




# 'I do what a woman should do': a grounded theory study of women's menstrual experiences at work in Mukono District, Uganda

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## ABSTRACT

Menstrual health has received increasing recognition as an essential issue for public health and gender equality. A growing body of research has elucidated adolescent girls' menstrual needs and informed policy and practice responses. However, the experiences of adult women have received little attention, particularly in the workplace where many spend a significant proportion of their lives. To address this gap, we took a grounded theory approach to generate a nuanced understanding of working women's menstrual experiences, and the impact of menstruation on their work and health in Mukono District, Uganda. In-depth interviews were undertaken with 35 women aged 18–49. This included 21 women working in markets, 7 teachers and 7 healthcare facility workers. Frequent collaborative analysis sessions throughout data collection, coding of interview transcripts, and generation of participant, workplace, and category memos facilitated analysis. Our core category and underlying theory, 'being a responsible woman', underpinned women's experiences. 'Being responsible' meant keeping menstruation secret, and the body clean, at all times. These gendered expectations meant that any difficulty managing menses represented a failure of womanhood, met with disgust and shame. Difficulties with menstrual pain and heavy bleeding were excepted from these expectations and perceived as requiring compassion. Commercial menstrual products were expensive for most women, and many expressed concerns about the quality of cheaper brands. Workplace infrastructure, particularly unreliable water supply and cleanliness, was problematic for many women who resorted to travelling home or to other facilities to meet their needs. Menstruation presented a burden at work, causing some women to miss work and income, and many others to endure pain, discomfort and anxiety throughout their day. Our findings can inform norm and resource-focused responses to improve experiences and should provoke critical reflection on the discourse used in menstrual health advocacy in Uganda.

## INTRODUCTION

Half the population will experience a menstrual cycle for up to 40 years of their life.

## Key questions

### What is already known?

- ▶ Increased policy and practice aim to improve menstrual health; however, these efforts have focused almost exclusively on adolescent girls.
- ▶ Across a small number of qualitative studies, adult women have reported negative experiences of menstruation at home.
- ▶ There is little research evidence to understand women's menstrual experiences at work, and the impact of menstruation on health and well-being at work.

### What are the new findings?

- ▶ Upholding gendered ideals of being a responsible woman during menstruation places women under significant pressure to keep the body clean and menstruation hidden at work.
- ▶ Difficulties managing menstrual bleeding, pain and discomforts associated with menstruation resulted in negative impacts on women's financial, social, mental and physical well-being at work.
- ▶ Many women reported poor performance and irritation associated with some disposable menstrual pad brands.

### What do the new findings imply?

- ▶ Menstrual health research and practice must increase attention to menstrual pain, heavy bleeding and the quality of care provided by healthcare services.
- ▶ While women reported missing work due to menstruation, a holistic view of menstrual health is needed as many women endured distress and discomfort to remain at work.
- ▶ The discourses used to advocate for increased attention to adolescent menstrual health may be detrimental to menstrual health over the life course, reinforcing expectations on adult women's management.

Despite increasing acknowledgement of the importance of menstrual experiences for the health, well-being and social participation of

those who menstruate over their life course, research and policy efforts have overwhelmingly focused on adolescent girls.<sup>1</sup> Adult women's experiences, particularly in workplaces, have been neglected.<sup>2</sup> A 2019 systematic review of qualitative studies of women's and girls' experiences of menstruation in low-income and middle-income countries found only 12 of 76 included studies focused on adult women.<sup>3</sup> Of these, only one medium-quality study and two low-quality studies included any mention of women's workplace experiences.

Past qualitative studies focused on women's experiences at home have identified difficulties in accessing comfortable and reliable materials, supportive sanitation infrastructure, mechanisms for menstrual waste disposal and social support, as well as challenges due to restrictive societal expectations and menstrual stigma.<sup>4-7</sup> While experiences at home are important, research with adolescents has found greater difficulties managing menstruation at school and we hypothesise that adult women also face greater difficulties while at work.<sup>8</sup>

Equal opportunity for participation in safe and decent work is essential for women's empowerment and gender equality.<sup>9</sup> Paid work can provide opportunities for improved living standards, autonomy and health for women and their families. However, there remain a plethora of gendered barriers to equal work, and workplaces are often sites of compromised human rights, health and well-being.<sup>10</sup> Menstruation represents an overlooked gendered workplace experience.

This study provides the first exploration of women's menstrual experiences at work in Uganda. Guided by a grounded theory approach, we aimed to develop a nuanced understanding of women's menstrual experiences, contributors to experience and impacts on health, well-being and participation at work. Our research focusses on three dominant workplaces for women<sup>11</sup>: markets, government primary schools and public health-care facilities (HCFs).

## METHODS

This study forms part of a larger equal status, sequential exploratory, mixed-methods research programme investigating the sanitation and menstrual experiences of women working in Mukono District, Uganda. Given the paucity of research on this topic, we drew on a grounded theory approach for the qualitative portion and sought to inductively develop mid-level theory to describe women's experiences.<sup>12-13</sup> The study is reported according to Standards for Reporting Qualitative Research (SRQR) guidance<sup>14</sup> (online supplemental materials 1).

### Setting and site selection

Mukono District is part of the central region of Uganda. It has a population of over 600 000, of which approximately 33% reside in urban areas and 43% rely on subsistence farming.<sup>15</sup> Of women aged 18 and over, illiteracy was estimated at 20% in 2014.<sup>15</sup> The district was selected as a

populous and emerging industrial area, exhibiting both rural and township characteristics. The local government assisted in identifying all district marketplaces, along with nearby HCFs and schools. Markets were considered eligible for inclusion if they operated a minimum of 8 hours per day for at least 3 days per week. Ten markets were identified. Those in close geographical proximity were considered sections of a single market area.

For qualitative data collection, a subset of five markets were purposefully selected based on: size, goods sold and subcounty area. We selected the large central market in Mukono municipality (estimated 1200 female workers), along with four smaller markets (estimated 25-100 female workers). Five government HCFs and five primary day schools in closest proximity to the markets were included.

### Participants

Women aged 18-49, who had worked in their workplace at least 3 days per week over the last month, and who had menstruated in the past 3 months were eligible to participate. Participants were initially purposively sampled using a matrix to achieve variability across age group, tenure at the workplace, the number of days worked and type of goods sold or role at the HCF. Our theoretical sampling was limited by feasibility and the time available to access markets. However, concurrent analysis informed continued sampling for diversity across age groups and the selling of food and non-food items in markets; further, we noted variability in the extent to which menstruation impacted working days and the types of sanitation facilities being used by participants and did not pursue additional sampling on these characteristics.

### Data collection

Thirty-five semistructured in-depth interviews (IDIs) were undertaken in February 2020 and lasted 45-60 min of discussion. Three experienced, female interviewers fluent in Luganda (the main spoken language) and English received 4 days of training, including a pilot interview in a nearby Wakiso District market. Interviews were conducted in Luganda or English depending on participants' preferences. Women in the selected workplaces were approached and screened for eligibility and consent. Interviews were conducted onsite in workplaces with auditory and, where possible, visual privacy. Particularly in markets, interviews were paused as needed to ensure privacy and minimise disruption to women's work tasks. The consent process highlighted that interviews would discuss participant experiences of sanitation and menstruation in the workplace. In a subset of markets, some women declined participation as they were unwilling to be audio-recorded.

The topic guide evolved throughout data collection. IDIs commenced with an exploration of the participant's typical workday schedule, followed by the sanitation portion of the interview seeking to understand experiences of urination and defecation, perspectives on

workplace facilities, and their influences on work life. The menstrual portion of the topic guide included: narrative of experiencing the last menstruation; managing menstruation at work including material use, changing and disposal and washing the body; experience of menstrual pain and symptoms; and experience of menstruation at work including contrasting period and non-period days, expected behavioural changes and perceived impacts on work life. All participants were asked for recommendations for government to improve women's sanitation and menstrual experience to conclude the interview.

