

Master's Thesis  
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## **The monthly costs of bleeding**

An exploratory study on the connection of menstrual health management, taboos, and financial practices amongst schoolgirls in the Kilimanjaro region in northern Tanzania

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## Abstract (DE)

Sowohl im Bereich von sexueller und reproduktiver Gesundheit als auch in Projekten der Entwicklungszusammenarbeit wurde das Thema Menstruation lange vernachlässigt. Erst kürzlich hat die Kombination aus menstrueller Gesundheit und Verbesserungen im Bildungssektor an Popularität gewonnen. Insbesondere NGOs und Abteilungen für soziale Unternehmensverantwortung in Firmen, die Menstruationsprodukte herstellen und vertreiben, zeigen ein gestiegenes Engagement. Die meisten Projekte fokussieren darauf die Geschlechterlücke in der Bildung zu schließen. Die Annahme, dass eine verbesserte menstruelle Gesundheit dazu beiträgt, dass Mädchen länger die Schule besuchen und dies einen positiven Effekt auf die Gesellschaft hat, ist weit verbreitet und akzeptiert.

Mit meiner Feldforschung und dieser Arbeit strebe ich an die Verbindungen zwischen Menstruationspraktiken und finanzieller Unsicherheit zu untersuchen, um die Herausforderungen, die junge Mädchen in Ostafrika im Umgang mit Menstruation erleben, besser verstehen zu können. Zusätzlich zu finanziellen Herausforderungen beziehe ich kulturelle Aspekte von Menstruationstabus und die geschlechtsspezifische Hierarchie in der tansanischen Gesellschaft ein. In diesem Kontext platziert, zeige ich die Vernetzung von sexueller und reproduktiver Gesundheit, menstrueller Gesundheit, unterliegenden sozialen Gesellschaftsstrukturen und Machtverhältnissen auf. Ich argumentiere, dass die Verbreitung von patriarchalen Strukturen in der tansanischen Gesellschaft, die systematische finanzielle und ökonomische Benachteiligung und menstruelle Tabus eine Form von struktureller Gewalt gegen Frauen darstellen. Diese Faktoren führen zu Menstruationspraktiken, die Frauen und Mädchen einem erhöhten Risiko von Übergriffen, direkter Gewalt und gesundheitlichen Schäden aussetzen.

Um dies zu verdeutlichen habe ich qualitative Daten zu Strategien, die Schülerinnen nutzen, um Menstruationsprodukte oder Geld, um solche Produkte kaufen zu können, zu bekommen, gesammelt und analysiert. Die häufigsten Strategien involvieren die Unterstützung durch Familienmitglieder, Lehrpersonal oder Freunde, Arbeit oder sexuelle Transaktionen. In meiner Arbeit liegt der Fokus auf Schülerinnen zwischen 12 und 19 Jahren. Ich verdeutliche, dass ihre gesellschaftliche Position und ihre zugewiesene Identität innerhalb der patriarchalen Strukturen der tansanischen Gesellschaft, ihr Potential und Handlungsvermögen beeinflusst. Dies zeigt sich in den Folgen für den Umgang mit ihrer Menstruation. Folgend zeige ich, dass Human Security, insbesondere die Gesundheits- und persönliche Sicherheitsdimension, ein adäquater Rahmen ist, um Menstruation zu diskutieren.

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# Table of Contents

*ABSTRACT (DE)*

*ACKNOWLEDGEMENTS*

*LIST OF TABLES*

*LIST OF FIGURES*

*LIST OF PHOTOS*

*LIST OF ABBREVIATIONS*

<b>1</b>	<b>INTRODUCTION</b>	<b>1</b>
1.1	RESEARCH PROBLEMS, ASSUMPTIONS AND QUESTIONS	2
1.2	THESIS STRUCTURE	3
1.3	THE RELEVANCE OF <i>MHM</i> IN REPRODUCTIVE HEALTH AND DEVELOPMENT WORK	4
1.4	METHODOLOGY	8
1.4.1	COOPERATION WITH <i>FEMME INTERNATIONAL</i>	8
1.4.2	ETHICS, GENERAL CONSIDERATIONS AND CHALLENGES	9
1.4.3	DATA COLLECTION	12
1.4.4	DATA ANALYSIS	15
<b>2</b>	<b>CONCEPTUAL FRAMEWORK</b>	<b>17</b>
2.1	HUMAN SECURITY, UNIVERSAL HUMAN RIGHTS AND CULTURAL RELATIVISM	17
2.2	CONCEPTS: GENDER, HIERARCHY, IDENTITY, CAPABILITY, AGENCY, POWER AND TABOO	21
2.3	THEORY: GENDER AND DEVELOPMENT AND WOMEN, CULTURE AND DEVELOPMENT	25
<b>3</b>	<b>CONTEXT ANALYSIS</b>	<b>28</b>
3.1	THE RESEARCH AREA	29
3.1.1	HIERARCHIC STRUCTURES ILLUSTRATED ON FINANCIAL HOUSEHOLD DECISION-MAKING	31
3.1.2	FEMINISED POVERTY	34
3.1.3	STRUCTURAL AND DIRECT VIOLENCE TOWARDS WOMEN AND GIRLS IN TANZANIA	37
3.2	MENSTRUAL TABOOS	39
3.2.1	ANTHROPOLOGICAL OVERVIEW	40
3.2.2	A BLOODY TABOO: MENSTRUATION IN TANZANIA	43
<b>4</b>	<b>ANALYSIS</b>	<b>49</b>
4.1	THE FINANCIAL ASPECTS OF MENSTRUATION	49
4.2	GIRLS' LIVES WITHIN GENDERED HIERARCHIES IN TANZANIA	52
4.3	"THAT'S WHAT WE ARE SUPPOSED TO BE" – GIRLS IN TANZANIAN SCHOOLS	53
4.4	"PAMBANA NA HALI YAKO"? – AGENCY AND STRATEGIES TO MANAGE MENSTRUATION	56
4.4.1	THE LAST PRIORITY: INCLUDING <i>MHM</i> PRODUCTS IN A HOUSEHOLD'S BUDGETS	57
4.4.2	"SECRET LOVERS", "SPIES" AND ABUSE – <i>MHM</i> STRATEGIES IN EDUCATIONAL SETTINGS	60
4.4.3	WORK FOR PADS	62
4.4.4	A HIGH-RISK OPTION: TRANSACTIONAL SEXUAL RELATIONSHIPS AND "SEX FOR PADS"	63
4.4.5	CONSEQUENCES	66
<b>5</b>	<b>CONCLUSION</b>	<b>68</b>
5.1	ADDITIONAL REFLECTIONS ON THE <i>TWAVEZA</i> PROGRAM	71
5.2	FURTHER RESEARCH, OPEN QUESTIONS AND LIMITATIONS	72
	BIBLIOGRAPHY	74
	APPENDIX 1: SURVEY	83
	APPENDIX 2: SCAN OF FIELD NOTES IN <i>FGD 1</i>	89
	APPENDIX 3: <i>NVIVO</i> EXCERPT – FREQUENCY OF NODES AND CODING REFERENCES IN SOURCES	90
	APPENDIX 4: TOP 10-WORD COUNT IN ALL <i>FGD</i> TRANSCRIPTS	91
	APPENDIX 5: RESULTS OF POST-IT ACTIVITY IN <i>FGD 5</i>	91

## List of Tables

TABLE 1: DATA COLLECTION OVERVIEW	<b>13</b>
TABLE 2: OVERVIEW OF HOUSEHOLD GOODS COMPETING WITH MHM PRODUCTS	<b>50</b>
TABLE 3: TOP 12 NEEDS COMPARISON IN SURVEYS AND FGDS	<b>51</b>

## List of Figures

FIGURE 1: RESEARCH AREA	<b>29</b>
FIGURE 2: ILLUSTRATION OF THE INTERCONNECTEDNESS OF MHM AND HUMAN SECURITY	<b>69</b>

## List of Photos

PHOTO 1: "NO ENGLISH NO SERVICE" SIGNS AT THE TEACHER'S ROOM IN A SECONDARY SCHOOL	<b>10</b>
PHOTO 2: WARNING SIGN IN SECONDARY SCHOOL: "PROTECT THE ONES YOU LOVE FROM FATAKIS"	<b>65</b>

## List of Abbreviations

CA	Capabilities Approach
FGD	Focus Group Discussion
GA	General Assembly
GAD	Gender and Development
GBV	Gender Based Violence
GNP	Gross National Product
GPI	Gender Parity Index
FGM	Female Genitalia Mutilation
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
KCMC	Kilimanjaro Christian Medical Centre
MDG	Millennium Development Goal
MH	Menstrual Health
MHM	Menstrual Health Management
M&E	Monitoring and Evaluation
NA	Needs Assessment
NGO	Non-Governmental Organisation
RA	Research Assistant
RTI	Reproductive Tract Infection
SRH	Sexual and Reproductive Health
SSA	Sub-Saharan Africa
SDG	Sustainable Development Goal
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
TA	Thematic Analysis
TSH	Tanzanian Shilling
UN	United Nations
UDHR	Universal Declaration of Human Rights
UNDP	United Nations Development Program
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
UK	United Kingdom

US	United States
LMICs	Low-and Middle-Income Countries
VAT	Value-Added Tax
WASH	Water, Sanitation and Hygiene
WCD	Women, Culture and Development
YDCP	Youth with Disabilities Community Program

# 1 Introduction

The town of Moshi lies amongst the slopes of Mount Kilimanjaro in northern Tanzania. It has approximately 200.000 inhabitants and is a popular destination for researchers, tourists and volunteers. During the day, the city is filled with people traveling from the surrounding areas, looking for work or selling their goods. The Kilimanjaro region is home to a variety of development- and international non-governmental organisations (NGOs) and one of them is *Femme International* (hereafter referred to as *Femme*). I have worked alongside this Canadian-Tanzanian NGO in Moshi town from September to November in 2017. During these three months, I have collected the data this work is largely based on. To understand girls' experiences, their voices and perspectives are central. Therefore, I have observed workshops, handed out surveys and conducted interviews and focus group discussions (FGDs) in secondary schools.

In my thesis, I am analysing different ways schoolgirls navigate their menstrual health<sup>1</sup> needs within the given contexts and illustrate how their decision-making power is impacted by their identity, position in society and education system, other people's expectations, and a variety of menstrual taboos. To do so, I use ideas of the capabilities approach (CA) by Amartya Sen (1979). I further refer to various feminist approaches of connecting gender to development, and I argue that many practices and beliefs about what it means to be female and what it means to menstruate can be considered forms of structural and cultural violence (Galtung, 1990) against women<sup>2</sup> that have damaging short- and long-term consequences on their lives.

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<sup>1</sup> In my work, I have decided to use the term *menstrual health* instead of *menstrual hygiene* and consequently the abbreviation MHM for *menstrual health management* rather than *menstrual hygiene management*. I chose these terms in accordance with a growing movement that believes in the use of a language that does not imply that menstruation is something dirty, but rather an aspect of health (Hennegan et al., 2017: 2). For the same reason, I chose to use the term *menstrual health products* instead of *sanitary products*, to emphasize that menstruation is not a "hygiene crisis", even if it often is portrayed that way in advertisement and media (Rodriguez White, 2013: 66).

<sup>2</sup> It is important to acknowledge that not only women menstruate and that not all women menstruate. The growing body of literature on these issues (f.ex. Chrisler et al., 2016) and the work of activists, have fortunately led to more awareness on the topic of 'queer periods' (ibid.). In Tanzania however, I have experienced a strongly heteronormative environment, where this discourse and the use of LGBTQ+ inclusive language, can have counter-productive effects in the work of NGOs. Whilst I focus on the gender categories male and female in this study, I acknowledge that people who do not identify within the binary spectrum, face additional barriers to realize their capabilities in all societies.



Menstrual health management (MHM), education and poverty have recently become a popular combination in research and development projects. The goal of this thesis is to illustrate the complexity and interconnectedness between MHM, reproductive and sexual health (RSH), financial insecurity, and underlying societal structures and cultural perceptions and practices. I am showing that attempts to improve MHM practices exclusively in relation to financial struggles or inaccessibility of menstrual products will fall short when underlying structures are ignored. In line with the gender and development (GAD) approach (Rathgeber, 1990), I am advocating for a cultural change to reduce the negative consequences of unsafe MHM practices and strategies to obtain MHM products. However, I further consider it essential to include culture as a unit of analysis and therefore include the women, culture and development (WCD) approach (Chua, 2000) to avoid an exclusively universalist line of argumentation. Consequently, what I found in Moshi cannot entirely be transferred to other regions of Tanzania or Eastern Africa, but it can help to understand similar phenomena in other contexts.

## 1.1 Research problems, assumptions and questions

My interest in this field originated in the desire to understand the practice commonly described as “sex for pads” that I came across when I started to explore the connection between menstrual health (MH) and human security. Since I initially assumed this practice was a consequence of monetary difficulties, I began my research with a focus on the connection between MHM and financial insecurity. During my field work in Moshi, however, I realised that engaging in transactional sex or relationships is not only a result of financial needs, but also connected to cultural practices, power and social structures within the respective societies. MHM is embedded in larger structures, just like most reproductive health behaviours and practices. Analysing menstrual practices therefore requires “familiarity with the social, economic and cultural context, general therapeutic understandings, notions of embodiment, and core cultural concepts within a cultural setting” (Whittaker, 2004: 287).

I realised, that I would oversimplify the challenges many girls in Tanzania are facing, and at the same time, ignore their agency, if I focused exclusively on the financial situation of girls and their MHM practices and ignored the social structures and taboo status of the topic. Whilst I tried to narrow down the essential questions I wanted to get answers for, I realised that I was finding a variety of other unknown aspects with every new question I asked. Some of my emerging inquiries seemed rather basic, such as: *Is it common to give*

*schoolgirls pocket money? or: Can secondary schoolgirls have side jobs while they go to school? and if so, Are they expected to contribute financially to their household?, but nonetheless, they were essential for understanding the financial aspects of MHM. I therefore decided to approach this topic in a much broader and more exploratory way than I had planned initially. This also affected the methods I used (see chapter 1.4). To understand the influence of financial insecurity on MHM, I had to understand menstruation in the specific context of social structures and taboo. Many discussions with *Femme* staff and other stakeholders resulted in the following primary research question: **How do Tanzanian secondary schoolgirls navigate their MHM needs regarding financial aspects, the tabooed nature of menstruation and their position within a hierarchic social environment?***

As I have worked alongside an NGO that carries out interventions with the intention to alleviate the negative consequences of menstruation on girls' lives, my research question, my assumptions and the data I have been collecting, were influenced accordingly. Even though I have attempted to formulate my research question as neutral as possible, I have mostly found out about negative impacts on menstruation from my sources. However, I acknowledge that my point of departure and my work environment influenced what I was looking for and can partially be responsible for not having found out more about empowering feelings or positive effects of menstruation amongst my informants. When I specifically asked *Femme* staff about this, they told me about one girl from Kenya who voiced pride about the feeling of being grown up after her period started. However, in my field research these sentiments remained the absolute exception.

## 1.2 Thesis structure

This thesis is divided into five chapters of which this introductory chapter is the first. After illustrating the relevance of MHM in reproductive health and international development work, I present the methodology, the data collection and the data analysis. In Chapter 2, I place MHM within Human Security and briefly touch upon the debate between cultural relativism, universalism and human rights. Further on, I present the theoretical background for this thesis and connect MHM to the topics of gender, identity, social hierarchy, capabilities, agency power and taboo in this chapter.

The focus in chapter 3 lies on the social context, especially on aspects of gender and hierarchy within relationships in the private, family and educational life of young Tanzanians. It is divided into two parts: First, I present the research area and illustrate

hierarchic structures on the example of financial household decision-making practices. I then continue to elaborate on feminised poverty and structural violence against women in Tanzania. In the second part, I focus on menstrual taboos. I present a brief literature-based anthropological overview before I show context-specific examples from Tanzania.

I will begin the chapter 4 by illustrating the financial sides of menstruation and showing the global scale of these issues. I will then proceed to present my participants and I will show how the girls I have spoken to, navigate their MHM needs in the afore described contexts of financial insecurity and unfavourable social structures and taboo. To illustrate their specific challenges, I will go further into their distinct identity as schoolgirls and the rules and expectations that come with it. I will then focus on their agency and strategies to deal with their needs. I begin with an overview of common strategies that I have encountered: support through family, friends, or schools and gaining money through work and transactional relationships. Afterwards, I will explore the last option further and I will elaborate how “sex for pads” is just one aspect of transactional relationships in Tanzania. Without ignoring the cultural aspects of it or denying the girls’ agency in these practices, I will focus on the risks these practices carry for many girls, especially whilst they are still in school.

Finally, in the conclusion, I will argue for the inclusion of MHM in Human Security approaches, based on the previously shown connections to various Human Security dimensions and the interconnectedness with so many other aspects of development efforts. Afterwards, I will briefly reflect on the influence the *Twaweza* program by *Femme* or similar interventions can and should have, relating back to the debate between cultural relativism and universal human rights. Finally, I will conclude this thesis by elaborating its limitations, showing the questions that have remained open and suggesting which aspects could inspire further research.

### 1.3 The relevance of MHM in reproductive health and development work

Reproductive health includes a variety of topics from pregnancy over infertility to reproductive tract infections (RTIs) and, even though often underrepresented: menstruation. It is one of the most tabooed bodily functions, although it occurs on a somewhat regular basis for approximately half of the planet’s adult population and plays an integral role in women’s health and human reproduction. Just as menstruation is often not considered in reproductive health programs and interventions, research on MH is often ignored in the field of public health and development policies for low-and middle-

income countries (LMICs) (Sommer et al., 2015). Only very recently, MHM has gained global attention within and outside of the development world. Jennifer Weiss-Wolf, feminist author and Vice President at Brennan Center for Justice at New York University School of Law, has named 2016 the “year of the period” in her latest book “Periods gone Public” (2017) and Marni Sommer, reproductive health expert at Columbia University, has analysed the rise of MHM from a publicly not discussed topic to a recognised critical public health object and an issue of social justice (2015). According to her, this new interest and action originated from “the global concern for narrowing the gender gap in education” (2015: 1302). The interest in equal access to education to boys and girls, has become very present in the international community and is set down in the United Nations (UN) Sustainable Development Goal (SDG) number 5: “Achieve gender equality and empower all women and girls” and point 5 of goal 4: “Eliminate gender disparities in education” (United Nations, 2015). The link between equal access to education and menstruation seems indeed to be popular. A variety of actors from international organisations, such as UN agencies, to NGOs like *Femme International*, *Golden Girls* or *Zana* as well as big private corporations, amongst them Proctor & Gamble (pg.com), have started working at the interface of education, health and menstruation in the last years. Later in this chapter, I will dive deeper into the connection between education and MHM.

Marianne Haslegrave, director of the Commonwealth Medical Trust, shows in her work that sexual and reproductive health have not had an easy time in international development policies (2013). This is even reflected on critically by the authors of the Agenda 2030 report themselves: “[...] some of the Millennium Development Goals remain off track, in particular those related to maternal, newborn and child health and to reproductive health.” Although the United Nations Population Fund’s (UNFPA) International Conference on Population and Development (ICPD) Programme of Action acknowledged that reproductive rights were a part of human rights and fundamental to development (UNFPA, 1994: xi), the Millennium Development Goals (MDGs) left out sexual and reproductive health almost entirely (United Nations, 2000). In the wake of 2013, when the SDG negotiations took place, many working groups and stakeholders prepared for the post-MDG phase, but they often focused on very particular aspects of reproductive health, for example the reduction of high fertility rates (Haslegrave, 2013: 66), gender-based violence (GBV) (ibid.: 67) or the human immunodeficiency virus (HIV) (ibid: 64). Accordingly, many development interventions and research projects focus on girls age 15 and above who are highly affected by the topics of pregnancy and sexually

transmitted diseases (STDs) or sexually transmitted infections (STIs). This leaves a critical gap when it comes to puberty education and menstruation (Sommer, 2015: 1309). The Agenda 2030 does not explicitly mention menstruation in the section on reproductive and sexual health (United Nations, 2015: 18), however, there is a hint in goal 6.2. It reads: “By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations” (ibid.: 20).

Given the vital function of menstruation in reproduction and therefore in SRH, it would be a natural progression to include it into the field of reproductive health. Menstruation is connected to a variety of SRH issues: health problems due to inadequate management, risky sexual behaviour and transactional sex to gain resources for menstrual products, shame and exclusion from society due to the taboo nature of the subject and educational and economic disadvantages in the long term. Just the consequences of inadequate menstrual management have been suggested to affect not only girls’ performance in school but also “health, dignity, psychological wellbeing, employment, and participation in society” (Hennegan et al., 2017: 2). This interconnectedness additionally fits well with the seven dimensions of the Human Security framework which I will elaborate on in chapter 2.1.

Within reproductive health, STIs, STDs and family planning are topics of considerable relevance. However, I am also convinced that considering menstruation and puberty more and at an earlier stage, will help to improve the efforts of reproductive health projects. The Encyclopedia of Medical Anthropology describes adolescence as follows:

“Adolescence is a period of significant life transition, during which children cross the bridge into adulthood. Behaviours established during this period are often carried into adult life. Adams et al. state that health behaviors established prior to adulthood can significantly influence health and longevity, both in the short term and later in life” (Bailey, 2004: 553).

As menstruation is often seen as the indicator for transition into adulthood and the starting point for sexual maturity (Sommer, 2009: 385), it would be effective to prepare them adequately for this event and thereby to enhance their capabilities to healthy decisions-making regarding sexuality and relationships.

Comparable to the ignorance towards MHM by many in the reproductive health community, MH has also been ignored in water, sanitation and hygiene (WASH) interventions. Sommer calls out gender bias as one of the reasons (2015: 1303).

Consciously or not, needs of people who menstruate are often left out in projects that are mainly designed and implemented by men. She relates the issue of inadequate sanitary infrastructures directly to girl's success in school: "Girls will continue to suffer gender discrimination in school design and infrastructure, and have their academic success (with significant implications for population health and development) impacted negatively in turn" (2010: 277). This prediction is confirmed by the conclusion of a recent Human Rights Watch report: "Girls also lack access to adequate sanitation facilities, a particular problem for menstrual hygiene, and often miss school during their monthly periods" (Human Rights Watch, 2017: 5).

As mentioned before, one of the main factors that have provoked a lot of the work within the MHM area is to reduce gender inequalities in education (Sommer et al., 2015: 1302). Keeping girls in school has shown to lower the rates of adolescent pregnancies. Pregnancies under the age of 19 are related to higher risks of complication and maternal death (UNFPA, 2017: 38) and have long-term impacts on education and economic income (ibid.). In Tanzania, women age 15-19 with no education are five times more likely to have begun childbearing, compared to those with secondary or higher education – we are looking at numbers of 52% versus 10% (Demographic and Health Survey, 2016: 4). However, things are not always as obvious as they seem. One of the main assumptions that development actors use for their work and programs is that girls miss school during their period due to a lack of MHM products available to them. Interestingly, not many studies have collected quantitative data on the correlation between menstruation and school absenteeism and other factors. One recent study by Phillips-Howard et al. found that:

"In conclusion, our feasibility study found that provision of menstrual cups and sanitary pads for ~1 schoolyear was not associated with a significant effect on school dropout, but was associated with a lower risk of STIs. We hypothesise this is due to reducing the need for transactional sex to obtain menstrual products" (2016, 10).

The general acceptance of the connection between education and menstruation is adequate to illustrate the problematic assumption that better MHM will automatically lead to more girls staying in school. One of the probably most quoted statistics claims, that one out of ten girls misses school due to her period. This number is an excellent example to illustrate the need for more and better research about menstruation and for the creation of viable and coherent indicators for the field. The first problem is, that this number does not seem to be based on actual data and cannot be traced back to its original

source. Nevertheless, it is mentioned in articles in newspapers, such as the UK Guardian (Bax, 2014) and reports of global organisations, amongst them the World Bank (Lusk-Stover, 2016). Their report then references a report from the United Nations Educational, Scientific and Cultural Organisation (UNESCO). Said UNESCO report names the United Nations Children's Fund (UNICEF) as the source of this number (UNESCO, 2014: 15), but this UNICEF report does not seem to exist and some sources (Wilkinson, 2016) claim that UNICEF itself does not know where the number came from or why their organisation has been connected to it.

One of the most common conclusion to many articles in the MHM field is that menstruation is severely under-researched (Hennegan et al., 2017; Sommer, 2016; Sumpter and Torondel, 2013). With this thesis, I am hoping to bring attention for the need of more research in this area. My goal is to contribute some new aspects to the discussion and to show why MHM is a relevant aspect of reproductive health and Human Security. Luckily, the debates around MHM and especially the connection to poverty have picked up speed since I first started looking into it, but there is still plenty of room for more exploration.

