EXPLORING EXPERIENCE OF MOTHERS ON PREPARING PRE-PUBERTY GIRLS TO MENSTRUATION IN KARATU DISTRICT

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By

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A Dissertation Submitted in (partial) Fulfillment of the Requirement for the Degree of Master of Public Health

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CERTIFICATION

The undersigned certify that she has read a dissertation and hereby recommend for the acceptance by the Muhimbili University of Health and Allied Sciences (MUHAS), a dissertation titled **Exploring experience of mothers on preparing pre-puberty girls to menstruation in Karatu district Council** in partial fulfillment of the requirements for award of the degree of Master of Public Health Muhimbili University of Health and Allied Sciences (MUHAS).

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Dr. Paulina Nahato

(Supervisor)

_____

DECLARATION AND COPYRIGHT

I, Minaeli J. Kilimba declare that this **dissertation** is my own original work and it has never been presented and will not be presented to any other University for a similar or any other degree award.

Signature_____ **Date**_____

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Finally, I would like to thank my child, who missed my love and care during my absence for data collection, family and friends for their, flexibility and support during this educational journey.

DEDICATION

I dedicate my dissertation work to my late beloved father Mr. John Kilimba, my loving Mom Christine Sulle, my loving Son Ntuli and Mr. John Mgalula for their morale and material support.

ABSTRACT

Background: Menstruation is a situation whereby blood and tissue from girls or women uterus come through the vagina. It usually happens every month.

In low- and middle-income countries (LMIC) many girls enter into puberty with low knowledge and misconceptions about menstruation, hence many girls are unprepared to cope with it and unsure of when and where to seek menstruation information. This is because the adults around them, especially mothers, are themselves not well informed and are uncomfortable discussing sexual related issues including menstruation which frequently comes with dirty, polluting and shameful connotations. Less information is documented on experience sharing of mothers to their pre puberty girls. This study attempts to fill that gap

Study objective: To explore experiences of mothers on preparing pre-puberty girls to menstruation in Karatu District.

Methods: This is a qualitative research with descriptive study design. In depth interview technique was employed in data collection whereby study participants were mothers who are living with pre Puberty girls in Karatu district area. Thematic analysis was used in data analysis.

Results: Most of the mothers were not sufficiently prepared for menstruation hence lack good experiences on menstruation. Moreover, sharing of menstruation information is currently received positively by the children as they are taught in schools starting from primary schools. Also, low knowledge of mothers on menstruation issues and shame are the major a barriers in information sharing.

Conclusion: The mothers' past practices is that they were not well prepared for menstruation. However mothers seems to share menstruation information with their pre puberty girls with different barriers such as limited information on menstruation, busy with daily activities, feeling shame to talk with their pre puberty girls and men's negative attitude on menstruation issues.

Recommendation: The Ministry of Health Community Development, Gender, Elderly and Children in collaboration with other stakeholders should design and develop special programs for increasing education and information to mothers on menstruation. This will increase mothers' ability of sharing menstruation information and setting time for talking with their pre puberty girls**.**

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LIST OF ABBREVIATIONS

HIV/AIDS	–	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
IDI	-	In-Depth Interview
LMIC	-	Low and Middle-Income Countries
MHM	-	Menstrual Hygiene Management
RTI's	-	Reproductive Tract Infection
STI's	-	Sexual Transmitted Infections
TAWASANET	-	Tanzania Civil society Organizations Working in the Water, Sanitation and Hygiene
UNESCO	-	United Nations Educational, Scientific and Cultural Organizations
UNICEF	-	The United Nations International Children's Emergence Fund
WB	-	World Bank

OPERATIONAL DEFINITIONS

Menarche is the first day of menstruation in the lifetime of a woman.

Perception is away something is regarded as understood or interpreted.

Puberty is the process of physical changes through which a child matures into an adult body capable of sexual reproduction. It is initiated by the hormonal signs from the brain to the gonads, the ovaries in girls and testes in the boys.

Pre puberty girl is a girl who is undergoing transitional period where by this transitional allows the body to activate hormones and prepare for reproductive capabilities.

Mothers are the biological and non-biological female parents and other female care givers who lives with girls who are at the age of getting menstruation.

Self - esteem is how one value and perceive on him or herself it is based on opinions and beliefs about individual which can sometimes feel really difficult to change.

Taboo is a social or religious custom prohibiting or restricts a particular practice or forbidding association with a particular person place or thing, many taboos are developed into physical exposures.

CHAPTER ONE

1.0 INTRODUCTION

1.1 BACKGROUND

Menstruation is one of the natural biological changes that occur in a female's life. Menstruation is the cyclical shedding of the inner lining of the uterus, the endometrium, under the control of hormones of the hypothalamus-pituitary axis (Aniebue, Aniebue and Nwankwo, 2009). Menstruation has been several times misinterpreted and wrongly perceived in most of the developing countries (Um and Yusuf, 2010).Studies show that girls in many countries experience menarche with insufficient information and support. The potential health effects of such experiences include a weakening of girls' sense of self-confidence and competence, which in turn may comprise girls' abilities to assert themselves in different situations, including in relation to their sexuality and sexual and reproductive health (El-Gilany and Elkhawaga, 2012).

Early reports about pre menarche expectations showed that most American girls believed menstruation to be accompanied by physical discomforts, increased emotionality, and a disruption of activities and social interactions (Marván, Vacio and Espinosa-Hernández, 2003). Menstrual education is a vital aspect of health education among young girls. To make them feel that it is one of their bodily changes. It is the role of adults especially mothers to share the information with their girls, ho vvwever little is said to the maturing girl about it as is the case with other issues of sexuality in most cultures. Furthermore, it is not an uncommon experience for girls to attain menarche without knowing about menstruation (Abioye-Kuteyi, 2015). In Europe and North America the majority of girls typically menstruation begins at about age 12, but periods are possible as early as age 8. That's why they believe it's important to discuss this topic early (Marván, Vacio and Espinosa-Hernández, 2003).

Furthermore, in India, when young menarche has their first time menstruation period, they are forbidden to worship the gods, they must not consume fermented foods and are not allowed to run, lift heavy objects, work or touching any utensils in the kitchen (Mahajan and Sharma, 2004). In developed countries parents are a major source of information to their children about menstruation, they believe the early you begin talking to your child about the changes to

expect during puberty, the better accurate information is captured (Shanbhag et al., 2012; Sommer and Sahin, 2013). Mothers start by asking what their children know about puberty in order to clarify any misinformation. Children have been given exposure if she has questions, and explain the basics. Many middle-level schools have been provided menstruation health lessons and sex education to schoolgirls (Houston et al., 2006).

In African societies, mothers, teachers and other community members such as aunt, grandmothers and sisters in most cases are health educators regarding sexual and reproductive health issues for girls including menstruation in order to improve their health (Jarrah and Kael, 2012). Many pre-bertal girls expected to start their first periods uninformed and unprepared. Among many educators, Mothers have been identified to be the primary source of information, but it has been reported that they inform girls too-little and too-late and often communicate their own misconceptions (Abioye-Kuteyi, 2015). Parents in developing countries delay to teach and prepare their pre-pubertal girls. Because menstruation is widely seen as one among issues related to sexuality and hence, it is perceived as taboo to talk about. Girls are often excluded and shamed in their homes and in their communities (Chandra-mouli and Patel, 2017).

Different perceptions have been taken into account and lead parents and teachers fail to inform and prepare their pre-menarche girls. Promotion of sex education by parents and religious leaders and their attention to their children's attitudes about sex is related to delay sexual intercourse (Bleakley, Hennessy and Fishbein, 2009). Some of the reasons identifies to make parents not to talk include embarrassment, inadequate knowledge, some myths, and misconceptions of mothers in fields of reproductive health becomes a barrier in this regard (Adinma and Adinma, 2008). Hence it is recommended that Mothers need proper and adequate knowledge about physical and emotional changes of teenagers to recognize any deviations from reproductive health and also to overcome the shyness that might be related to sexual and reproductive health sensitization (Shahhosseini et al., 2013). We need to equip mothers and teachers with the knowledge to control free talk with girls. Whereas girls prefer familiar persons (non-threatening situation) particularly mothers for menstrual education,

mothers are usually unable to talk probably because of inhibition to discuss the subject in most cultures (Mohammed, Hassan and Mahdy, 2017).

There is an important need for the public health community to assure that girls receive the education and support they need about menstruation, so they are able to feel more confident about their bodies, and navigate preventable health problems now and in the future. For too long, the global health community has overlooked the window of opportunity presented by menarche (Poureslami and Ashtiani, 2002)**.**

In Tanzania majority of mothers perceived that girls should be told about menstruation only after attaining menarche hence girls lack sufficient knowledge in menstruation and techniques on how to manage it when they enter pubertal age (Mwita, 2017). Any sexuality issue is a rare family discussion, it's the sensitive matter which must be held and discussed behind closed doors between adult members only and exclude pre-pubertal children. Family life education (including menstrual education and preparation) is not culturally encouraged Majority of communities and parents living in countryside Tanzania believe that menstruation teaching is a taboo and a neglected issue (Tawasanet and the United Republic of Tanzania, 2016). Therefore major concern of this study is to find out challenges and experience in which parents encounter based on preparing girls to menstruation in perspective of challenges and community viewpoint concerning menstruation to pre-puberty.