Interviewers transcribed and translated their own recordings. Information about tone, expression and pauses were included in transcripts, as were gestures and other descriptions recalled by interviewers. Luganda was included in the English transcripts where there were multiple translation options or terms held meaning beyond the English translation.

### Analysis

Analysis commenced concurrently with data collection. Daily debriefings were undertaken. Each interviewer's first interview was transcribed and used for preliminary line by line coding by JH and SPSK, additional training, and further review of the topic guide. A second transcript was completed after interviewers' seventh interview and coding undertaken. At this time, a full study team meeting identified emerging concepts, and developed a preliminary core category. Modifications to the topic guide were made to explore emerging concepts, including asking participants to compare their sanitation and menstrual-related stressors to other workplace challenges and discussing changes in experience since they started work at their current workplace.

After all transcripts were completed, analysis followed phases of open, axial and selective coding<sup>16 17</sup> to facilitate constant comparison. Open coding was conducted for the 21 marketplace interviews using NVivo V.12 (JH) and memos generated for each participant and workplace. We then undertook axial coding to link similar codes, identify relationships between codes, and further develop the core category. This was shared through meetings with JH, SPSK and JB, and compared against notes from debriefing sessions. SPSK coded six transcripts and found agreement on emergent categories and the core category. Interviews with women in schools and HCFs were then coded, and memos generated. A selective coding approach was taken, with transcripts coded against all emerging categories, not only the core category, facilitating contrast of these experiences with those in markets, testing the emerging theory, and refining categories. Finally, interviews in marketplaces were recoded by JH against the final conceptual model, with attention to divergent cases. The research plan included participant validation; however, we were unable to undertake planned follow-up focus group discussions due to the COVID-19 pandemic restrictions on travel outside the home and meeting in groups.

### Reflexivity

This study is a collaboration between Ugandan and foreign investigators. During training, the study team documented the perspectives they brought to the work, with these perspectives revisited during debriefing and analysis sessions to promote continued reflexivity. JH led the analysis as a foreign woman not fluent in Luganda, with past research on menstrual experiences. In particular, JH had led a metasynthesis of qualitative studies of menstrual health, developing an integrated model of menstrual experience.<sup>3</sup> While the analysis for this study was performed inductively, it was impossible for this team member to have delayed literature review.<sup>18</sup> This past work also informed initial coverage of the topic guide. SPSK and JB guided interpretation of emergent categories as a male and female Ugandan, respectively, with limited past menstrual health research, and SPSK undertook independent coding for validation. The three female interviewers had past experience conducting interviews and surveys on reproductive health topics but had not previously worked on studies focused on menstrual health. During training, a brief overview of key topics in past menstrual health research was included. We recognise that this manuscript is written for local and foreign audiences.<sup>19</sup> We aim to inform local policy and international approaches to menstrual health.

### Patient and public involvement

We were unable to undertake planned participant involvement in shaping response to these findings due to the COVID-19 pandemic restrictions.

## RESULTS

Participant characteristics are displayed in table 1. Of the 21 participants from markets, 7 worked in the large central market and the remainder across the 4 smaller markets. Teachers and HCF workers represented five different schools and HCFs.

Figure 1 presents a conceptual map of the categories identified to explain women's menstrual experiences at work. *'Being a responsible woman'* emerged as the core category and substantive theory underpinning experiences. The conceptual map and identified categories were consistent across worker groups; differences in manifestation are noted in the description of each category.

Quotes are reported alongside participant identifier (ID), workplace type and participant age. Workplace IDs are provided for markets (A–E), but not for HCFs and schools to protect participant anonymity. Additional quotations are included as online supplemental materials 2.

### Being a responsible woman

Participants viewed menstruation as a natural part of female life that each woman must navigate responsibly. Although a natural process, menstruation was considered dirty and shameful. Thus, acting as a responsible woman meant keeping oneself clean and menstruation secret.

**Table 1** Participant characteristics (n=35)

	n	%
<b>Workplace</b>		
Market	21	60.0
Sells produce	6	
Sells cooked food	4	
Sells goods	9	
Sells services (eg, salon)	2	
School	7	20.0
Teacher	7	
Healthcare facility	7	20.0
Clinical staff	5	
Non-clinical staff	2	
<b>Age</b>		
18–24	9	25.7
25–29	4	11.4
30–39	14	40.0
40–49	8	22.9
<b>Tenure at workplace</b>		
<1 year	7	20.0
1–4 years	20	57.1
5+ years	8	22.8
<b>Usual days worked per week</b>		
3–5 days	11	31.5
6 days	13	37.1
7 days	11	31.4
<b>Hours worked in a typical day</b>		
	<b>Mean</b>	<b>SD</b>
Market	12.2	1.7
School	11.9	1.6
Healthcare facility	9.7	2.0

A responsible woman upheld these ideals without assistance. Struggles with menstruation were viewed as the purview of adolescent girls. Failing to manage and carry

on with usual activities during menstruation represented a failure of womanhood.

What would I have done? I do what a woman should do... I don't take anything, but I pad myself very well then I sleep... Then I have a feeling too that how can I be seen as an adult? How will it be if I map [soil outer garments]? So as an adult, I have to time myself then I run to change. (ID-21, Market-D, 49)

By the time one starts periods she is regarded as an adult, but you find when there are clots of blood in the bathroom, you go to squat and see that. Do you understand? That I wouldn't expect one to do it. (ID-23, Market-D, 20)

Women who failed to uphold perceived hygiene and secrecy standards were met with disgust and shame. Exceptions were made for women with severe menstrual pain or heavy bleeding; these afflictions were viewed as medical concerns in need of compassion, advice and some leniency.

I want to continue telling the women the way they are supposed to behave during their menstrual periods, they have to keep clean as women... (ID-27, HCF, 24)

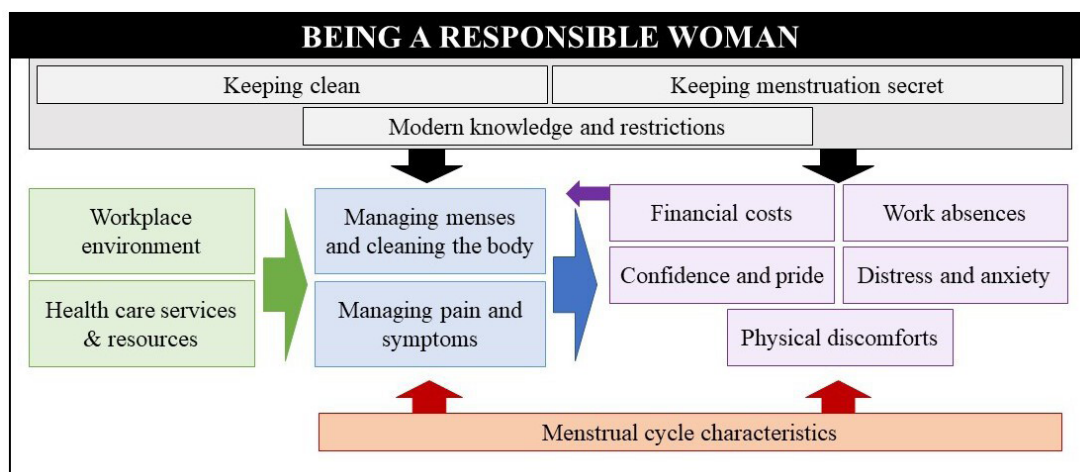
These deeply held expectations of womanly conduct permeated every aspect of menstrual experience. Although the workplace infrastructure and resources presented barriers or facilitators to caring for the body during menstruation, women were expected to uphold the prescribed standards regardless of circumstance.