## 1.4 Methodology

At the beginning of this chapter I will briefly elaborate on the collaboration with *Femme*. I will then go into the basic methodological decisions I made regarding the recruitment of participants, challenges like working with a research assistant (RA) to reduce the interviewer effect and important ethical considerations. In the then following two subchapters, I will illustrate the methods I used for the data collection and for the analysis of said data. I will keep this part as brief as possible and elaborate more on methodological choices in the related context throughout the later chapters.

### 1.4.1 Cooperation with *Femme International*

*Femme International* is a rather small Canadian-Tanzanian NGO, which works in Nairobi's collection of slums *Mathare* and *Moshi* in northern Tanzania. Their *Twaweza* Program focuses on educating secondary schoolgirls on their anatomy, puberty and safe MHM practices. Alongside, they distribute *Femme Kits* that either include a washable pad or a menstrual cup and the materials to clean and store their MHM product in a safe way. All *Femme* teachers – or facilitators – in *Moshi*, are Tanzanian. *Femme* puts great emphasis

on research and includes monitoring and evaluation (M&E) in all steps of their program to ensure their activities have the desired outcomes. I worked with the *Femme* staff in their office in Moshi for three months and accompanied them to several workshops in and around Moshi and to Tanga on the northern coast of Tanzania. Cooperating with them facilitated the recruitment of participants and they generously shared their contacts and knowledge with me. At the same time, I had the freedom to follow my own interests and conduct my own research.

#### 1.4.2 Ethics, general considerations and challenges

As I worked with *Femme* during the three months, the recruitment of participants was simplified enormously. *Femme's* office is in the *Kili Hub*, alongside a variety of other NGOs and social businesses. Many employees were willing to be interviewed by me or help with their connections. For the great part of the data collection I joined *Femme* at workshops and M&E sessions where their staff made sure I had the chance to speak to informants and distribute my survey. Additionally, the staff of an allied NGO let me join two of their school visits to conduct additional FGDs.

Given the qualitative and exploratory nature of my work and the heterogeneous group of participants, I am not including sociodemographic aspects in my analysis. Additionally, the way I granted anonymity to all FGD participants, led to them being anonymous to me too. In the transcripts, I have named the girls in the FGDs *participant 1* (P1) to *participant 4* (P4) and I have no records of their names, tribes or religious affiliation.

Throughout my fieldwork, I have encountered various challenges. Personally, I consider my position as a foreigner in the field, the work with an assistant and language barriers, the most difficult ones. I must be aware that how I was perceived by the people I interviewed affected their answers to my questions and consequently the quality of my data. Sex, age and ethnic origin of the researcher have a particularly strong impact on “the amount of information people are willing to divulge and their honesty about what they reveal” (Denscombe, 2010: 178). This *interviewer effect* is particularly strong when the research is dealing with topics such as “earnings, with sexual relationships [and] with personal health” (ibid.: 179), in short: everything that was part of my project. Being a white, university-educated young woman from the Global North, are aspects of my “self” that I could not change. However, I was aware that these aspects have an impact on the perception of me and I therefore made an effort to consciously be as receptive, polite and



neutral as possible, to create a comfortable environment for the interviewees (ibid.: 179). In the case of the FGDs this meant giving the lead to my RA Grace and taking a more observing role. It also sometimes meant answering some personal questions unrelated to my research to create an open and honest atmosphere. Moshi town and some rural districts are home to people with various ethnic backgrounds, overall, however, the population in the Kilimanjaro region is predominantly Chagga (Sommer, 2013: 327). Therefore, Grace's help was vital to collect data in secondary schools. Her presence as a local Chagga woman helped to lower the *interviewer effect* (Denscombe, 2010: 179).

Although most Tanzanian's mother tongue is one of the many local languages, English is the official language and the language of higher education, whilst Kiswahili has become the lingua franca in Tanzania (Sommer, 2013: 327). Kiswahili is the language of instruction in primary schools whereas English is the language of secondary education. Nonetheless, most Tanzanian pupils are not able or comfortable to communicate in it. Many secondary schools enforce the use of English as the only language of instruction without ensuring all pupils have the according materials and skills to transition from Kiswahili to English (Human Rights Watch, 2017: 108).



**PHOTO 1: "NO ENGLISH NO SERVICE" SIGNS AT THE TEACHER'S ROOM IN A SECONDARY SCHOOL**

To ensure the quality of the FGDs, Grace was taught on the NGO's curriculum and principles by *Femme* staff and practiced the FGDs questions and activities with them. Her translated materials for the FGDs and the surveys were proofread by *Femme* staff. Grace moderated the FGDs in Kiswahili and we transcribed and translated the recordings together. Our discussions during the translation and transcription allowed us to

immediately reduce ambiguities in the transcripts. Her personal experiences and knowledge were valuable for me to comprehend many of the less obvious social dynamics and references. I am however aware that I cannot fully exclude the bias or errors that might have occurred due to the filtered nature of the information and my RA's own cultural norms and interpretations (Boolsen, 2005: 195). As I was aware that my understandings were shaped by her personal views, I often sought out conversations with *Femme* staff to learn about alternative perspectives (Stambach, 2000:28). I was not always able to have Grace with me. Fortunately, I could rely on NGO staff to help me out and the stakeholders who worked for NGOs or social businesses were comfortable being interviewed in English. Due to the linguistic diversity, many Tanzanians are used to switching between Kiswahili and a native tribal language (Wanitzek, 2002: 8).

Even though I was working with an RA, the main challenges during my research were language barriers, and I am aware that they put limitations to this thesis. Not knowing the exact wording used by my assistant nor the respondents made it difficult for me to detect potential methodological flaws. This was especially apparent during FGDs, as I could not ask detailed or clarifying questions in the moment and sometimes only realised I would have liked to hear more about a certain topic after we had translated the recording.

A frequent challenge encountered by field researchers is the perception that respondents rarely receive feedback or profit from their contribution to a study (Tong et al., 2007). I therefore tried to explain to the participants that even though they would not benefit directly from my research, their time and effort still mattered as it might enhance the ability of organisations like *Femme* to address their needs more effectively.

Whilst the introduction by *Femme* staff helped to create trust, it most likely also contributed to answers being affected by social desirability and response bias. This especially showed in incoherent survey answers about the use of the products *Femme* had distributed. I assume girls did not want to seem ungrateful and therefore had a hard time admitting when they did not use the menstrual cups or washable pads. Further, I have experienced, that many interviews were subject to self-report biases (Sumpter and Torondel, 2013: 6). Girls found it easier reporting other people's struggles than their own, especially when talking about sex, transactional relationships and pregnancy. I will elaborate how we worked around these challenges in chapter 1.4.2.

When working with underage participants and a topic which is taboo, following research ethics is especially vital (Del Siegle, 2017). Granting anonymity to my

participants has been priority during the data collection and the transcription process. Each FGD began with the setting of the ground rules, which included the importance of anonymity and confidentiality towards the other students. We emphasized that we were not in an examination environment, that there were no “right” or “wrong” answers and everyone could refuse to answer and leave at any point. We elaborated on my research project and the use of the data for my thesis. We then asked for permission to record the FGD and only turned on the recording device after everyone gave consent. We asked the girls not to mention each other’s names when the recording device was switched on.<sup>3</sup> The surveys were anonymous by nature and were randomly mixed in with the M&E surveys that were handed out and collected by *Femme* staff.

In all interviews, both, individual and group, I asked the persons for permission to use the information they gave me, for my work. Further, I asked them how they wanted to be named in my thesis with the option to remain anonymous. Some of the interviews were recorded, some are entirely based on notes, depending on my informants’ preference.

### 1.4.3 Data collection

This thesis takes its point of departure in a three-month field research trip that I have carried out in northern Tanzania. I spent most of my time in Moshi and the surrounding area, which I will present in more detail in chapter 3.1. Apart from that, I had the chance to join *Femme* for a workshop in cooperation with the *Youth with Disabilities Community Program* (YDCP) in Tanga on the northern coast of Tanzania. I have used different methods to collect data: FGDs, surveys and in-depth interviews. Additionally, I accumulated notes, observations and reflections on conversations, workshops and other events in notebooks. This helped me to capture my immediate reactions and thoughts about the primary and secondary source material and to make sense of the events at a later point (Emerson, 1995: 8).

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<sup>3</sup> When girls accidentally mentioned each other’s names, we replaced the name in the transcript with the equivalent abbreviation (P1, P2, P3 etc.).

<u>Surveys</u> total: 20	<u>FGDs</u> total: 5 (21 students)	<u>Interviews in pairs</u> total: 4 (8 people)	<u>Individual interviews</u> total: 8
02.10. School I, F. 4	02.10. School I, F. 4	23.10. Caretakers (2)	25.09. Last Mile CEO
05.10. School I, F. 3	05.10. School I, F. 3	25.10. Kungwis (2)	25.09. Last Mile staff
05.10. School I, F. 2	05.10. School I, F. 2	17.11. <u>KiliPad</u> staff (2)	26.09. Femme staff 1
	18.10. School II, F. 5	21.11. GAHTA (2)	26.09. NGO staff
	27.10. School III, F. 3		27.09. Femme staff 2
			07.10. Student
			31.10. Femme staff 3
			16.11. Saleswoman

**TABLE 1: DATA COLLECTION OVERVIEW**

The starting point of the data collection was the design of two surveys that were initially meant to play a more central role. However, I changed my approach when I realized that we knew a lot less about the connection between MHM and finances than I had anticipated at first. To avoid unprecise questions, I developed too many new questions. The survey was too long, which would have lowered the likelihood of participants completing it (Leung, 2001: 188). I further learned that it is hard to develop good quantifiable questions in this specific context with the little amount of time I had. To investigate, for example, the frequency with which certain MHM products are used, turned out to be impacted by several problems: First, the commonly used words for frequencies (such as, *always, often, sometimes, seldom, never*) are not easily translatable into Kiswahili in a manner that carries the same connotation. Further, in contrast to “survey research saturated” Western societies (Bulmer, 1998: 157), the familiarity with survey research is lower in many LMICs and many participants are not used to translate experiences into rankings and frequency scales.

Nonetheless, I used a compiled and shortened version of the surveys (Appendix 1). I further conducted in depth interviews with a variety of NGO and social business employees, of whom the majority was Tanzanian. These conversations helped me to obtain a first impression and an idea on how to approach the topic of menstruation and transactional relationships in FGDs in a culturally sensitive manner. I knew beforehand that I would not be able to use the survey data for statistically significant results. However, apart from helping me to realize what I didn’t know whilst I tried to come up with good

survey questions, I got a chance to learn which kind of questions work well in personal conversations and which are better suited for anonymous questionnaires. Surprisingly, asking for the most essential material items worked extremely well in surveys and I compiled a list of 12 most-mentioned goods. During the FGDs however, this question regularly caused confusion and the participants started talking about nonmaterial factors like education, health or a good upbringing instead. I further learned that asking about their preferred MHM product is hard in survey-form as many girls I spoke to used different methods throughout a day. Most questions were closed-ended but I included a few open-ended to collect additional qualitative data (Denscombe, 2010: 273).

To expand my knowledge, I decided to use the skills and experiences of people who have been working in the field for much longer than I have. Overall, I conducted twelve stakeholder interviews with employees from two NGOs, one adult education centre and two social businesses. Additionally, I spoke to two *kungwis*<sup>4</sup> in Tanga and three students. All interviews were conducted in English and most of them were recorded and transcribed by myself. When the interviewees were not comfortable being recorded, I took notes during the conversation and turned them into text immediately afterwards. Seven of the interviews were held one-to-one, four were conducted in pairs. Interviewing more than one person at a time had the advantage that I got to include a greater variety of views and therefore increased the representativeness of the data (ibid.: 176). I decided to follow the semi-structured approach addressing a clear list of issues that I was interested in, while at the same time allowing the interviewees the possibility to elaborate on their points of interests and priorities (ibid: 175). As my research was relatively exploratory, this wide approach gave me the opportunity to develop new ideas and discover new aspects of the topic during the interviews.

In the FGDs, my RA Grace took the role of the moderator and lead the discussion in Swahili whilst I took notes, focusing on non-verbal expressions. To facilitate the transcribing process, I drew a little diagram of the seating arrangement and noted a few indicators that would help us recognise who was speaking. I further marked which of the participants spoke at certain times and added information about their body language and reactions (Appendix 2). Each FGD had four to five participants who volunteered to participate. The FGDs consisted of four questions and one activity (see chapter 4.1.2.). We

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<sup>4</sup> Kungwis are traditional teachers in some areas of Tanzania, I will elaborate more on their role and my experiences with them in chapter 3.1.3.

began the sessions with the easier questions about the girls' experiences with the *Femme Kit* since the first workshop, and worked towards the more sensitive questions about transactional relationships at the end. This strategy has shown to lower the risk of participants losing the willingness to answer questions (Boolsen, 2005: 174).

To work around the self-report bias and avoid being lied to – a common and understandable reaction to strangers asking intimate questions (Bleek, 1987: 318) – I reformulated questions into scenarios about an acquaintance or a friend. I got inspired by a story from one of the stakeholder interviews and turned it into a realistic “what if”-scenario. Instead of asking directly if the girls had ever participated in transactional sex, we asked: “*Imagine a friend just told you she wants to start a relationship with a man to get money for disposable pads. What do you think about that? What advice would you give her?*” From this point, many girls told us about other girls from their school or communities who have had similar experiences. Whilst I cannot be sure if those stories were indeed about a friend or their own experiences, their answers showed how commonly such events occur.

#### 1.4.4 Data analysis

The goal of the data analysis was to understand the connection between financial insecurity and MHM in the specific cultural context of taboo and hierarchy from the perspective of my informants. I have used the qualitative analysis software *NVivo* for the coding process and loosely followed health researcher Mojtaba Vaismoradi's steps of the Thematic Analysis (TA): familiarisation with data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and producing the report (2013: 402). The main advantage of TA is its flexibility: It can be used to analyse small or big data-sets and homogenous and heterogeneous samples (Clarke and Brown, 2017: 298).

After reading all documents and having familiarised myself with the data, I started the coding process in a mixture of inductive and deductive coding. The deductive themes, also called “nodes” in *NVivo*, had already emerged during the data collection process and were the following: *Cultural context and background, choice of MHM product, financial agency, financial challenges, financial needs, monetary costs of menstruation, non-monetary costs of menstruation* and *transactional relationships*. During the coding with these nodes, new inductive themes have emerged. They included a long list of sub-nodes to the cultural

context theme: “*Mzungu*”<sup>5</sup> *things, the “African” way, family, gender roles, religion, taboo, pride and globalization & modernity.* The amount of inductive sub-themes related to the cultural context show the perceived relevance of culture and tradition regarding my research topic.

Further, I added the following main-nodes: *non-monetary challenges, education, support & solidarity, health, violence, wellbeing, love, power & hierarchy and growing up & puberty.* All in all, I have generated 25 different nodes. After a reviewing, I then added the nodes that emerged inductively to all documents and renamed others. *Choice of MHM product* turned into the more general category *MHM practices*, to account for MHM methods that did not involve a product. In the spirit of TA, my coding process includes manifest and latent content, I therefore also coded indirect or underlying meanings and not only direct statements (Vaismoradi, 2013: 403). I adopted a “factist” perspective, meaning, I assume that my collected data is “a more or less accurate and truthful index of the reality out there” and that it shows me the actual attitudes and motives of my informants. (ibid. 400). After coding 17 sources (five FGD transcripts, eleven transcripts of other interviews and my manual field notes that I transferred into an electronic document), I compared the frequency with which the nodes occurred (Appendix 3). In some cases, individual interviews produced additional nodes that I did not find in other documents, for example *globalisation and modernity* which is only connected to 4 references. For comparison: the most-found theme with 129 mentions is *family*. Sparsely-found themes like *globalisation and modernity* can still point to topics related to the research topic and might be worth exploring later. All in all, over half of the main themes appeared in 14 different sources or more. Overall, but especially in the FGDs, similar themes came up, demonstrating that data saturation was largely reached regarding the topics we discussed (Oruko et al., 2015: 4). After a final review of the data and all the themes, I conducted a word-count query with a similar result (Appendix 4). However, while the amount of times a word or a theme appear can indicate its importance, it might also just mean that some people were more comfortable discussing it than others (Vaismoradi, 2013: 401).

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<sup>5</sup> *Mzungu* means “traveller” in Swahili but is a commonly used word to describe North Americans, Europeans or generally people of white colour in East Africa.

As every analysis requires a context within which the collected data is examined, the following chapter will present the conceptual framework to “construct a world in which the texts make sense allowing them to answer research questions” (ibid.).

## 2 Conceptual framework

Biologically, menstruation is simply an aspect of the female reproductive system. However, reproductive functions exist within cultural structures, which in turn influence behaviours and beliefs towards them (Trevathan, 2004: 230). I therefore consider it essential to include the cultural aspects around menstruation in this study, as I am using the relation between financial insecurity and menstruation to argue for the interconnectedness of MHM, development and the concept of human security. The details of menstrual practices and cultural aspects that impact MHM in Tanzania will be discussed further in chapter 3. In this chapter, I will briefly present the concept of human security and its inseparable connection to universal human rights. When discussing cultural practices, and especially in the context of development projects and interventions that aim to change common practices and perceptions, the topics of universalism and cultural relativism will have to be considered as well.

### 2.1 Human Security, universal human rights and cultural relativism

Whilst even amongst human security specialists, the exact definition, purpose and scope of the approach is debated, at its core, human security is about protecting people. As opposed to traditional state-based security, the integrity of the individual replaces the integrity of the state, as the unit to be safeguarded (Liotta, 2006: 38). The United Nations Development Program (UNDP) introduced the human security approach in 1994 as a human-centred security framework with the general purpose to allow all people to live with “freedom from fear and freedom from want” (Gómez, 2016: 1). Since then, human security has been interpreted in many ways. A narrow focus concentrates more on the “freedom from fear” and more immediate actions to a problem, whilst the broader approach focused on “freedom from want” and long-term and sustainable development (Liotta, 2006: 42f.). As the purpose of this thesis is not to present the detailed chronology and development of the human security concept, I have decided to use the original definition from the UNDP from 1994. This document introduces the seven human security dimensions: economic, food, health, environmental, personal, community and political security (UNDP, 1994). For this thesis, the health and the economic dimension are



particularly important but I will illustrate the various other connections to further dimensions at the end of this chapter. In the UNDP's understanding, all human security dimensions are interconnected and a balance is necessary to contribute to creating stable and safe societies. This approach goes beyond the security from crime and violence and includes a focus on the security of people's livelihoods.

Whilst human security focuses on the individual, it places it within the network of interwoven social, economic, political and environmental aspects. Even though the individual replaces the state as the focus, human security relies in most cases on functioning organisational units, amongst others, states. This aspect is further elaborated in a resolution by the UN General Assembly (GA) in 2012. Here, human security was defined as a "people-centred, comprehensive, context-specific and prevention-oriented" approach to "assist Member States in identifying and addressing widespread and cross-cutting challenges to the survival, livelihood and dignity of their people" (United Nations, 2012: 1). The GA resolution emphasizes the links between peace, development and human rights within human security but also states that civil, political, economic, social and cultural rights are equally considered and refers to national ownership (ibid.: 2).

Human security's understanding of sustainable development fits in with the UN's definition. Sustainable development means to connect the eradication of poverty to the fight against inequality within and between countries, the protection of the planet's ecosystems, economic growth and social inclusion (United Nations, 2015: 6). In human security, the idea of sustainable development is reflected in one core element of its purpose: "to ensure that people can exercise choices safely and freely – and that they can be relatively confident that the opportunities they have today are not totally lost tomorrow" (UNDP, 1994: 23). Including MHM in sustainable development projects means to include a more diverse group of people, which is essential for the success of any project – this is especially relevant for undertakings concerning education and WASH (Sommer, 2010b).

The human security approach acknowledges that different social groups are impacted to varying degrees when economic, social or environmental threats hit them (Chenoy, 2009: 44). This makes it an appropriate framework to approach gender-related inequalities. Whilst it does not directly call out patriarchal structures, it asks for the inclusion of all vulnerable population groups, such as minorities and women, to make states and institutions "more democratic, accountable and stable" (ibid.) through inclusion of previously excluded groups. The goal of feminist approaches, as well as the

human security approach, is to achieve societal transformation by connecting security and human rights (ibid.: 45). In this sense, the two cannot be separated from each other. The Universal Declaration of Human Rights (UDHR) from 1948 is the most important document in the history of human rights. It defines, for the first time, common standards and fundamental human rights for all people and nations, to be universally protected. As the name indicates, the UDHR are universal, which is clarified in the first two articles of the document:

“All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood” (Article 1, UDHR). [and]

“Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status” (Article 2, UNDRH).

Just as human security, human rights are by nature concerned with people and their well-being. Human security is a normative approach and human security and human rights “are mutually re-enforcing and indispensable for each other” (Tadjbakhsh and Chenoy, 2007: 123). “Women’s rights are human rights” (United Nations, 2014) – this should be self-evident, considering women make up approximately half of the human population. However, emphasizing this connection is often used amongst feminists, as it seems more difficult to oppose a human rights issue than a feminist one, even when both essentially have the same goals (Chenoy, 2009: 46).

As human rights focus on the individual’s rights, self-ownership is a basic component of human rights. Self-ownership refers to the individual’s control over their body and their action due to their position in the social order (Kevane, 2004: 31). The economist Michael Kevane illustrates the idea of women as property in the cases of forced marriage and bridewealth which ultimately illustrates lack of control over the self and lack of self-ownership. I will illustrate further how especially young girls in the educational system in Tanzania lack self-ownership regarding their reproductive functions in chapter 4.2. The idea of self-ownership however leads me to the main critique of universalism and universal human rights: cultural relativism. Cultural relativism is “the attitude that a society’s customs and ideas should be viewed within the context of that society’s problems or opportunities” (Ember and Ember, 2004: xxvi). Self-ownership seems like an almost natural aspect of life to many people in Western societies, however this is owed to the societal context one grows up in. Chimaraoke Izugbara and Chi-Chi Undie, two ethnographers from the Nigerian Igbo community, explored the different

conceptualisations of the human body amongst Nigerian tribes. They found that the Ngwa for example see their bodies more as property of their community than something individual. They have very limited authority over it and consider it “essentially a slate upon which the community inscribes a variety of norms, beliefs, rights, statuses etc.” (2008: 161). This example might only concern a limited amount of people overall, but it illustrates the problematic aspects of assumptions that are often made in universalist approaches. I consider this example a reminder for myself to be aware that something that might seem clear to me, might be a completely foreign or different concept to someone else and that both of us might be right – in our own specific context.

Whilst trying to find my own stand in the debate, I found that universalism and cultural relativism are often presented as mutually exclusive poles. However, universalist arguments, for example expressed in the idea of universal human rights, are historically oriented and have developed in specific contexts. At the same time, cultural relativist arguments demand equal respect for each culture, as no culture should be judged with external criteria. This claim for tolerance and respect however relates back to a universal idea about those exact values and the idea that all humans and cultures are worth the same (Mende, 2011: 166 f.). Further, the right to one’s own cultural identity and expression is incorporated in national constitutions and international human rights laws (Wanitzek, 2002: 4). The German anthropologist Janne Mende illustrates the opposing arguments of universalism and cultural relativism on the example of the emotionally charged topic of female genitalia mutilation (FGM) and explains the dilemma of a strict interpretation of either concept: “On the one hand, the claim of universalism can dictate and repressively push through values, ideas and norms. Cultural relativist arguments on the other hand can legitimate repressive practices”<sup>6</sup> (Mende, 2011: 9).

Whilst my approach in this research project has a clear tendency towards the universalist perspective – as universal human rights an inherent component of human security – I follow Mende’s mediational approach of the “vermittlungslösischer Universalismus” (ibid.: 171). I do not want to exclude my normative standpoints but I will reflect upon my own position, my assumptions and the context. According to Mende, criticizing existing conditions can neither exclusively be done from within nor only from the outside. However, normative critique can be legitimate as long as it is accompanied by critical self-reflexion (ibid.: 172). Whilst I am criticizing certain MHM practices within

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<sup>6</sup> If not stated otherwise, all translated citations are by myself.

this thesis, I have made sure that my criticism does not only stem from my own moral standpoint but that it is backed up by illustrating objectively damaging consequences, for example negative health outcomes.