Majority of parents in developing countries who live in the urban and rural area believes that their daughters need to know about menstruation only after experiencing it. Because menstruation is widely seen as one among issues related to sexuality and hence, it is perceived as taboo to talk about (Mahajan and Sharma, 2005). Girls in low and mid-income countries particularly in developing countries enter puberty stage with limited knowledge about menstruation and how to take care of themselves especially hygiene (Halcomb et al., 2007). Majority of schools girls are unprepared to manage menstruation and not knowing where to ask for guidance (Aniebue, Aniebue and Nwankwo, 2009; in Nigeria, Gumanga and Kwame-Aryee, 2012 in Ghana; UNESCO, 2014). This is because the adults around them, including parents and other community members such as sisters, grandmothers and aunts have

communication barriers due to social taboos in discussing sexuality, menstruation and reproductive health in general with young girls (Sutton et al., 2014).

In low and middle-income countries health among adolescent girls Tanta Municipality, the study revealed the Parents in developing countries delay to teach and prepare their pre-pubertal girls. Because menstruation is widely seen as polluting and shameful, girls are often excluded and shamed in their homes and in their communities. Family, especially the mothers, has the most important role in the education, transformation of information, and health behaviors of girls in order for them to have a healthy transition from the critical stage of puberty (Sooki *et al.*, 2016).

In many of the Tanzania communities' especially in rural areas parents are supposed to instruct their girls about menstruation and its preparation when they enter in the pubertal stage. However this preparation depends on how parents themselves were prepared. This comprising what kind of things they should use to keep hygiene and where to dispose of the used materials after use (Netherlands, Development Organization, 2014). Despite that, mothers and female guardians are the main source of information for their children regarding menstruation but, some of them do not discuss or share anything that has to do with sexuality, private parts or menstruation issues with their children (Ezra, Mayo and Richard, 2014). This lead to a very little information about menstruation among girls before they experience their first menstruation and this ignorance could lead to various reactions including worry, shyness, embarrassment and nervousness (Mahajan and Sharma, 2004). In some settings lack of knowledge on preparing pre menarche to menstruation among parents may encourage girls to drop out from school when they enter the menarche stage because puberty and menstruation are associated with reproduction, they may prefer girls to get married to contribute to the family's income, and may prioritize knowledge not taught in school, such as how to maintain a household income (UNESCO, 2014). Therefore major concern of this study is to find out how female mothers themselves were prepared for menstruation and how they prepare their girls, the challenges and experience in which mothers encounter based on preparing girls to menstruation as well as community view point concerning menstruation to pre- puberty **girls.**

1.2 PROBLEM OF THE STATEMENT

There is low experience of information sharing and support of mothers to girls on menstruation to pre puberty girl. Various studies reported that there is evidence for negative effects to school girls whose parents have little menstruation knowledge and support. Other physical and health outcomes including irritation, discomfort and urogenital symptoms, although not confirmed infections. All these are potential consequences of poor Menstrual Hygiene Management (MHM) which impose on girls' ability to participate in society with dignity (Narayan, Srinivasa and Pelto, 2001).

Hence cause girls fail to manage menstruation and hence miss class session during menstruation period (Sommer and Sahin, 2013).**Various studies (Houston *et al.,* 2006; Marni Sommer, Ackatia-armah, *et al.,* 2015; Srivastava *et al.,* 2017)** have shown the importance of preparing girl for puberty such as reduce anxiety, increase freedom and confidence. However, little is documented on parents experience sharing and support in preparing girls for menstruation. Therefore this study is an attempt to fill that gap.

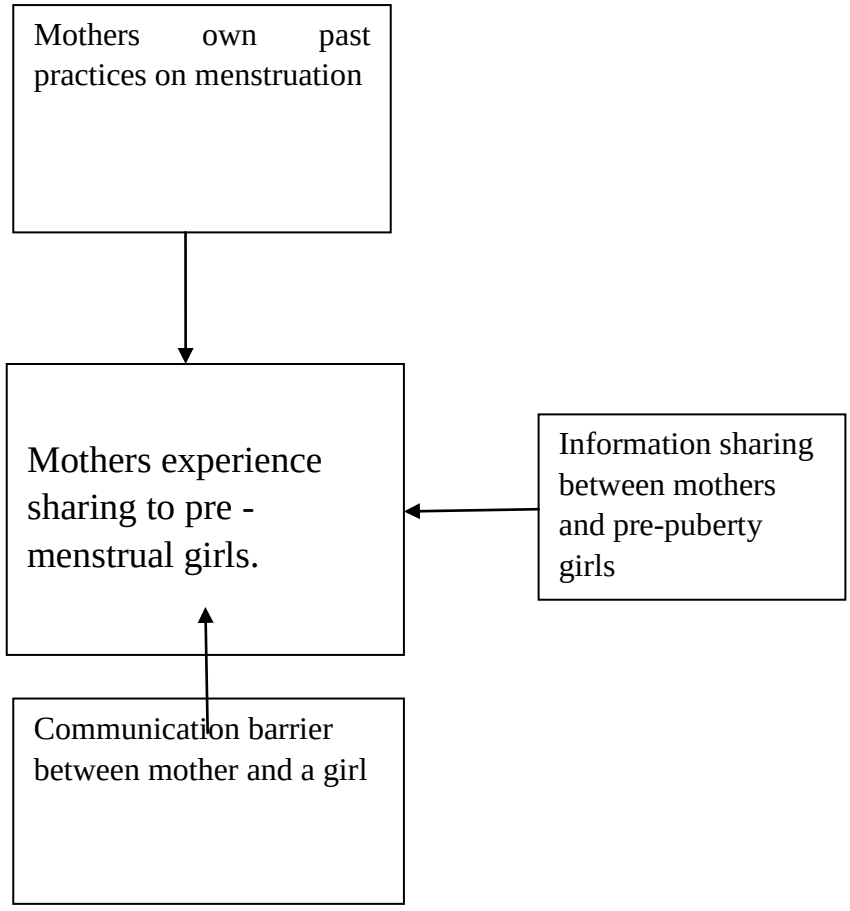
1.3 Theoretical Framework

The study was guided by the parental lay theory of (1977) which was developed by (Vaz, 2009). According to (Vaz,2009) Parents, lay theory in an attempt to explain factors that may contribute parents to educate pre puberty about menstruation is categorized into four groups which are identified as independent variables, religious belief, local belief, past practices on menstruation and broader changing of society (perception). Parents beliefs about menstruation independent variables have been believed as factors which determine the decision of parents whether to prepare and educate pre puberty before she reaches into menstruation or not.

Mothers experience sharing to pre -menstrual girls as the main objective of our study is influenced negatively or positively by three components which are mothers own past practices on menstruation helps in influencing preparations for their pre-puberty, information sharing between mothers and pre-puberty girls and the existing communication barriers between mother and a girl.

First; mothers own past practices on menstruation means that if the mothers were taught and given good experience on menstruation which eventually resulted to certain menstruation practices. This will help that particular mother to share the same practice or experience to the pre-puberty girl as a preparation measure as well. Second; information sharing between mothers and pre-puberty girls means if mothers share information to their pre puberty girls then mothers experience sharing is achieved as well. Third; the communication barriers existing between mother and a girl refers to things which may positively or negatively influence mothers experience sharing with the per-puberty girls.

FIGURE 1: CONCEPTUAL FRAME WORK



Adopted and modified from (Vaz, 2009).

1.4 RESEARCH QUESTIONS

1.4.1 Main research question

What are the experiences of mothers on preparing pre-puberty girls to menstruation in Karatu District?

1.4.2 Research questions

1. What are the past practices of mothers on menstruation influencing preparations of menstruation to pre-puberty girls?
2. What information do mothers share with their pre puberty girls on preparing them for menstruation?
3. What are the communication barriers between mothers and a girl child in preparations of menstruation to pre-puberty girls?

1.5 Objectives

1.5.1 General Objective.

To explore experiences of mothers on preparing pre-puberty girls to menstruation in Karatu District.

1.5.2 Specific objectives.

1. To find out the past practices of mothers on menstruation influencing preparations of menstruation to pre-puberty girls.
2. To find out information female parents share with their pre puberty girls on preparing them for menstruation
3. To identify the communication barriers between mothers and a girl child in preparations of menstruation to pre-puberty girls.

1.6 Rationale of the Study.

Preparations of pre-puberty girls to menstruation among schoolgirls particularly in rural areas in Tanzania is among the lowest practice and needs greater effort and resource to access these basic rights for the society. This study intends to equip mothers with skills to prepare girls to maintain the hygiene during menstruation. This study was conducted with the aim of exploring the experiences of parents on preparing pre-puberty girls to menstruation. School environment support regarding menstruation management which could be taken by policymakers, program planners, managers, donors, field workers and beneficiaries to counteract the cruel impact on day to day health, education, and dignity of the schoolgirl.