... I can't tell my boss that I have failed to work because of my period. That doesn't help him. (ID-8, Market-A, 28)

you just encourage yourself, then you go and do the work. You can't dodge working because of that. (ID-12, Teacher, 41)

**Keeping clean**

Menstruation, and by extension a menstruating woman, was viewed as unclean. Failures to uphold required cleanliness were associated with intense disgust ('okwenyinyala'), expressed using this strong Luganda term, to evoke



**Figure 1** Visual representation of identified categories and emergent theory.

a visceral disgust to something such as that producing a stench.

Women expressed personalised, authoritative views about what it meant to maintain hygiene during menstruation. These standards shaped her responses to the workplace facilities and her strategies for menstrual management.

It shows someone's personal hygiene, so once you map [soil outer garments] then you are regarded unhygienic. (ID-21, Market-D, 49)

We have to admit that we are dirty during that period. There are women who don't know how to clean, for example when someone goes behind [to change their materials] yes, they go with bottles of water but some don't do any other thing after that. (ID-20, Market-C, 30)

Hygiene behaviours were framed as both responsible, and essential to 'feel fresh' and comfortable at work. To be considered clean, the body needed to be free from odour or visible menstrual blood, and sanitation and bathing facilities should be free from blood or disposed menstrual materials.

... you have to clean yourself and change, then you will be comfortable in class. (ID-11, Teacher, 25)

### Keeping menstruation secret

Menstruation was viewed as a deeply personal women's issue that should not be discussed with others. Women used coded language to refer to menstruation, ranging from using the English "periods", "p's" or "that time", to codified terms in Luganda such as "in red", "being up" ["oli waggulu" / "munnange ndi waggulu"], or "my days" ["ennaku zange"]. Expectations of secrecy overlapped with requirements for cleanliness, such that others should not see blood or materials in sanitation facilities or when materials were washed and dried.

They do not spread them outside, a woman does not spread those private towels outside, and they are put inside the house. (ID-28, Market-E, 37)

for me when I see people talking about it, I feel disgusted and wonder why they can't discuss about other things. (ID-25, Teacher, 35)

It was considered particularly inappropriate for men to be exposed to blood or discussion about menstruation. If required, menstruation could be discussed with trusted women. These conversations were shaped by the expectation that a responsible woman should be capable of managing her menses alone. However, if a woman was seen to have soiled her outer garments, it was the responsibility of nearby women to alert her and provide her with a cloth to cover herself.

Those experiencing pain or heavy bleeding were excepted from strict expectations to keep menstruation secret. They were viewed as needing to seek advice and support from other women and healthcare providers. The few women who described themselves as freer in their discussion of menstruation knew that this was a

violation of the social norm and viewed themselves as either a positive deviant or an exception due to struggles with pain or heavy bleeding. Some teachers and HCF workers expressed less restrictive attitudes, although sharing was always limited to close female friends. For this group, teaching students or patients about menstruation was excepted from required secrecy, and distinct from the shame associated with sharing personal experiences.

Most women share when they want solutions to their issues for example those who use family [contraception], they come and tell you that ever since I got the family planning injection I bleed endlessly. With that one it is understandable because she is looking for advice... (ID-20, Market-C, 30)

### Modern knowledge and restrictions

#### Knowledge

Women spoke authoritatively about menstrual anatomy, management and hygiene, influencing their practices and anxiety during menstruation. However, they held varied views on whether genitals should be washed with soap, and on the responsible way to dispose of pads. When noting that sex should be avoided during menstruation, women described that menstrual blood could be forced back up into the body and cause illness. Despite a medical view of menstrual pain, no participants discussed medical reasons or physiology underlying pain or symptoms. Most believed they were likely to contract reproductive tract infections from sanitation facilities, four stated they were more vulnerable during menstruation.

#### Restrictions

Participants identified as modern, urban, working women and expressed that restrictions on menstruating women were outdated. Some reflected that they had feared taboos when they were younger, but later believed these were exaggerations to teach them appropriate menstrual care. All women stated that sex during menstruation was inappropriate. For Muslim women, religious restrictions required they avoid prayer and fasting during menses. Two women expressed concerns about the use of disposed menstrual materials for witchcraft, and one reported avoiding cooking food for others while menstruating. Three women described that customers held taboos or would be disgusted by a menstruating woman so restricted their behaviour despite not endorsing this belief.

I sell food, a customer after knowing that you are in that period...some customers feel disgusted... you can't be in your period and serve them food. (ID-29, Market-E 26)

### Workplace environment

Physical and interpersonal characteristics of workplaces influenced women's experience.

#### Water, sanitation and hygiene services

Workplaces had improved pit latrines or pour/flush toilets. Women strategised about their sanitation use during menstruation, balancing the distance to facilities,

availability of water, cleanliness, privacy and cost. For example, one HCF worker described using the nearby pit latrine for urination but journeying to the toilet in the maternity care area for menstrual management:

the toilet is comfortable even if I need to change and wash some part, I can be able to access water, I can be able to access a basin but if I use this one [the nearer pit latrine], there are no provisions for that. (ID-33, HCF, 34).

While a market woman travelled to a nearby church during menstruation:

I like their doors, they are strong, and I can be safe because I am able to close myself in. They are metal doors, the place is safe. (ID-8, Market-A, 28).

Five women working in markets stated that they required more frequent visits to the sanitation facility during menstruation. In four of five markets, users had to pay per use, so this incurred increased costs. Many teachers and HCF workers lived in quarters close to their workplaces, so could more easily travel home for menstrual management.

Haaa, for me when I am in my periods, I don't want to use that thing there [school facility] (laughs). I have to go, that is the time I go home almost all the time as long as I don't have a lesson because it is easy to get water from there. (ID-14, Teacher, 21)

In all markets, at least one sanitation facility had an attached bathroom, although in two (Market-D, Market-E) no participants used this space due to cleanliness and privacy concerns. Almost all participants believed it was essential for hygiene to wash the genitals each time menstrual materials were changed. Thus, the availability of water and cost of using the bathroom for washing were important.

I may go there three times in a day [the paid sanitation facility during menstruation] and you must pay so the expense is high, but you must clean up to maintain proper hygiene. (ID-6, Market-A, 23)

Available disposal facilities for menstrual waste shaped women's practices. In pour/flush toilets workplaces often provided buckets for disposal. These were absent in pit latrines and women disposed into the latrine.

They should also clean the bin where we dispose the pads because it being dirty forces people to throw in the toilet and this blocks it. (ID-29, Market-E, 26)

Some teachers and HCF workers used menstrual materials from their workplace to offset the cost of commercial products or if they were caught without materials. Three HCF workers described using cotton and gauze from the facility and two teachers used pads or cotton purchased using school funds for teachers and students.

### Social environment

Access to supportive colleagues shaped women's work lives. In markets, those without coworkers or good relationships with nearby vendors worried that they would

miss customers, or goods would be tampered when they left their work site. For teachers, those who could shift work burden to colleagues when experiencing illness (including menstrual pain) experienced relief. In HCFs, women working alone or on overnight shifts had limited assistance.

like when I am in my menses, I tell my colleague that you be taking the weight [of clients]... (ID-10, HCF, 38)

Yeah, on the first day [of menstruation] I come to work late, I come like at 10am or 11am. I tell my sister to come and sit in for me. (ID-32, Market-E, 21)

Rules to dissuade women from disposing of materials into flush toilets influenced practices. In one market women described that announcements were made over the workplace radio, while in another, signs indicated a fine.

In one Muslim-founded school, religious cleansing practices meant that water was always available at the sanitation facility, benefiting all women during menstruation.

### Health care services and resources

Access to care and resources such as pain relief medication critically contributed to menstrual experiences at work. Eighteen women had sought healthcare advice regarding menstrual pain, irregular or heavy bleeding or a perceived genital infection related to their menstruation. Women reported variable success with health services; most were told their experience was normal and received a painkiller, which was variably successful. One received scans for irregular or painful periods; none reported a diagnosis or greater insight into their symptoms. Two women reported falling severely ill each period, including fevers and nausea. They reported no success with healthcare, but that difficulties resolved after their first birth.