Menstruation is connected to a variety of human security dimensions. Some of those connections are rather obvious: In a lifetime, a person with an average menstrual cycle in the United States uses between 10.000 and 16.000 disposable menstrual products (Weiss-Wolf, 2017:242). The amount of waste is contributing to environmental issues, especially in developing countries like Tanzania where there is no waste management system, or incinerators with sufficiently high temperatures, to dispose of the material in a non-toxic manner. Some connections on the other hand are less obvious. Economic insecurity and lack of knowledge leads girls to use unsafe means to manage their period; the worst examples *Femme* has come across are cow dung tampons and leaves (femmeinternational.org: the issue). Unsanitary MHM practices impact people's health- and personal security. These examples are just a quick way to exemplify why human security is an appropriate framework for the topic of MHM, I will make further connections throughout the following chapters of this thesis.

The most important aspect of human rights regarding menstruation is Article 25, 1. "Everyone has the right to a standard of living adequate for the health and well-being of himself" (UDHR). There are various examples how unsafe MHM practices are counterproductive to both, health and well-being. *Femme* has gathered data that shows the statistical significance between MHM and STIs and RTIs (Femme International, 2017: 2), Marni Sommer shows that menarche (the onset of menstruation) indirectly contributes to a higher risk of HIV infections (2009: 394) and every year forced menstrual seclusion results in a few deadly incidents (Hodal, 2016).

## 2.2 Concepts: Gender, hierarchy, identity, capability, agency, power and taboo

According to Australian sociologist Raewyn Connell, gender is not only a matter of personal identity, but instead a large scale social structure. Her book "Gender and Power" from 1987 elaborates on the sexual division of labour, the sexual division of power and the structure of cathexis<sup>7</sup> as three interwoven structures that contribute to maintaining gender inequalities in relationships and in society (Connell, 2003: 91f). For my work, I

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<sup>7</sup> Emotionally charged social relations with "objects" (i.e., other people) in the real world (Connell, 2003: 112)

will use the World Bank's definition of gender. Whilst I am aware that it excludes all other gender identities outside of male and female, it fits into the binary structures of Tanzanian society and refers to the essential aspect of power structures.

"Gender refers to the social, behavioural, and cultural attributes, expectations, and norms associated with being a woman or a man. Gender equality refers to how these aspects determine how women and men relate to each other and to the resulting differences in power between them" (World Bank, 2012: 4).

Gender is an important category to consider it relates to choices and opportunities. Available opportunities are shaped by social structures, legal rules, norms, institutions and hierarchies (Kevane, 2004: 29). These structures define the space of "feasible actions" (ibid.) or capabilities that a person has within a society and shape choices.

This addressed power imbalance between genders highlights the next category of this study: social order. Social order describes "how people in a given society are positioned in relation to one another in terms of power" (Jakobsen, 2018: 47). Hierarchy in this sense is a "particular form of social order" (ibid.) connected to power and often to violence. According to the founding father of peace- and conflict studies, Johannes Galtung, there are three types of violence: Direct violence which occurs as events, structural violence which is a process and cultural violence as a permanent factor. Cultural violence entails "aspects of culture – exemplified by religion and ideology, language and art, empirical science and formal science (logic, mathematics) that can be used to justify or legitimize the former two forms of violence" (1990, 291f.). On the one hand, violence may indicate who has the most agency and power in a society, on the other hand, violence can contribute to power relations by reproducing existing social structures and therefore order society (Jakobsen, 2018: 47). In unequal societies, different groups have unequal access to political, social and economic power which can in turn also result in violence from the least powerful groups. How power and violence interact is a broad theoretical discussion that I will not be able to answer in this work. However, I agree with the feminist economist Stephanie Seguino who argues that an uneven distribution of power is "diametral to the achievement of human well-being", [as] "power differentials not only inhibit equality of opportunities and access to education, health and other capabilities, but also voice, due to the social hierarchy that emerges to justify material imbalances" (Seguino and Were, 2017: i20). Access to the afore mentioned capabilities, in my eyes, is a form of power and structures that systematically exclude people from achieving these capabilities are forms of violence that manifest power structures.

To clarify what I mean by capabilities, I will briefly present the capabilities approach (CA) here. It is an economic theory that was developed by Indian economist and philosopher Amartya Sen in the 1980s, as an alternative approach to welfare economics. Sen based his theory on the works of Aristotle and the political economists Adam Smith and Karl Marx (Sen, 2003:4). The focus in CA lies on what individuals are able to do – or are capable of, instead of economic indicators such as the gross national product (GNP). He argues that countries with a high GNP per capita can nevertheless have a low quality of life for the majority of the population (ibid.: 3). Sen re-interprets needs as forms of basic capabilities, for example: “the ability to meet one’s nutritional requirements, the wherewithal to be clothed and sheltered, the power to participate in the social life of the community” (1979: 218). I am adding the capability to practice safe MHM to this list. When everyone has access to these basic capabilities, Sen speaks of “basic capability equality” (ibid.). The outcomes that can be achieved through the capabilities, are called *functionings* in this approach (ibid.). The value put on certain capabilities and the application of basic capability equality is culture-dependant. Underlying social concepts and values define which capabilities are considered more important than others and which seem negligible (2003: 6). I will use the idea of capabilities throughout this thesis to elaborate how aspects like menstrual taboos and hierarchic societies influence the means and therefore the agency of the girls in northern Tanzania. Generally, agency refers to “the ability to participate in decision-making” (Seguino and Were, 2017: i21). In the context of this thesis the focus lies on decisions about sexual activities, work and menstrual management. People’s agency can be restricted by social hierarchies, assigned identities and power structures within a society.

Assuming that identity has an impact on people’s capabilities, we need to have a look at how identity is created and what it does. Social anthropologist Richard Jenkins argues for the necessity of identity-creation in daily life. This “prerequisite of social action” (Jenkins, 2000: 8) is “the everyday business of knowing ‘who is who’, upon which also depends knowing ‘what is what’” (Jenkins, 2011: 3). Humans, to a certain extent, need categories to interact with each other and their environment. According to his theory, identities are created out of the interaction between “*internal* self-identification or group identification [...] and the *external* categorisation done by others” (ibid.). Social identification is the outcome of ongoing processes of identifying others and oneself, and all social actors are constantly subject to both categories of identification (Jenkins, 2000: 7). Whereas identities might be necessary for societies to function and have inclusive

aspects, they also have the power to exclude individuals or entire groups (Kofler, 2002: 10). Social identification is related to power relations in a society. Whilst we all have some power over how we identify ourselves and how we identify others, how others identify us is out of our control. When an individual or a group is “authoritatively categorized within an appropriate institutional setting”, the identification can lead to internalization of this identity (Jenkins, 2000: 9). All humans have multiple identities related to various aspects of their lives (Johnstone et al., 2016: 187), for example an identity as a woman, a mother, an employee, a daughter and so on. Humans constantly navigate between their various identities and depending on the situation, one identity can be more prominent or relevant than another. In chapter 4.3, I will show how Tanzanian schoolgirls get assigned an identity based on their status in an educational system and how this impacts their capabilities and agency.

Another aspect that can influence someone’s capabilities and place in society is the concept of taboos. Social taboos exist in most cultures and are a form of informal institutions that determine human behaviour rather through norms than through laws or written rules (Colding and Falke, 2001: 584). In this section, I will give a brief overview over the concept of taboos in relation to power and identity; the specific taboos related to menstruation will be discussed in chapter 3.2. Social anthropologist A.R. Radcliffe-Brown explained that the etymological origin of the word taboo lies in Polynesia where the word “tabu” means “forbidden” or “to forbid” (Radcliffe-Brown, 1939: 5). Amongst Polynesians, it was used in a much broader way than the English word “taboo” nowadays. Early travellers to Polynesia adopted the word to refer to specific kind of restrictions that often related to physical distance to the concerned object (ibid.:6). By not obeying the rule and for example touching a *tabu* object, the person had to undergo specific rituals to get back his status of *noa* – the Polynesian word for the opposite of *tabu*. In her highly influential book “Purity and Danger”, social anthropologist Mary Douglas relates taboos to ideas of pollution and symbolic systems. Here, matter out of place means that the social code has been broken and contact with that matter or object means danger and fear from contamination through physical contact with the contaminated (1966, xiii).

The origin of many taboos lies in the idea that actions or contact with certain objects was or was believed to be dangerous: “Taboos exist to protect human beings from danger” (Delaney et al. 1976: 5) – or of perceived danger. Many taboos concern issues like food, sexual relations and bodily functions and often seem outlandish to people who are not privy to certain norms and codes. Douglas explains this with complicity: “The people can

believe because they collectively want to believe” (1966: xiii). She also argues that what kind of taboos exist in a society and how strong they are, provides us with information about the interests of the powerful members of the specific society:

“The taboo-maintained rules will be as repressive as the leading members of society want them to be. [...] But when the controllers of opinion want a different way of life, the taboo will lose credibility and their selected view of the universe will be revised.”(1966: xiii)

I generally agree with Douglas that power and taboo are interlinked and existing taboos can tell us about underlying power structures in a society. I argue however that an active control of taboos by the leading members of society – like the Taliban’s ban on letting kites fly in Afghanistan – is the exception.

### 2.3 Theory: *Gender and Development and Women, Culture and Development*

Whether we are conscious of it or not, “theory” – or assumptions – frame how we think about and approach the study of a topic (Boolsen, 2005: 156). I have approached this research from a feminist standpoint and follow the assumption that gender plays a crucial role, not only in societal structures but consequentially in development work. Gendering social and economic activities leads to unequal and inefficient distribution of the capabilities for realizing well-being between men and women (Kevane, 2004: 1). People of all genders make different choices based on different opportunities and their capabilities which are shaped by power structures and legal rights (ibid.: 29). I will illustrate this further on the example of Tanzanian household structures in chapter 3.1.1. Overall, it is widely recognized that gender has become a “key development issue” (Beck, 2017: 139) and that women and men are affected in different ways by the consequences of globalisation (ibid.). A wide variety of development projects are specifically aimed at women and their empowerment and the UNDP has acknowledged the need for gender equality for more successful development work in their 2030 “Agenda for Sustainable Development”. The recognition that gender and development are connected did not evolve overnight and has been brought forward by many feminist activists and scholars. Their argument that “the personal is political” (ibid.: 143) has encouraged development researchers and practitioners to incorporate “matters previously considered irrelevant because they existed in the private sector” (ibid.), for example GBV, into development efforts and research. It has also encouraged a shift within the development discourses about women’s reproduction “from an emphasis on population control to a focus on women’s sexual and reproductive health and rights” (ibid.). Menstruation is a prime



example of a topic that used to be considered private in its very essence and has made it into the political sphere. In the following section, I will briefly summarize the process of how gender became an integral part of development through the presentation of the main academic approaches that have been exploring this relation. Further, I will illustrate my choice of working with the Gender and Development (GAD) and the Women, Culture and Development (WCD) approaches in this thesis.

When international development first emerged in the post-World War II era, women were mainly seen as passive victims and largely ignored as agents. Mainstream development projects primarily targeted men, whilst women were “relegated to the more ‘marginal’ welfare sector” (Kabeer, 1994: 5) that considered them exclusively as mothers and housewives, who did not economically contribute to their households. The assumption that women would automatically benefit from increased male incomes and technological development was based on modernization theory and remained widely unchallenged until the 1970s (Beck, 2017: 140). At this point, I must mention Esther Boserup’s work “Woman’s Role in Economic Development”. The Danish economist was the first one to challenge the assumption that benefits for women would automatically “trickle down” when men were becoming economically more productive. She showed that, in fact, quite the opposite was happening, and many development programs pushed women into more passive roles than they were in prior to the interventions. She described the “widening gap in labour productivity” on the example of agricultural development programs in various developing nations (Boserup, 1970: 56). At the same time, the Women in Development (WID) approach emerged. American liberal feminists used the term to advocate for better integration of women into the economic systems. Women played virtually no role in the modernization literature of the time and WID authors tried to fill this gap by arguing that involving women into development project would make those projects more effective (Rathgeber, 1990: 490). Even though the goal was to include women into economic activities, they were not considered as a “separate unit of analysis” and it was assumed that the “norm of the male experience was generalizable to females and that all would benefit equally as societies became modernized” (ibid.: 491). During the 1970s, the views on modernization changed and donor agencies realised that the implemented projects under the WID strategies had not produced the desired effects (ibid.). Resulting from generally changing view on modernisation in the 1970s and alongside the emergence of a neo-Marxist feminism, a new approach appeared: Women and Development (WAD) (ibid.: 492). This approach acknowledges that women have

always played important economic roles in their respective societies and that men who are not part of the elite are also negatively affected by gender roles (ibid: 493). Whilst the underrepresentation of women in economic, social and political life is acknowledged, a fundamental shift of social relations of gender is not seen as a way for change.

Neither WID nor WAD acknowledge the unequal economic relationship between the global North and the global South or question the social structures and effects of gender roles in either part of the world (ibid.: 496). Instead, carefully designed interventions are assumed to contribute to a general change of internal structures, that will then improve women's positions (ibid.). The main critique against WAD is that it assumes that women and men both face challenges due to "the oppressive global structure of class and capital" (ibid.: 493), but that it does not acknowledge that these challenges are different for either gender and that solutions challenges faced by men and women might need to be different (ibid.). During the shift from WID to WAD, women's roles in development started to become a topic for the stage of international politics. The UN Decade for Women from 1975 to 1985 encouraged a better inclusion of women into development (Beck, 2017: 140). I have illustrated the ongoing relevance of specifically gender-related topics such as reproductive health in international development in chapter 1.3.

An alternative approach that draws on culture as the main category is Women, Culture and Development (WCD). It derived from an anthropological understanding and has been relevant since the late 1990s (Singh, 2007). WCD is connected to postmodernist feminism. The focus lies more on women's agency than in WID and WAD, and culture is the main category of analysis (Chua, 2000). In this sense, WCD fits well with my research. However, it has no clear interventionist component and I therefore decided to combine it with the Gender and Development (GAD) approach.

GAD evolved as an alternative out of criticism towards WID, which was enhanced by the global economic downturn in the 1980s. Critics argued that the inclusion of women into the international capitalist system was based on "unfair terms, as the providers of unpaid care work and cheap labour for offshore manufacturing" (Beck, 2017: 141). GAD derived from socialist feminism and defines the patriarchy as the main factor that leads to unequal social relations between men and women (Singh, 2007: 101). Like WAD, GAD recognizes that gender roles impact both men and women in a society adversely. Compared to WID and WAD, GAD goes further and questions the underlying social, economic, and political structures of these gendered relations. It is based on the

assumption that women systematically have been assigned inferior or secondary roles in society (Rathgeber, 1990: 494). Nonetheless, it acknowledges the importance of including men and boys into development efforts to change gender ideologies in a positive way for all genders (Beck, 2017: 142). GAD was revolutionary compared to WID and WAD insofar that it did not exclusively focus on integrating women into economic and development activities, but that it looked for the potential in development, to transform unequal social and gender relationships (Chua, 2000: 328). The main argument in GAD is that gender needs to be integrated into development programs as a “set of social relations, to highlight the gendered nature of development interventions and global economic structures” (Beck, 2017: 141). GAD has since been used by many scholars, policy planners and international organisations like the World Bank and the International Monetary Fund to discuss development in relation to women’s inequality (Chua, 2000: 823). Just as any other of the approaches, GAD has been subject to criticism. Feminist international development researcher Shweta Singh accuses it of accepting the state of a system as the ultimate truth and explaining away findings that do not fit into that system by claiming that women are unable to understand and critically question their own realities (Singh, 2007: 108). In this sense, I see WCD as a fitting partner to GAD to include reflection upon the cultural aspects of the gendered structures.

### 3 Context analysis

Just as any other reproductive experience, menstruation is “structured by macro- and micro-relations of power, class, and gender politics” (Whittaker, 2004: 287). Whilst it is important to remember that menstruation is a personal experience and different for everyone, it is nevertheless influenced by outside factors such as cultural and family norms or a community’s resources (Lee, J., 2009: 614). In this chapter I will present some aspects of the context that affect Tanzanian girls’ experiences of menstruation. I will use both literature research and the qualitative data I gathered, to illustrate the complexity of the topic and the relations between cultural practices, taboo, power structures and hierarchy and how they impact girls’ possibilities to navigate their MHM and financial practices. I will start with the more general presentation of the research area and structural issues such as feminised poverty and gendered hierarchies, continue with the taboos surrounding menstruation and explore what effects these aspects have on the girls’ MHM and finance practices.

### 3.1 The research area

Located on the Indian ocean in East Africa, Tanzania is the country with the largest population and the lowest population-density in the region. Almost a third of the population lives in urban contexts and the internal migration from rural areas to urban centres continues steadily (CIA, 2018). Tanzania's population is very young; two-thirds of the citizens are under the age of 25. The population continues to grow by 3% annually due to the fertility rate of 4.8 children per woman (ibid.). With a per capita GDP of \$3,300USD ranking 191<sup>st</sup> globally in 2017, Tanzania is classified as a low-income country (ibid.). The 2015 elected government has formulated an ambitious development agenda and the GDP has grown 6-7% on average since 2009 (ibid.). The Tanzanian economy largely depends on the agricultural sector, which employs around 65% of the workforce (ibid.).



**FIGURE 1: RESEARCH AREA** (BIGGS ET AL., 2013: 3)

Traditionally, the people in the Kilimanjaro region, of which many are from the Chagga tribe, lived in small homesteads (so-called: *kihamba*), where they intensively cultivate bananas, yams, millet and other crops on the mountain-slopes (Bender, 2013: 202). Banana groves and *mbege* (banana beer) are tightly woven into traditional Chagga culture and identity (Stambach, 2000: 31). However, the progressing urbanization and the growing importance of school education have led to changed lifestyles, family

structures, values and perceptions (ibid.). Many girls I have spoken to believe that education gives them the chance to climb the social ladder and to support their families later. Interrupting or dropping out of education is one of the main concerns I have encountered amongst young women.

I conducted my fieldwork in Moshi, a city at the base of Mount Kilimanjaro and near the Kenyan border. The FGDs were conducted in rural schools within a driving distance of 30 to 60 minutes from Moshi. However, not all pupils were originally from that area and especially in the case of boarding schools, students came from different corners of the country. Moshi has become an expat and research hub in the last decade. The Kilimanjaro Christian Medical Centre (KCMC) university and its associated hospital employ a high number of international staff and have contributed to many health-related research projects conducted in the area. Moshi is increasingly affected by globalization – through tourism (especially Mount Kilimanjaro and nearby national parks) and through the work of various NGOs in the region (Sommer, 2013: 327). The region is known for emphasising girls' education, which is partially resulting from its colonial missionary history and for performing well regarding educational enrolment and performance in general (ibid.). This historic aspect and the current work of many NGOs in the Kilimanjaro region have resulted in a comparatively high gender parity index (GPI) in primary schools in the region – both compared to other Tanzanian regions and compared to many other Sub-Saharan African (SSA) countries (ibid.). From the conversations I had, I gained the impression that many of my informants value the work of NGOs in the region and consider them a major factor contributing to change and to especially to enhancing women's and girls' possibilities. I spoke to an employee of an allied NGO which works with girl's empowerment in the Kilimanjaro region but grew up in a rural part of Eastern Tanzania. She saw great differences in attitude and possibilities for girls in the different regions and attributed this at least in part to the work of international organisations and NGOs:

“And you know, like Arusha and Kilimanjaro, you find that, I mean are the best of the regions that have good NGOs that have tried to provide knowledge, education and different skills. I find somehow, the level, if I compare the place that I'm living now to the place where I grew up, like the place where I grew up, things are totally, I mean, different from here, people are very, like, conservative about how a woman should behave, how when you are in menstruation, you should be” (Aila).

As I have only spoken to girls who had participated in some form of program I have no possibility for comparison. However, many girls I spoke to showed a great level of self-

confidence in their own abilities and related this directly back to the programs they participated in.

### 3.1.1 Hierarchic structures illustrated on financial household decision-making

Not all families are the same and managing a household's finances is done in various ways – in Tanzania and all over the world. In fact, the family is one of the most complex institutions with multi-layered relationships where aspects like economics, emotions, power and resistance are tightly interwoven (Connell, 2003: 121). However, there exist reoccurring patterns, expectations and behaviours which are perceived to be the norm by a majority of society. These can give us more information on power structures within. Stories and individual challenges that do not seem to fit into those norms can further help to illustrate the complexity of the connections.

In Tanzanian society, hierarchy and respect, based on age and gender, play an important role in social interactions. These categories generally “give precedence to male seniority and male power.” (Talle, 2007: 351). The intensity of these structures can depend on many factors, such as tribe, religion, region and the individual composition of villages or households. A Tanzanian everyday manifestation of hierarchy based on age is for example the greeting *shikamo*, which is exclusively reserved to address the elder and is an important sign of respect. At a workshop, I experienced that elderly people might even get offended if you do not use it or use it in the wrong way – despite laughing it off, they will make sure you learn it properly.

The hierarchic composition of society also has consequences on family life. Especially regarding farming-related activities, decision-making at the household level is male dominated, even when women contribute most of the labour (Warner and Campbell, 2000: 1330). I will illustrate the consequences of this division and other economic disadvantages for women in chapter 3.1.2.

In the *Femme* office, we talked about gender roles, family structures and the financial aspects regularly and Nice, one of the most experienced Tanzanian staff members explained:

“When we talk about that, especially in our African culture, always the head of a family is the father. Or a male, like, if the father is not around, a big brother is to be considered the head of the family. You can find like a family has a mum, dad and brothers and sisters, even if the family has an older sister, if one of them, both of the parents or one of the parents, passed away there is elder brother who is taken the responsibility. The dad passed away, so you're the one who is going to look for the family. So, most of our African culture and tradition, we consider, like a

male would be the head of a family. So, he's the one who is going to look for, make sure the house has food, and everything is settled. But the one who is sorting the house and make sure is clean and everything is mum or sisters or girls at home.”

Nice's impression sums up what most of my informants related: Fathers bring home money, mothers administrate the spending and are responsible for household labour. The FGDs also confirmed this. The initial response was to name the father as the head of household. However, when I asked follow-up questions however, it turned out that mothers make most decisions about the household's needs. They budget the expenses and have the overview over every family member's needs. Further, they are also the first point of contact for many of my participants, when they need money or material goods and they are the ones who go out to bargain and attain the goods for the family. Whilst one could argue that the fact that women budget the daily expenses gives them some financial agency and decision-making power, in many cases men have the ultimate control over most of the household's finances. Women must ask their husbands for money, often clarifying the purpose of the planned purchase and seeking their husband's approval. Whilst Nice and many others attribute this to “African tradition”, it is important to acknowledge that colonial policies contributed to the status quo. Colonial authorities were biased towards men and therefore increased gender inequality in terms of economic opportunities (Kevane, 2004: 44).

Before I will explain how this first assumption was sometimes contradicted by personal experiences, I will elaborate on the relevance of these observations: The general assumption in literature is that men show more individualistic consumption patterns whilst women consider the entire household's needs in their spending (Warner and Campbell, 2000: 1329). Greater control over household finances is therefore assumed to have long term benefits on families (World Bank, 2012: xx). Based on this, I assumed it would influence the prioritization of MHM products whether a man or a woman took on the role of head of household. The Tanzanian report “Women & Men in Tanzania” shows that around 75% of households are male-headed, but that there has been a significant increase in female heads of household in the past six years due to changing family structures (NBS, 2017: 14). This shift has been recognized by some researchers who have shown that women might contribute more to their households' incomes than is commonly assumed: “Only four of the girls reported living with two parents who were earning an income, while 33 reported that their mothers were the primary source of household

income” (McCleary-Sills et al., 2013: 99). I was curious how these numbers and figures compare to the lived reality of the girls I spoke to.

To come back to the aforementioned contradictions: It stood out to me that whilst the perceived normality of many people I met seemed to portray the father as the financial breadwinner, provider and the head of the household, in most families this was not the actual case. We found that not many of the participants in my FGDs grew up with both their parents, and many of them lived with other relatives like the parents’ siblings or their grandparents. According to Grace, amongst Chagga, it is common to send one child to the grandparents’ household for support. She further mentioned HIV, death and divorce as reasons for children not living with their nuclear family and added: “New partners don’t like to live with step-children”. Her impressions match the arguments presented in literature on changing family structures in Tanzania (Sommer, 2009; Wamoyi, 2015). Even though many people’s experiences differ from the situation Nice presented previously, it seems still to be present in many people’s heads as the “normal” way of life.

Of course, the way a household manages its finances will vary from one family to another and cannot be generalized. This became obvious to me when I asked what would happen when a mother had access to an income of her own. On the one hand, Grace told me that even though she had had a full-time employment, her husband would continue to pay school fees for their child, rent and all other main expenses, whilst she used her income to support her mother or buy nice things for herself. She argued: “Here it is expected that the man provides.” On the other hand, I discussed the topic of financial household management with Winnie, one of *Femme’s* facilitators and a young mother herself, and learned about a different perspective:

Katja: “And if they [mothers] have their own income, do they still ask the fathers for money or do they then do the family stuff with their money?”

