10.1016/j.geoforum.2014.07.006>
- Jewitt, S., & Ryley, H. (2014). It's a girl thing: Menstruation, school attendance, spatial mobility, and wider gender inequalities in Kenya. *Geoforum*, 56, 137-147.
- Kamer, L. (2022, August 1). Number of Primary educational institutions in Kenya from 2013 to 2020. Statista.
- Kamer, L. (2023, June 19). Number of secondary educational institutions in Kenya 2013 to 2020. Statista.
- Keith, B. (2016). Girls' and women's right to menstrual health: Evidence and opportunities. *Outlook*, 1.
- Khader, Y. S. (2017). Water, sanitation, and hygiene in Jordan's healthcare facilities. *International Journal of Health Care Quality Assurance*, 30(7), 645–655. <https://doi.org/10.1108/IJHCQA-10-2016-0156>
- Korir, E., Okwara, F. N., & Okumbe, G. (2018). Menstrual hygiene management practices among primary school girls from a pastoralist community in Kenya: A cross sectional survey. *Pan African Medical Journal*, 31. <https://doi.org/10.11604/pamj.2018.31.222.13521>
- Korir, E., Okwara, F. N., & Okumbe, G. (2018). Menstrual hygiene management practices among primary school girls from a pastoralist community in Kenya: a cross sectional survey. *The Pan African Medical Journal*, 31.
- KNBS, K. N. (2019). *Kenya Facts and Figures*. Nairobi: Kenya National Bureau of Statistics.
- LaMorte, W. W. (2022, November 22). Behavioral Change Models. Retrieved from [sphweb.bumc.bu.edu: https://www.google.kg/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjo0Iyx8Of_AhUrV6QEHUDnAIEQFnoECA0QAAQ&url=https%3A%2F%2Fsphweb.bumc.bu.edu%2Folt%2Fmph-](https://www.google.kg/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjo0Iyx8Of_AhUrV6QEHUDnAIEQFnoECA0QAAQ&url=https%3A%2F%2Fsphweb.bumc.bu.edu%2Folt%2Fmph-)

<modules%2Fsb%2Fbehavioralchangetheories%2FBehavioralChangeTheories3.html&usg=AOv>

- Malusu, L.N., Zani, A.P., 2014. An evaluation of the perception of secondary school students towards menstruation in Kenya. *Afr. J. Educ. Technol.* 4 (1), 83–96.
- Marni, S. (2010). Putting menstrual hygiene management on to the school water and sanitation agenda. *Waterlines*, 29(4), 268–278. <https://doi.org/10.3362/1756-3488.2010.030>
- Mason, L., Nyothach, E., Alexander, K., Odhiambo, F.O., Eleveld, A., Vulule, J., Rheingans, R., Laserson, K.F., Mohammed, A., Phillips-Howard, P.A., 2013. ‘We Keep It Secret So No One Should Know’ – a qualitative study to explore young schoolgirls attitudes and experiences with menstruation in Rural Western Kenya. *PLoS ONE* 8 (11), 1–11.
- McFarlane, C., Desai, R., Graham, S., 2013. Everyday Geographies of Sanitation: Politics and Experience in Mumbai’s Informal Settlements. <<http://www.esrc.ac.uk/>
- Menstrual Hygiene Day 2016 Planning Guide. (n.d.).
- Miiró, G., Rutakumwa, R., Nakiyingi-Miiró, J., Nakuya, K., Musoke, S., Namakula, J., Francis, S., Torondel, B., Gibson, L. J., Ross, D. A., & Weiss, H. A. (n.d.). Menstrual health and school absenteeism among adolescent girls in Uganda (MENISCUS): a feasibility study. <https://doi.org/10.1186/s12905-017-0502-z>
- Mucherah, K. T. (2017, February 21). Reducing Barriers to Primary school education for girls in rural Kenya: Reusable pad's Intervention. *International Journal of Adolescent Medicine and Health*, 1.
- Norman, P., & Conner, M. (2016). Health behavior. In *The Curated Reference Collection in Neuroscience and Biobehavioural Psychology* (pp. 1–37). Elsevier Science Ltd. <https://doi.org/10.1016/B978-0-12-809324-5.05143-9>
- Pain beyond Period Understanding Menstrual Hygiene Management Challenges Muslim Refugee Women in Za’atari Camp Perspective. (n.d.).
- Pratt, N. B. (2023). What is Leadership? . Retrieved from [techtarget.com: https://www.techtarget.com/searchcio/definition/leadership](https://www.techtarget.com/searchcio/definition/leadership)
- Ryan, S., & Carr, A. (2010). Applying the biopsychosocial model to the management of rheumatic disease. In *Rheumatology: Evidence-Based Practice for Physiotherapists and Occupational Therapists* (pp. 63–75). Churchill Livingstone.