### Menstrual cycle characteristics

The level of pain, volume of bleeding and other symptoms accompanying menstruation varied and were a central part of women's experiences. Women described themselves as fortunate or unfortunate depending on their symptoms. Higher degrees of pain caused greater distress and disruption at work.

I feel weak, yet I have to work remember, it is flowing, once you stand up, it pours heavily, then you say, "ooh God this is war!", you are just praying for the three days to come to an end. (ID-19, Market-D, 24)

Heavy bleeding was frequently reported and resulted in anxiety about one's health, increased management challenges, and fears of soiling. Unpredictable periods were a source of anxiety as women felt they may unexpectedly soil their outer garments.

Eleven women described themselves as irritable during menstruation. Mood changes impacted their interactions with customers, colleagues, students or patients. At times women invoked their menstrual pain or discomfort as

sources of frustration, for others these were an independent emotional change.

Yes I become rude, I am very angry, I find myself not very happy, so I find myself being rude till I finish my periods [laughter] but now that I know I try to control (ID-33, HCF, 34)

Many women reported feeling weak or lacking energy during menstruation, which also impacted their workday.

### Managing pain and symptoms

Menstruating at work meant managing pain and symptoms, with women's comfort and participation dependent on the extent to which they were able to minimise pain. Many used paracetamol and ibuprofen, while others believed that it was unhealthy to take pain killers. Some reported restricting medication use, fearing side-effects or believing they would become reliant. Women also used hot water, tea and herbal remedies.

With cramps, I have to take Ibuprofen. Like I take them when I am coming for day duty, I can take them at around 5 [am] such that they start working. When I am on day duty, I am fine but when I delay to take meals, it disturbs me. (ID-1, HCF, 23)

Ok I used to take some Panadol but once I was on radio and they said that it was not good to take Panadol and now I don't take anything... I used to take it a lot. (ID-31, Teacher, 42)

### Managing menses and cleaning the body

#### Being prepared

Many women described the importance of being 'well equipped' or 'prepared'. Almost all stored menstrual materials in their home for when menstruation started. Distress occurred if they were caught unprepared.

I am aware of my days, I was prepared then. I had my pads ready... (ID-8, Market-A, 28)

To further protect themselves from surprises and accompanying shame, women strategically selected clothing. They wore dark colours, flowing dresses and tight shorts over their underwear for added protection and to disguise potential leaks.

I confine myself and I don't put on short clothes, light clothes, I put on black clothes and because I bleed a lot, I can map [soil] any time. If you are in black, it is not easy to notice that you have mapped [soiled]. (ID-26, Market-D, 39)

#### Selecting materials

Women described at length reasons for selecting their menstrual materials. Participants prioritised different concerns including perceived quality, comfort, cost and availability. The majority preferred disposable pads: reported to efficiently absorb blood, not stick to the body, had adhesive to keep them in place and did not need to be washed or dried. Women who had transitioned to pads

after using cloth reported improvements in their quality of life.

They really helped us. But those things we used before, the pieces of cloth really disturbed people, there was no security at all... (ID-24, School, 48)

They are expensive, but you have to use them because they are easy and worth using. (ID-2, Market-B, 35)

Almost every woman using pads reported that cheaper brands were ineffective, caused irritation or contained harmful chemicals. Thus, they purchased higher priced products. A few avoided pads entirely due to concerns about quality, soiling, harmful effects or did not see the value.

I fear pads, I didn't ever go for them, I feared pads from long ago, same applies to children's diapers, I never give my children diapers. (ID-28, Market-E, 37)

Some younger participants stated that disposable pads were the only acceptable menstrual material, so one had to find or borrow money with no alternative. Other women supplemented pad use with cloth or cheaper pads, conserving their preferred materials for work.

If am at home I use my pieces of cloth because I may clean as much as possible, yet it is not the case at work. While at home I can check as many times as I need to check which is not possible if am at work because there is no room for that. (ID-6, Market-A, 23)

A few women used commercially produced reusable pads and found these to alleviate disposal concerns, offer comfort and cost savings. They were washed and dried discreetly at home. Others had not heard of or tried these products, and a few had past negative experiences.

I do walk a lot and with the washable pad I am comfortable because it does not irritate me. I spend the whole day without any problem. That is the beauty with that pad. Some ladies find a problem with washing but for me I find no problem with this particular pad. (ID-20, Market-C, 30)

Women reported wanting to know more about the properties of different materials to inform their choices.

#### Changing materials

Participants changed their materials at varied frequencies to avoid soiling, odour and discomfort, and to conserve pads. Around half used the workplace sanitation facility or attached bathroom to change their materials. Some felt comfortable, while others were uneasy but felt there was no other choice. Many women described that facilities were too dirty, costly or insufficiently private for changing and used alternatives at nearby businesses or travelled home. Women with stores reported changing there, and one woman hid underneath her market stall. Some women using reusables travelled home so they could immediately wash and dry these; others rinsed at work or transported home later in a bag for cleaning.

...the problem I have is the bad odour when I am in my periods. I have to keep changing so that I do not smell for

my neighbours here at the stall, otherwise one pad would have been enough for me to go through the day. (ID-4, Market-A, 43)

I can easily change because behind here [her store] I am alone... no one can see you. (ID-16, Market-C, 18)

### Disposal

Women reported a variety of disposal strategies depending on their preferences and habits. Many disposed into pit latrines. A vocal subset believed this resulted in latrines filling too quickly and bemoaned this practice. In workplaces with toilets and bins, most participants reported compliance and disposed into the bin, although often complained that these were full and that other women's used pads were visible or clogged in the toilet. Some women carried their materials home to burn them or dispose into their home pit latrine, fearing they would be seen by others.

### Washing the body

For almost all women, keeping clean required washing the genitals each time menstrual materials were changed, with many preferring to wash the whole body. Even when women were able to change their materials in the workplace, they were frequently dissatisfied with the irregular availability of water for washing the genitals and body. More often this was the most significant stressor for managing menstruation and motivated many to travel home or to other facilities.

My dear can you change and fail to wash up? No, it is impossible! At least I wash my private parts then change my knickers and pad. We live near, but those who don't reside near here are the ones who find it hard, they just have to remove the used one and wear another pad. (ID-34, School, 48)

... when am in my periods that I may need to be extra clean but when am off my periods then am not so much concerned about going to bathe during the day. (ID-33, HCF, 34)

### Confidence and pride

Women expressed a sense of confidence and pride in taking responsible care of themselves and 'getting on with things' during their period. This confidence did not always mean an absence of harms for their workday. For women, maintaining cleanliness and secrecy was paramount, and other consequences described below were often not framed as harms of menstruation.

I always ensure I have taken very good care of myself. I make sure my pad is firm, so that as I move about, I feel confident. I always put on a tight short so that in case of anything...it cannot drop. (ID-13, Market-C, 37)

Yes [feels comfortable at work], because I know I am safe, I am not going to map because that is what people worry about but for me, I know I am safe I have like 3 pads in my bag for emergencies, I often check myself to see (ID-8, Market-A, 28)

### Distress and anxiety

Women vigilantly monitored their cleanliness and the risk of soiling during menstruation. The extent of worry varied, depending on the confidence they held in management behaviours, the presence of pain or heavy bleeding, the workplace resources, and women's social supports. Experiences ranged from constant anxiety while at work, to women who felt 'free and easy'.

I carefully sit and I check myself all the time, you never know it can pass through (ID-29, Market-E, 26)

Obviously you cannot have peace because every time you are worried. (ID-35, HCF, 35)

Women employed different strategies to mitigate anxiety; six participants described withdrawing from others during menstruation.