The study findings provide important supporting information to policymakers, program planners, managers, donors, field workers and beneficiaries to support ongoing national program (WASH) on girls hygiene in attaining Sustainable Development Goal (SDGs) particularly goal number three of health and wellbeing of all people.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1. Introduction

This chapter presents reviews of literature around the subject of the study. The focus was on exploring experiences, information sharing between mothers and pre puberty girls and communication barriers of mothers on preparing pre-puberty girls to menstruation. Empirical studies done by other researchers based on the objectives are reviewed. Most importantly, the researcher showed the existing literature and knowledge gap at the end of the chapter

2.2 Overview of Menstruation to pre-puberty

There are growing efforts from academia, the development sector, and beyond to understand and address the challenges facing menstruating schoolgirls in low- and middle-income countries (LMIC) (Marni Sommer, Hirsch, *et al.*, 2015). A body of research has documented that pre-puberty girls who expecting to enter menarche stage perceiving that they will experiences shame, fear, and confusion across numerous countries and the challenges girls face in attempting to manage their menstruation with insufficient information, lack of social support, ongoing social and hygiene taboos which emphasizing on not using hygiene materials during menstruation period (Sommer and Sahin, 2013b). Pre-puberty girls represent a vulnerable group not only with regards to their social status but also in relation to their health. In this regard, menstruation is recognized as unclean or dirty in society (Halcomb *et al.*, 2007). The issue of menstruation to pre-puberty is not taken into serious consideration among school girls themselves as well it has not received proper attention (Pradhan and Betti, 2009). Girls across low and middle-income countries have lack and limited knowledge and understanding about menstruation prior to reaching menarche (Chandra-mouli and Patel, 2017).

2.3 Experience of mothers on menstruation in influencing preparations prior to menstruation.

Different studies conducted in Asia countries stated some women in rural described not being able to attend church when they were menstruating because they were dirty others suggested that church attendance is acceptable, as long as women sit at the back bench allocated for

menstruating women (Mahajan and Sharma, 2005). In other side of religion menstruating girls are not allowed to touch or read bible or take Holy Communion during menstruation. It was unclear whether women imposed these restrictions upon themselves or whether other congregants or church officials dictated them (Chang and Chen, 2009). Moreover, men in rural believed that not attending church while menstruating was a preference among women, relating to the challenges in managing bleeding without access to good quality sanitary products. However, women in rural commonly viewed not being able to attend or fully participate in church as an unwanted restriction, and there was a feeling of embarrassment at having to sit at the back of the church because that would make it obvious to others that they were menstruating (Ruble and Brooks-gunn, 2019b).

Late adolescent women were asked to reflect on their experience of menarche and to suggest ways in which girls might be better prepared for the onset of menstruation (Koff and Rierdan, 1995; Mahajan and Sharma, 2005; Naghshineh, Golshiri and Sichani, 2017). Women affirmed the importance of adequate information about the biology of menstruation and the pragmatics of menstrual hygiene and also stressed the importance of maternal psychological support at this time (Cheng, Yang and Liou, 2018). By way of reassurance, women suggested that girls be informed of the variability of menstrual experience; they also emphasized the need to assure girls explicitly that menstruation is "normal" in contrast to "dirty" or a sign of disease(Ruble and Brooks-gunn, 2019b). The interviewee from Andhra Pradesh said there was a celebration for her menarche. She mentioned that she didn't like it and felt shy and angry during the whole event since she felt it unnecessary to make a public announcement about her start of menstruation. She was given an oil bath (oil baths are given to mark an auspicious occasion). People were invited for lunch and she was given gifts. She was given a new silk saree to wear. Before this day she used to wear ghaghra and choli (traditional blouse and skirt). She also added that she would never hold the ceremony for her daughter. We noticed that in Hinduism they have many restrictions. (Holkar, 2010)

2.4 Information shared between mothers and girls concerning menstruation

Prior to menarche, girls tend to receive information about menstruation from a variety of sources including parents, school, friends, and the media (Koff and Rierdan, 1995). Despite the many sources of information, the education that girls usually receive about menstruation is not enough. Indeed, girls often report that the information they receive is insufficient and inadequate in preparing them for menstruation, and that it is focused on negative aspects (Mahajan and Sharma, 2004).

Information about menstruation is usually oriented almost exclusively towards bodily functions and advising girls how to cope with the practical aspects of menses, avoiding the emotional aspects or discussing how to deal with their feelings (Houston *et al.*, 2006). Moreover, information about menstruation includes mixed messages: it is presented as being a natural, normal, and important biological event, but at the same time information is included on the importance of concealing and denying menstruation. Messages congratulate girls on their entry into womanhood while at the same time suggesting that menses should be kept secret (Mohammed, Hassan and Mahdy, 2017).

Thus, Menstruation is seen as a proud but disgraceful and secret event. Adequacy of preparation prior to menarche has an important impact on girls' initial experience of menarche (Gumanga and Kwame-Aryee, 2012). That is, girls who have an inadequate preparation are more likely to present negative emotional responses to menarche, while girls who have a more adequate preparation are more likely to report positive menarche reactions. Mothers are typically the primary source of information about menstruation. Mothers relates to her daughter concerning the issues of menarche and menstruation may influence the girl's future experiences (Mohammed, Hassan and Mahdy, 2017). If the mothers communicated a positive view of menstruation, then the daughters, for the most part, also presented a positive view. But if the mothers presented a negative view, the daughters were more likely to hold a similar view of menstruation (Gumanga and Kwame-Aryee, 2012). Emotional reactions to menarche have been studied by several authors around the world. Reports in the last century showed that menarche was associated with a series of contradictory beliefs and feelings, and girls experienced a mixture of positive and negative feelings at the same time, such as: happiness

and fear; enthusiasm and anger; excitement and nervousness; anxiety and pleasure; acceptance and rejection; support and loneliness; self-control, and loss of control (Koff and Rierdan, 1995; Um and Yusuf, 2010; Gumanga and Kwame-Aryee, 2012). Studies during the current century which have been conducted in countries like Pakistan or Taiwan show that most women describe their menarche as an adverse experience (Vaz, 2009; UNICEF, 2010). Other studies conducted in China4 and Mexico16 show that girls continue presenting ambivalent reactions to menarche, probably because they are exposed to mixed messages which are often contradictory, resulting in more confusion and ambivalence (Marván, Vacio and Espinosa-Hernández, 2003). However, conducted a recent study in the US and concluded that unlike findings from earlier research, women in the US currently report more positive experiences of menarche and less indication of feelings shame, even though secrecy surrounding menarche is still a feature of many young women's experience of their first period (Bleakley, Hennessy and Fishbein, 2009; M Sommer *et al.*, 2015). (Tang, Yeung and Lee, 2003) also found that most mothers of young women are remembered for being personally supportive when their daughters started menstruating and emotionally engaged with them about the experience. Moreover, emotional maternal support at the moment of menarche was associated with positive experiences of menarche (El-Gilany and Elkhawaga, 2012; Savanthe and Nanjundappa, 2015). However, the author concluded that although maternal support is related to positive experiences of menarche, it is not a guarantee, as some women with maternal support recalled negative memories of menarche. Emotional responses to menarche are also influenced by attitudes toward menstruation, which are shaped by the immediate environment and the culture in which a woman grows up (Golchin *et al.*, 2012; Kamalikhah, Rahmati and Karimi, 2012). That is, positive reactions to menarche are related to a positive perception of menses, seeing it as a natural event, a healthy body image, and rejection of negative attitudes toward menstruation. On the contrary, negative emotional responses to menarche are related to perceptions of menstruation as a negative event (Narayan, Srinivasa and Pelto, 2001; Tang, Yeung and Lee, 2003; Pradesh, Savanthe and Nanjundappa, 2016). Menarche experiences and attitudes toward menstruation are related to menstrual experiences later in life, as well as to other aspects of the adult woman's life such as her sexual decision- making (Kirk and

Sommer, 2006; Shanbhag *et al.*, 2012; Sommer and Sahin, 2013a). Menarche experience is shaped by the historical time and sociocultural context in which it occurs, and therefore, is framed by the discourses indicative of that particular time and place (Khanna, Goyal and Bhawsar, 2005; Kirk and Sommer, 2006; Shanbhag *et al.*, 2012; Bhartiya, 2013; Sommer and Sahin, 2013a; Marni Sommer, Hirsch, *et al.*, 2015; Mwita, 2017) In Mexico, the beliefs about menstruation have changed over the last decades (Marván, Vacio and Espinosa-Hernández, 2003).