<https://doi.org/10.1016/B978-0-443-06934-5.00005-X>

Sakwa, B. (2022, August 22). Good Sanitation in schools helps to improve education outcomes. The Standard.

Schmitt, M. L., Clatworthy, D., Ogello, T., & Sommer, M. (2018). Making the case for a female-friendly toilet. In *Water (Switzerland)* (Vol. 10, Issue 9, p. 1193). MDPI AG. <https://doi.org/10.3390/w10091193>

Shih, Y. Y., & Fang, K. (2004). The use of a decomposed theory of planned behavior to study Internet banking in Taiwan. *Internet Research*, 14(3), 213–223. <https://doi.org/10.1108/10662240410542643>

Sommer, M. (2012). Menstrual hygiene management in humanitarian emergencies: gaps and recommendations. *Waterlines*, 83-104.

Sommer, M., & Sahin, M. (2013). Advancing the global agenda for menstrual hygiene management for schoolgirls. *American Journal of Public Health*, 103(9), 1556–1559. <https://doi.org/10.2105/AJPH.2013.301374>

Sommer, M., & Sahin, M. (2013). Overcoming the taboo: advancing the global agenda for menstrual hygiene management for schoolgirls. *American journal of public health*, 103(9), 1556-1559.

Sweitzer, S. J., Briley, M. E., Roberts-Gray, C., Hoelscher, D. M., Harrist, R. B., Staskel, D. M., & Almansour, F. D. (2011). Psychosocial outcomes of lunch are in the bag, a parent program for packing healthful lunches for preschool children. *Journal of Nutrition Education and Behavior*, 43(6), 536–542. <https://doi.org/10.1016/j.jneb.2010.10.009>

UNFPA Basic Dignity Kit | UNFPA - United Nations Population Fund. (n.d.). Retrieved June 29, 2021, from <https://www.unfpa.org/resources/unfpa-basic-dignity-kit>.

Vanleeuwen, C., & Torondel, B. (2018). Improving menstrual hygiene management in emergency contexts: Literature review of current perspectives. In *International Journal of Women's Health* (Vol. 10, pp. 169–186). Dove Medical Press Ltd. <https://doi.org/10.2147/IJWH.S135587>

- VanLeeuwen, C., & Torondel, B. (2018). Improving menstrual hygiene management in emergency contexts: literature review of current perspectives. *International journal of women's health*, 10, 169.
- Velo, J. M. (2023). Influence of Dignity kits uptake on Daasanach Girls attendance and performance in Primary schools in Ileret ward, Marsabit County. University of Nairobi, Anthropology, Gender and African Studies, Nairobi.
- Walter, J. (2022, June 19). Drought linked to menstrual problems in Marsabit County. Nation Media Group.
- World Bank, 2011. World Development Report 2012: Gender Equality and Development. <<http://wdronline.worldbank.org/>> (accessed 15.03.12).

APPENDIX I

LETTER OF INTRODUCTION

Dear Respondents,

RE: REQUEST FOR RESEARCH INFORMATION

My name is Joanne Velo, a student at the University of Nairobi pursuing Master of Arts in Gender and Development studies. I am currently undertaking a research project on the influence of dignity kits uptake on Daasanach girls' attendance and performance in primary schools in Ileret Ward, Marsabit County. I would be grateful if you would spare a few minutes of your time to answer a few questions to help me gather the necessary information. The information provided shall be treated with the utmost confidentiality and be solely used for this research problem. A copy of the same shall be availed to you upon request.

Any additional information you might consider necessary for this study shall be highly appreciated.

In case of any queries about this research; do not hesitate to call me on

Tel: +254 719109088

Thank you in advance.

Joanne Velo

APPENDIX II

SEMI-STRUCTURED INTERVIEW GUIDE FOR THE SCHOOL GOING GIRLS

Dear participant, this semi-structured interview guide aims to collect information related to the influence of dignity kits uptake on Daasanach girls' attendance and performance in primary schools in Ileret Ward, Marsabit County. The information given is for academic purposes only and will be treated as very confidential. Please fill in the question according to the instructions given.

Thank you in advance.