### Financial costs

Menstruating incurred costs, imposing financial stress. For some women, pads were affordable, for others, expensive but worthwhile. Still others found them too costly, mitigating expenses with other materials. This was not restricted to women working in markets, teachers and HCF workers also described cost pressures in relation to purchasing pads.

You have to give it priority and say this month I will buy this number of packets and keep them there so that when I use one, then I will know I have to replace it. (ID-34, School, 48)

What I do these days is save money and buy pads so that by the end of one period of menstruation, I am prepared for the next (ID-16, Market-C, 18)

Market women incurred costs visiting the sanitation facility or bathroom more often to change materials, as well as the potential lost income of missing customers.

### Physical discomfort

For many women, menstruating at work was characterised by discomforts including enduring menstrual pain, not feeling clean and positioning the body such that the risk of soiling was minimised. Four women reported experiences of soreness or itching in their genitals. Ten described fatigue, desiring more rest or reduced tasks at work, but needing to persist.

Yes, because when I am not in my periods, I am able to move freely and perform my activities very well. Another thing is, I don't feel well when in my period. They are only 3 days but they seem like a month (ID-8, Market-A, 28)

...the way you found me here seated? No, I limit myself. I only sit when I have just padded myself then after thirty minutes to one hour I stand up. I don't need stains. I can't stand that embarrassment... (ID-18, Market-C, 39)

### Work absences

Many women reported that they missed or reduced work during menstruation due to pain, concerns about soiling or inadequate sanitation facilities. Many rejected



the assertion that menstruation could impact their work, feeling that this implied they were failing to manage responsibly. At the same time, women described clear examples of time lost, such as travelling home to change materials or enduring significant discomfort to remain at work, with impacts on their performance.

No for me, when I get to know that I am menstruating, because it is much [heavy bleeding] and our toilets are also dirty, I don't come [to work] until I am done with menstruating. (ID-5, Market-A, 27)

Yes, like today it was too much, I reached at work at around 1:00 or 1:30 PM...Yes, until the pain decreased and I came. (ID-7, Market-A, 40)

even if you are in class you're uncomfortable and you are there like a statue but you can't work when the pain is too much, especially on the first day. You feel the headache, the back is as if you have been cut by swords and the abdominal pain... and in fact you are there but you feel you are not present just because of the pain you are feeling. (ID-31, Teacher, 42)

Some women suggested that they would prefer not to be working during their period but had little choice due to workplace expectations or because they could not afford the lost income.

They used to say a person menstruating doesn't work, doesn't do what, doesn't do this, but today if you sit at home, what will you eat? You also have rent to pay. (ID-19, Market-D, 24)

Women who reported lighter, less painful periods, consistent access to preferred products and satisfaction with the workplace environment reported fewer impacts on their workday.

I keep on going because it is natural and there is no way you can avoid it so you be free every day and you're used to it, that it happens in every month, so you just have to concentrate. (ID-30, Market-E, 41)

## DISCUSSION

Women working across markets, schools and HCFs in Mukono District experienced significant consequences for their work, finances and health due to menstruation. A combination of unsupportive sanitation infrastructure, anxieties about soiling and pain contributed to work absences, consistent with research among adolescents.<sup>3 20</sup> However, absenteeism was not the most common consequence of unmet menstrual needs and a holistic view of menstrual health is needed to support decent working conditions for women. Women described missing parts of the workday or reducing their engagement, while many others endured pain, discomfort, anxiety and fatigue to remain at work. Menstruation was not considered an acceptable reason for absence for women employed by others, while self-employed market women could not afford to miss sales. The need to look beyond absenteeism to the health and well-being consequences of unmet

menstrual needs has been emphasised for adolescents.<sup>21</sup> Our findings extend this call to adult women, highlighting that presence at work may be a poor indicator for menstrual health if women's physical and mental well-being is unsupported.

The need to act as a *responsible woman* underpinned women's menstrual experience. Secrecy and cleanliness were the highest priorities. From the authors' perspective, the stringency of these expectations resulted in harms for women. Heightened anxiety at the prospect of exposure, feelings of shame and disgust, and the financial and time burden of extensive body washing, resulted in consequences for health and work. This core category echoes decades of research from high-income country contexts, where feminist scholars have identified 'menstrual etiquette' as a restrictive gender norm governing women's bodies.<sup>22-24</sup> However, from participants' perspectives, this was merely a requirement of being a woman. They felt pride in successfully enacting menstrual requirements and judged other women for failures. Some recommended government improvements focus on teaching other women to better uphold these ideals.

Our findings suggest that any advocacy or intervention seeking to improve menstrual health needs must navigate this norm. Notably, participants released adolescent girls from stringent menstrual responsibilities. As energy for improving menstrual health gains traction in Uganda, our findings suggest that focus on assisting adolescent girls must be cautious not to exacerbate the pressures placed on adult women. Conversely, population-wide efforts to reduce menstrual stigma over the life course may benefit adult women, as may greater acknowledgement of menstrual-related infrastructure and resource needs. However, advocates must be aware that suggesting adult women struggle during menstruation may be met with resistance as this statement confers judgement, and priorities to destigmatise menstruation may conflict with women's own construction of menstruation.

Our results show that more attention is needed to the quality of disposable pads being sold. Women reported cheaper brands caused burning, irritation, discomfort and leakage, but that the higher performing products were a financial burden. Women sought to be informed consumers of menstrual products and desired more information about their options. Supporting the affordability of a range of product choices for women would improve menstrual experiences and alleviate some financial burden.

Unsupportive workplace water and sanitation infrastructure were challenging. Many women believed that it was essential to wash their genitals and body when changing materials. Water availability at sanitation facilities, and the cleanliness, privacy and cost of bathrooms often failed to support this practice, placing additional stress on women. Many women's recommendations for improvement focused on addressing this environment. Intervention approaches which provide education

around genital washing, support preferred practices in clean, affordable facilities and minimise exposure to dirty water are indicated.

Pain, heavy bleeding and other symptoms associated with menstruation were key parts of women's experience. Menstrual health advocacy has frequently focused on the management of menstrual bleeding.<sup>25</sup> Women in our study considered symptoms associated with menstruation as equally relevant to menstrual health. Indeed, physical symptoms and menstrual management were often interlinked, for example, heavy bleeding had significant implications for menstrual material use and changes. Symptoms, disorders and pain require greater attention in menstrual health research and practice.

The variable, but often limited, support received from healthcare services, and women's knowledge of menstrual disorders and pain relief options require further exploration. Future research should prioritise understanding women's knowledge, alongside healthcare provider knowledge, and the quality of care in health services. Our findings indicate women need greater support. We also found that they approach healthcare services for menstrual needs, indicating these services as an avenue for intervention delivery. Educational programmes on pain and symptoms would be acceptable for this population, as these challenges were expected from required secrecy around menstruation. Further, additional knowledge gaps including the transmission and prevention of reproductive tract infections, hygienic genital care and menstrual anatomy were identified through our study.

### Strengths and limitations

To the best of our knowledge, this study is the first to investigate women's menstrual experiences at work in Uganda. Although we were informed by past research,<sup>3 4</sup> we took an inductive approach to analysis and prioritised understanding participant experiences. In our application of a grounded theory approach, we took a pragmatic stance, attending to women's constructions of their lived experience as well as factors identified as impacting experiences. Feasibility constraints limited the extent of theoretical sampling of participants, which was a major limitation of this study and our development of grounded theory. Through concurrent data collection and analysis, we monitored the diversity of experiences captured, and modifications to the topic guide were made to explore emergent categories. Women's concerns around audio recording in some markets meant the perspectives of these women were missed. The total sample size was consistent with our a-priori specification. No new categories emerged in coding the interviews with teachers and HCF workers against the emergent categories based on interviews with women working in markets, although these brought additional depth. Diverging experiences are highlighted in the described results but did not alter the theoretical categories. We believe we achieved inductive thematic saturation.<sup>26</sup> Unfortunately, due to the COVID-19 pandemic we were unable

to undertake planned participant validation activities. Further follow-up with women should be pursued in future studies and insights from workplace administrators would assist in identifying workplace changes.