Winnie: “Haaaa... They **have to** do the family stuff from their money, because, now a father can say ‘Okay, you work, so you can do your thing on your own.’”

In Winnie’s understanding, it seems that the family becomes the mother’s financial responsibility as soon as she earns her own money. This conversation left me wondering how the two perceptions of the proud male provider and assigning the families’ needs to the mother’s responsibility match up. Even though managing a household is something individual and there are always exceptions to the rule, I could identify some repeating patterns. Amongst all women I spoke to there was the consensus that mothers are the



ones to “fix things” for their children when the fathers cannot help or abandon their financial responsibilities. However, it would have been interesting to hear a man’s perspective on these matters.

The inequality in workload and financial decision-making in the household are synonymous with the bigger picture. Seguino has researched on gender, development and economic growth in SSA countries and shows that gender inequality inhibits countries’ economic development by denying access to education, health and other resources and capabilities to certain groups of the population. She argues that “economic growth in SSA that is not broadly shared by gender (as well as ethnicity and class) fails to achieve the primary goals of economic development” (Seguino & Were, 2014: i20). In the following chapter I will elaborate how feminised poverty inhibits women’s capabilities.

### 3.1.2 Feminised poverty

Kevane calls the pervasiveness of female disadvantage one of the most interesting and least understood features of economic life (Kevane, 2004: 1) and his work “Women and Development in Africa” illustrates the interactions between individuals’ choices and the social environments that surrounds them. He shows that men and women make different economic choices due to their gender and the social structure that surrounds them (ibid.: 4). In Tanzania, like in many African nations, the economic structures are gendered in ways that give women an economic disadvantage when it comes to laws concerning property or the organisation of markets (ibid.). Factors like access to credit or employment, wages or ownership of assets are directly related to opportunities of being able to use one’s skills in a productive way, which in turn has a direct impact on people’s livelihoods (Seguino and Were, 2017: i21). This divide not only affects the overarching economic structures, but is also visible on a household level. The economists James M. Warner and D.A. Campbell describe Tanzania as an “agrarian economy with non-symmetric gender relations” (2000: 1327). They conclude that Tanzanian men not only contribute less labour to the household, they are also taking more of the household’s economy for private use (ibid.). Further, household labour is sharply divided by gender. Approximately 88 percent of Tanzanian women qualify as “unpaid family workers” (ibid.: 1329). The unpaid family work also includes the production of food crops, such as maize, whilst the cash crops, such as coffee, cotton or cashews, are usually produced by men. The control of these crops along gender lines represent the general division of labour. Generally speaking, women carry the responsibility for subsistence reproduction whilst

men are responsible for outside income (ibid.: 1330). It is therefore not surprising that overall, female-headed households are more vulnerable (Mason et al., 2015) and that there are more economic opportunities for young men than for young women in Tanzania (Wamoyi, 2015: 724).

Outside of the agricultural sector, the transportation sector is a good example: it provides jobs with relatively reliable and immediate access to cash and is almost entirely male-dominated. This is due to the idea that it is inappropriate for women to work in certain contexts (Thomas and Rugambwa, 2011: 167). The Tanzanian government tries to encourage a change to a certain extent, for example by including a story about a successful female bus driver in the school syllabus (ibid.: 165), but in three entire months I have not seen a single female *dala dalas* (busses), *bajajis* (rickshaws) or *boda boda* (motorbike taxis) driver. This gendered monopolisation of an entire sector further creates a dependency, which in this case seems to facilitate transactional relationships between schoolgirls and *boda bodas* (see chapter 4.4.4). The economic disadvantages vary in different areas and there seems to be a general understanding that women in rural areas have less access to paid employment than in the cities. As Winnie told me: “Mostly, in rural places, mothers they're just housekeepers and taking care of their home, so they don't, they don't normally work. Like, having to work and getting money”.

The imbalances between men and women when it comes to employment and economic independence also shows in statistics. The unemployment rates among young Tanzanians are 7 percent of men and 11.7 percent among women (CIA, 2018). Urban development researcher Nicola Banks has compared numbers on youth poverty in various African countries and found that Tanzania has a comparably big gender gap when it comes to employment (Banks, 2016: 439). Whilst the number of men working in the informal sector (53.2%) is only slightly higher than the number of women (49.8), significantly more women work in informal employment within the formal sector. Here 33.3% of women compared to 18.4% work in informal employment even though, they technically work in the formal sector (ibid.). This explains the overall difference of 70.9 percent of men and 82.8 percent of women working in informal employment. Banks adds: “Urban unemployment is particularly acute for women” (ibid.: 441). Finally, young women who leave school at an earlier age are especially vulnerable and stay unemployed for longer (ibid.: 443). The sociologists Zhihong Sa and Ulla Larsen have shown that “the sexual division of labour limits women’s equal access to education and formal wage economy, resulting in gender inequality in economic resources” (2008: 508). They

conclude that gender inequality related to economic opportunities, increases women's risk of sexual violence and HIV infections (ibid.). The connection between menstrual needs, poverty and physical and sexual harm has been further explored by a few other studies (Philips-Howard et al., 2015), but more research is needed to strengthen the so far limited knowledge.

These economic inequalities and their connection to underlying structure have been recognized by various African governments. Whilst the following statement from the African Partner Forum (AFP) meeting report from 2007 is rather generalizing, it illustrates that political leaders across the continent have acknowledged that, a combination of cultural practices, power structures and gender roles have a negative impact on their continent's economic development in many countries:

"In Africa, the gender gap is even wider and the situation is more complex due to the cultural and traditional context which is anchored in beliefs, norms and practices which breed discrimination and feminised poverty. There is growing evidence that the number of women in Africa living in poverty has increased disproportionately to that of men. Women's participation in the market economy has increased, especially in the informal sector, however at the same time women's domestic workloads have not declined. Women in Africa continue to be primarily responsible for such activities as the care of children and the elderly members of the household, cooking and cleaning, fetching water and firewood and managing the household in general. This is especially true for poor women who do not have the resources to hire additional labor to take over some of the household responsibilities when they engage in market activities" (APF, 2007: 9-10).

Gender has turned into an acknowledged critical issue for African economies, and the idea that gender equality leads to reduction in poverty and stimulates economic growth is widely accepted (Seguino & Were, 2017: i51). This line of argumentation is often characterized by oversimplification, which is rather typical for the WID approach, and presents women and girls as a valuable target group one can invest in to generate general economic benefits. The Clinton Foundation argues in a similar manner:

"Even one extra year of schooling beyond the average can increase women's wages by about 10 percent, and studies suggest that raising the share of women with secondary education is linked to increases in economic growth. When women participate in the economy, poverty decreases and gross domestic product (GDP) grows. It is estimated that as much as \$28 trillion, or 26 percent, could be added to the global GDP by 2025 if women played an identical role in formal labor markets to that of men" (Clinton Foundation, February 4, 2018)

Other research shows that apart from raising a country's GDP, there are other reasons to work towards gender equality and educating women. Education of girls is linked to women's economic empowerment, which in consequence has positive effects on families'

economic situation, health and even decreases their vulnerability to reproductive health problems (Westeneng and D'Exelle 2017), teen pregnancy and early marriage (Oruko et al., 2015). It has also shown to improve girls' self-worth and to foster participation in civil society (ibid.).

### 3.1.3 Structural and direct violence towards women and girls in Tanzania

To argue that women and girls in Tanzania are affected by various kinds of violence, I am following sociologist, mathematician and political scientist Johan Galtung's definitions for different forms of violence. When an actor commits violence against another person, we speak of direct or personal violence. When violence is committed without an actor, we have indirect or structural violence (1969: 170). In the second case, violence is built into the structure of a society and manifests in "unequal power and consequently as unequal life chances" (ibid.: 171). Structural violence can be the uneven distribution of resources, income, education, medical services and first and foremost "the power to decide over the distribution of resources" (ibid.). The different dimensions are correlated to social structures and correlate with each other: A group that is low on resources or income is often also low on other capabilities like education, access to medical services, health and power (ibid.). I understand the combination of pervasive patriarchal structures, feminised poverty and menstrual taboos in Tanzania as a form of structural violence that manifests in unequal access to power and unequal life chances. These unequal life chances show in higher drop-out rates in schools amongst girls, higher HIV rates amongst young women and the high number of girls and women who suffer from GBV (Sommer, 2013: 324).

The patriarchal structures manifest in expectations, gender norms and roles in relationships and families and are expressions of cultural and structural violence. I will exemplify this on the following dialogue that I had with a *kungwi* about her function as a marriage counsellor:

K 1: "Whenever a girl wants to get married, she comes to me and all the girls who did my training have a good marriage, I never get complaints. Even if a marriage is in danger of falling apart, I can take matters into my hands and fix it."

Katja: "Who comes to you? Husband or wife?"

K 1: "Either both partners or just the wife come to me. It is about overcoming weaknesses to make the marriage work again."

Katja: "What kind of weaknesses?"

K 1: "Weaknesses like when a woman doesn't do her responsibilities in the house and it leads to conflict. It is often related to the role of a woman. Cleaning, cooking, kids. She needs to understand that once she is married, she is below him. Don't raise your voice, know how to approach your husband when he is angry or upset."

After returning to Moshi, I spoke to Grace about this interaction and she agreed that these gendered differences are taught while children are still young: "This is how we are raised" and further elaborates: "The woman has to do everything; the man sits down and waits for her."

Structural and direct violence is more obvious than cultural violence. Statistics show, that Tanzanian women and girls live in an environment where direct and structural violence towards them is endemic. The 2015-16 Tanzanian Demographic and Health survey reports that four out of ten women have experienced physical violence since the age of 15. 22% of women aged 15-19 have experienced physical violence as well as 48% of women aged 40-49 (Demographic and Health Survey, 2016: 17). This presence of violence in daily life is also reflected in the attitude towards it: "58% of women and 40% of men agree that a husband is justified to beat his wife for at least one of the following reasons: if she burns the food, argues with him, goes out without telling him, neglects the children, or refuses to have sex with him." (ibid.).

The fact that more Tanzanian women than men agree with the practice of wife-beating directs me to a more general problem in relation to feminist engagement with countries of the Global South: Can a practice that a majority of women approve of be considered violence against women? This dilemma becomes even more difficult when looking beyond wife-beating and for example at FGM. It is a practice widely accepted and performed by women. In this sense, coercion and consent are not as mutually exclusive as they may seem at first (Jakobsen, 2018: 49). However, I would argue that this practice fits with Galtung's addition of cultural violence that includes all aspects of culture that are used to legitimize direct or structural violence – through ideas of religion, ideology or tradition (Galtung, 1990: 291).

Looking at the statistics and attitudes towards sexual violence gives further understanding of direct, structural and cultural violence towards Tanzanian women and girls. 17% of women have experienced sexual violence and 9% have experienced it in the past year (Demographic and Health Survey, 2016: 17). A study conducted by health behaviour researcher Corrinne Williams in Moshi shows that 15.3% of girls experienced their first sexual intercourse forced and 10.9% reported that it was unwanted (2008:

339). First, the various forms of unwanted sex and their definitions tell us a lot about power regarding sexual decision-making in a society. In the mind of many Tanzanian girls, there is a significant difference between various forms of undesired sex. Rape is carried out by strangers, often in a group, whilst forced sex happens with someone they know, for example a boyfriend, a classmate or a neighbour (McCleary-Sills, 2013, 102). Literature research and my own data suggest that gender inequality and gender norms have a limiting impact on girl's power to negotiate "whether, when and with whom they have sex and how safe it is" (ibid.: 98). One girl described the following dilemma to us in a FGD:

"You can be stubborn or you can say 'no', he can go to the village and show off and tell others 'That girl, I have already slept with that girl' while it is not true. So, he ruins your name, at the end of the day he can use force. He can even take the squad [group of friends] and tell 'This girl is disturbing me, so you can do this and this'. She finds herself in trouble" (P1 in FGD 2).

This account illustrates the limited agency many girls have about engaging in sexual activities. When the decision is between the option to give in to pressure from boys and men to have sex, or to be raped, it can hardly be called a free choice.

Sexual violence can have long-lasting consequences on girls lives, especially in the case of forced sexual initiation. Research has shown that forced sexual initiation has severe consequences for further life choices influencing life chances. Women who have experienced forced sexual initiation are more likely to engage in violent relationships and are more vulnerable to contracting STDs (McCleary-Sills, 2013; Sa and Larsen, 2008; Williams et al., 2008). The attitudes towards women's and girls' sexuality and their capability to make choices about their sexual activities play an important role when discussing agency and transactional relationships (see chapter 4.4.4).

### 3.2 Menstrual taboos

Cross-culturally and throughout history, menstrual bleeding has been socially interpreted either as magical or as poisoning. These perceptions have resulted in taboos that influence women's lives and often encourage the separation and seclusion of women whilst they menstruate. The Encyclopedia of Medical Anthropology defines menstrual taboos as follows:

"Proscriptions about what women may or may not do during menstruation (e.g., must stay in a menstrual hut or avoid cooking for others); rules may also apply to men (e.g.; they may not have sex with their wives during menstruation)" (Ember and Ember, 2004: xxxv).

In some instances, these rules and the exclusion from daily activities originate from the respect towards menstrual blood's magical power and women's reproductive

capabilities; in many other cases, menstrual blood is associated with dirt or danger and women's seclusion can be considered rather exclusive than respectful (Lee, 2009: 616). I will elaborate further on this dichotomy in the anthropological debate in chapter 3.2.1.

According to Douglas, ideas about danger and taboos can be interpreted as "symbols of their relation between parts of society, as mirroring designs of hierarchy or symmetry which apply in the larger social system" (1966: 5). The way menstruation is perceived, and which menstrual taboos exist can tell us a lot about other aspects of societies. First and foremost, any taboo is a cultural construction and cannot be understood without the context in which it exists. Just as the perception of menstrual blood varies, the social functions of taboos surrounding menstruation are "culturally variable and specific" (Buckley and Gottlieb, 1988: 14). Nonetheless, many taboos surrounding menstruation are found repeatedly in various societies all over the world, although they might have developed for different reasons (*ibid.*: 7). Common areas of life affected by menstrual taboos in a restrictive manner are: sexual intercourse, contact with non-menstruating members of society, access to religious items or worship spaces, food preparation and consumption and personal hygiene (Young, 1965: 226). The most disruptive practice is menstrual seclusion, defined by the Encyclopaedia of Medical Anthropology as "a mandated time that women must avoid all or some others (e.g. men) during their menstruation. Seclusion is often in a special menstrual hut or house" (Ember and Ember, 2004: xxxv). Seclusion practices have recently gained international attention due to the deaths of several young women in Nepal, where this practice is called *chaupadi* (Hodal, 2016). They are however practised in many more countries around the world, amongst others New Guinea (Delaney et al., 1976: 8) and Venezuela ([femmeinternational.org](http://femmeinternational.org): the issue).

### 3.2.1 Anthropological overview

Whilst the anthropological view on taboo, pollution and menstruation presents a very rich debate, my focus lies on the consequences of the combination of poverty, social structures and taboo on MHM practices. I will mainly focus on how the taboo nature of menstruation affects the way young girls in Tanzania deal with their periods and how it influences their ability to access the needed resources. Therefore, I will keep this section rather brief.

Anthropologists have conducted field studies in different contexts and have encountered a variety of perceptions of menstruation. Whether menstruation is

perceived in a positive way based on respect or in a negative and restrictive manner, it is hardly ever considered a “neutral” bodily function and is often surrounded by behavioural rules, customs and a sense of secrecy. Whether menstrual taboos and according rules came into existence to suppress or to enable women is one of the main controversies amongst anthropologists. The discussion is broad and includes amongst other things, Sigmund Freud’s idea that the “psychological quintessence at the root of the dread of menstruating women is the unconscious attraction they exert on men” (Delaney et al., 1976: 6) and the theory that within prehistoric, matriarchal societies, women introduced the taboos on menstruation to teach men to fear and respect them (ibid.). Most recent theories on menstrual taboos relate to Mary Douglas’ theory of “matter out of place” that illustrates menstruation as perceived pollution (Buckley and Gottlieb, 1988: 26).

One of the most elaborate theories on the origin of the taboo was written by the social anthropologist Chris Knight in 1991. It is based on the assumption, that women in prehistoric societies (around two million years ago) menstruated collectively in synchronisation with the lunar cycle. He bases his idea of synchronised menstrual cycles on the cyclical synergy of fire, moonlight, hunting, nutrition and sexual behaviour (Knight, 1987: 15f.). Whilst Knight admits that there is no evidence that synchronised bleeding was a reality at any point in history, scientists also do not know why, amongst all mammals, only the human cycle is relatively close to the lunar cycle. In Knight’s theory, menstruation was closely linked with power, sex and a successful hunt and the taboos surrounding it were cultural symbols of female strength. When hunting practices started to defer from the lunar cycle, due to less available big game, the other practices that were tied around the female cycle, collapsed as well (ibid.: 18). Consequently, Knight theorises that, men started to ritualize their own kind of “menstruation” by cutting their penises (ibid.). Menstrual huts were turned into male spaces where these new, better synced bleeding rituals were performed, and women were excluded (ibid.: 192). Consequently, the gendered power relations between men and women shifted and could have led to the origin of the patriarchal society (ibid.).

The main dichotomy is whether menstrual taboos developed out of the intention to empower or to discriminate against women. Buckley and Gottlieb argue that: “Taboos against [menstruating] women working, cooking, having sex, and so on can easily be interpreted as boons to women as means of suppressing them” (Buckley and Gottlieb, 1988: 14). They base their argument on studies that show that isolation during menstruation does not always have to be an exclusive act but can be seen “as an



enhancement rather than a lowering of female status” (ibid.: 13). Opposing this perception are William N. Stephens (1961) and following him, Frank Young and Albert Bacdayan who argue that menstrual taboos emerged as “a form of institutionalized discrimination against women” and explain women’s acceptance of their own suppression with their lack of alternative in the “male-dominated system of social controls”(Young and Bacdayan: 1965, 230). Thomas Buckley and Alma Gottlieb however criticise the assumption that menstrual taboos exist exclusively to suppress women and to assign them a lower status than men. They argue that these approaches are based on the “unspoken assumption that men write the cultural script and that women simply and obediently recite their lines.” (Buckley and Gottlieb, 1988: 17)

Fact is, whilst there is a vast amount of theories, there is no direct evidence, anthropological or otherwise, as to whether men or women introduced menstrual taboos and for what reasons. No matter if researchers focus on the empowering or suppressing nature of menstrual taboos, menstrual blood is universally perceived as a powerful substance. Whether it is believed to have healing or destructive effects, it is hardly ever understood as a neutral bodily fluid. In line with many other researchers, I focus on the negative versions of menstrual taboos. I must however acknowledge that sometimes, the “magical nature” (Delaney et al., 1976: 7) of menstrual blood can indeed be positive and helpful. Delaney compiled a list of positive effects menstrual blood is believed to have in some parts of the world. Amongst other things, menstrual blood is believed “to cure leprosy, warts, birthmarks, gout, goiter, haemorrhoids, epilepsy, worms, and headaches” (ibid.). During my research, I have only come across one positive use of menstruation: mixed in with food it is believed to be a potent love charm that will grant absolute obedience from a man. Interestingly, I have heard versions of this practice from the northern Tanzanian coast, from a fellow student from Trinidad and Tobago and from someone who got told about it by a Danish witch. Additionally, Delaney adds that menstrual blood was believed to “ward off river demons and other evil spirits” and that it was occasionally used as a “honorific offering to a god” (ibid.).

I agree that looking at the possible origin of a taboo can help to understand it in its specific context and can help to prevent researchers from making immediate judgements. Whilst taboos most likely have not been consciously created with the intention to empower or suppress women, they might now have those impacts regardless of the initial intent. The origin of a rule that restricts someone’s daily life may lie in the respect for woman’s reproductive systems, however, when circumstances and meanings change, the

original intent matters little for the ones living with the consequences now. Whilst the valuation of taboos and customs depends on the viewpoint and experiences of the person who analyses them, certain consequences – like deadly diseases – are not open to much interpretation. In my analysis, I will show the effects menstrual taboos have on the lives of many Tanzanian girls and women and how they relate to aspects of power and finances. In the next chapter I will look at specific menstrual taboos in Tanzanian society and how they affect the people I spoke to in their specific surroundings. After all, “menstrual taboos are cultural constructions and must first be approached as such – symbolic, arbitrary, contextualized, and potentially multivalent whose meanings emerge only within the contexts of the fields of representations in which they exist” (Buckley and Gottlieb, 1988: 24).

### 3.2.2 A bloody taboo: Menstruation in Tanzania

Whilst a healthy menstrual cycle can vary widely in length (between four and seven days) and the personal experiences of menstruation can differ enormously, some factors are quantifiable. The onset of menarche depends, amongst other factors, on ethnicity and geographical region. In a LIC it “normally” occurs between the age of 8 and 16 with a median age of around 13 (Sumpter, Torondel, 2013: 1). This is a little later than in high-income settings where the mean age is 12.6 (Campbell et al., 2013). The median age for menopause is estimated at around the age of 50. An average woman in a LIC therefore menstruates around 1400 days of her life (Sumpter, Torondel, 2013: 1.).

The experience of menarche depends on a variety of factors from “cultural and family norms, a girl’s age and preparation, and her personal and community resources” (Lee, J., 2009: 614) and can have a long-lasting impact (Chandra-Mouli and Patel, 2017). Many societies all over the world have indicators and rituals to mark “the commencement of young women and men’s reproductive lives”, but the different practices vary widely (Whittaker, 2004: 281). In Tanzania, like in many other countries, menarche is often regarded as the triggering moment for sexual maturation (Sommer, 2009: 385). This connection to sexuality was something I regularly found in my research. One young woman whom I met in an adult education centre where she learned skills that would help her to become an employee at a local spa, told me that her mother explained to her that when she would start menstruating, it would mean she would have started to be sexually active. When this young woman experienced her first period at age 12, she was terrified and didn’t understand what she had done wrong:

“No, my mother used to say, ‘Don’t do anything, when you go and do something, blood will come out and it means you have been with a man.’ So, when I started my period I was crying because I wasn’t with a man and I didn’t understand why this was happening to me. I lived with my grandma at that time and I didn’t dare to ask her what was happening to my body, so I talked to my aunt after I have been crying and sleeping for an entire day. She said, ‘You are grown up now’ and I received help from her and instructions to be careful to not get pregnant.”

(Janet, GAHTA)

These connections further carry a normative value: Sexual activity and wrongdoing are often connected in girls’ minds and contribute to another common aspect of everything related to sexuality, including menstruation: secrecy. I will discuss menstrual taboos and the notion to keep menstruation secret later in this chapter.

Whilst many Tanzanians, apart from pastoralist tribes, do not follow drastic initiation rites such as genital cutting or sexual initiation, some have guidance systems. As there are more than 130 tribes in Tanzania (CIA, 2018), of which many have varying traditions, I will only briefly describe the two I have encountered. However, it is also worth noticing that whilst there is a great variety of tribes and traditions compared to its northern neighbour Kenya, Tanzanians identify themselves more in relation to the nation, their political leaders and the common language Swahili, instead of their tribe (Miguel, 2004: 360).

In Chagga society, girls’ source of growing up guidance used to be the sisters of their father, the *shangazi* (Sommer, 2009: 389). However, the afore discussed shifts in society, such as formal schooling and urbanisation, but also the impact of HIV have caused changing family structures and consequently a “breakdown in the conveyance of guidance” (ibid.) which leaves many girls with no source of information and unsure where to turn for support. Many girls I have spoken to did know what menstruation was when they experienced it for the first time, and when they found the courage to ask for help they were left with a similar explanation as Janet. If further information is given, it usually consists of a warning that pregnancy and STDs are now a topic the girl should be worried about, without explaining any further correlations or how to practically avoid them. “Being careful” can be interpreted as a code for not engaging in sexual activities with men, that is understood by most girls – although most of them have no clear ideas how sexual reproduction works and how to protect themselves. Social and behavioural researcher Joyce Wamoyi agrees with Sommer that these cryptic warnings and the silence around sexuality and menstruation have negative consequences, and argues: “There is considerable evidence that characteristics of families, and particularly parent-child

relationships, have a major influence on young people's lives and sexual decision-making" (Wamoyi, 2015: 718).