2.5 Communication barriers between mothers and girls in preparations prior to menstruation.

Mothers as a source of information for adolescent girls can answer numerous questions related to puberty. So, the quality of the mothers-daughter relationship can prevent lots of physical, psychological, and social problems and unhealthy behaviors that are rooted in adolescence (Naghshineh, Golshiri and Sichani, 2017). The current study demonstrated that only about one third of mothers communicate with their daughters to prepare them for puberty. This may be related to variation on ages between mothers and their daughters. Also, may be due to different personalities, opinions, values, attitudes, events, and past-goals; daughters and mothers produce distinct message into their interactions. In addition, it may be attributed to lack of mothers-daughter communication as reported by (38.3%) of female parents who did not prepare their daughters for puberty, or due to lack of mothers time as the working female parents are more prevalent in Egyptian society nowadays (Sooki *et al.*, 2016). This result is contradicted with who found that about two thirds of female parents prepare their daughters for pubertal changes (Mahajan and Sharma, 2005). These contradicted results may be related to cultural differences between the entire populations. The daughter–mothers interactions is basic to and a fundamental for, the spreading of growing and learning. The tie between children and their female parents generally has been identified as peculiar, and basic to behavior modeling and intergenerational learning (Narayan, Srinivasa and Pelto, 2001; Poureslami and Ashtiani, 2002). Regarding menstrual hygiene practices, our results showed that the high percentages of mothers told their daughters about daily bath and washing pubic

hair. Slightly less than half of the mothers communicate about menstrual beliefs to their daughters for hygienic aspect and daughters listen carefully, the majority of mothers agree that menstrual beliefs should be exist. It may be attributed to the religious factor and its positive stress on menstrual hygiene (Mahon and Fernandes, 2010; El-Gilany and Elkhawaga, 2012). Also, this may be arising from the effect of the community and social customs on existing of menstrual beliefs. This explanation is in agree with who stated that social attachment is a major attribute that affect parent and adolescent connections (Pradesh, Savanthe and Nanjundappa, 2016; Ruble and Brooks-gunn, 2019a). The current study revealed that the high percentage of adolescent daughters reacted to puberty by sad and fear (Bhartiya, 2013; Savanthe and Nanjundappa, 2015). It may be attributed to the responsibilities and restrictions imposed on them by their families and the society values & traditions. Mothers are the more crucial member in the family, they has the responsibility to initiate a conductive communication with their daughters about pubertal changes (Ruble and Brooks-gunn, 2019a). However, literature and references made to the issues of health and education reports that, in much of Asia and sub-Saharan African parents' knowledge levels and understandings of puberty, menstruation and reproductive health are very low (Nwagwu, 2007). In Africa, especially in sub-Saharan countries have traditional perception and more conservative communities, the physical changes of pre-puberty and of menstruation, in particular, are subjects that may be difficult to address directly in the home and unlikely to be discussed in the school context (Kumar and Srivastava, 2011). Issues of psychological or emotional changes and the real significance of the event are lacking, probably the result of parents' carefulness to avoid the introduction of the subject of sex (Chang and Chen, 2009). Parents' role must be played to avoid misleading information to pre-puberty girls although; some of the parents believe it can be an awkward subject to explain (Mayo Clinic, 2018). A study conducted in Mexico shown pre-monarchial adolescents living in a metropolis are regarded menstruation as an incident of weakness (Marván, Vacio and Espinosa-Hernández, 2003). Menstruation education to pre puberty is essential in different countries. Girls around the world report feeling ashamed and afraid. The potential health effects of such experiences include a girls' abilities to assert themselves in different situations, including in relation to

their sexuality and sexual and reproductive health (Mahon and Fernandes, 2010; UNICEF, 2012)

2.5 Research Gap

Various studies done report on parents sharing experience and support to girls after first menstruation and mostly are done in developed countries. The girls in these countries are given enough information and support from parents for pre-puberty and menstruation hygiene. However, in Tanzania less was documented on the parents experience sharing and support to girls on pre-puberty and menstruation.

CHAPTER THREE

3.0 METHODOLOGY

3.1 Introduction

This chapter presents how the study was conducted by showing methods that were used in collecting data and analyzing them in a systematic way. This study used a qualitative research where by in-depth interview was used to collect the information.

3.2 The Study area

The study was carried out in Karatu District. According to the 2012 Tanzania National Census, the population of the Karatu District was 178,434. Karatu is one among the seven districts in Arusha Region. The schoolgirls in Karatu are facing hard times during menstruation due to poor preparations concerning the menstruation and lack of conducive environment in schools while menstruating this leads them to miss classes and undergo some psychological problems such as worry and anxiety, poor preparations causes the adolescent's pregnancies among school aged girls. The main economic activities in Karatu are agricultural activities, tourism and animal keeping. The place resides with the Iraqw tribe. In the past years the female genital mutilation were much practiced among Iraqw society but the government through some interventions managed to eradicate this practice, culturally, there is male domination systems among them and also polygamy or more than one wife family system is still existing among Iraqw cultures. Girl child upbringing is somehow good as they are given primary and secondary school for free but they are in lack of life skills as many of them are ending up on form four level and few of them continues with high level. The study area was selected to be conducted in Karatu as the rate of early pregnancies and school dropout among the school-aged girls is high.

3.3 Study design

This study employed a descriptive qualitative study design. The researcher decided to use the descriptive qualitative study design as it seeks to describe as well as explain, or validate some sort of hypothesis or objective when it comes to a specific group of people. Also is used to describe characteristics of a population or phenomenon being studied. The data collection

procedure was done with mothers and other female care givers who are having experiences of living with pre puberty girls in their families with the age of getting menstruation, resided in the study area**.**

3.4 Study population.

The study participants involved mothers and other female care givers living with the girls who are about to get menstruation, who resided in the study area. This is because in African societies mothers and other female care givers are the one who stays with girls most of the time and shares different things such as their gender roles, growth stages, and reproductive health and menstruation issues. The girls have tendencies of learning and acquiring the practices from their mothers and not fathers.

3.5 Sampling procedure

Purposive sampling technique was employed to obtain participants to participate in the study. In order to get mothers living with girls in their homes, snowball technique was used to identify mothers living with pre puberty girl. Snowball technique is when mothers in the area identify another mother living with girl since they know each other. I decided to choose the snow ball technique as it is recommended technique for selecting participants on sensitive issues understudy who are not easily accessible (Braun, V. and Clarke, 2006)**.** Practically, the researcher managed to identify three mothers who live with girls in their families. It was easy to identify these three mothers because Karatu is the district where the researcher grew up. During the study, the first three participants were able to assist the researcher to get other mothers living with girls. The next mothers also identified other mothers until the researcher was comfortable that the information collected has reached into saturation point.

3.6 Data collection methods.

In-depth interview technique was used to collect the information from the participants. The method was selected as it is recommended method when a researcher intends to get deep information on sensitive topic and it provides a room for privacy. The field research was conducted in Karatu District on 5-14 August 2019. Data collection involved interview with

mothers to obtain the views, opinion, experience and perception on the participant's experience of their past menstruation, how they share information with their girls on menstruation and also to obtain the view and opinion on challenges they encounter when sharing information on menstruation with their girls. The researcher had an opportunity to probe mothers individually to get the rich information. In the process, the researcher recorded the information shared between a mother and a researcher. The researcher used the interview guide to make sure that each research question is answered during the interview. The researcher set an appointment with the participant. Out of 24 interviews, 10 were carried out at household level and 14 were carried out in participant's occupational area. Each interview session lasted between one to two hours.

3.7 Sample size

In qualitative study, the sample size depended upon the saturation of information. This means that a point whereby the researcher was satisfied that there is no new information to be given by another respondent**.** The researcher conducted in depth interview with the identified participants until she was comfortable that the intended information based on research questions was obtained from the study participants to the extent that there was a repetition of information and there is no new information was expected in relation to the study objectives and the assumption is that the next participant will not have new information. In this study, the researcher conduced in depth interview to twenty four (24) mothers.

3.8 Tools for data collection

The translated interview guide from English to Kiswahili was used to guide the interviews. The interview guide was important to make sure that the researcher collected the information which gives information related to study objectives. The Kiswahili language was used during the interviews since is the national language that is more familiar and understandable to the participants. The audio recorder and notebook was used to make sure that the information was recorded and important information was written in the notebook.

3.9 Data Analysis.

Thematic analysis was used in analyzing the collected data**.** This is one of the most common forms of analysis within qualitative research. It emphasizes identifying, analyzing and interpreting patterns of meaning or themes within qualitative data (Braun, V. and Clarke, **2006).** The first stage, after the researcher transcribed the information by listening to the audio recorder. She writes down the recorded information to her laptop after each interview. The second activity was to translate the information written from Kiswahili to English language. The third stage was familiarization with the data and coding the collected information to make sure that the information related to study objectives have been collected and has been categorized according to themes. The fourth stage was naming the themes and finally the researcher wrote the report Through Familiarization with data, generating initial codes, searching themes, reviewing themes, defining and naming themes and finally report production. The audio-recorded discussions and interviews were transcribed and translated into English and thereafter back-translated into Kiswahili. The first, author supervised transcriptions from audio records and translates into English. This used three steps; namely, Line by line coding of field notes and transcripts. In-depth examination and interpretation of the results coded and their categorization into descriptive and analytical themes and finally Development of the main theme and then data were analyzed into separate elements in order to expose underlying thoughts and meaning.

3.10 Expected limitation and mitigation of the study

The major limitation of qualitative study, quality was heavily dependent on the individual skills of the researcher and more easily influenced by the researcher's personal biases and idiosyncrasies. Rigors were more difficult to maintain, assess, and demonstrate. The volume of data made analysis and interpretation time consuming. The researcher's presence during data gathering, which was often unavoidable in qualitative research, has affected the subjects' responses very effective. Issues of anonymity and confidentiality can present problems when presenting findings. Findings can be more difficult and time consuming to characterize in a visual way.