### CONCLUSIONS

Workplaces are crucial environments to support women's health and economic empowerment. Upholding gendered ideals of responsible menstrual management places women under pressure to keep clean and menstruation hidden. Women's menstrual characteristics such as their level of pain, access to healthcare resources and the workplace environment impacted experiences of upholding these expectations and women's ability to care for their body at work. Together, this shaped the influence of menstruation on women's life at work, including feelings of confidence and pride, distress and anxiety, physical discomforts, financial costs and work absences. Women's menstrual health in the workplace requires more attention from researchers, public and private sectors to support equal opportunities for decent work and women's health.

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# SRQR Reporting checklist for qualitative study.

## Instructions to authors

Complete this checklist by entering the page numbers from your manuscript where readers will find each of the items listed below. SRQR reporting guidelines: O'Brien BC, Harris IB, Beckman TJ, Reed DA, Cook DA. Standards for reporting qualitative research: a synthesis of recommendations. *Acad Med.* 2014;89(9):1245-1251.

	Reporting Item	Page Number
<b>Title</b>		
	<a href="#">#1</a> Concise description of the nature and topic of the study identifying the study as qualitative or indicating the approach (e.g. ethnography, grounded theory) or data collection methods (e.g. interview, focus group) is recommended	Title
<b>Abstract</b>		
	<a href="#">#2</a> Summary of the key elements of the study using the abstract format of the intended publication; typically includes background, purpose, methods, results and conclusions	Abstract
<b>Introduction</b>		
Problem formulation	<a href="#">#3</a> Description and significance of the problem / phenomenon studied: review of relevant theory and empirical work; problem statement	Introduction, Paragraphs 1-3
Purpose or research question	<a href="#">#4</a> Purpose of the study and specific objectives or questions	Introduction Para 4
<b>Methods</b>		
Qualitative approach and research paradigm	<a href="#">#5</a> Qualitative approach (e.g. ethnography, grounded theory, case study, phenomenology, narrative research) and guiding theory if appropriate; identifying the research paradigm (e.g. postpositivist, constructivist / interpretivist) is also recommended; rationale. The rationale should briefly discuss the justification for choosing that theory, approach, method or technique rather than other options available; the assumptions and limitations implicit in those choices and how those choices influence study conclusions and transferability. As appropriate the rationale for several items might be discussed together.	Introduction – Para 4 Methods – Para 1
Researcher characteristics and reflexivity	<a href="#">#6</a> Researchers' characteristics that may influence the research, including personal attributes, qualifications / experience, relationship with participants, assumptions and / or presuppositions; potential or actual interaction between researchers' characteristics and the research questions, approach, methods, results and / or transferability	Methods: Reflexivity Para 1
Context	<a href="#">#7</a> Setting / site and salient contextual factors; rationale	Methods: setting and site selection
Sampling strategy	<a href="#">#8</a> How and why research participants, documents, or events were selected; criteria for deciding when no further sampling was necessary (e.g. sampling saturation); rationale	Methods: Participants
Ethical issues pertaining to human subjects	<a href="#">#9</a> Documentation of approval by an appropriate ethics review board and participant consent, or explanation for lack thereof; other confidentiality and data security issues	Ethics – Back Material page & journal system + Methods: Data collection
Data collection methods	<a href="#">#10</a> Types of data collected; details of data collection procedures including (as appropriate) start and stop dates of data collection and analysis, iterative process, triangulation of sources / methods, and modification of procedures in response to evolving study findings; rationale	Methods: Data Collection Para 1-3
Data collection	<a href="#">#11</a> Description of instruments (e.g. interview guides,	Methods: Data

instruments and technologies		questionnaires) and devices (e.g. audio recorders) used for data collection; if / how the instruments(s) changed over the course of the study	collection. Para 2
Units of study	<a href="#">#12</a>	Number and relevant characteristics of participants, documents, or events included in the study; level of participation (could be reported in results)	Results: Paragraph 1 and Table 1
Data processing	<a href="#">#13</a>	Methods for processing data prior to and during analysis, including transcription, data entry, data management and security, verification of data integrity, data coding, and anonymisation / deidentification of excerpts	Methods: Analysis Paragraph 1
Data analysis	<a href="#">#14</a>	Process by which inferences, themes, etc. were identified and developed, including the researchers involved in data analysis; usually references a specific paradigm or approach; rationale	Methods: Analysis Paragraph 2
Techniques to enhance trustworthiness	<a href="#">#15</a>	Techniques to enhance trustworthiness and credibility of data analysis (e.g. member checking, audit trail, triangulation); rationale	Methods: Analysis Paragraph 1-2
<b>Results/findings</b>			
Syntheses and interpretation	<a href="#">#16</a>	Main findings (e.g. interpretations, inferences, and themes); might include development of a theory or model, or integration with prior research or theory	Results. Paragraph 2-4 + results
Links to empirical data	<a href="#">#17</a>	Evidence (e.g. quotes, field notes, text excerpts, photographs) to substantiate analytic findings	Results
<b>Discussion</b>			
Intergration with prior work, implications, transferability and contribution(s) to the field	<a href="#">#18</a>	Short summary of main findings; explanation of how findings and conclusions connect to, support, elaborate on, or challenge conclusions of earlier scholarship; discussion of scope of application / generalizability; identification of unique contributions(s) to scholarship in a discipline or field	Discussion
Limitations	<a href="#">#19</a>	Trustworthiness and limitations of findings	Discussion: Strengths and Limitations
<b>Other</b>			
Conflicts of interest	<a href="#">#20</a>	Potential sources of influence of perceived influence on study conduct and conclusions; how these were managed	Back materials
Funding	<a href="#">#21</a>	Sources of funding and other support; role of funders in data collection, interpretation and reporting	Back materials

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**Supplementary Materials 2. Additional quotations describing each category**

<b>Being a responsible woman</b>
<p>“You know, we women, we should not only portray cleanliness on the outer, what people can see, but also in our inner garments. We should try to see that even where we are coming from is equally clean.” (ID-13, Market-C, 37)</p> <p>“I am not affected, I am free because am not young and I have had my periods for a long time now, I am not like a young girl who has just started.” (ID-6, Market-A, 23)</p> <p>“No, we no longer separate them [by gender] you can go to either [latrine], but as a lady, and adult at that, I can’t find a messed latrine and leave it. I wonder to myself ... what if the man comes and finds such a thing, so what you do is to clean it, so that the man doesn’t see such things.” (ID-34, School, 48)</p> <p>“Just like any other lady, I organised myself... I bought pads and padded myself” (ID-2, Market-B, 35)</p> <p>“They could therefore help us a bit; you go bathe and change and then you come back to your friends when you are fresh but these days when you are in your periods things become tough!!! Ideally for a lady, you cannot be comfortable and you feel you are not steady and you have a feeling everyone has seen you and you need to change .If some other things are free then it will help some of us to be to improve on our cleanness.” (ID-4, Market-A, 43)</p> <p>“You limit your movements and be there seated, don’t wear tight clothes, you respect yourself because if you padded yourself I am sure it can be noticed so you have to put on a big cloth until you finish and wear what you feel like.” (ID-28, Market-E, 37)</p>
<b>Keeping clean</b>
<p>“it can take some time [changing menstrual materials] because you have to go back home and you change and also get water and you clean yourself because it is good to first clean yourself then you put it [menstrual material] on, then after you go back.” (ID-35, HCF, 35)</p> <p>“What I know about that place is that many women really make that place so dirty when they are in their periods, they never look back after using the toilet to see how they have left it. They tend to leave blood stains on the slab. But I really hate it when someone uses the toilet and leaves it stained. It is you who has gone in after them that actually feels ashamed.” (ID-13, Market-C, 37)</p> <p>“It is because I want to keep clean and comfortable. Do you know that you can lose your peace if you continue using a filled-up pad, you can’t even stand?” (ID-26, Market-D, 39)</p> <p>“Let me give you an example, on a normal day (when not menstruating) it is not good to spend the whole day without changing a knicker. Only those very busy can be excused, but if you are at home please change a knicker like 2 times a day. If you can change on such days why not change like 3 times when in your periods?” (ID-20, Market-C, 30)</p> <p>“when am in my periods that I may need to be extra clean but when am off my periods then am not so much concerned about going to bathe during the day.” (ID-33, HCF, 34)</p> <p>“I may go there three times in a day and you must pay so the expense is high but you must clean up to maintain proper hygiene” (ID-6, Market-A, 23)</p>