I have encountered another form of growing up guidance at a workshop in Tanga, at the northern coast of Tanzania. I had the chance to speak to a *kungwi*, a traditional teacher who educates girls on reproductive matters when they begin to menstruate and furthermore functions as a marriage counsellor. The role the *kungwis* play in Tanzanian society and the education of young people is extremely interesting and unfortunately not very well researched due to the secretive nature of their work. From what I have been able to gather, *kungwis* teach practical skills like cleaning and cooking, inform about personal hygiene in relation to menstruation but might also teach and encourage girls to sexually please men. Information is often conveyed to the girls through secret songs in local languages that are sung in pairs during the training. Further teaching methods depend on each individual *kungwi*, but allegedly often involve the use of physical violence and powerful threats, such as the death of family members as a direct consequence to certain behaviours. We asked a *kungwi* about her favourite aspect of her job and she answered in a quite loud and vocal way whilst repeatedly hammering her index finger on the table between us:

K1: "Through the training, the most powerful way to teach them is threatening the girls, so they won't even think about it."

Katja: "What kind of threats do you mean?"

K1: "For example, 'If you go near a man, your parents will die' – this makes the girls run away from any man who approaches them. After my training, it is sure that a girl will not be with a man or even think about it."

All over the world, girls get to learn the rules to something Sommer calls menstrual etiquette: It "encourages discreet management of blood flow and discomfort, communicating to girls the importance of keeping the experience of menstruation, and their status as a woman who is menstruating, hidden from boys and men" (2015: 1303). The adaptation to the rules of this etiquette can be taught directly, as in the *kungwi* trainings, or indirectly by observing other people's behaviour. Whilst there are some societies where menarche is celebrated, in Tanzania the overarching theme of the menstrual etiquette is secrecy. This is the case in most societies, regardless of high- or low-income setting. Whilst the expectation to keep menstruation a secret might be enhanced in many LIMCs, it is not exclusive to those contexts. During my research, I found the United States (US) patent application for quiet opening wrappers for disposable pads. Apart from several pages of noise-level test results, the document stated the following:

“The audible noise arising during opening of this type of individual packaging in order to remove the hygiene product is undesired and embarrassing, in particular when other people are likely to be present, e.g. in public toilets” (Sitzmann and Schuhmann, 2011).

This idea of secrecy also makes it into educational materials all over the world. Studies that compared US puberty education booklets found a focus on secrecy in all of them (Rodriguez White, 2013: 66). It is however a lot easier to follow the expectation to hide one’s menstruation in a high-income environment than in a low-income setting. Girls in Tanzania and other LIMCs not only experience a stronger taboo around menstruation than most girls in high-income countries, they also live in a setting that makes it practically harder to manage their menstrual flow in a discreet way. The inaccessibility of menstrual materials and adequate water, sanitation and disposal facilities for many Tanzanian girls and women makes it significantly harder for them to follow the expectation of keeping their bleeding a secret. The sentiment of secrecy around menstruation and the notion that women need to hide the fact that they are menstruating was one of the main themes in my research. Fear and the perceived need of keeping their period a secret was especially prevalent in girls’ stories about their first menstruation. Most of them did not know what menstruation was when it started. Out of fear, they often did not dare to ask for help. Many participants told me, their initial thoughts were that they had gotten injured or had cancer and were about to die. Even when girls had a vague idea what was happening, fear and shame were the main emotions most of them described in connection to their first period. Even after they had learned about menstruation and their reproductive organs, many girls and women consider the fear, at least in the beginning, to be a normal aspect of menstruation. A rather confident girl in a FGD, who now just tells her mother straight away when she needs disposable pads, recounted the experiences during her first period.

“By the time I started my period, I was afraid to tell anyone. I didn’t tell my sister or anyone. [...] So, because I saw my sister was using a piece of khanga, then I took a khanga and used it. So, when my sister saw me, then I decided to tell my sister. After I told her, 'why didn't you tell me before so I could give you pads?' - 'I don't even know how to use those pads, and for sure, I am afraid.' So, she taught me how to use pads and from there I started to use pads” (P1 in FGD5).

When asking what she was afraid of exactly, she did not have an answer for us, except that people could find out about it. Even though she now is confident with this aspect of her life, she accepts fear to be a standard part of menstruation.

“For the first time, you have to be afraid. How people will look at me when they know that I am like this... So that fear just came. But, as time goes, I took it as a normal thing, because everyone is undergoing menstruation. But yeah, for sure, for the first time, you must be afraid” (ibid.).

Fear and secrecy surround the topic of sex education and reproduction, including menstruation. The focus on discretion comes as no surprise when we consider the education many people receive on menstruation. The use of (physical) violence and threats is common in families, schools and other educational settings. When we asked the *kungwis* what their teaching methods entailed, the core of their lessons is secrecy.

“I teach them how to manage their period, especially how to make sure that nobody sees it and nobody knows when they are on their period. I also teach about general cleanliness, for example shaving and bathing and how to destroy menstrual products without anyone seeing it, nobody must see the blood – it brings shame!” (Kungwi 1)

Whilst the *kungwis* we spoke to were not willing to give us specific examples or lyrics to their educational songs, one of them summarized the general themes as following:

KU1: “The lyrics are generally about washing, cleanliness, bloodstains, like making sure you don’t leave traces in the toilet or on bedsheets, so nobody will see it. You need something to cover yourself ‘down there’” (ibid.).

Most women and girls I spoke to did not receive adequate information from family members or school to prepare them for menstruation. However, several of my interview partners have the perception that the ideas about taboos and traditional gender roles might be in a state of change. They attribute this change to the impacts of globalisation, modernisation and urbanisation. When visiting the social business *KiliPads* in Msitu wa tembo (elephant forest), the seamstress Mariam, who also works as the accountant of *KiliPads*, told us:

“Old women didn’t use to talk about those things, but nowadays things have changed, even mothers tell their daughters to talk to people that they trust, for example their sisters. Another thing that makes people talk about it is globalization, it changes what can be discussed as children will find out about it in other ways anyways, like TV, radio or social media. Things are more open now.”

These changes are perceived to happen faster in urban than rural areas, which has been attributed to the wider accessibility of the media Mariam mentioned. When I asked one of the stakeholders about differences between, urban and rural areas regarding the lack of knowledge about menstruation, she answered:

“Yes, both. But at least in urban, where they can watch TV, they can listen... people are very free talking, like they are... their mates, their peers, they are more free to discuss things like that, more than in rural areas.” (Aila)

Indeed, during one of my FGDs, we extensively discussed TV and social media, especially in the form of WhatsApp groups, as sources of information about menstrual practices and reproductive health. Many of my participants did not have access to a computer but either owned a mobile phone or had access to one through siblings, parents or friends. Whilst increased access to modern media, especially the internet, could be viewed as an opportunity to independently and anonymously gain knowledge and information, it also poses a risk of spreading potentially harmful ideas about MHM and SRH. The use of social media to gain information about RH and menstruation illustrates the problem Sommer describes: many girls do not have someone they trust to turn to for guidance (2009: 389). One participant in a FGD watched a lot of TV when she was home from boarding school during the holidays and was particularly talkative about her media consumption. Her musings illustrate the challenges that can arise when people lack the resources to filter information critically:

“Now, I heard from the TV one day, they were talking that all pads have bad effects, they have problems. [...] Even WhatsApp, they have the behaviour to sharing information on female issues. They advise all kind of things. Even via messages from phones. We have groups with different many people and we don't know where they get that information from. Some of them, we understand.” (P1, FGD4)

The belief that disposable pads are damaging the female body are widespread in Tanzania. I have heard that they might pull out a women's uterus – or her entire internal reproductive system –, they can cause cancer or worsen menstrual cramps. Another girl in the group heard that stomach pains, particularly menstrual cramps, could cause infertility and combined this belief with the life story of one of her favourite celebrities:

“For example, Lady JD [musician], I heard that she was suffering from menstrual stomach pain when she was young until she got hospitalized, so it led her to have her uterus destructed, that's why she didn't have a baby after this time.” (P4 in FGD4)

Personal experiences, traditional and new media and inadequate sexual education in schools all centred around the idea of taboo and secrecy have led to a vast amount of rumours about RH and menstruation in Tanzania. Due to some accounts, I have had the impression that biologically incorrect information is sometimes also spread by doctors and health professionals, but unfortunately, I have not had the chance to speak with one myself.

## 4 Analysis

To explain the relevance of financial insecurity for the topic of MHM, I begin this chapter by illustrating the monetary and non-monetary costs of menstruation for Tanzanian schoolgirls. I then continue by taking a closer look at their specific situation and their strategies to navigate their MHM needs within the hierarchic society. Throughout the following analysis of the girls' approaches to deal with their needs, I will continuously relate back to the concepts described up to this point. I thereby hope to make clear that MHM is at the interface of various aspects of development and that the problems that arise for many girls are quite nuanced and, most likely, will not be solved by simple solutions in just one area.

### 4.1 The financial aspects of menstruation

Menstruating is expensive – all over the world. Weiss-Wolff calculated that a year's supply of tampons or pads for one person costs between \$70 to \$120 in the US, depending on factors like geographic location, sales tax and the heaviness of the menstrual flow. Over a lifetime, this can add up to more than \$4,000 plus several hundred dollars of sales tax (2017: 126). The elimination of the sales tax on menstrual products has been at the centre of menstrual activism in the Global North for a long time, but has been only partially successful. A closer look at which products are taxed in which way can say a lot about the power of certain lobbies. After all, cowboy boots in Texas are exempted from sales tax and so are golf club memberships in Rhode Island and gun club memberships in Wisconsin, whilst menstrual products are taxed in all of those states (Weiss-Wolf, 2017: 144). In Germany, a bouquet of fresh flowers is taxed with 7% value-added tax (VAT) as a necessity, whilst tampons and pads are taxed with the standard VAT of 19% (Kürschner, May 15, 2016). Interestingly, Kenya eliminated the sales tax on menstrual products in 2004 and decided to distribute free pads worth \$5 million per year in schools (Weiss-Wolf, 2017: 133). Whilst there are some challenges, especially regarding tracking and documentation, and the situation is far from perfect, Kenya's policies in this regard are way ahead of those in most countries of the Global North. Period poverty however is not a topic the Western world should ignore. A 2017 survey in Scotland showed that 8% of women have problems accessing menstrual products due to financial difficulties (ENGENDER, 2017:2), and a recent study by *Always* has shown that every year 137.700 girls in the United Kingdom (UK) miss school because they cannot afford to purchase



menstrual products. At the moment of writing this thesis, *Always* are running their #EndPeriodPoverty campaign (always.co.uk, May 23, 2018) to keep UK girls in school – a very similar approach to what previously had been exclusively connected to encourage donations to developing countries. Whilst we see similar challenges in the Global North and the Global South, many problems are enhanced in LMICs.

Research in East Africa has shown that menstrual products are in direct competition with essential household goods (Mason, 2013: 7). I therefore wanted to know how much money we were talking about and which other goods were the most direct competition. Based on *Femme’s* Needs Assessment (NA) surveys, they estimate that an average Tanzanian schoolgirl needs to spend 2.700 Tanzanian Shillings (TSH) on disposable pads per period. At the current exchange rate, this is around 0,99€. Based on the average age of 13 at menarche, the average age of 50 when menopause starts, this would mean that an average person menstruates for 37 years. Whilst the birth rate of 4.8 children per women lowers this rate, post-partum bleeding would again raise the amount of MHM products needed. As we were going for a rough estimate, the *Femme* staff and I decided to subtract two years for the calculation to account for pregnancies and calculated the following result: 32.400 TSH per year and approximately 1.234.000 TSH (450€) for a lifetime of menstrual supplies. I then used these numbers to ask what else you could buy for that amount of money and if people thought it was a lot. For 2.700 TSH it would be possible to buy any of the items listed below.

1 kg of sugar	1 <i>daftari</i> (mandatory school notebook)
1 kg of rice	lunch for 3-4 persons
1 l cooking oil	250g meat
2-3 months cheap powdered soap	bar soap

**TABLE 2: OVERVIEW OF HOUSEHOLD GOODS COMPETING WITH MHM PRODUCTS**

Most of the listed goods are household items for the entire family that menstrual products compete against. I was however curious to find out what other personal products the girls needed that would be in competition with their MHM products. To answer this question, I used the surveys and the FGDs. In the first FGDs, Grace and I asked each girl to write the five most important material things they personally need on post-its. Afterwards, we planned to do a ranking game to find out which of the items they would stop buying first and which one last. However, this did not function as well as we hoped it would and we

restructured the activity for the last two FGDs. We took the top twelve items that we had learned about through the surveys, wrote them on opposite sides of a big sheet of paper, divided the girls in two teams and asked them to rank them according to importance by sticking post-its with numbers from one to twelve on them. To make sure the participants would decide independently from the other group, I left the original order on one side and randomly mixed the items on the other side (Appendix 5). From most mentioned to least mentioned, the results from the surveys and the FGDs differed a little, but pads remained as second priority in both groups. The two last FGDs where this activity was conducted were held in boarding schools which might help to explain the lower priority of normal clothes in comparison to school uniforms.

surveys	FGD activity
normal clothing	school uniforms
pads	pads
notebook and pen	notebook and pen
underwear	soap
body oil	underwear
school bag	shoes
candy and snacks	toothpaste and toothbrush
socks	socks
toothpaste and toothbrush	body oil
school uniform	school bag
soap	normal clothes
shoes	candy and snacks

**TABLE 3: TOP 12 NEEDS COMPARISON IN SURVEYS AND FGDS**

Whilst I am aware that the number of surveys (20) and the number of FGD participants (8) are too low to draw any quantifiable conclusions from these results, I think they illustrate that whilst pads are in competition with other personal needs, they were consistently prioritized by most girls. Interestingly this was the case although the participants from the survey had received a reusable MHM product and most of them indicated that they used it regularly, which was supported by the accounts of their experiences with it. This supports the assumption that girls mix menstrual products depending on their activities during the day. Different priorities according to seasons

were also mentioned by some girls, who experienced difficulties in drying washable pads during the rainy months. Further, these results might be biased as I was introduced to the girls in a context of researching menstruation from the beginning.

The costs of menstruation do not end with the price for menstrual products. Apart from monetary costs, menstruation also comes with non-monetary costs and long term-effects on finances. Even though this is harder to calculate, research has shown the impact on women's income when they miss work due to their period. In Rwanda, it is estimated that the workdays missed because of menstruation amount to "215\$ of lost income per person per year, which added up to a potential 115\$ million loss to the national GDP annually" (Weiss-Wolf, 2017: 48). In Tanzania, many women are working on markets or farms and get compensated for their work on a daily basis. They can easily calculate how much money they lose when they miss out on a day of work. And whilst it does not have direct monetary costs to miss school, it might have an impact on the ability to earn an income later due to lower performance and a higher drop-out risk (Sommer, 2013: 324). Not managing menstruation in a safe and healthy way can have further financial costs, for example for medical treatments in cases of UTIs, RTIs or yeast infections (Beckman Nahmias and Nahmias, 2011). Furthermore, the psychological stress and discomfort that inadequate MHM products have, have an impact on the quality of life and the ability to concentrate and perform well at work and in school. Again, these are global issues and Weiss-Wolff shows that 18% of US American women have missed work due to menstruation related anxiety (Weiss-Wolf, 2017: 178).

#### 4.2 Girls' lives within gendered hierarchies in Tanzania

Education in Tanzania, at home and in school, is framed by *heshima*, the children's respect for their parents and their parents' generation. The main characteristics of this form of relationship is unquestioned obedience, appropriate behaviour and an element of fear (Wamoyi, 2015: 725). Confident children are often called "stubborn" – a term I have often heard during FGDs and from *Femme* staff – and (corporal) punishment is commonly used, especially in schools, where it sometimes takes on "brutal and humiliating forms" (Human Rights Watch, 2017:4). As I have mentioned before, hierarchy and respect are two important elements of all social interactions, and age and masculinity are at the top of the hierarchic system (Talle, 2007: 351). Young women and girls are at the opposite end of the structural order and I have elaborated on the consequences regarding feminised poverty and structural violence in previous chapters. The unequal access to

capabilities such as education or health that women experience compared to men already begins at a young age. In many Tanzanian families, girls and boys live with different expectations from their parents. Housework and fetching water is generally considered to be a women's job, and girls learn from an early age to help with these activities whilst many boys enjoy much more free time than their sisters (APF Meeting, 2007: 9-10). An example from daily life in Moshi where this became especially apparent to me occurred when we were in one of the many internet café to print survey materials. It was shortly after school had ended and the room was full of young boys hanging out, playing games and surfing the web. It struck me in that moment what a rare sight it was to see girls doing that – not necessarily hanging out in an internet café – but just not working or traveling from one place to another. There is a significant amount of literature that investigates the reasons for higher educational success amongst boys than girls (UNESCO, 2014; UNFPA 2017; Sommer 2009) and the uneven distribution of work and prioritisation by parents are some of them. Whilst Moshi has a comparably high GPI, especially in primary schools (Sommer, 2013: 327), the disadvantages of girl's position in society shows in statistics about secondary education in Tanzania: "Less than a third of girls that enter lower-secondary school graduate" (Human Rights Watch, 2017: 6). In the entirety of SSA, 34 million adolescent girls (lower secondary age) are out of school and the widest gender gap is found at secondary school level (Oruko et al., 2015: 2). In the next chapter, I will show how schoolgirls are a particularly vulnerable group and how their assigned identity is used to deny them self-ownership and individual agency.

#### 4.3 "That's what we are supposed to be" – girls in Tanzanian schools

The Tanzanian government policies and the school system discriminate specifically against girls in various ways. Human Rights Watch published a report in 2017 shedding light on the practice of forced pregnancy test and the expulsion of pregnant or married girls, as well as the regular use of violent corporal punishment (Human Rights Watch, 2017: 4). During my time in Tanzania, I have heard similar stories from various sources and will use these to show the underlying power structures that place schoolgirls at the bottom of social hierarchy. To be a Tanzanian schoolgirl brings along an identity and a legal status that is independent from age. The law on the expulsion of pregnant schoolgirls is a good example for this. Number four of the Education Regulations (Expulsion and Exclusion of Pupils from School) from 2002 reads:

“4. The expulsion of a pupil from a school may be ordered where –

(a) The persistent and deliberate misbehavior of the pupil is such as to endanger the general discipline or the good name of the school or;

(b) The pupil has committed a criminal offence such as theft, malicious injury to property, prostitution, drug abuse or an offence against morality whether or not the pupil is being or has been prosecuted for that offence

(c) A pupil has entered into wedlock”

(Edward, 2002: 70).

Being pregnant whilst still in school counts as an “offence against morality” and is therefore a reason for expulsion from school. Tanzania’s president John Magufuli justifies the law’s existence arguing that “allowing pregnant girls to continue their education promotes loose morals in the schools” (KTN News Kenya) and that as “as long as he is president, adolescent mothers will not be allowed back to school” (Odhiambo, May 23, 2017). *Femme* facilitator and self-proclaimed rebellious daughter Pule summed up the dilemma of getting pregnant in school for me: “Your life is over”. Tanzania has a lot of young mothers and many are affected by these strict policies. Over half (56,4%) of all births occur before the mothers reach the age of 20 (Demographic and Health Survey, 2016: 4) and the nationwide mean age at first birth is 19,8 years (CIA, 2018). Additionally, 25% of all pregnancies are unplanned (McCleary-Sills et al., 2013: 97). In rural areas mothers are even younger than in urban, 32% of 15 to 19 year olds were already mothers or currently pregnant between 2015 and 2016. In urban regions, this number lies around 19% (Demographic and Health Survey, 2016: 4).

However, the consequences of a pregnancy do not end with the expulsion of the girls from school. The man who married or impregnated a schoolgirl can be prosecuted for up to 30 years of prison (Ng’wanakilala, 2017). Even though the legal age for marriage in Tanzania is 15 for girls – and 18 for boys – (The Law of Marriage Act, part II, b, 13), in this scenario, their age, the legal age of consent (which is technically 18 for girls – and not defined for boys – (SAT, 2017: viii)), and their own account of the story does not matter. Any sexual activity involving a schoolgirl will automatically be considered a form of rape, as it is assumed that due to their identity as schoolgirls, they are not mature enough to be able to make the conscious decision to engage in sex. The existence of this law exemplifies how Tanzanian schoolgirls are denied basic forms of self-ownership.

This is a reoccurring theme in educational institutions. One girl in a FGD north of Moshi told us about a female teacher who would force the girls to show her their blood-stained underwear before she would allow them to leave class to take care of their period:

“For example, when you go and ask permission from the Madam, you want to go and get the pad because of a leak, she may open your clothes to see if it is true that you have leaked. For sure, these things are very annoying” (P4 in FGD4).

Another common interference with girls’ bodies is the common practice of forced pregnancy tests (Human Rights Watch, 2017: 75). Especially after long holidays and in boarding schools, tests are conducted by default and refusal to participate counts as a confession of guilt. This practice is humiliating and violates the girl’s privacy and bodily autonomy (ibid.). Other regulations are less intrusive but nevertheless affect bodily decisions. In addition to wearing school uniforms, all Tanzanian schools require girls and boys to crop their hair short (Sommer, 2013: 340). When I discussed these rules with *Femme* staff, they told me about the underlying ideal that school is not the time to be vain and the pupils should concentrate on their academic achievements and not on their looks. Overall, being a schoolgirl in Tanzania comes with a certain set of expectations and breaking the rules has more than just disciplinary consequences. In FGD4, the topic of transactional relationships and pregnancy was discussed in depth and all girls were rather vocal about other people’s misfortunes and how their misbehaviour affected the reputation of the school and in a transferred sense them personally:

P1: “Because this is shame! Especially those who get pregnant, it brings shame even to us whilst we are here.”

P4: “Sure, it is shame while we are here!”

I believe, comments like these show that the constant reinforcement of identifying schoolgirls as immature virgins and non-sexual beings has to a certain degree, led to internalization of this assigned identity (Jenkins, 2000: 9).

When speaking about safe sex or “family planning”, as many girls call the use of contraception, the focus always lies on the “safe days” when it would be least likely to get pregnant. Condoms or other actual methods of contraception were rarely mentioned by girls. It seemed to me, and I have found this confirmed in literature, that many girls are more concerned about pregnancy than diseases like HIV (Sommer, 2009: 394; McClearly Sills et al., 2013: 102). This is probably due to a combination of a lack of knowledge and misconceptions about HIV (Sommer, 2009: 394) and the fact that an unplanned pregnancy has more immediate, direct and visible consequences. The fear of expulsion from school due to pregnancy reflects quite clearly in my data. One of the main concerns

the girls have when asked about transactional relationships was pregnancy and the related distraction or interruption from their studies. They often referred to boys or men who approached them in sexual ways as “disturbances” and when I asked a confident young woman whom I met at a career event, if she had a boyfriend, she answered with a smile “They’ll always be there. Now other things like education is important. Boys are just there for extra stuff.” In the perception of many, school education and dating or relationships were hardly ever compatible.

Whilst there clearly is a lack of awareness about reproductive biology and effective use of contraception amongst many young Tanzanians, the sexual decision-making power of adolescent girls is also compromised by “an array of social and structural inequalities” (McCleary-Sills, et al., 2013: 97). On the one hand, the expected behaviour from girls is relatively clear – Grace summarized it fittingly: “That is what we are supposed to be – no boyfriends until college”. On the other hand, the Tanzanian education environment puts girls at a high risk for sexual pressure. This can come from boys in the same age group, male teachers or drivers on the way to school. Whilst in some cases sexual activities might be actively sought out by the girls, (which I will elaborate on more in the chapter on transactional relationships), many girls are also coerced into sexual activities by figures of authority, for example teachers (Sommer, 2013: 338).

#### 4.4 “Pambana na hali yako”? – Agency and strategies to manage menstruation

“Pambana na hali yako” – “You fight for yourself.” – this sentence from a focus group, mentioned in passing, stuck with me throughout the entire analysis of my data. Whilst I have heard many stories about financial struggles and difficulties to access money or MHM products, I have also heard countless stories about support and solidarity between family members, communities and friends. In the following sections, I will take a closer look at different strategies girls have told me about and I will explore their agency related to those strategies. First, I will present strategies involving support from families, schools, friends and work, before looking closer at the practice that initially sparked my interest to do this research: transactional relationships and “sex for pads”.

I have defined agency before as “the ability to participate in decision-making” (Seguino & Were, 2017: i21). In this chapter I will have a look in which ways the Tanzanian schoolgirls I spoke to have the ability to make decisions regarding their MHM choices and how to access them. The conversations I have had over the course of three months have shown that whilst many girls develop strategies to obtain menstrual products or financial

resources to buy MHM products, their agency is limited by the male dominated environment, the hierarchical structures they live in and the taboos surrounding their MHM needs.