PLEASE FILL IN CAPITAL LETTERS

Date of Interview: _____ Length of Interview: (Start time) 10:30 am (End Time) _____

Participant Name: _____

Name of School: 1. Ileret primary school _____ 2. Telesgaye primary _____

Name of Ward: ILERET WARD

SECTION A: DEMOGRAPHIC INFORMATION

Question 1. What class are you in? (Single Answer)

Class Number	Tick in one box
Class 4	
Class 5	
Class 6	
Class 7	
Class 8	

Question 2. What is your exact age in complete years? Answer

Question 3. Who is the household head? (Single Answer)

Household Head	Response
Father	
Mother	
Both father and mother	
Relative	
Sibling	
Other (Specify).	

Question 4. How many individuals are in your household?

Age of household members	Frequency based on gender	
	Men (Boys)	Women (Girls)
Below 3 years		
3 years – 5 years		
6 years – 10 years		
11 years – 15 years		
16 years – 17 years		
21 years – 25 years		
26 years – 30 years		
31 years and above		

SECTION B: MAIN QUESTIONS

Question 5. How old were you when you were first enrolled in school?

Question 6. How many girls in your household go to school, including yourself?

Question 7. What are the chances of girls going to school as compared to boys in your community?

Chances of girls going to school	Tick one	Chances of boys going to school	Tick one
Fewer chances		Fewer chances	
Equal chances		Equal chances	
Higher chances		Higher chances	
Other (Specify)		Other (Specify)	

Question 7. At what age do girls begin school in this community?

Age of going to school for girls	Response (Tick one)
Below 3 years	
3 years – 5 years	
Above 5 years	

Question 8. What are the main reasons for girls' poor enrolment in Schools in this community?

Question 9. How does the lack of dignity kits affect girls' poor attendance in School?

Question 10. In what ways does the lack of dignity kits influence girls' poor performance in School?

Question 11. Is there a difference between the school attendance for girls who have access to dignity kits compared to those who have not? Yes

Question 12. What alternative ways do girls use when they do not have dignity kits?

Question 13. How do girls in this school get access to dignity kits? Are they easily available, accessible, and affordable? _____

Question 14. Are there cases where girls drop out of school for the lack of dignity kits?

Explain

Question 15. What should be done to ensure that all girls in your school have access to dignity kits?

Question 16. Do you think that access to dignity kits by school-going girls will enhance academic performance positively?

Elaborate

Question 17. What other suggestions and/or recommendations do you have that can enhance girls' academic performance concerning dignity kits?

Thank you for your time and participation.

APPENDIX III: KEY INFORMANT INTERVIEW GUIDE

Section A: Introduction

Question 1. Tell us more about yourself. What you do _____ (**Probe for: Position, and the work**)

Question 2. How have you been involved in the distribution, delivery, donation, and education of dignity kits for girls in primary school? Elaborate (**Probe for, informant's contribution to access, availability, use, education, influence, and enhancing girls' access to dignity kits**)

Section B: Main Questions

Question 3. Discuss the main barriers to access and use of dignity kits by girls in Primary schools in Ileret Ward. (**Probe for: Hindrances girls face as they try to have access to dignity kits**).

Question 4. Discuss the nature of availability, accessibility, and affordability of dignity kits by girls in primary schools in Ileret Ward. (**Probe for: availability, accessibility and affordability and use of dignity kits by primary girls in Ileret Ward?**)

Question 5. Discuss how the lack of dignity kits affects girls' poor attendance in School in Ileret Ward. (**Probe for: Challenges girls face in school concerning lack of dignity kits**).

Question 6. Explain the influence of dignity kits on girls' performance in School. (**Probe for: Positive impact of dignity kits on girls' education**)

Question 7. Discuss the differences between the school attendance for girls who have access to dignity kits compared to those who have not. **(Probe for: lack of versus having dignity kits affect school attendance**

Question 8. Explain some of the possible alternative ways girls use when they do not have dignity kits. And how does that affect the girl's academic performance? **(Probe for: Alternative ways the girls use during monthly periods and how it affects academic performance).**

Question 9. Explain some of the administrative or educational arrangements put in place to assist the girls to advance their studies during monthly periods. **(Probe for: Any measures by the school, community, or county government to enhance access and use of dignity kits by girls**

10. In your own opinion(s) what can be done to improve the access and use of dignity kits by girls in primary school? And explain how that will improve girls' performance in school. **(Probe for: Suggestions and recommendations)**

Thank you for your time and participation.

Pictorials

A standard dignity kit for the Ileret Daasanach girls