**Keeping secret**

“because we always assume that you are unhealthy during that period of time so why should you publish yourself to be unhealthy before everyone? So you keep it confidential” (ID-33, HCF, 34)

“You don’t have to talk about it, why should I talk about it, I cannot even tell my husband about it!” (ID-34, School, 48)

“Aaaa, for me I am free, very free but others fear, me I do [feel comfortable sharing about menstruation] because it is normal” (ID-17, HCF, 30)

“It is not interesting for everyone to know and it is natural, but it is not supposed to be shown to people. For me it is ashaming that is why when you see your friend you give them something to cover themselves to avoid shame.” (ID-30, Market-E, 41)

“Most women share when they want solutions to their issues for example those who use family [contraception], they come and tell you that ever since I got the family planning injection I bleed endlessly. With that one it is understandable because she is looking for advice but there are those who take it to be interesting, each time they have their periods they have to announce. That one is done without a cause.” (ID-20, Market-C, 30)

“No, except that I don’t go for prayers, (she laughs) I don’t want to show ... .I feel bad when I don’t go for prayers and because I don’t want these children to know that I am experiencing it...” (ID-22, School, 47)

“Of course, they will see and say that why is it that this woman goes with a polythene bag in this particular time of the month. What is she taking there? so it is better you go as if you are going for a long call, you change and you come back and sit” (ID-17, HCF, 30)

“I don’t know because one can’t tell you that I use this when I am in my period but for me I am courageous I can tell you that when in my period, I feel this and this, that this one burns me, the other one does this....” (ID-26, Market-D, 39)

**Knowledge**

“Yeah, like having sex when in periods. This causes infections in the fallopian tubes because each time you have sex the blood flows back and clots that is how we get infections.” (ID-20, Market-C, 30)

“I grew up being told that it is not when good to have sexual intercourse when you are menstruating because you can have continuous bleeding and you risk contracting diseases that you may not be able to diagnose in time.” (ID-16, Market-C, 18)

“Maybe they would recommend just to keep sanitation because we believe when someone is menstruating those organisms can easily be taken in by a woman, so you have to maintain good sanitation by making such and constructing more the public toilets.” (ID-1, HCF, 23)

“Now the problem that may occur but this is my thinking; during sexual intercourse, the blood might go to where it is not supposed to go like in “musenke” (tubes) and you may end up getting other complications.” (ID-31, Teacher, 42)

<b>Taboos/restrictions</b>
<p>“What I heard of was not throwing these pads everywhere , some people with bad hearts know their herbs and they can put those herbs on your pads and you get a problem so you need to put it where is not seen by everyone but by just you the owner. However, when I became an adult I realized that all they wanted was to teach us to be clean because if they don’t scare you, wherever you find is where you dump them since you have no effect, so maybe they wanted us to be clean.” (ID-4, Market-A, 43)</p> <p>“Imagine removing a pad, you are bleeding...then you have sex, then put back...Ehhhhh, that whole thing is just too disgusting! I cannot do it!” (ID-13, Market-C, 37)</p> <p>“When in the period, I don’t touch people’s eats especially when I am at home. Someone might fail to eat when she gets to know that you are bleeding. Personally, if I get to know that you are bleeding, I can’t touch what you have prepared for me/eats. I am very sure about this.” (ID-20, Market-C, 30)</p> <p>“that’s why people don’t say because when they tell you then you will say I don’t want you touch my cup, I don’t want you to boil my water and so on. People have different businesses so if she tells you that she’s having her period will you take her water? Some people don’t feel good about it, it is filthy “benyinyala”, can you tell a man about that? He will not take the water.” (ID-6, Market-A, 23)</p>
<b>Workplace environment</b>
<p>“for example when am in my periods I may need time for refreshing but just as I’ve mentioned just I may not get where to freshen from you know maybe I want to go bathe and change and as I talked the number of clients am not given all that time to go and bathe and change. So, you find I am not given ample time to freshen up, I end up maybe going and changing the pad but whereby I maybe wanted to bathe and freshen up, but that time is not there.” (ID-33, HCF, 34)</p> <p>“You see those toilets have notices written there, whoever will do this, a fine of 10,000 shillings will be charged, but still they do them. Someone can do without your notice, but if God helps us and they find her, she pays the fine.” (ID-28, Market-E, 37)</p> <p>“Haaa, for me when I am in my periods, I don’t want to use that thing there [school facility] (laughs). I have to go, that is the time I go home almost all the time as long as I don’t have a lesson because it is easy to get water from there. You know everything, you know where you keep your things, but again here carrying water there are very many [things] I can’t access here, but at home I can access everything.” (ID-14, Teacher, 21)</p>
<b>Health care services and resources</b>
<p>“In periods? Before, I used to take one week but currently I take 3 days. I got some medicine which I took and they reduced.” (ID-28, Market-E, 37)</p> <p>“At first, even we were scared of somebody going twice in a period in a month, they did a lot of tests at the end of it they concluded that is how God created me and I was normal.” (ID-12, School, 41)</p> <p>“honestly I tried taking medicine and even went to health facilities, I was given treatment but I didn’t get cured, I used herbs too but I didn’t get cured so it is like this is my ailment and am used to it. So I take just to reduce the pain to enable me do my work though I tried but failed.” (ID-21, Market-D, 49)</p>



<b>Menstrual cycle characteristics</b>
<p>“Me I don’t have light days, hmmm I don’t have light days because I get heavy bleeding throughout that time and much of the blood contain clots and as I told you that I at times don’t appear...because you can feel pain...feel like urinating but when you go to the pit you don’t urinate, you only feel the clots coming out” (ID-26, Market-D, 39)</p> <p>“Yeah there are times when the bleeding is heavy, on those days you feel abnormal, you at times feel like there is a tap that is opened. On such days you can use like 4 pads a day and on light days you use like 2 pads. One in the morning and another at night after showering..... when you are going to sleep” (ID-8, Market-A, 28)</p> <p>“What happens to me is that I get fed up and just hate myself. Naturally I don’t beat because when I was still young I used to fear being beaten but still it gets to a point and you get rude like; “give me space!!!” [Luganda:“Nviira nawe”]” (ID-31, School, 42)</p> <p>“She can if she is observant, she can know that I have changed . I completely change,I become very weak, my lips become dry especially if I don’t take water, I become pale and then you can know, if you are observant.” (ID-19, Market-D, 24)</p>
<b>Managing pain and symptoms</b>
<p>“I was told that when you get used to taking medicine then you will always have to take medicine so I don’t take any medicine... I endure the pain.” (ID-6, Market-A, 23)</p> <p>“That is what I do because I was advised not to take tablets when in my Ps [periods] so I endure the pain and just take hot water or warm water.” (ID-11, Teacher 25)</p> <p>“I do not only that I take a lot of tea with conc tea leaves. When actually I have that pain I take conc tea, I put in a lot of tea leaves and probably helps me actually.” (ID-33, HCF, 34)</p> <p>“If it is not much you just know that one is normal and just do your work but really if the pain is much you go and take pain killers in most cases I take panadols.” (ID-12, School, 41)</p>
<b>Managing menses and cleaning the body</b>
<p>“Yeah, that has ever happened to me but currently I endeavour to buy it [pads] however expensive, but when I am at home I can use a cloth, as a means to save, knowing that if I use it at night, I can be able to wash it in the morning and spare the pads to use at the place of work and also carry one which I will use at the time of changing.” (ID-7, Market-A, 40)</p> <p>“I cannot use the other padding materials that you the youth use according to the flow so I get my good materials [cloth] which I wash and iron and keep after use so that anytime I need them I just use them.” (ID-21, Market-D, 49)</p> <p>“I used pads and sometimes I use cotton with gauze. For the first two days my flow is too much that these normal pads cannot help me at all I may be embarrassed so what I do I use cotton with gauze but after two days it has regulated and I use these normal pads.” (ID-33, HCF, 34)</p> <p>“I use them because they can absorb the blood very well and you don’t get stained and they stick to the knickers.” (ID-31, School, 42)</p> <p>“Yes. I don’t wait because if I wait, it burns me. I feel peace when it is dry but the moment it gets full, I become uncomfortable and I don’t also feel fit” (ID-26, Market-D, 39)</p>