#### 4.4.1 The last priority: including MHM products in a household's budgets

Many girls growing up in Tanzania today are amongst the first generations to attend school and therefore often do not have role models for pragmatic MHM practices and navigating puberty in a school environment (Sommer, 2009: 385). Whilst mothers and daughters share similar experiences regarding menstrual taboos and the biological process itself, many of the mothers have not experienced the difficulties that arise when managing menstruation in an institutionalized educational environment. This, amongst other factors, probably contributes to many families not prioritizing menstrual products and the capability of girls managing their periods in their household's budgets. Conversations with stakeholders confirmed that, menstrual management is often seen as something that is not worth spending money on in many families. Liz McNeil, founder and CEO of *Last Mile* and Aila of a neighbouring NGO agreed that many families don't see the necessity of spending money on MHM products when cheaper methods, like an old piece of khanga, are available.

Aila: "First of all, the family feels buying those pads is a burden, like they are adding an extra expenditure in the family. So, the family of course will provide, but, like... they don't consider it as a basic right for that girl. It's something like an extra income."

Katja: "Like a luxury?"

Aila: "Yeah. Like, last option. We should think about food, we should think about your school fees and this is something very last."

This non-prioritization, financial struggles, a lack of knowledge and guidance, or a combination of all three, lead to many Tanzanian girls using improvised materials to manage their period. According to *Femme's* NA surveys, this can be anything from cloth or rag to mattress stuffing or, in extreme cases, cow dung or leaves. Whilst a piece of cloth can be a safe option when cleaned and dried properly, most of these materials are not sanitary. All of them have one aspect in common: they make it hard to achieve secrecy (Mason, 2013: 8). Most of them lack absorbency and will not properly stay in place when moving. Failing the expectation to keep one's period a secret, for example by bleeding through the school uniform, is a commonly described stress factor amongst schoolgirls. As Tanzanian pupils must stand up when speaking in class, this can become an extremely stressful experience for someone who fears to have had a visible menstrual leak.



Many girls have accepted and internalized that their period is not worth spending money on. We had a conversation with one girl in a FGD who explained that sometimes, when her period lasts longer or she bleeds heavier, she is too ashamed to ask her family for more money to buy disposable pads because she is concerned about adding an extra burden to her family:

“Sometimes you may ask for money... it depends on my flow. Sometimes it can come up to 7 days, sometimes. So maybe I have used the previous package and remain with 3 pieces from last month, for the next month I feel shy to go and ask for money for pads again. So, I use the remaining pads and pieces of cloth” (P3 in FGD 3).

The fear and stress this girl describes point to an aspect my friend Liz McNeil has made clear to me during an in-depth conversation about sales strategies for sustainable MHM products: non-monetary costs. Or, the costs of **not** using a safe MHM product. This can be anything from health-related issues to missing work and therefore missing out on a day's salary, or – as in P3's case – feeling uncomfortable, ashamed and stressed when causing higher financial costs due to a heavier menstrual flow. Another aspect of the expected secrecy is that it hinders many girls from seeking support from their (male) family members. Many girls do not dare to ask their fathers for money to buy menstrual products. This dialogue between two girls arose in FGD 2 when we asked about the challenges of asking for money for menstrual products:

P4: “Mother can tell you that she doesn't have money, so what can you do... When you plan even to ask your father, how can you do that?”

P3 [interrupts]: “You **cannot** even do that.”

P4: “My father, I can't do that. It is better I ask him money for pen and not pad. I can't do that.”

The girls already hinted at one of their strategies of dealing with this issue: a common way to go around this taboo is to ask fathers for money for unspecified use or for “personal stuff”. As elaborated in chapter 3.1.1, fathers often have the ultimate control of their household's finances. The taboos around menstruation not only hinders children asking their fathers for money for menstrual products, but also hinders mothers from asking on behalf of their children. The girl who asked her father under the pretence of buying something else also emphasized that her mother knew how to ask the father for money without directly mentioning that she planned to spend it on MHM products for her daughter. Even when fathers are the source of money, many girls access it via other female family members. P1 in the same FGD would ask her grandmother who would then ask the father for money and pass it on to her to go out and buy her own menstrual products. This and the following account illustrate that in many cases there is no straight way to get the

resources the girls need – they involve several people and a strategy to hide the purpose the money is for:

“I ask mother, father, brother... but father and brother, I don’t tell them what am I going to buy. [...] I don’t tell my father and brother that am going to buy pads, I may tell them am going to buy body oil. This time, I may ask from father and next time from my brother; I alternate because maybe father may ask ‘Why do you need money every month?’ So, I start with father and next time brother” (P3 in FGD 1).

Additionally, a common concern amongst girls is to buy disposable pads from male shop assistants. Many people I spoke to told me they would leave the store again without buying what they needed out of fear to be served by a man. Scenarios in which girls talked to their fathers directly about their needs regarding menstruation were the exception. In most such cases, mothers and other female relatives were absent, so girls had no other option than turning to their male relatives. Stories like these show that spontaneously accessing MHM products is challenging. However, planning ahead is often difficult as well. I spoke to Aila about the challenges girls face when they attempt to plan for their next period. She told me that many parents assume their daughters have started a sexual relation with a man when they see her counting the days of her menstrual cycle.

“Some of the parents have stereotype. If they see their daughter counting their menstruation, they’ll think they have started meeting men... [...] Yeah, it is because she’ll think ‘Ah, my daughter is starting to avoiding to get pregnant’ because counting is one of the way of ah... I mean, family planning” (Aila).

I have attempted to find out if asking for money for MHM could be a source of conflict in families by including a question on it in the surveys. However, this question was answered negatively by all 20 participants. We found out a little more during the FGDs and interviews. One girl told us her mother would “shout a little bit first” when she asked her for disposable pads (P3 in FGD3) and another participant described the struggle of living with an aunt who refused to pay for MHM products (P1 in FGD2). Pule, one of the *Femme* facilitators, who describes herself as having been quite a stubborn child, told me how she asked her father for money when her mother did not have money to give to her. Both her parents, however, considered it inappropriate that she asked her father and her mother told her to not do it again. But this is not how the story ended:

“Then the next month, I ask her again ‘Mum, can I have money?’ - ‘Money for what, Pule?’ I say, ‘Go and buy pad - what else?!’ - She say, ‘I don’t have’, then I say, ‘Okay, she told me not to go to ask dad, so I wait for her to go into the garden and I sneak in her room [laughs] and I open her personal pouch and I found, like a lot of money in her pouch... [...] I took the 10.000[TSH], then I go to the shop and I say, ‘Give me the pad’ - ‘Pad, how many?’ - ‘For the whole money.’

He gave me like, at that time the pad was like 1.200[TSH] something like that, so he give me a lot of them, then it remains like 700[TSH], then I returned that 700[TSH] into her pouch. Then I put in my, in my drawer in my room [laughs], the whole pad. I put it in my room, then, I think later she noticed that 'Maybe, my money is missing?' and she come into my room and she find like, I have a village of pad. [laughter] She never asked me that 'til today."

Whilst for many girls accessing money for MHM or MHM products through family members is a stressful experience, I have also encountered cases in which family members provided support and even sacrificed their own needs. Another one of *Femme's* facilitators, Winnie grew up with a twin brother who would save his pocket money to buy disposable pads for her. She told me how he learned about her menstrual need when he was the only one at home, so she had to ask him for help when her first period started. When she went off to boarding school after Form 4, he loaded the trunk of the car with disposable pads, so she could help her friends in need.

#### 4.4.2 "Secret lovers", "spies" and abuse – MHM strategies in educational settings

As mentioned before, schools can be very stressful environments to experience menstruation in. One of the main challenges is that girls are expected to ask their teachers for help when they struggle with something, whilst at the same time, they experience teachers as a source for discipline and punishment, or even abuse (Sommer, 2013: 333). Many girls therefore hesitate to confide in teaching personal at schools and some girls even report having been shamed by their teachers for their periods. One girl told us that she was late to school due to severe menstrual cramps and was yelled at by a teacher in front of the other staff members:

"Then the Madam shouted 'Heeeeeee', she told other teachers to listen to the girl 'Just listen to her, she is suffering from stomach pains! Who in this staff do not know about stomach pains?' in front of other teachers, and some teachers are men" (P4 in FGD4).

The girls in FGD4 called the teachers behaviour in those situations "discouraging" and "hurtful" and cases like these lead to many girls not daring to tell their teachers when they unexpectedly got their period or suffered from cramps. P3 in FGD3 told us one option would be to lie to the teacher and tell them she was sick, for example "suffering from headache". This fits in with some other studies that have attempted to measure absenteeism connected to menstruation: Often it is not possible to distinguish if girls are missing class due to illness or their period, as they use similar excuses to leave class (Sommer, 2010a: 526). As usual, this is not a black and white picture; we also met girls who had positive experiences with teachers who gave pads to girls who were surprised

by their periods. However, the overwhelming majority of participants did not feel comfortable seeking help from most of the teaching personnel at their school.

Another possibility of finding support in a school environment are friends. Although bullying and making fun of girls who bled through their clothing is an often-observed behaviour, from boys as well as girls (ibid.: 522), I also heard a variety of stories from girls who helped each other. The social dynamics amongst girls in boarding schools seem to be especially interesting. During my interview with *Femme* facilitator and office manager Nice, she and Grace began talking about their own experiences. They told me about special friendships between girls who would call each other “sisters” or “secret lovers” – “because we share everything”. These bonds were often formed between girls in form 5 and form 6, the older girl would help the younger one out and the new girl would buy a present for her mentor to gain her friendship. Nice also told me about the so called “spies”, students who give information about other pupils to teachers and staff for their own benefits. This dynamic is one of the reasons *Femme* gives the chance to write anonymous questions during the *Twaweza* workshops. Unfortunately, I was not able to explore the topics of “secret lovers” and “spies” any further, but I heard more stories about girls supporting each other. They often had one aspect in common: Many girls would ask their mothers for help to be able to help their friends in need. Some examples of seeking support from friends relate back to the topic of conflict within families. P1 and P3 in FGD2 both experienced cases where relatives were insulted because they helped girls with disposable pads. The account of P3 illustrates the issues of wounded pride. She split her own pack of pads in half and gave it to a girl from the neighbourhood whose grandmother did not have money for disposable pads and had to realize that her help was not appreciated by all:

“She went back home with it and her grandmother asked her ‘Where did you get that? Who gave it to you?’ She told her ‘From a friend’ and her grandmother came to me and asked me ‘Nowadays, you become a good Samaritan, oh at your home, you are so rich, that’s why you give to the poor. You gave pads to my granddaughter, does that mean, myself, I don’t know how to take care of her?’ [...] She yelled and not enough, she went to my father’s shop and she told him that ‘nowadays your daughter seems to be rich, I don’t know if you are the one giving her money, or I don’t know where she got it because she gave money to poor people and I don’t like that habit. My granddaughter will get used to it, she’ll have a bad influence on her.’”

Whilst many of the participants said they would help their friends with money or pads, and many had stories about how they have helped each other, asking for support is, to a certain extent, looked down upon. The topic of *omba omba* (asking asking) came up in

FGD3. This describes the practice of constantly asking for things from neighbours – a practice that is more common in villages than in towns, according to Grace. We asked the girls what they thought about people who often asked for things from their neighbours and P3’s answer summarizes the discrepancy between asking and being asked: “To help someone is good. But for you, to go to ask the neighbours for something, is bad.” At the same time P1 describes the impossibility of denying someone the support due to the social structures in a community: “When someone is coming to ask for salt, will you refuse? Maybe asking for flour? ‘Because mine has finished.’ Will you refuse? You will give it to her.” Again, relationships and social dynamics and one’s own place within society all play into the possibilities individuals have to seek support from their environment.

#### 4.4.3 Work for pads

Although a few girls get pocket money from their families or rely on getting pads or financial resources from relatives or other members of the community, I have also met some participants who work to generate a small income of their own. The seamstresses at *KiliPads* mentioned that work on farms was especially popular amongst girls in day schools. Compared to girls in boarding schools they have an easier time skipping a day of school in order to work. We asked the participants in FGDs about this, and “engaging in small business” such as selling food or working on farms, were regularly-mentioned activities. I got similar results in the survey: “selling small things”, “going to the farm”, or “picking tomatoes”. However, work often collides with school hours, and families and girls are aware that this impacts their performance in school negatively. P4 in FGD2 told us about her family’s struggle between wanting to prioritize her education but financially relying on her support:

“My mum, used to not allow me to go to the farm but I can have the work opportunity but I have to consider education and am not supposed to put money first. But my father broke his leg twice, so my mum is supposed to sit and watch for my dad, so I am supposed to find money to use at home on Saturday and Sunday, so that we can get money to use at home.”

P1 in FGD1 mentioned that she worked specifically to gain money to buy menstrual products. Recently she had made approximately 5000 TSH for sowing out tomatoes – an amount of money that will last for two packs of relatively cheap disposable pads.

When writing about work, the connection to paid sex is easily made: Prostitution has been shown to be an important factor in enabling East African women to “accumulate capital and establish themselves in the informal economy” (Kevane, 2004: 69).

Considering solely economic aspects, it often pays off more to sell sexual favour to men than to marry and therefore be “owned” by one man (ibid.). In this context, it is important to distinguish between prostitution as a profession, and engaging in transactional relationships. The latter is significantly more normalized in the East African setting, shown by the existence of the term “sex for pads” and the fact that there is an elaborate vocabulary to describe different participants in these relationships.

#### 4.4.4 A high-risk option: transactional sexual relationships and “sex for pads”

The Norwegian social anthropologist Aud Talle claimed that all sexual relations “cannot be analysed in isolation from other social relations or from the realm of economics or politics” (Talle, 2007: 351). This is particularly true for transactional relationships which are directly tied to economic aspects. For a long time, women who engaged in transactional sex or relationships have been exclusively portrayed as powerless victims. Recently, scholars have begun to explore the aspects of women’s choices and their agency to use transactional sex as a form economic strategy (Groes-Green, 2013: 102). I am aware that assessing practices like these have the potential to be influenced by the moral standards that I, as a woman from the global north, have been brought up with. However, whilst I will try to leave morality out of this analysis as much as I can, I insist that even when regarding transactional sex purely as an economic strategy, the playing fields are unequal (ibid.). I think it is important to acknowledge that some women actively use their sexuality to gain economic benefits and that they are active agents in this situation, whilst not forgetting that this happens within a “constrained socio-economic gendered context” (Deane and Wamoyi, 2015: 444). As mentioned before, sex is related to economic and social structures. Transactional relationships in Tanzania occur mainly between older men and younger women, between employer and employees or between schoolgirl and *boda boda* or teachers. These constellations illustrate that transactional relationships reflect unequal power relationships within societies (ibid.: 448). Transactional sex, especially amongst schoolgirls, often takes place in settings where girls have very limited negotiation power and are often coerced into transactional sex by authoritative figures (McCleary-Sills et al., 2013, 98). The degree of agency and coercion varies from one case to another, but I argue that schoolgirls have comparably less agency and face more coercion than for example adult fish traders who engage in the practice called “sex for fish” (Deane and Wamoyi, 2015: 441). Jennifer McCleary-Sills, gender expert at the *Bill and Melinda Gates*

*Foundation*, interprets the tension between sexual agency and sexual victimization as the core issue of transactional relationships. Girls are often expected to take on partners to meet their material needs, but at the same time they have very limited power in even the most basic decision about whether to have sex with someone or not (2013: 103). In this sense, their self-ownership and their ability to participate in decision-making about their own bodies is limited.

Two participants in FGD4 told me about a recent incident at their school that illustrates the interconnectedness between economic agency, unequal power structures, lack of knowledge about reproductive biology and the strict rules about student's appearance which result in high vulnerability:

P4: "For example, here at our school, your hair has to be very short. When you see your hair is long, you just take the permission from the teacher and you go to the barbershop for cutting your hair. So, there is one barbershop man, who used to cut the student's hair. He had a relationship with a girl [...] So, that girl has had sex with that man in his barber-office. It was a common thing. This is because that girl didn't know herself and she did not even know her cycle and I am sure that that girl didn't even know the issues of family planning and they didn't use condoms. That why she ended up pregnant. So, she ended up only finding out when they called for pregnancy tests at school. After talking and talking to that girl, that's when she told the story of what has happened. Then, the barbershop man ran away, he got two girls pregnant at the same time."

P3: "When the girls were asked 'What have you been given by that man?', she answered 'Only 4.000TSH'<sup>8</sup>.

I already hinted at this in the previous chapter: transactional relationships are relatively accepted in many East and South African countries. In Kenya, the term "sex for pads" is a relatively common term and *Femme* staff told me that some families even expect their daughters to access MHM products by selling their bodies to men (Oruko et al., 2015: 7). According to Wamoyi, this attitude towards transactional sex can also be found in Tanzania (2011). However, *Femme* staff reported that Tanzanian girls were a lot more reserved in speaking about sexuality in general, which partially explains my difficulties in finding someone who admitted to having engaged in this practice.

However, the vocabulary surrounding transactional sex can indicate at least that it is something people are commonly aware of. Many countries or regions have their own specific terms. In Maputo in Mozambique, for example, women who engage in

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<sup>8</sup> At the moment of writing this thesis, 4000 TSH are worth approximately 1,50€ (15.05.2018)

transactional relationships are called *curtidoras*, who refer to their white partners as their *patrocinadores* (sponsors) or even more direct *ATMs* – inspired by the English abbreviation for automatic teller machines (Groes-Green, 2013: 112). In Tanzania, I came across the concept of the *fataki*. This word describes wealthy elder men who engage in transactional relationships with significantly younger women. A commonly-mentioned age difference was “old enough to be your father”. Men who were a little younger (between 25 and 29) and who engaged in transactional sex with younger girls were called *kijana* (boys). The female equivalent of a *fataki* is called *sugar mommy* and young men who engage with older women for economic benefits would be referred to as *safari boys*. Interestingly, I did not come across a term for the young girls who would engage in any sort of transactional relationship. Coincidence or another sign of their lack of decision-making power in these kinds of arrangements?



**PHOTO 2: WARNING SIGN IN SECONDARY SCHOOL: “PROTECT THE ONES YOU LOVE FROM FATAKIS”**

As I assumed it would be difficult to ask directly about transactional sex, I reformulated questions into scenarios and asked the FGD participants to imagine that they would give advice to a friend. Once we had overcome the initial giggles, this turned out to be an effective method to motivate them to talk about other people who had engaged in transactional relationships. There is a chance that some girls turned their own experiences into the experiences of a “friend” or an “acquaintance”, but the accumulation of stories about other people showed me how common the phenomenon is. The accounts



of different participants confirmed the assumption that in many transactional relationships, the decision-making power was not evenly distributed, and many girls were aware of that:

“The girl cannot just ask 'money, money, money' from the man and the man can't give her for free. There must be something that he will need back. And the thing he will want back, most of the time, is not good.” (P4 in FGD5).

At the adult education centre, I spoke to two ambitious young women who participate in the program to learn skills to improve their chances to work in their desired career as a seamstress and a spa employee. Neema told me about an incident in her neighbourhood:

N: “In my home [neighbourhood] there is a guy who is *boda boda* and he has a girlfriend who is a schoolgirl. I talked to the girl when he wasn't there and told her ‘this thing you do is not good, when you get pregnant, he won't take care of you.’”

J: “They use the *boda boda* job to make girls depend on them with money or free rides between school and homes, the girls only want them because of that.”

N: “It is a short happiness with a lot of trouble.”

The theme of *boda boda* engaging with schoolgirls in exchange for free rides or money has come up repeatedly during my research and Aila mentioned this form of relationship has been the most reported “disturbance” in schools recently.

Overall, these narratives show that poverty, shame, transactional relationships, sexual risks resulting in pregnancy and therefore dropout are interlinked and exist within a context where dependency on boys and men is the social norm, and education environments are punishment oriented and gender discriminatory (Oruko et al., 2015: 8-9). I therefore argue that some cases of transactional relationships can be seen as a form of Galtung's cultural and structural violence towards women and girls. This manifests in the sense that transactional relationships are often based on the existence of institutionalized social injustice and have negative consequences on individuals' capabilities and exposure to personal and health-related risks (Sommer, 2013: 324).

#### 4.4.5 Consequences

Whether one approaches this topic from a cultural relativist or a universalist perspective, the current gendered power structures and the taboos surrounding menstruation combined with the assumed connection between sexual maturity and the onset of menarche may indirectly contribute to exposing many young girls to risks such as HIV or other STIs or RTIs by negatively impacting their academic performances (Sommer, 2009: 384). Throughout the previous chapters, I have shown how different

strategies the girls use to acquire money or MHM products can result in stress, conflict with members of the community or their family, or cause dependency on transactional relationships. Especially the latter poses an extremely high risk for the young women's personal and health security, as transactional sex has been shown to be "one of the most important structural drivers of HIV" (Deane and Wamoyi, 2015: 438). This is, amongst other factors, a result of the attitude towards the use of condoms. Even though they are available in many places nowadays, their use is not common. Mariam from *KiliPads* explained to us that condoms were available even in rural areas like Msitu wa tembo, but that people often wouldn't buy them out of fear that others would then know that they engaged in sexual activities. As many schoolgirls have limited agency, or "power to negotiate whether, when and with whom they have sex and how safe it is" (McCleary-Sills et al., 2013, 98), they often have no say when it comes to the use of condoms either (Beckman Nahmias and Nahmias, 2011: 62). The results show in statistics; women in their reproductive age are the highest group of people with HIV in SSA (55%) and in Tanzania. There, 55.8% out of 1.7 million HIV-infected people are women in their reproductive age (Msuya et al., 2002). Not only are women biologically more vulnerable to contracting many STIs due to the genital econiche (Beckman Nahmias and Nahmias, 2011: 62), RTIs and STIs also have generally worse consequences for women than for men, due to biological conditions:

"Reproductive tract infections, including sexually transmitted diseases (STDs) are a major cause of infertility, genital cancer, pelvic inflammatory disease, ectopic pregnancy, poor pregnancy outcomes, and infections in neonates, and are often less symptomatic, more easily contracted, and have more serious and life-threatening consequences for women than for men" (Whittaker, 2004: 285).

Additionally, early pregnancies pose another risk for young women (UNFPA, 2017: 38). Not only do they suffer from health risks but due to the strict rules of Tanzanian education policies, they lose their right to go to school and have significantly less chances for employment later. They oftentimes experience stigmatisation from their teachers and classmates and sometimes even their families (Human Rights Watch, 2017: 74).

One could argue that some women have no clear perception of being deprived of goods or opportunities men have access to due to cultural norms and tradition and are therefore no less happy than men in their society. In the spirit of CA, however, I would argue that the consequences of the objective deprivations are not made less relevant by this. The quiet acceptance of deprived conditions by the affected people does not mean that their suffering from the consequences, such as greater vulnerability to STIs, STDs or RTIs,

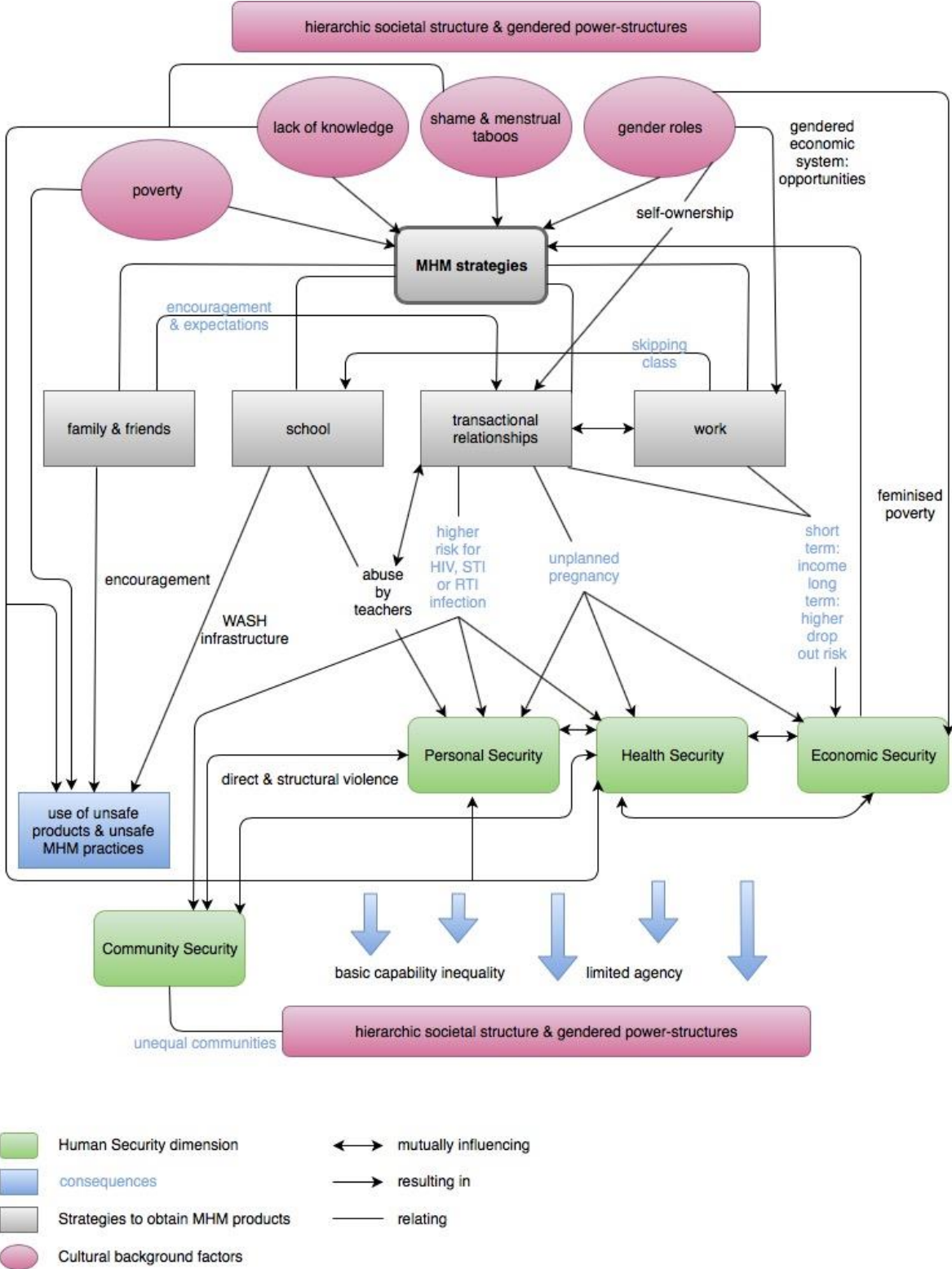
unwanted pregnancy, lower literacy rates or physical violence is any less important or valid to measure inequality (Sen, 2003). The examples in this analysis have shown that MHM is not only connected to economics but also to self-ownership and bodily integrity, human security and universal human rights.