3.11 Trustworthiness of the findings.

Trustworthiness of the findings, the trustworthiness is the key fact derived from the data to make the findings worth to be paid significant attention. Trustworthiness in this study was ensured by basing on four dimensions, dependability, transferability, credibility and conformability as suggested by (Egon *et al.*, 1981; Shenton, 2004).

Credibility refers to how congruent the findings of this study were with reality in this study IDI was used because it is an appropriate and well recognized research method for exploring depth information from the study participants. Also checking with participants before writing final report to whether the study findings exactly describe their experiences as well as consulting colleagues and experts.

Dependability refers with stability of data even if the work were to be repeated in the same context, with the same method and the same participants. In this study dependability was ensured through providing clear and thick description of the process.

Conformability, ensures that the work of findings are the result of the experiences and ideas of the participants, rather than the characteristics and preferences of the research, to ensure conformability in this study they was a detailed methodological description and data were allowed to speak for themselves by using quotes from the informants.

Transferability refers to the extent to which the findings of this study can be applied to other situation. For this study to be transferable detailed background data to establish context of study in question was done. This focused on; the information of women and also was taken care by proper description of the study context.

3.11 Ethical Consideration

Ethical review and clearance was obtained from the Senate Research and Publication committee of the Muhimbili University of Health and Allied Science before commencing the study. With approval number Ref. No. DA.287/298/01A/. Permission was sought from the Arusha regional office, District council of Karatu, then at the ward level authorities where the participating village was located, and lastly at the village authorities. After obtaining the

permission to conduct the study, the researcher approached the participants and explained to them about the study topic and the aim of conducting the study. The informed consent was obtained from the participant. The researcher explained to the participants the purpose of the study that the information was for academic purposes and for other responsible people who will be able to read the report. Furthermore, the researcher emphasized to the participants that the study was voluntary and the participant have the right to withdraw from participating without any penalty and she can refuse to answer any questions. Since the menstruation topic is sensitive, the researcher explained to participants that the information collected is confidential and anonymous and therefore they are not supposed to mention their names. The participants were assured that the information will be used for academic purposes and all information will not be accessed by researcher only. Before signing the informed consent forms, some participants asked whether they will be paid for their participation. The researcher emphasized that the participation was voluntary and there was no any payment for participation. After the interviews, the researcher allowed participants to ask questions if any and she answered questions which she was able to answer. All twenty four participants agreed to sign the informed consent.

CHAPTER FOUR

4.0 RESULTS

4.1 INTRODUCTION

This part presents findings from qualitative data extracted from in-depth interviews. The analysis of the data generated several themes related to experiences of parents on preparing pre-puberty girls to menstruation in Karatu district Council. The main three themes are:-past practices of women in preparing themselves for menstruation, whereby had two sub themes. The second is on the women sharing information with schoolgirls on menstruation issues and the third theme is on the barriers of parents in sharing menstruation information with their pre puberty girls which had two sub themes; namely low knowledge on menstruation issues and feeling shame to talk with pre puberty girls about menstruation issues.

TABLE 1: THEMES AND SUB THEMES OF THE STUDY

In adequate knowledge about menstruation	Past practices of mothers on issues concerning menstruation
I used some pieces of clothes to make myself	
safe, there were no soap to wash ourselves	
and I have never experience U.T.I	
Sharing reduces shocks when they enter into menstruation for the first day,	Information sharing between mothers and pre puberty concerning menstruation
My daughter wishes much to inter into menstrual cycle, she demands to have her pads early.	
They learn from school, they know it.	
Feeling shame, complicated time table of mothers to stay with pre puberty girls	Communication barrier between mothers and pre puberty girls concerning menstruation.
Wrong believes from the society as it is a taboo to talk about the menstruation.	

4.2 Demographic Characteristics of the respondents

Summarizes participants' socio- demographic characteristic from In-depth Interviews. The study had a total of 24 female respondents. The majority were between the age of 35 and 55 years. Majority of respondents which made a number of (19) respondents including farmers ,entrepreneurs and house wives with standard seven education, with exception of (5) respondents who were teachers with education levels such as secondary education and certificate levels. And more than a half (17) of the participants reported being in current marital relationship that means majority living with their partners while (7) respondents reported being single and widow. Social Economic status determined from the works performed as 5 farmers, 11 small entrepreneurs, 3 teachers, 5 house wives. All respondents were coming from Iraqw tribe. Also the 13 were biological mothers while 9 were non - biological mothers.

TABLE 2: DEMOGRAPHIC CHARACTERISTICS OF THE STUDY PARTICIPANTS FOR IN DEPTH INTERVIEW.

RESPONDENT'S NUMBER	RELATION WITH A PRE-PUBERTY GIRL	AGE	EDUCATION LEVEL	MARITUAL STATUS	OCCUPATION/ SOCIAL ECONOMIC	RELIGION	TRIBE
IDI 1	Non – biological	55	Certificate level	Married	A primary school teacher	Lutheran	Iraqw
IDI 2	Biological	38	Certificate level	Married	A primary school teacher	Lutheran	Iraqw
IDI 3	Biological	47	Certificate level	Married	A primary school teacher	Roman Catholic	Iraqw
IDI 4	Biological	39	Form four	Married	An entrepreneur	Roman Catholic	Iraqw

IDI 5	Biological	38	Standard seven	Married	House wife	Roman Catholic	Iraqw
IDI 6	Biological	38	Standard seven	Widow	A farmer	Lutheran	Iraqw
IDI 7	Non – biological	53	Standard seven	Married	A farmer	Roman Catholic	Iraqw
IDI 8	Biological	44	Standard seven	Single	An entrepreneur	Pentecost	Iraqw
IDI 9	Biological	39	Standard seven	Married	A farmer	Pentecost	Iraqw
IDI 10	Biological	38	Standard four	Married	An entrepreneur	Roman Catholic	Iraqw
IDI 11	Non – biological	54	Standard seven	Married	A farmer	Pentecost	Iraqw
IDI 12	Non – biological	53	Standard seven	Married	A house wife	Roman Catholic	Iraqw
IDI 13	Biological	42	Standard seven	Single	An entrepreneur	Pentecost	Iraqw
IDI 14	Non – biological	53	Standard seven	Married	A house wife	Pentecost	Iraqw
IDI 15	Biological	41	Standard seven	Single	An entrepreneur	Roman Catholic	Iraqw
IDI 16	Biological	36	Standard seven	Widow	A farmer	Pentecost	Iraqw
IDI 17	Biological	46	Standard seven	Married	An entrepreneur	Pentecost	Iraqw
IDI 18	Biological	47	Standard seven	Married	House wife	Roman Catholic	Iraqw

IDI 19	Biological	42	Standard seven	Married	An entrepreneur	Roman Catholic	Iraqw
IDI 20	Biological	40	Standard seven.	Married	An entrepreneur	Muslim	Iraqw
IDI 21	Non – biological	52	Certificate	Widow	An entrepreneur	Muslim	Iraqw
IDI 22	Non – biological	53	Standard seven	Married	An entrepreneur	Pentecost	Iraqw
IDI 23	Biological	45	Standard seven	Married	House wife	Pentecost	Iraqw
IDI 24	Non – biological	55	Standard seven	Single	An entrepreneur	Muslim	Iraqw

4.3.1 Mothers' own experience on menstruation

The intention of this sub section was to explore how mothers as parents have past practices on pre puberty preparations for menstruation. The following part presents the findings how mothers themselves were prepared for menstruation. This sub theme was important to generate information on how mothers can prepare their girls as well.

4.3.1.1 Inadequate preparation for menstruation among mothers

Mothers were asked on their past practices of preparations for menstruation during pre-puberty period. The study findings revealed that a good number of study participants were not well informed by their mothers about menstruation, this means that, despite the fact that they went through menstruation, the information they had in regard to how to take care of themselves during menstruation was inadequate. Mothers reported that they were not adequately prepared for menstruation in their pre puberty time, Most of the

interviewed women respondents said that they were not adequately prepared. Sharing their own experience, this mother had the following to say:

As one respondent said,

"In our times we were not taught or told anything on menstruation during our pre puberty other than when you are in already in menstruation, the mothers warns you be careful blood will be coming out of your secret parts without even telling us why or what should we do, they were like warning us" **(IDI 17 aged 46 years).**

Moreover some mothers were not comfortable with the information they were given, in fact, the study findings revealed that majority of mothers received the menstruation information from other family members apart from their own mothers. These family members include grandmothers, aunt and other females in the community.