“You can come from home with your pad and come here at work then at around 11:00am you go to the washrooms with your jerry can and wash yourself and there after you change.” (ID-27, HCF, 24)

Interviewer: “Are there times you can change without washing up your private parts?”

Participant: “No, but I even hate it otherwise if I didn’t want to wash up I could change from here as you can see, but I would like to wash up and then change so that I can feel very well.” (ID-28, Market-E, 37)

“I change three times a day. In the morning then in the afternoon I also go back home and I shower then I change.” (ID-24, Market-A, 36)

#### **Confidence and pride**

“Yes I come to work because I make preparations for myself, I carry one to use when I change during the day, I change two times, I dispose of what I came with” (ID-9, Market-A, 19)

“I have the pads; the toilet is also accessible so, anytime I feel like changing I can do it” (ID-2, Market-B, 35)

“I feel comfortable and normal like my normal days, that’s how I feel. I don’t worry in most cases” (ID-15, HCF, 32)

#### **Distress and anxiety**

“You live sitting alone so most of the times you are always standing because when you sit like how I am sitting comfortably, sometimes I get to stand up when I have a stain on my cloth.” (ID-35, HCF, 35)

“I feel disgusted, even if I see a customer, I just wonder why she/he has come, you fear standing up, you are worried.” (ID-19, Market-D, 24)

“What normally worries me the most is that you don’t want to sit among your friends. You want to bathe and get fresh, keep yourself in doors, yet you can’t do that at work. If you get some water and clean yourself then you even keep thinking that maybe my pad is not in position, I think they have now noticed...” (ID-4, Market-A, 43)

“I’m not comfortable because am on tension, the backache, so it is not similar to how I feel now that am not having my period. Then worrying about the pad filling up and mapping anytime that’s the standing up I told you about, because am not at peace at all.” (ID-18, Market-C, 39)

“... when I am okay [not menstruating], I talk almost the whole day, I move there and there, but that time [during menstruation] I am always quiet.” (ID-14, School, 21)

#### **Financial stress**

“These towels [cloths], they are 500 [shillings] each, you find someone she buys like 4 or 6 and she uses them because people say, some women say that getting a pad is very expensive and your time [menstruation] can come when you can’t afford even 2000, 3000. How can you tell a man that maybe, that now buy for me pads, when you don’t have even food to eat?” (ID-10, HCF, 38)

“You can be here and the time for periods comes and you have no single coin but when you need help. If they could help us in any way like that and like in their office they have these provisions for those who have failed to get or they just reduce on the price.” (ID-4, Market-A, 43)

“the other thing is to provide a bathroom which is not at a cost so that we can bathe the whole body as we change our pads during the menstruation periods... now we all avoid bathing because we have to incur a cost.” (ID-9, Market-A, 19)

“If I could get another place where I could change that is free, it would be much easier for me. But as you know ladies’ conditions are hard, you have to go, pay and change.” (ID-28, Market-E, 37)

#### **Discomfort**

“You know this cotton pad, the way you move you can feel it, you can change the way of moving, even the things you do.” (ID-22, School, 47)

“It was only when, during that time when am having a heavy period it is when you don’t feel comfortable getting up, getting up to go and teach, supposing am standing there and the thing pours.” (ID-12, School, 41)

“Most of the time I feel like resting yet I can’t do it from here because of the disturbances from clients.” (ID-2, Market-B, 35)

“No, I can’t feel comfortable. I limit my movements and also with us ladies if you take a shower the flow reduces, I don’t know if you knew this. When you go to the bathroom and shower the flow reduces. If you can’t get that time at your workplace then stay at home and do all that from your home” (ID-20, Market-D, 30)

“You find yourself that you get more tired because when I am experiencing the period at times, I feel the backache, so when I am at work you know you can’t rest ... so you continue until the day ends.” (ID-10, HCF, 38)

Interviewer: “Why do you restrict the movements?”

Participant: “Because I feel that maybe someone is going to see the pad that I am putting on and some pads have some smell when you bypass someone will know that you are using this” (ID-11, School, 25)

“Yes, I feel really bad and at this time I would be in pains and covered because of coldness. I can open but I would still be in my salon somewhere resting.” (ID-26, Market-D, 39)

“actually am not for the two days I would be saying I wish it would happen over the weekend and sometimes God helps me it happens over the weekend so if I start on Friday by Monday am okay but if it starts on Monday to be honest I would wish for those two days to be at home if it were possible but of course I cannot.” (ID-33, HCF, 34)

“You live sitting alone so most of the times you are always standing because when you sit like how I am sitting comfortably, sometimes I get to stand up when I have a stain on my cloth.” (ID-35, HCF, 35)

**Work consequences**

“my dear with my health am different from other people because a friend may tell me; “ I become weak, loss of appetite ...’ but me that doesn’t happen, I remain healthy and well too.” (ID-9, Market-A, 19)

“I never want to really eat into my boss’ work time in the name of managing my periods.” (ID-13, Market-C, 37)

“It doesn’t because even when I was still working from [another market] I used to call off that whole day, maybe if it would begin in the morning, and I am feeling pain, and I am not feeling well, I could spend all the three days not working, not reporting at all.” (ID-19, Market-D, 24)

“...this money cannot be enough and if you are employed, needed all the time at your workplace, and you can’t even have an excuse for staying home, that one [woman] can go [to work], but you have to be ready because at their workplaces there are rest rooms to use for washing. But to me who is not pressured by anyone, it is my business, if I have 20,000 [shillings] to take me through that time [menstruation] I can stay home and wait for the bleeding to reduce” (ID-20, Market-C, 30)

“...I may say today I will not carry that, I feel it is too heavy. If we are offloading bananas I may select the smaller ones which I may carry then I hire someone to carry the big ones.” (ID-9, Market-A, 19)

“Only that when you are menstruating and you have too much headache you are advised to inform the administrators that you are not ready to work because of this and this. Then you can stay at your home.” (ID-11, Teacher, 25)

“Most of the time I avoid moving, I remain in one place. If I finish my lesson I go and sit in one place. You don’t see me loitering all the time. Like if am the one supposed to distribute toilet paper that time you have to move here and there but that day I don’t, someone else does that. I always don’t feel like moving, I always sit in one place.” (ID-14, School, 21)

“I don’t feel comfortable though I have no health problem during that time but I don’t feel comfortable like on a normal day” Interviewer: “So how do you deal with that at work?” Participant: “I just stay like that because I have no option” (ID-18, Market-C, 39)