## 5 Conclusion

Overall, the diverse accounts of my participants illustrate the complexity and interconnectedness of MHM as a societal and human rights issue. As long as MHM is only assumed to be a part of SRH but not fully integrated into development projects, menstrual challenges will continue to be oversimplified. To make SRH projects more successful in lowering adolescent pregnancy and RTIs and STIs, I recommend including girls prior to menarche into target groups to encourage healthy practices from an early age (Sommer et al., 2015: 1309). When examining the strategies to access MHM products or money to purchase the products, my participants described, it became clear that the challenges many of them were facing were nuanced, but at the same time clearly connected to structural and cultural factors. Oftentimes, struggles to access MHM products are connected to financial difficulties, but as I have shown just as often menstrual taboos, lack of knowledge or under-prioritization of girls' needs add to the problems the participants face. Different strategies that have been described to me result in various outcomes with short- or long-term consequences on the participant's lives. The level of agency the participants have, varies from strategy to strategy and from individual to individual. However, the examples have shown that the underlying social structures provide an unbalanced playing field along gender lines. It puts women and girls at a severe disadvantage in terms of self-ownership, agency and basic capability equality (Sen, 1979: 218). This became especially apparent when looking at the capabilities to socially participate in the community, to live a healthy life and to practice safe MHM.

My examples throughout this thesis, have shown that human security is an appropriate framework to analyse MHM in a holistic manner by including it into the health dimension alongside SRH. Many of the strategies described by girls, and their consequences relate to one or more human security dimensions. These are in turn interconnected with one or several others. A higher risk for contracting an RTI or STI affect people's health security, engaging in risky sexual behaviour might impact their personal and their health security and the long-term consequences, like unplanned pregnancies and school-dropouts, impact future chances in the economic market and

affect women’s economic security. The hierarchic structure and gendered power imbalances in Tanzanian society have an impact on and in turn are reproduced by strategies to manage MHM. I have illustrated this interconnectedness in Figure 2 below.



**FIGURE 2: ILLUSTRATION OF THE INTERCONNECTEDNESS OF MHM AND HUMAN SECURITY**

The practice with the highest risk of damaging consequences girls engage in are transactional relationships – one of the main drivers of HIV infections (Deane and Wamoyi, 2015: 438). I was not able to clarify whether Tanzanian schoolgirls engage in specific “sex for pads” practices or whether transactional relationships were a more general way to generate extra income to fulfil needs beyond menstrual products. A combination of several factors seems most likely to me (Wamoyi, 2010). However, I have been able to show that transactional sexual relationships are commonly practiced in northern Tanzania. In this context, they are often representing, and at the same time, are influenced by unequal power structures with girls at the lower end. By examining practices like transactional sex in relation to aspects of identity, expectations and agency, instead of solely looking at it as a poverty-issue, one can see the underlying power structures and learn more about perceptions of sexuality and reproductive rights. Overall, it illustrates the complexity of reproductive health and confirms the embeddedness of reproductive functions and actions in cultural structures (Trevathan, 2004: 230).

I have found many other researcher’s results about MHM confirmed by my data – for example the lack of knowledge about reproductive functions, the stigma and shame surrounding menstruation and the fear at the onset of menarche (Sommer, 2009), abusive aspects of the Tanzanian education system (Human Rights Watch, 2017), or the lack of decision-making power in sexual activities amongst young girls (McClearly-Sills, 2013). However, by connecting menstrual taboos, feminised poverty and the gendered hierarchies within Tanzanian society to the topic of MHM, I have shown that menstruation enhances women’s, and specifically schoolgirls, vulnerability and affects their personal- and health security. MHM practices and consequently women’s reproductive health are impacted by structural factors and cultural perceptions of gender and menstruation. The MHM struggles many Tanzanian girls face – especially within education systems – are signs of structural and cultural violence towards them. Exclusively focusing on individuals’ behaviours and practices will therefore only have limited success in development work. The negative personal and health security outcomes for women and girls are not only consequences of poverty, but also of a strictly hierarchical society, the systematic discrimination of girls and women, and menstrual taboos. The interconnectedness of all these aspects shows that structural economic changes and cultural changes about the perception of gender are needed to lower the risks that menstruation puts on girls and women in Tanzania.

## 5.1 Additional reflections on the *Twaweza* program

In my interactions with participants I have seen that programs like *Twaweza* can have a significantly positive impact on individual girls. At the same time, it is extremely difficult to find the balance between adapting a program's strategy to the cultural environment and challenging certain norms and customs. I hope to have shown with this thesis that personal behaviour is often driven by structural factors, or "by the underlying patterns of social systems that are largely beyond and individual's control" (Wamoyi, 2015: 718). Especially choices regarding MHM and reproductive health in general are "constrained by economic, legal, political, religious or other cultural factors" (ibid.). The cultural environment currently poses strict limitations on Tanzanian girls' agency regarding MHM and SRH. In the spirit of GAD, I believe that an underlying cultural change of what it means to be a girl and what it means to menstruate will be required to reduce the negative outcomes for many individuals. It is necessary to transform unequal social relations and ensure that girls have access to the same capabilities as boys. However, changing perceptions and culture is a long process that cannot exclusively come from the outside and interventions must be culturally and socially anchored in the local communities (Sommer, 2009: 395). The distribution of reusable MHM products and teaching workshops can contribute to a change, but they will not solely be able to change the underlying structures. Young people in Tanzania, and all over the world, hear and think about menstruation and sexuality in many ways and from many different sources. Researchers and development workers must accept that they are not in control of what people think, but that they can offer is an additional voice to a social and cultural environment that already has its own powerful discourses and ideas about these topics (Setel, 1996:1176). *Femme* is currently working successfully with other organisations, with the Tanzanian local governments, and they include communities into their program to make sure that the balance between changing perceptions and respecting beliefs and customs is met. The combination of education and distribution is in line with results from current research which found out that education alone or education alongside distribution are significantly more effective than just the distribution of an MHM product (Phillips-Howard et al., 2016).

One could argue that aiming to change cultural practices is a form of neo-colonialism (Vorhölter, 2012). I, on the other hand, would argue that cultures have never been static (Wanitzek, 2002: 4) and have existed in complete isolation in only very few cases. Working towards a change in people's perception of MHM and SRH is not inherently

problematic and new social conditions can become part of existing cultures (ibid.). However, for this to be successful, projects should include aspects of the WCD approach and consider cultural aspects in relation to societal changes. It is important to approach changes not from a point of perceived moral superiority, but to focus on minimizing actual harmful consequences that arise due to the current social structures and gender roles, such as diseases, unplanned pregnancy, expulsion from school, shame and exclusion from communities. This requires careful planning, time investment and careful evaluation of one's own role and impact (Jaquette, 2017: 256).

Overall, the *Twaweza* program avoids the common trap of exclusively focusing on keeping girls in school and aims to contribute to societal change. In their integrated M&E work, *Femme* goes beyond the question of school attendance and includes factors such as confidence, comfort and participation in society in relation to MHM. Their goal is to contribute to girls adapting the idea that they are worthy of the same respect and dignity as their male classmates.

## 5.2 Further research, open questions and limitations

As this thesis is an exploratory work to investigate the interfaces between MHM practices, financial security, societal structures and menstrual taboos, I have come across a variety of topics it would have been interesting to investigate further, but which I did not have the capacity to include.

Due to the study design, I decided to not include sociodemographic information like religion or tribe. However, some of my participants mentioned that menstrual taboos are directly connected to religious practices, e.g. being denied access to a worshipping space or religious gatherings. Further, some of them connected behaviours to their belonging to a certain tribe. Pule for example told me that her mother was more reserved in talking about menstruation and attributed this to her not being *Chagga*, but from a different tribe where these topics were just “more taboo”. I believe including sociodemographic aspects in MHM research can help to better understand customs and behaviours and to adapt intervention approaches accordingly.

In this project, I have only considered the perspectives of women on the subject matter. Whilst I align with the GAD assumption that both men and women suffer from unequal gender relations, I argue that the impact of MHM challenges is stronger on women. However, MHM practices are influenced by underlying gendered hierarchies and menstrual taboos, which are enforced by both men and women. When arguing for a

cultural change, I must keep in mind that changing power structures in East Africa already have an impact on men's identities and sexualities today (Silberschmidt, 2001). The inclusion of men's perspective would therefore be necessary to understand these structures thoroughly and to avoid unintended negative consequences.

Lastly, two main perceived dichotomies appeared in my sources: rural versus urban and day-school versus boarding school. Many of my participants had the impression that towns provided more chances for women than villages and that the level of knowledge was higher. Many of them connected this to aspects of modernity and globalization, which they generally perceived in a positive way. This relates to the use of information technology and social media which I have touched upon in chapter 3.2.2. The differences between day-schools and boarding schools result in different capabilities and challenges for the students. The participants in boarding schools seem to have less trouble accessing menstrual products, whilst day-schoolers have easier access to work. Exploring the differences between the two systems, especially regarding support networks and relations between pupils and teaching staff in the different environments could help to better understand the respective context-specific needs and challenges.

I am aware of the limitations this thesis has, but I hope that the accounts and the knowledge I accumulated emphasize the need to listen to the participants of development programs carefully and to accept that neither a problem, nor a solution might be as easily understood as it seemed at a first glance.



## Bibliography

- Alexander, K.T., Odour, C., Nyothach, E., Laserson, K.F., Amek, N., Eleveld, A., Mason, L., Rheingans, R., Beynon, C., Mohammed, A., Ombok, M., Obor, D., Odhiambo, F., Quick, R. & Philips-Howard, P.A. 2014, "Water, Sanitation and Hygiene Conditions in Kenyan Rural Schools: Are Schools Meeting the Needs of Menstruating Girls?", *Water*, vol. 6, pp. 1453-1466.
- always.co.uk , *ALWAYS donates feminine hygiene products to help UK girls stay in school #EndPeriodPoverty* [Homepage of Procter & Gamble], [Online]. Available: <https://www.always.co.uk/en-gb/about-us/endperiodpoverty> [2018, 05/23].
- Bailey, E.J. 2004, "African Americans" in *Encyclopedia of Medical Anthropology: Health and Illness in the World's Cultures, Volume 2 Cultures*, eds. C.R. Ember & M. Ember, Springer, New York, pp. 545-557.
- Banks, N. 2016, "Youth poverty, employment and livelihood: social and economic implications of living with insecurity in Arusha, Tanzania", *Environment & Urbanization*, vol. 28, no. 2, pp. 437-454.
- Bax, T. 2014, 05/28-last update, *Menstruation misery for schoolgirls as sanitation woes hit hopes for the future* [Homepage of The Guardian], [Online]. Available: <https://www.theguardian.com/global-development/2014/may/28/period-misery-schoolgirls-menstruation-sanitation-shame-stigma> [2018, 05/22].
- Beck, E. 2017, "What a Feminist Curiosity Contributes to the Study of Development", *Studies in Comparative International Development*, vol. 52, pp. 139-154.
- Beckman Nahmias, S. & Nahmias, D. 2011, "Society, sex, and STIDs: human behavior and the evolution of sexually transmitted diseases and their agents", *Annals of the New York Academy of Science*, vol. 1230, The Evolution of Infectious Agents in Relation to Sex, pp. 59-73.
- Bender, M.V. 2013, "Being 'Chagga': Natural Resources, Political Activism, and Identity on Kilimanjaro.", *Journal of African History*, vol. 54, pp. 199-220.
- Bleek, W. 1987, "Lying Informants: A Fieldwork Experience from Ghana", *Population and Development Review*, vol. 13, no. 2, pp. 314-322.
- Boolsen, M.W. 2005, "Data Construction and Analysis of Qualitative Data" in *Methods for Development Work and Research: A new guide for Practicioners*, ed. B. Mikkelsen, 2nd edn, Sage, London, pp. 145-198.
- Boserup, E. 1970, *Women's Role in Economic Development*, Gower Publishing Company Limited, Hants, Vermont.
- Briggs, H.M., Hertz, J.T., Munishi, M.O., Galloway, R.L., Marks, F., Saganda, W., Maro, V.P. & Crump, J.A. 2013, "Estimating Leptospirosis Incidence Using Hospital-Based Surveillance and a Population-Based Health Care Utilization Survey in Tanzania", *PLoS Neglected Tropical Diseases*, vol. 7, no. 12, pp. 1-8.

- Buckley, T. & Gottlieb, A. 1988, *Blood Magic. The Anthropology of Menstruation*, University of California Press, Berkeley.
- Bulmer, M. 1998, "The Problem of Exporting Social Survey Research", *American Behavioral Scientist*, vol. 42, no. 2, pp. 153-167.
- Campbell, C., Mallappe, A., Wisniewski, A.B. & Silovsky, J.F. 2013, "Chapter 6: Sexual Behaviour of Prepubertal Children" in *Handbook of Child and Adolescent Sexuality, Developmental and Forensic Psychology*, eds. D.S. Bromberg & W.T. O'Donohue, Academic Press, Elsevier, Oxford; London, pp. 145-170.
- Chandra-Mouli, V. & Patel, S.V. 2017, "Mapping the knowledge and understanding of menarche, menstrual hygiene and menstrual health among adolescent girls in low- and middle-income countries", *Reproductive Health*, vol. 14, no. 30, pp. 1-16.
- Chenoy, A.M. 2009, "The Gender and Human Security Debate", *IDS Bulletin*, vol. 40, no. 2, pp. 44-48.
- Chrisler, J.C., Gorman, J.A., Manion, J., Margo, M., Barney, A., Adams-Clark, A., Newton, J.R. & McGrath, M. 2016, "Queer periods: attitudes toward and experiences with menstruation in the masculine of centre and transgender community", *Culture, Health & Sexuality*, vol. 18, no. 11, pp. 1238-1250.
- Chua, P., Bhavnani, K. & Foran, J. 2000, "Women, culture, development: a new paradigm for development studies?", *Ethnic and Racial Studies*, vol. 23, no. 5, pp. 820-841.
- CIA 2018, 01/23-last update, *The World Factbook - Tanzania* [Homepage of Central Intelligence Agency], [Online]. Available: <https://www.cia.gov/library/publications/the-world-factbook/geos/tz.html> [2018, 01/31].
- Clarke, V. & Braun, V. 2016, "Thematic Analysis", *The Journal of Positive Psychology*, vol. 12, no. 3, pp. 297-298.
- Clinton Foundation , *Girls and Women, More about our work with girls and women* [Homepage of Clinton Foundation], [Online]. Available: <https://www.clintonfoundation.org/our-work/by-topic/girls-and-women> [2018, 02/04].
- Colding, J. & Folke, C. 2001, "Social Taboos: "Invisible" Systems of Local Resource Management and Biological Conservation", *Ecological Applications*, vol. 11, no. 2, pp. 584-600.
- Connell, R. 1987, *Gender and Power: Society, the Person, and Sexual Politics*, Stanford University Press, Stanford.
- Deane, K. & Wamoyi, J. 2015, "Revisiting the economics of transactional sex: evidence from Tanzania", *Review of African Political Economy*, vol. 42, no. 145, pp. 437-454.

- Del Siegle 2017, 08/26-last update, *Educational Research Basics by Del Siegle: Ethics and informed consent* [Homepage of Neag School of Education - University of Connecticut], [Online]. Available: <https://researchbasics.education.uconn.edu/ethics-and-informed-consent/> [2018, 05/15].
- Delaney, J., Lupton, M.J. & Toth, E. 1976, *The Curse. A Cultural History of Menstruation*, E.P.Dutton & Co, New York.
- Denscombe, M. 2010, *The Good Research Guide. For small-scale social research projects*, 4<sup>th</sup> edn, McGraw Hill Open University Press, Berkshire.
- Douglas, M. 1966, *Purity and Danger*, Routledge, London and New York.
- Edward, J. 2002, *Subsidiary Legislation to the Education Act, 1995 [R.E. 2002] CAP 353*, Compilation of Subsidiary Legislation, Haki Elimu, Dar es Salaam.
- Ember, C.R. & Ember, M. 2004, "Glossary" in *Encyclopedia of Medical Anthropology: Health and Illness in the World's Cultures, Volume 1 Topics*, eds. C.R. Ember & M. Ember, Springer, New York, pp. xxiii-xliv.
- Emerson, R.M., Fritz, R.I. & Shaw, L.L. 1995, "Chapter one: Fieldnotes in Ethnographic Research" in *Writing Ethnographic Fieldnotes*, eds. R.M. Emerson, R.I. Fritz & L.L. Shaw, University of Chicago Press, Chicago, pp. 1-16.
- ENGENDER 2017, *'Period Poverty' in Scotland: Summary of a roundtable discussion held by Engender in June 2017*, ENGENDER, Scotland.
- Femme International 2017, *Femme International Impact Report*, Femme International.
- femmeinternational.org , *Femme International: The issue* [Homepage of Femme International], [Online]. Available: <https://www.femmeinternational.org> [2018, 05/24].
- Galtung, J. 1990, "Cultural Violence", *Journal of Peace Research*, vol. 27, no. 3, pp. 291-305.
- Galtung, J. 1969, "Violence, Peace, and Peace Research", *Journal of Peace Research*, vol. 6, no. 3, pp. 167-191.
- Gómez, O.A. & Gasper, D. 2016, *Human Security: A Thematic Guidance Note for Regional and National Human Development Report Teams*, United Nations Development Program Human Development Report Office, New York.
- Groes-Green, C. 2013, ""To put men in a bottle": Eroticism, kinship, female power, and transactional sex in Maputo, Mozambique", *American Ethnologist*, vol. 40, no. 1, pp. 102-117.
- Haslegrave, M. 2013, "Ensuring the inclusion of sexual and reproductive health and rights under a sustainable development goal on health in the post-2015 human rights framework for development", *Reproductive Health Matters*, vol. 21, no. 42, pp. 61-73.

- Hennegan, J., Dolan, C., Steinfield, L. & Montgomery, P. 2017, "A qualitative understanding of the effects of reusable sanitary pads and puberty education: implications for future research and practice", *Reproductive Health*, vol. 14, no. 78, pp. 1-12.
- Hodal, K. 2016, 04/01-last update, *Nepal's bleeding shame: menstruating women banished to cattle sheds* [Homepage of The Guardian], [Online]. Available: <https://www.theguardian.com/global-development/2016/apr/01/nepal-bleeding-shame-menstruating-women-banished-cattle-sheds> [2018, 05/10].
- Human Rights Watch 2017, *"I Had a Dream to Finish School" Barriers to Secondary Education in Tanzania*, Human Rights Watch, The United States of America.
- Izugbara, C.O. & Undie, C. 2008, "Who Owns the Body? Indigenous African Discourses of the Body and Contemporary Sexual Rights Rhetoric", *Reproductive Health Matters*, vol. 16, no. 31, pp. 159-167.
- Jakobsen, H. 2018, "How Violence Constitutes Order: Consent, Coercion and Censure in Tanzania", *Violence Against Women*, vol. 24, no. 1, pp. 45-65.
- Jaquette, J.S. 2017, "Women/Gender and Development: the Growing Gap Between Theory and Practice", *Studies in Comparative International Development*, vol. 52, pp. 242-260.
- Jenkins, R. 2011, *Being Danish. Paradoxes of Identity in Everyday Life*, Museum Tusulanum Press, Copenhagen.
- Jenkins, R. 2000, "Categorization: Identity, Social Process and Epistemology", *Current Sociology*, vol. 48, no. 3, pp. 7-25.
- Johnstone, L., Bhagwanjee, A. & Bobat, S. 2016, "Women's Narratives about Identity, Power and Agency within a Mining Organisation in South Africa", *Psychology and Developing Societies*, vol. 28, no. 2, pp. 280-312.
- Kabeer, N. 1994, *Reversed Realities, Gender Hierarchies in Development Thought*, Verso, London; New York.
- Kevane, M. 2004, *Women and Development, How Gender Works*, Lynne Rienne Publishers, Boulder, London.
- Knight, C. 1987, *Menstruation and the Origins of Culture. A reconsideration of Lévi-Strauss's work on symbolism and myth*, University College London.
- Kofler, A. 2002, "Migration, Emotion, Identities. The subjective meaning of difference." in *Studienreihe Konfliktforschung Band 15*. I. König & A. Belinda, Braunmüller, Wien, pp. 1-19.
- KTN News Kenya 2017, 06/23-last update, *President Magafuli says no to pregnant schooling girls* [Homepage of KTN News Kenya youtube], [Online]. Available: <https://www.youtube.com/watch?v=OcyxnnxPMEE> [2018, 05/23].

- Kürschner, M. 2016, 01/19-last update, *In diesen Staaten gelten Tampons als Luxus* [Homepage of Welt], [Online]. Available: <https://www.welt.de/politik/ausland/article151197630/In-diesen-Staaten-gelten-Tampons-als-Luxus.html> [2018, 05/15].
- Lee, J. 2009, "Bodies at Menarche: Stories of Shame, Concealment and Sexual Maturation", *Sex Roles*, vol. 60, pp. 615-627.
- Leung, W. 2001, "How to design a questionnaire", *StudentBMJ*, vol. 9, pp. 187-189.
- Liotta, P.H. & Taylor, O. 2006, "Why Human Security?", *The Whitehead Journal of Diplomacy and International Relations*, vol. 7, no. 1, pp. 37-54.
- Lusk-Stover, O. 2016, 06/27-last update, *Globally, periods are causing girls to be absent from school* [Homepage of The World Bank], [Online]. Available: <http://blogs.worldbank.org/education/globally-periods-are-causing-girls-be-absent-school> [2018, 05/20].
- Mason, R., Ndlovu, P., Parkins, J.R. & Luckert, M.K. 2015, "Determinants of food security in Tanzania: gendered dimensions of household headship and control of resources", *Agriculture and Human Values*, vol. 32, pp. 539-549.
- McCleary-Sills, J., Douglas, Z., Rwehumbiza, A., Hamisi, A. & Mabale, R. 2013, "Gendered norms, sexual exploitation and adolescent pregnancy in rural Tanzania.", *Reproductive Health Matters*, vol. 21, no. 41, pp. 97-105.
- Mende, J. 2011, *Begründungsmuster weiblicher Genitalverstümmelung. Zur Vermittlung von Kulturrelativismus und Universalismus*, transcript Verlag, Bielefeld.
- Miguel, E. 2004, "Tribe or Nation?: Nation Building and Public Goods in Kenya versus Tanzania", *World Politics*, vol. 56, no. 3, pp. 327-362.
- Msuya, S.E., Mbizvo, E., Stray-Pedersen, B., Sundby, J., Sam, N.E. & Hussain, A. 2002, "Reproductive tract infections and the risk of HIV among women in Moshi, Tanzania", *Acta Obstetrica et Gynecologica Scandinavica*, vol. 81, pp. 886-893.
- Ng'wanakilala, F. 2017, 06/23-last update, *Tanzanian leader reaffirms ban on pregnant school girls attending state schools* [Homepage of Reuters], [Online]. Available: <https://af.reuters.com/article/africaTech/idAFKBN19E1CF-OZATP> [2018, 10/05].
- Odhiambo, A. 2017, 07/30-last update, *HRW: Tanzania Must Lift Cruel Ban on Teen Mothers Returning to School* [Homepage of NewsDeeply], [Online]. Available: <https://www.newsdeeply.com/womenandgirls/community/2017/06/30/hrw-tanzania-must-lift-cruel-ban-on-teen-mothers-returning-to-school> [2018, 05/23].
- Oruko, K., Nyothach, E., Zielinski-Gutierrez, E., Mason, L., Alexander, K., Vulule, J., Laserson, K.F. & Philips-Howard, P.A. 2015, "'He is the one who is providing you with everything so whatever he says is what you do': A Qualitative Study on Factors Affecting Secondary Schoolgirl's Dropout in Rural Western Kenya", *PLoS ONE*, vol. 10, no. 12, pp. 1-14.

pg.com , *Local and Social Responsibility Programs* [Homepage of Proctor& Gamble], [Online]. Available: [https://www.pg.com/en\\_KE/sustainability/social-responsibility/local\\_social\\_responsibility\\_programs.shtml](https://www.pg.com/en_KE/sustainability/social-responsibility/local_social_responsibility_programs.shtml) [2018, 05/23].