To share the experience, this mother had the following to share:

"During our time, mothers could not talk with her child on menstruation issues however we were sent to grandmothers or aunts who could tell something but still in an alarming way and not providing detailed information just may be you will need to use pieces of clothes when blood comes out most of the time without telling you what is that, why it happens and other issues related to personal hygiene" **(IDI 22aged 53 years).**

On the other hand, some of study participant said they did not had an opportunity to share information about sexuality and menstruation with their mothers. They just experienced the first menstruation without knowing what to do. They said, it was very hard for them to know what to do, how to protect them to be clean during menstruation because they did not have things such as pads or soap to keep their hygiene. This information was shared with the following respondent:

Another respondent had the following to insist,

"Those days we were not prepared at all we had to depend in ourselves and even when we start menstruation we had to look for toned pieces of clothes or skin on our own and we had no soap for washing, we were not infected by any disease such as fungus or UTI and we had no modern pads like today, such kind of this difficult life during my growth should not repeat again to my grandchildren" **(IDI 24 aged 55 years)**.

Generally the study findings revealed that the mothers themselves were not well prepared for menstruation especially on how to take care of themselves to be clean during menstruation. Mothers were shy to tell their girls what exactly they were supposed to do during menstruation and hence, girls depended on other sources of information such as peers and friends.

4.3.2 Information sharing between mothers and a girl.

This sub section intended to explore how information sharing is between mothers and a pre puberty girl in the study area. The mothers were asked if they share information related menstruation with pre puberty girls and how the girls responds to that. The analysis of collected data generated two sub themes namely:- currently female parents do share information on menstruation with their girls and the response of girls is positive.

4.3.2.1 Currently mothers do share information on menstruation with their girls

When mothers were asked if they do share menstruation information with the pre puberty girls, majority of the interviewed mothers reported that they do share the information related to menstruation with their children to mean girls even before menstruation as to prepare them.

As one respondent said,

"…for me, I always share menstruation information with my girls here so as to reduce shocks when it happens to them for the first time" **(IDI 18 aged 47 years).**

Another respondent had the following to add,

> *"I have prepared my children well i believe they understand so I don't worry and I am sure they will tell me even about her menstruation. My daughter is in standard seven and she desires that day to come and that she wears pads as well. I told her about growing stages for women and she was so cooperative as they are taught those in schools however some of women do not prepare well there pre puberty girls*" **(IDI 3 aged 47 years).**

4.3.2.2 Girls' response to shared menstruation information from the mothers

The mothers were asked on how girls respond when they share with them information related to menstruation issues even before they experience the condition. Majority of mothers acknowledged that girls respond positively when they are told about menstruation related matters. For instances parents mentioned that the act of children being taught in schools about menstruation helps them to receive it well. As it was reported by respondent that,

> *"…for me, I always share menstruation information with my girls here so as to reduce shocks when it happens to them for the first time. They always respond positively and ask some questions related to menstruation as they are nowadays taught in schools, starting in STD four. Well, my girls listen to what I instruct them, they ask me many question and I respond according to what I know, they are free to talk to me when they have their menstruation"* **(IDI 20 aged 40 years).**

From the above quotations, the findings of this study conclude that, mothers share the menstruation information with their girls.

4.3.3. Communication barrier on menstruation information between mothers and pre puberty girls

The intention of this section was to explore barriers of menstruation information sharing between mothers and pre puberty girls in the study area. The mothers were asked on their opinions what were the barriers encountered while communicating to their pre puberty girls on menstruation issues. The analysis of the collected data generated two sub themes,

namely low knowledge/information of mothers on menstruation issues and mothers feeling shame to share such information to pre puberty girls.

4.3.3.1 Limited knowledge/information on menstruation issues among mothers

When female parents where asked on what they think to be the barrier in communicating menstruation with their pre puberty girls, most of the interviewed female parents said that they have low information on menstruation issues and if they have then only little information.

As one respondent said,

I am trying to talk to my children however when I am asked some questions like why it happens and the details of menstruation I always feel challenged a bit because myself I have limited information concerning the details of menstruation. What I know a menstruating woman is the one who bears children and not otherwise **(IDI 22 aged 53 years)**

Another respondent had the following to add

"To me I feel always shame to talk about these things because I don't know much about menstruation so what I have is little information" **(IDI 19 aged 42 years)**

4.3.3.2 Mothers feeling shame to share on menstruation information with their pre puberty girls.

When mothers where asked on what they think to be the barrier in communicating menstruation with their pre puberty girls, most of the interviewed female parents said that they lack the information concerning menstruation issues and if they have then only little information,

As one respondent reported to say,

"To me I feel always shame to talk about these things so what I have little information" **(IDI 16 aged 36 years).**

4.3.3.3. Mothers are busy with production activities.

Some of the interviewed mothers when asked about barriers concerning sharing information with their pre puberty girls about menstruation issues, they reported said that sometimes they understand that it is important to share menstruation information with their pre puberty girls however sometimes their tight schedules acted to be barriers as the same girls will need food and other basic needs. As one respondent said,

"I am so busy with my activities and if you start talking with pre puberty girls who have so many questions to ask and the same girls will have a lot of needs, I better work hard to fulfill that and if I get spare time then talk about that" **(IDI 09 aged 39 years).**

4.3.3.4 Negative attitude towards menstruation.

Majority of the interviewed mothers when asked about barriers concerning sharing information with their pre puberty girls about menstruation issues, they reported that sometimes they understand that it is important to share menstruation information with their pre puberty girls however sometimes their husbands and the society act as barriers as

they perceive that women are teaching and promoting pre puberty girls on sexual practices. As one respondents said,

"Sometimes our husband cannot understand when we talk to girls concerning menstruation issues and the society perceive wrongly when parent talk with a pre puberty girl about these issues" **(IDI 06 aged 38 years).**

CHAPTER FIVE

5.0 Discussion and Recommendations

5.1 Discussion

In this study the discussion relies on the results arranged according to the study specific objectives. Menstruation is a significant social problem among the families. Parents' knowledge and sufficing information regarding menstruation should be carefully considered in the design of a parent-involved program. The study involved 24 In depth Interviews whereby data collected and analyzed gave the following themes: - A better understanding of parent's past practices on menstruation issues, sharing information between female parents and pre puberty girls and the barriers involved in sharing of information related to menstruation is essential for developing and implementing effective parent-involved menstruation programs. The following is the discussion based on the study findings and other literatures from elsewhere related to the topic of the study.

5.2. Mothers' own experience on menstruation

The in intention of this sub section was to explore how mothers as parents have past practices on pre puberty preparations for menstruation. The analysis of qualitative findings on the parents' (mothers) experiences generated one main theme as follows;-

5.2.1 Inadequate preparation for menstruation among mothers

In this study the past practices of mothers on menstruation issues reported to be inadequacy preparations on side of mothers during their pre puberty stage. This implies that mothers will have little information related to menstruation which eventually will affect their ability to share such experience with their pre puberty girls. These results are in line with the findings reported by (Sommer, Sutherland and Chandra-mouli, 2015) where by parents past practices were seen to be in terms of silences, privacy and misinformation concerning menstruation issues. Another study (Mason *et al.*, 2013) reported similar results as parents acknowledged to be not well prepared and also they are not preparing their daughters. Similar results were reported in a study (Holkar, 2010) whereby most of

girls in 1980's were not well prepared resulted to confusion on what was it and where it came from and why it was happening.

5.2.2 Information sharing between mothers and a girl.

This sub section intended to explore how information sharing is between mothers and a pre puberty girl in the study area. The mothers were asked if they share information related menstruation with pre puberty girls and how the girls responds to that. The discussion is based on two sub themes generated from the analyzed data namely:-the current trend of mothers in sharing menstruation information with their girls and the response of girls towards menstruation information shared by mothers.

5.2.2.1 Currently the mothers share information on menstruation with their girls.

This study has reported that currently; mothers reported that they share the information with their children I mean girls even before menstruation as to prepare them. This increases confidence, reduces fears and shocks on side of girls when menarche occurs. These findings are similarly reported by various studies such as (Mason *et al.*, 2013) which found that currently the female parents share menstruation information]with their pre puberty girls.

5.2.2.2 Girls' response to shared menstruation information from the mothers

In this study pre puberty girls seems to receive menstruation information with excitement and interest. The main focus based on girls response to information from mothers and how pre puberty girls responded when they share with them information related to menstruation. This suggests that pre puberty girls were in need and ready to accept the information shared by their mothers and apply such knowledge in their lives for improving the health.

Similar results were reported in various studies such as (Holkar, 2010; Ruble and Brooks-gunn, 2019) whereby pre puberty girls were excited to receive menstruation information however this depended on their prior preparation at home or in schools.

5.3 Communication barrier on information between mothers and girls.

The intention of this section was to explore barriers of menstruation information sharing between mothers and pre puberty girls in the study area. The discussion will be based on two sub themes generated from analyzed collected data, namely limited knowledge/information of mothers on menstruation issues and mothers feeling shame to share menstruation information to pre puberty girls. Mothers are busy with production activities and Negative attitudes towards information sharing related to menstruation

5.3.1 Limited knowledge/information on menstruation issues among mothers

This study found that mothers who are mostly expected to provide information and guidance to girls prior to puberty had limited information concerning menstruation. What is it, why it happens and hygiene practice required. Limited information concerning menstruation was seen as a barrier on side of mothers as may limit the process of communicating with pre puberty girls. This suggests that the study society has gender imbalance where mothers have also limited information and less knowledgeable. Similar findings are reported in a study done in three Sub Saharan Countries; Tanzania, Ethiopia and Ghana (Marni Sommer, Ackatia-armah, *et al.*, 2015) which reported that insufficient health information concerning menstruation among parents lead to inadequate communication between parents and girls prior and post puberty. This resulted to fear, confusion and lack of confidence among girls around menstruation. Another study (Houston *et al.*, 2006) reported similar results whereby parents with lower education and information could not prepare girls for menstruation compared with parents with higher education and sufficient information on menstrual instructions and sanitary wear. A study done in Ghana, Nigeria, Nepal and Mexico (Chandra-mouli and Patel, 2017) reported that parents especially women have insufficient knowledge hence they share menstruation information when a girl is already in menarche.