Philips-Howard, P.A., Nyothach, E., O ter Kuile, F., Omoto, J., Wang, D., Zeh, C., Onyango, C., Mason, L., Alexander, K.T., O Odhiambo, F., Eleveld, A., Mohammed, A., van Eijk, A.M., Tudor Edwards, R., Vulule, J., Faragher, B. & Laserson, K.F. 2016, "Menstrual cups and sanitary pads to reduce school attrition, and sexually transmitted and reproductive tract infections: a cluster randomised controlled feasibility study in rural Western Kenya", *BMJ Open*, , pp. 1-12.

Philips-Howard, P., Otieno, G., Burmen, B., Otieno, F., Odongo, Frederick, Odour, Clifford, Nyothach, E., Amek, N., Zielinski-Gutierrez, E., Odhiambo, F., Zeh, C., Kwaro, D., Mills, L.A. & Laserson, K.F. 2015, "Menstrual Needs and Associations with Sexual and Reproductive Risks in Rural Kenyan Females: A Cross-Sectional Behavioral Survey Linked with HIV Prevalence", *Journal of Women's Health*, vol. 24, no. 10, pp. 801-811.

Radcliffe-Brown, A.R. 1939, *Taboo*, The Frazer Lecture, Cambridge University Press, Cambridge.

Ratgeber, E.M. 1990, "WID, WAD, GAD: Trends in Research and Practice", *The Journal of Developing Areas*, vol. 24, no. 4, pp. 489-502.

Rodriguez-White, L. 2013, "The Function of Ethnicity, Income Level, and Menstrual Taboo in Postmenarchal Adolescent's Understanding of Menarche and Menstruation", *Sex Roles*, vol. 68, pp. 65-76.

Sa, Z. & Larsen, U. 2004, "Gender Inequality Increases Women's Risk of HIV Infection in Moshi, Tanzania", *Journal of Biosocial Science*, vol. 40, pp. 505-525.

SAT 2017, *Age of Consent: Legal Review, Tanzania Country Report*, Southern African AIDS Trust, Johannesburg.

Seguino, S. & Were, M. 2014, "Gender, Development and Economic Growth in Sub-Saharan Africa", *Journal of African Economics*, vol. 23, AERC Supplement 1, pp. i18-i61.

Sen, A. 1979, "Equality of What? Tanner Lecture on Human Values", *Tanner Lectures*, pp. 197-220.

Sen, A. 2003, "Development as Capability Expansion, Introduction" in *Readings in Human Development: Concepts, Measures and Policies for a Development Paradigm*, eds. S. Fukunda-Parr, A.K.S. Kumar & A. Sen, Oxford University Press, Oxford, pp. 3-16.

Setel, P. 1996, "Aids as a Paradox of Manhood and Development in Kilimanjaro, Tanzania", *Social Science & Medicine*, vol. 43, no. 8, pp. 1169-1178.

Silberschmied, M. 2001, "Disempowerment of Men in Rural and Urban East Africa: Implications for Male Identity and Sexual Behavior.", *World Development*, vol. 29, no. 4, pp. 567-671.

- Singh, S. 2007, "Deconstructing 'gender and development' for 'identities of women'", *International Journal of Social Welfare*, vol. 16, pp. 100-109.
- Sitzmann, S. & Schuhmann, M. 2011, *US20140014556A1, US application: Quiet opening wrapper*, 10 2011 012 209.5, PCT/EP2012/000748, United States.
- Sommer, M. 2013, "Structural factors influencing menstruating school girl's health and well-being in Tanzania", *Compare: A Journal of Comparative and International Education*, vol. 43, no. 3, pp. 323-345.
- Sommer, M. 2010, "Putting menstrual hygiene management on to the school water and sanitation agenda", *Waterlines*, vol. 29, no. 4, pp. 268-278.
- Sommer, M. 2010, "Where the education system and women's bodies collide: The social and health impact of girl's experiences of menstruation and schooling in Tanzania", *Journal of Adolescence*, vol. 33, pp. 521-529.
- Sommer, M. 2009, "Ideologies of sexuality, menstruation and risk: girl's experiences of puberty and schooling in northern Tanzania", *Culture, Health & Sexuality*, vol. 11, no. 4, pp. 383-398.
- Sommer, M., Hirsch, J. & Parker, R.G. 2015, "Comfortably, Safely, and Without Shame: Defining Menstrual Hygiene Management as a Public Health Issue.", *American Journal of Public Health*, vol. 105, no. 7, pp. 1302-1311.
- Stambach, A. 2000, *Lessons from Mount Kilimanjaro, Schooling, Community, and Gender in East Africa*, Routledge, New York.
- Stephens, W.N. 1961, "A Cross-Cultural Study of Menstrual Taboos", *Genetic Psychology Monograph*, vol. 64, pp. 385-416.
- Sumpter, C. & Torondel, B. 2013, "A Systematic Review of the Health and Social Effects of Menstrual Hygiene Management", *PLoS ONE*, vol. 8, no. 4, pp. 1-15.
- Tadjbakhsh, S. & Chenoy, A.M. 2007, "Debating dignity. Human security and human rights" in *Human Security. Concepts and implications.*, eds. S. Tadjbakhsh & A.M. Chenoy, Routledge, London; New York, pp. 123-138.
- Tadjbakhsh, S. & Chenoy, A.M. 2007, "Rationale and political usage" in *Human Security: Concepts and Implications*, eds. S. Tadjbakhsh & A.M. Chenoy, Routledge, London, pp. 10-38.
- Talle, A. 2007, "'Serious Games': Licences and Prohibitions in Maasai Sexual Life", *Africa: Journal of the International African Institute*, vol. 77, no. 3, pp. 351-370.
- Tanzania Demographic and Health Survey 2016, *Tanzania 2015-16 Demographic and Health Survey and Malaria Indicator Survey, Key Findings*, Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC), [Tanzania Mainland], Ministry of Health (moH) [Zanzibar], National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS) and ICF, United Republic of Tanzania.

- Thomas, M.A. & Rugambwa, A. 2011, "Equity, Power, and Capabilities: Constructions of Gender in a Tanzanian Secondary School", *Feminist Formations*, vol. 23, no. 3, pp. 153-175.
- Tong, A., Sainsbury, P. & Craig, J. 2007, "Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups", *International Journal for Quality in Health Care*, vol. 19, no. 6, pp. 349-357.
- Trevathan, W.R. 2004, "Breast Feeding" in *Encyclopedia of Medical Anthropology: Health and Illness in the World's Cultures, Volume 1 Topics*, eds. C.R. Ember & M. Ember, Springer, New York, pp. 230-235.
- UDHR 1948, *Universal Declaration of Human Rights*, United Nations, New York.
- UNESCO 2014, *Good Policy and Practice in Health Education: Puberty Education & Menstrual Hygiene Management*, United Nations Educational, Scientific and Cultural Organization, Paris.
- UNFPA 2017, *The State of World Population 2017, Worlds Apart: Reproductive health and rights in an age of inequality*, United Nations Population Fund, New York.
- UNFPA 2017, *UNFPA state of the world population 2017: Worlds Apart, Reproductive health and rights in an age of inequality*, UNFPA.
- UNFPA 1994, *Programme of Action of the International Conference on Population Development*, United Nations Population Fund, New York.
- United Nations 2015, *Transforming our world: the 2030 Agenda for Sustainable Development*, Sustainable Development knowledge platform.
- United Nations 2000, 55/2. *United Nations Millennium Declaration*, United Nations General Assembly, New York.
- United Nations General Assembly 2012, 66/290. *Follow-up to paragraph 143 on human security of the 2005 World Summit Outcome*, United Nations, New York.
- United Nations General Assembly 1948, *Universal Declaration of Human Rights*, United Nations.
- United Nations Office of the High Commissioner 2014, *Women's Rights are Human Rights*, United Nations Publications, New York; Geneva.
- Vaismoradi, M. 2013, "Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study", *Nursing and Health Sciences*, vol. 15, pp. 398-405.
- Vorhölter, J. 2012, "Negotiating social change: Ugandan discourse on Westernisation and neo-colonialism as forms of social critique", *The Journal of Modern African Studies*, vol. 50, no. 2, pp. 283-307.



- Wamoyi, J., Wight, D., Plummer, M., Mshana, G.H. & Ross, D. 2010, "Transactional sex amongst young people in rural northern Tanzania: an ethnography of young women's motivations and negotiation", *Reproductive Health*, vol. 7, no. 2, pp. 1-18.
- Wamoyi, J., Wight, D. & Remes, P. 2015, "The structural influence of family and parenting on young people's sexual and reproductive health in rural northern Tanzania", *Culture, Health & Sexuality*, vol. 17, no. 6, pp. 718-732.
- Wanitzek, U. 2002, "The Power of Language in the Discourse on Women's Rights: Some Examples from Tanzania", *Africa Today*, vol. 49, pp. 3-19.
- Warner, J.M. & Campbell, D.A. 2000, "Supply Response in an Agrarian Economy with Non-Symmetric Gender Relations", *World Development*, vol. 28, no. 7, pp. 1327-1340.
- Weiss-Wolf, J. 2017, *Periods Gone Public: Taking a Stand for Menstrual Equity.*, Arcade Publishing, New York.
- Westeneng, J. & D'Exelle, B. 2015, "How Economic Empowerment Reduces Women's Reproductive Health Vulnerability in Tanzania", *The Journal of Development Studies*, vol. 51, no. 11, pp. 1459-1474.
- Whittaker, A. 2004, "Reproductive Health" in *Encyclopedia of Medical Anthropology. Health and Illness in the World's Cultures. Volume 1*, eds. C.R. Ember & M. Ember, 2004, Springer, New York, pp. 280-290.
- Wilkinson, K. 2016, 09/27-last update, *Data does not support the claim that 1 in 10 African girls miss school because of menstruation* [Homepage of BHEKISISA Centre for Health Journalism], [Online]. Available: <http://bhekisisa.org/article/2016-09-27-no-data-shows-1-in-10-african-girls-miss-school-because-of-menstruation> [2018, 05/23].
- Williams, C., Williams, C.M., McCloskey, L.A. & Larsen, U. 2008, "Sexual Violence at First Intercourse against Women in Moshi, Northern Tanzania: Prevalence, Risk Factors, and Consequences", *Population Studies*, vol. 62, no. 3, pp. 335-348.
- World Bank 2012, *World Development Report, 2012: Gender Equality and Development*, World Bank, Washington, D.C.
- Young, F.W. & Bacdayan, A.A. 1965, "Menstrual Taboos and Social Rigidity", *Ethnology*, vol. 4, no. 2, pp. 225-240.

## Appendix 1: Survey

### **SURVEY – menstrual health and financial security**

Dear participant,

Thank you so much for helping me with my research by filling out this questionnaire!

My name is Katja, I am currently studying 'Human Security' in Denmark and I will write my Master thesis on the connection between the financial situation and sustainable menstruation management of young women in Tanzania.

Last year, you have participated in a Twaweza Workshop with *Femme International* and have received a Femme Kit with either a Menstrual Cup or an AfriPad. I would like to ask you a few questions about your experiences with menstruation, your financial situation and these new products.

This questionnaire is completely anonymous, which is why I haven't asked for your name anywhere. It is also confidential.

This is NOT a test, and there are NO right or wrong answers. Please be as honest with me as you are comfortable with.

If you have any additional comments or need more space to answer a question, feel free to write in the bottom of this page. Please indicate which question you are referring to.

I know, some of the questions are private and personal in nature, so if you are not comfortable answering something, that's okay, you can just leave the space blank. I appreciate any information you can give me!

If you are interested in the results of my work, I will write a report for *Femme International's Website* about my research and the Danish Development Agency (DANIDA) will publish an abstract of my work online.

Asante sana!

Date:

School:

**Part I: General information**

1. Age \_\_\_\_\_ 2. Form \_\_\_\_\_ 3. Tribe \_\_\_\_\_

**Part II: Financial Security**

**4. Who is the head of household in your home?**

Please write: \_\_\_\_\_

**5. Who makes the decisions about the budget in your household?**

Please write: \_\_\_\_\_

**6. Do you generally worry about the financial situation of your family?**

No  Yes  Sometimes

**7. Does your family talk about their financial situation with you?**

No  Yes  The adults talk about money, but not with me.

**8. Do you sometimes work to earn money for yourself or your family?**

No, I don't work.  
 Yes, I work to earn money for my family.  
 Yes, I work to earn money for myself.

If you answered yes, please list the kind of work you do: \_\_\_\_\_

**9. Do you currently have money saved to spend for yourself?**

No  Yes

**10. When you ask somebody for money, do you have to explain what you need it for?**

Yes  Sometimes  
 No  I don't ask anybody for money.

**11. Do you get money from your family without asking for it?**

Yes, regularly  Yes, sometimes  
 No, never  I don't ask my family for money.

**12. Who do you ask for money when you need something?**

Underline the person who gives you money *most of the time* and mark all persons with an X who have given you money in the last 6 months

Mother		Sister		Aunt		Grandmother	
Boyfriend		Other Female		I have my own money		Other Male	
Father		Brother		Uncle		Grandfather	

**14. When you don't get money from the first person you asked, do you ask other people for money afterwards?**

- Yes     No     Sometimes     I never ask for money.

**15. When you ask for money or items, what are the main 5 things you need?**

1.	2.	3.	4.	5.

**16. How do you feel when you ask for money or things you need?**

- positive     negative     neutral     I don't ask for money.

**Part III: Menstrual Economics before the workshop**

**17. Has there ever been a time when you couldn't afford to buy disposable pads?**

- Yes     No     I don't know.

**18. Has there ever been a time when you didn't change your disposable pad for an entire day, because you could not afford to buy a new one?**

- Yes     No     I don't know.

**Part IV: Menstrual Economics after the workshop**

**19. Which product have you chosen at the Femme Workshop?**

- Washable Pad     Cup

**20 How often do use your Washable Pad / Cup?**

Every period	Most periods	Half the time	Some periods	Never

**21. When you don't use your Washable Pad / Cup, what do you use for your menstruation?**

- Natural products (grass, leaves, cow dung etc.)     Cotton  
 Mattress stuffing     Cloth/rag  
 Disposable pads     Nothing  
 I use my Washable Pad / Cup and don't use anything else.  
 Other (please list): \_\_\_\_\_

**22. Do you think it is important to spend money on menstrual health products?**

Yes                       No                       I don't know.

**23. Did you tell the person you usually asked for pads or money about your Washable pad / Cup?**

No.                       Yes

If yes, what did they say? \_\_\_\_\_  
\_\_\_\_\_

**24. If money did not matter, would you use disposable pads or your Washable Pad / Cup?**

disposable pads                       Washable Pad / Cup  
 both, it depends on my activities

**25. What do you use to manage your period?**

disposable pads                       Washable Pad / Cup  
 both, it depends on my activities

---

**If you answered *Washable Pad / Cup*, you are done with the survey here. Thank you very much for your help!**

**If you picked *disposable pads* or *both* or *other* please continue with the survey below.**

---

**25. If you still use disposable pads, how often do you use them?**

Every period	Most periods	Half the time	Some periods	Almost never

**26. How much do you pay for disposable pads per period?**

\_\_\_\_\_ TSH

**27. Do you buy disposable pads only for yourself or also for others?**

I don't buy disposable pads.  
 I only buy disposable pads for myself  
 I also buy disposable pads for others, please list: \_\_\_\_\_  
\_\_\_\_\_

**27. In the last 6 months: How often could you afford to buy disposable pads?**

Every period	Most periods	Half the time	Some periods	Never

**28. During your last 6 months, how often have you had difficulties getting money for disposable pads?**

Every period	Most periods	Half the time	Some periods	Never

**29. When you couldn't afford disposable pads, what did you use instead?**

- Natural products (grass, leaves, cow dung etc.)       Cotton  
 Mattress stuffing       Cloth/rag  
 Nothing       Washable Pad / Cup  
 Other (please list): \_\_\_\_\_

**30. Who buys disposable pads for you during your period?**

Underline the person who buys pads for you *most of the time* and mark all persons with an X who have bought pads for you at least once in the last 6 months.

Mother		Sister		Aunt		Grandmother	
Boyfriend		Other Female		I buy them myself		Other Male	
Father		Brother		Uncle		Grandfather	

**31. Where does the money to buy the pads come from?**

Underline the person who gives you money *most of the time* and mark all persons with an X who have given you money for pads in the last 6 months.

Mother		Sister		Aunt		Grandmother	
Boyfriend		Other Female		I have my own money		Other Male	
Father		Brother		Uncle		Grandfather	

**32. Do you ask for disposable pads or money to buy disposable pads every month?**

- I ask for disposable pads every month  
 I ask for money to buy disposable pads every month  
 I get disposable pads every month without asking  
 I get money every month without asking  
 I have my own money and don't have to ask

**33. When you ask for money to buy disposable pads, do you mention what you needed the money for?**

- Yes, I say I need it for disposable pads.  
 I just ask for money in general.  
 I have my own money and don't have to ask.  
 I ask for money for something else and then buy pads with it.

**34. If you have sisters who menstruate, do you know where they get disposable pads or the money for disposable pads from?**

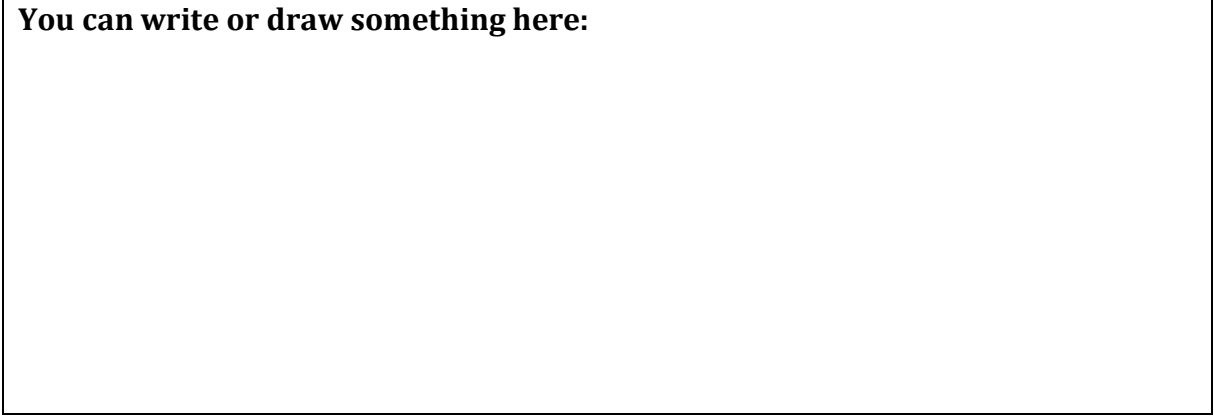
- Yes       They also use the Washable Pad / Cup  
 No       I don't have menstruating sisters

**36. How do you feel when you ask for money to buy menstrual health products?**

- positive       negative       neutral       I don't ask for money.

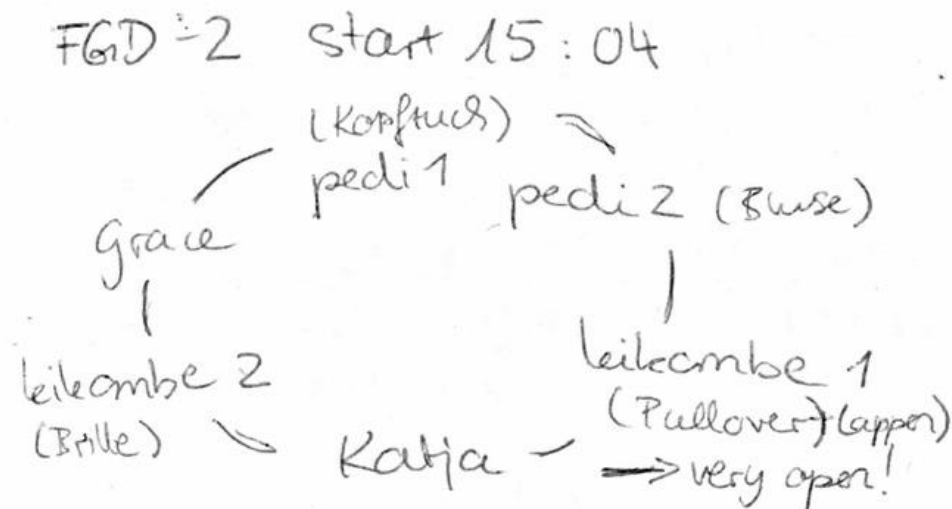
**37. Please describe how it makes you feel, when you ask for money to buy things to manage your period.**

**You can write or draw something here:**



**Thank you very much for your participation and your help!**

Appendix 2: Scan of field notes in FGD 1<sup>9</sup>



1<sup>st</sup> question: experiences with the product

1<sup>st</sup> long answer: K1

2<sup>nd</sup>: P2 (towards the end: (laughs) shame?)

3<sup>rd</sup>: K2

15:10 interruption (boys getting tools)

4<sup>th</sup>: P1

K1 + G (rather long talk)

K1 + P2 → laughing together + K1 has an arm around P2's shoulder

15:15 everyone laughs about K1's story

P2

K1 (good elaboration skills) (dominates the conversation) + a lot of hand gestures

K2 (~15:19) → a little later: sounds

15:20 laughter from all emotional?

Grace asks P1 + P2 to answer something

P1 goes first (kittens per on table)

<sup>9</sup> In the first FGD, I named the participants K1 and K2 for the Swahili word for menstrual cup (*kikombe cha hedi*) and P1 and P2 for the Swahili term for pad (*pedi*), according to their used product. For coherence, I changed everyone's abbreviation to P1 to P5 in the transcripts, referring to *participant*.



## Appendix 3: NVivo excerpt – frequency of nodes and coding references in sources

nodes	number of coding references	aggregated number of coding references	number of coded sources
node\\cultural context & background	70	389	15
node\\'mzungu' things	16	16	8
node\\'family	129	129	15
node\\'gender roles	68	68	16
node\\'globalisation & modernity	4	4	4
node\\'pride	9	9	3
node\\'religion	11	11	4
node\\'taboo	76	76	16
node\\'the 'African' way	6	6	3
node\\education	58	58	15
node\\financial agency	100	100	16
node\\financial challenges	28	89	13
node\\'monetary costs of menstruation	61	61	14
node\\financial needs	69	69	14
node\\growing up & puberty	28	28	10
node\\health risks	53	53	12
node\\love	19	19	9
node\\MHM practices	94	94	14
node\\non-monetary challenges	51	51	14
node\\non-monetary costs of menstruation	17	17	7
node\\power & hierarchy	7	7	2
node\\support & solidarity	86	86	10
node\\transactional relationships	63	63	14
node\\violence	13	13	6
node\\wellbeing	33	33	8

Appendix 4: Top 10-word count in all FGD transcripts

word count	1	2	3	4	5	6	7	8	9	10
FGD1	pads	use	ask	money	buy	cup	things	advice	need	time
FGD2	pads	use	money	ask	cup	told	need	things	give	tell
FGD3	pads	use	money	things	ask	washable	disposable	buy	like	give
FGD4	money	pads	school	get	things	girls	using	like	ask	man
FGD5	pads	using	money	schools	needs	buy	give	like	girl	things
all FGDs	pads	using	money	ask	things	schools	get	buy	like	need

Appendix 5: Results of post-it activity in FGD 5