5.3.2 Mothers feeling shame to share on menstruation information with their pre puberty girls.

In this study one of barriers found is shy/shame on side of mothers to talk with pre puberty girls concerning menstruation issues. Female parents where asked on what they think to be the barrier in communicating menstruation with their pre puberty girls, most of the female parents said that they lack the information concerning menstruation issues and if they have then only little information. Similar results are reported in a study (González-botero, 2015) whereby existence of shame and disgrace in information sharing between mothers and girls was mentioned as a challenge in preparing girls for menstruation. Different results are reported by other studies (Mason *et al.*, 2013; Srivastava *et al.*, 2017) whereby shame and fear on side of pre puberty and school girls were found to be a barrier in information sharing on menstruation issues with their parents. The same study reported that fear and shame to cause girls not even to inform their peers as they would laugh and tease them due to leaking of blood or keeping clean.

5.3.3. Mothers are busy with production activities.

This study has found that one of the barriers of mothers sharing menstruation of Some of the interviewed mothers when asked about barriers concerning sharing information with their pre puberty girls about menstruation issues, they reported said that sometimes they understand that it is important to share menstruation information with their pre puberty girls however sometimes their tight schedules acted to be barriers as the same girls will need food and other basic needs. This suggests that in Karatu society mothers are seen as being busy with production activities to the extent that they do not have time to talk with their pre puberty girls. The same findings are reported in a study done three in Sub Saharan Countries (Marni Sommer, Ackatia-armah, *et al.*, 2015) whereby school girls face insufficiency guidance from parents in issues related menstruation.

5.3.4 Negative attitude towards menstruation

This study has found that negative attitude menstruation of husbands and society is one of the barriers of mothers sharing menstruation information with the pre puberty girls. This suggests that the society is still in masculinity systems whereby male parents have more power and control over mothers while male parents seems to feel jealous over their girls to be feed up bad things by mothers. The same results are reported by a study done in three Sub Saharan countries (Sommer *et al.*, 2015) whereby husbands seem to relate communication between female parents and pre puberty girls as teaching the girls bad behaviors.

Another study (Mason *et al.*, 2013) reported that men perceived and had wrong attitude about girls on menstruation as they related with sexual practices and disrespect of people as they feel to be matured.

CHAPTER SIX:

6.0 CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

In summary the mothers have low experience related to menstruation arising from not well prepared for menstruation during their pre puberty period. However mothers seems to share the menstruation information with their pre puberty girls with different barriers such as limited information on menstruation, busy with daily activities, feeling shame to talk with their pre puberty girls on menstruation issues and men's negative attitude towards information related to menstruation issues.

6.1 Recommendations

1. **Parents to set time to talk with their children**: parents should make sure in their weekly timetable the children are given chance and time to talk. Parents should not be too busy leaving their children's needs unattended hence uninformed.

2. Increase the frequency of communicating with the pre puberty girls, the parents should make regular communication on menstruation with their children. This will increase confidence, reduce anxiety and reduce shock when menstruation occurs.

3. Develop menstruation education programs for parents. **The Ministry of health** in collaboration with other stakeholders should design and develop special programs for increasing education and information to parents on menstruation. This will improve information sharing between parents and pre puberty girls.

4. Further research to be undertaken on the study topic to understand the differences between the pre puberty girls prepared and those who are not prepared for menstruation.

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APPENDICES I. PARTICIPANT INFORMATION SHEET

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES SCHOOL OF PUBLIC HEALTH AND SOCIAL SCIENCES DIRECTORATE OF RESEARCH AND PUBLICATIONS

TITLE; PARENTS EXPERIENCE ON PREPARING GIRLS ON MENSTRUATION

Greetings

My name is Minaeli John Kilimba, aim a postgraduate student at Muhimbili University of health and allied sciences, MUHAS, pursuing a master degree of public health. A thesis am taking is to assess the experience of parents on preparing girls to menstruation in Karatu district. It's my pleasure that the research outcome will come up with the view of the parent especially mothers on preparations prior to menstruation to girls. Ethical clearance approval will be obtained as this research will need human participation

What participation involves,

Participants will join the study through in-depth interview with mothers and other female care givers who are living with pre-menstrual girls in their homes to make the exploration of this study.

Confidentiality.

The information will be put into a written report, your personal information and all the information will be confidential. With the exception of supervisor Dr Paulina Nahato

Who to contact, If you have any question, enquiries or would like to receive some more information contact a principal invigilator Minaeli Kilimba. (Muhimbili). University of health and allied science, P.O. Box 65001, Dar es Salaam). If you have any questions about your rights as a participant, you may contact **Dr.Bruno Sunguye**, Chairman of the Senate Research and Publication Committee, P.O.Box 65001 Dar es Salaam.

Agreement

Do you agree to participate in this study?

YES ☐ NO ☐

I have read and understood the contents in this form. I agree to participate in this study.

Signature of Participant …… Name of the participant ……

APPENDICES II.

INFORMED CONSENT NOTE MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES SCHOOL OF PUBLIC HEALTH AND SOCIAL SCIENCES

DIRECTORATE OF RESEARCH AND PUBLICATION

My name is Minaeli Kilimba working for the school of public health and social science

Purpose of the study, Dear respondents I would like to inform you that, this is a research study title, **Exploring Experience of parents on preparing pre puberty girls to menstruation.** This study seeks to find out the level of parents experience in preparing girls to menstruation. Please be kin, to tell the truth for good results

Confidentiality. We will protect and treat information with high confidentiality to the best of our knowledge. We won't write your name in any report or document that might let someone identify you. Your name will not be linked to research information in any way. The investigator will take care of the information to be collected. However, final results after the analysis will be shared as I will submit a manuscript for publication and scientific journal.

Right and withdraw alternatives. Your participation is voluntary. You may decline from the participation to the study at any time though you have consented to participate. Your decision to participate or not to participate will not lead you at any penalty or any loss.

Person to contact. If you will have any question concerning this study you should contact the principal invigilator Minaeli J. Kilimba 0764293843 and if you have any questions about your participation then you are free to contact research supervisor Dr Paulina Nahato of MUHAS Dar es Salaam.

APPENDEX III

INFORMED CONSENT – SWAHILI VERSION FOMU YA RIDHAA

Namba ya utambulisho…….

Ridhaa ya kushiriki katika utafiti huu

Jina langu ninaitwa Minaeli J. Kilimba mwanafunzi wa shahada ya uzamili katika chuo cha sayansi ya afya Muhimbili Dar es Salaam

Dhumuni la utafiti Mpendwa mshiriki ninapenda kukujulisha kuwa tunafanya utafiti wenye kichwa cha habari uzoefu wa wazazi katika kuwaandaa watoto wa kike na suala la hedhi katika mkoa wa arusha wilaya ya karatu. Ningependa kupata taarifa zako katika ushiriki wako katika utafiti huu. Utafiti huu una lengo la kuainisha uelewa wa wazazi katika kuwaandaa watoto wa kike na suala la hedhi na pia kuainisha sababu zinazopelekea wazazi kushindwa kuwaandaa watoto wao wa kike katika masuala haya ya hedhi kabla ya kupata hedhi**.** Tafadhali naomba uwe muwazi na mkweli kwani matokeo ya utafiti huu yatakuwa sehemu ya mapendekezo yatakayoweza leta utekelezaji bora katika kuwaandaa watoto wa kike na suala la hedhi

Usiri. Tunakuhakikishia usiri wa hali ya juu kwa kadiri ya uelewa wetu hatutaandika jina lako katika ripoti au nyaraka zozote ambazo zinaweza kumfanya mtu mwingine akufahamu.taarifa zote zitakazo kusanywa zitatunzwa na mtafiti mkuu

Haki ya kujitoa kwenye utafiti . Kushiriki katika utafiti ni hiari, uamuzi wako wa ushiriki au kutoshiriki hautaathiri chochote.

Mawasiliano kwa wahusika. Ikiwa una maswali yoyote wewe kama mshiriki katika utafiti huu unaweza kuwasiliana na mratibu wa utafiti Minaeli J. Kilimba chuo cha sayansi ya afya Muhimbili. Ikiwa una maswali yoyote kuhusu haki zako kama mshiriki unaweza kuwasiliana na **Dr. Bruno Sunguye** ambaye ni mwenyekiti wa kamati ya chuo ya utafiti na machapisho wa chuo kikuu cha sayansi ya afya na tiba Muhimbili P.O.BOX 65001 Dar es salaam.

Unakubali? ndiyo ☐ hapana ☐

Sahihi ya mshiriki…….

Jina la mshiriki……..

APPENDEX IV:

PARTICIPATION INFORMATION SHEET – SWAHILI VERSION

FOMU YA TAARIFA YA USHIKIRI

Namba ya utambulisho…….

Jina langu ninaitwa Minaeli J. Kilimba mwanafunzi wa shahada ya uzamili katika chuo cha sayansi ya afya muhimbili dar es salaam

Dhumuni la utafiti

Mpendwa mshiriki ninapenda kukujulisha kuwa tunafanya utafiti wenye kichwa cha habari uzoefu wa wazazi katika kuwaandaa watoto wa kike na suala la hedhi katika mkoa wa Arusha wilaya ya Karatu. Ningependa kupata taarifa katika ushiriki wako katika utafiti huu Utafiti huu una lengo la kuainisha uzoefu wa wazazi katika kuwaandaa watoto wa kike na suala la hedhi na pia kuainisha sababu zinazopelekea wazazi kushindwa kuwaandaa watoto wao wa kike katika masuala haya ya hedhi kabla ya kupata hedhi**.** Nina fomu ya maadili inayoniruhusu kufanya utafiti huu kutoka chuo cha sayansi ya afya cha Muhimbil, Ofisi ya Mkuu wa Mkoa, Mkurugenzi Mtendaji wa Wilaya, Mtendaji wa Kata na Mwenyekiti wa Kijiji hivyo naomba uwe na amani.

Usiri. Tunakuhakikishia usiri wa hali ya juu kwa kadiri ya uelewa wetu hatutaandika jina lako katika ripoti au nyaraka zozote ambazo zinaweza kumfanya mtu mwingine akufahamu. Taarifa zote zitakazo kusanywa zitatunzwa na mtafiti mkuu

Mawasiliano kwa wahusika. Ikiwa una maswali yoyote wewe kama mshiriki katika utafiti huu unaweza kuwasiliana na mratibu wautafiti Minaeli J. Kilimba chuo cha sayansi ya afya muhimbili

sahihi ……

1.A. APPENDICES

IN DEPTH INTERVIEW GUIDE QUESTIONS.

NO……

Name ……..

Age ……

Educational level …….

Marital status ……

This section contains question about parents past practices on menstruation in influencing preparations of menstruation to pre-puberty girls.

1. How menstruation was taught when you were growing up?
2. How your menstruation experience helped you to prepare your daughter?
3. Do you think that how you were prepared influencing you on preparations of menstruation to pre-puberty girls
4. In your opinions how these experiences still useful in teaching current generation.

1B MASWALI YA MWONGOZO KWA NJIA YA MAJADILIANO

ID. NO……

Jina ……..

Umri……

Kiwango cha elimu…….

Mahusiano……

Sehemu hii ina maswali yanayohusu uzoefu wa wazazi katikaukuaji wao unavyoathiri kuwaandaa watoto na masuala ya hedhi.

1. Kipindi cha ukuaji wako uliwahi kufundishwa ama kuandaliwa katika masuala ya hedhi kabla hujapata hedhi.
2. niambie ni kwa jinsi gani uliweza kuandaliwa katika masuala ya hedhi kabla hujapata hedhi.
3. Ni njia gani walitumia katika kukuandaa katika masuala ya hedhi kabla hujapata hedhi.
4. Unadhani kwa namna ulivoandaliwa unashawishika kumwandaa mtoto wako wa kike katika masuala ya hedhi kabla hujapata hedhi.
5. Ni kwa jinsi gani unashawishika kumwandaa mtoto wako wa kike katika masuala ya hedhi kabla hujapata hedhi.

2A. APPENDICES

IN DEPTH INTERVIEW GUIDE QUESTIONS.

ID. NO……

Name ……..

Age ……

Educational level …….

Marital status ……

This section contains question about information sharing influencing preparations of menstruation to pre-puberty girls.

1. How do you understand about the menstruation?
2. How do you share information concerning menstruation to your girl before she gets menstruation?
3. In your opinions what information parents like you share with their daughters?
4. How do you share that information?
5. How do pre puberty girls respond when sharing this information?

Probe on feeling shy, showing interest and asking questions, not interested and run away.

6. How important is preparing girls before entering in menstruation period?

Probe on reducing shocks (anxiety), increasing confidence and reducing the gap with parents entering in menstruation period?

7. How are your views about preparing girls before

8. **2B MASWALI YA MWONGOZO KWA NJIA YA MAJADILIANO.**

ID. NO……

Jina ……..

Umri……

Kiwango cha elimu…….

Mahusiano

Kipengele hiki kinahusu maswali ya mwongozo kuhusu kushirikishana taarifa katika maswala ya hedhi kabla hajapata hedhi.

1. Unaelewa chochote kuhusu hedhi?

2. Je, unamshirikisha mwanao wa kike taarifa yoyote kuhusu hedhi kabla ya kupata hedhi?

3. Kama ndiyo ni taarifa gani unamshirikisha?

4. Ni kwa namna gani unamshirikisha mwanao?

5. Ni nini mwitikio wake wakati unamshirikisha taarifa hizi.

6. Ni maoni yako kuhusu kuwaandaa watoto wa kike na masuala ya hedhi kabla hawajapata hedhi.

3A APPENDICES

IN DEPTH INTERVIEW GUIDE QUESTIONS.

ID. NO……

Name ……..

Age ……

Educational level …….

Marital status ……

This section contains question about communication barriers between female parents and a girl child in influencing preparations of menstruation to pre-puberty girls.

1. Can you tell me briefly about communication barriers?

2. How communication helps you in preparing pre-puberty girl for menstruation?

3. How communication is barrier in influencing preparations of menstruation to pre-puberty girl?

4. How communication barriers you encounter influence the preparations of pre-puberty girls for menstruation?

   Probe on reducing confidence, increase anxiety and enlarge the gap with parents

5. What are your suggestions on overcoming those communication barriers in preparation of girls in menstruation?

3B MASWALI YA MWONGOZO KWA NJIA YA MAJADILIANO.

ID. NO……

Jina ……..

Umri……

Kiwango cha elimu…….

Mahusiano……

Sehemu hii ina maswali yanayohusu vikwazo vya mawasiliano wanazokutana nazo wazazi wakati wanawaandaa watoto wao wa kike masuala ya hedhi kabla hawajapatahedhi

1. Kuna vikwazo vyovyote vya mawasiliano unakutana navyo wakati unamwandaa mtoto wako wa kike masuala ya hedhi kabla hajapata hedhi
2. Ni vikwazo ganivya mawasiliano unavipata wakati wakati unamwandaa mtoto wako wa kike masuala ya hedhi kabla hajapata hedhi
3. Ni kwa jinsi gani vikwazo hivyi vya mawasiliano vinakuzuia kumwandaa mtoto wako wa kike masuala ya hedhi kabla hajapata hedhi
4. Ni yapi maoni yako katika kujikwamua na vikwazo hivi vya mawasiliano unavyokutana navyo wakati wa kumwandaa mwanao wa kike katika masuala ya hedhi kabla hajapata hedhi

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
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Ref. No. DA.287/298/01A/

02nd August, 2019

Ms. Minael J. Kilimba,
Master of Public Health,
MUHAS.

RE: APPROVAL OF ETHICAL CLEARANCE FOR A STUDY TITLED: "EXPLORING EXPERIENCE OF PARENTS ON PREPARING PRE-PUBERTY GIRLS TO MENSTRUATION IN KARATU DISTRICT."

Reference is made to the above heading.

I am pleased to inform you that, the Chairman has, on behalf of the Senate, approved ethical clearance for the above-mentioned study. Hence you may proceed with the planned study.

The ethical clearance is valid for one year only, from **02st August, 2019 to 01st August 2020.** In case you do not complete data analysis and dissertation report writing by **01st August, 2020,** you will have to apply for renewal of ethical clearance prior to the expiry date.

Dr. Emmanuel Balandya
ACTING: DIRECTOR OF POSTGRADUATE STUDIES

cc: Director of Research and Publications
cc: Dean, School of Public Health and Social Sciences, **MUHAS**

KARATU DISTRICT COUNCIL

(All correspondence to be sent to District Executive Director)

Tel: +255 27 2534047
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E-mail:
karatucouncil@yahoo.com

When replying please quote

P.O. Box 190
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KDC/DED/C.5/4/VOL.II/74

Date: 6TH August . 2019

Director of Postgraduate Studies,
Muhimbili University of Health and Allied Sciences,
P. O. Box 65001,
DAR ES SALAAM.

RE: REQUEST FOR A RESEARCH PLACEMENT FOR MIS MINAELI J. KILIMBA

Refer to the capitalized matter above and your letter dated 02th August, 2019.

I am glad to inform you that your request for your student has been granted.

We therefore promise to give her maximum cooperation while doing her research work. However the council shall incur no cost during her research at Karatu District Council.

Yours Sincerely,

Denis Ndege
For District Executive Director
KARATU

K.n.y MKURUGENZI MTENDAJI (W)
HALMASHAURI YA WILAYA
KARATU

Copy:
- Mis Minaeli J. Kilimba