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Exploring Challenges of Policy Implementation and Menstrual Health and Hygiene
Among Adolescent Schoolgirls in Peri-Urban Lusaka, Zambia

(ザンビア・ルサカの都市周縁部に住む思春期女子学生における月経保健衛生と政策上の課題)

Proper Menstrual Health and Hygiene (MHH) is a global public health priority that directly affects schoolgirls' health, dignity, and educational progress. Access to safe menstrual products, clean water, private sanitation facilities, and proper disposal options is crucial for managing menstruation comfortably and privately. However, product affordability, infrastructure, and education continue to disadvantage girls, especially in low-resource settings like Sub-Saharan Africa. In Zambia, despite ongoing national efforts to improve menstrual health, significant challenges remain in policy implementation, school-level infrastructure and personal menstrual practices. Government schools in peri-urban areas often lack adequate Water, Sanitation, and Hygiene (WASH) facilities to support healthy menstrual hygiene. Many schoolgirls face limited product options, inadequate water access, poor disposal systems, overcrowded or unsafe toilets, and cultural taboos. These challenges, exacerbated by economic hardship and entrenched cultural stigma, restrict girls' full participation in school and daily life and may impact their well-being and quality of life.

Therefore, the study aimed to: (i) explore barriers to the implementation of effective menstrual health policies by analyzing the role of policymakers and the effectiveness of existing policies in addressing systemic challenges in Zambia; (ii) investigate MHH among adolescent schoolgirls in peri-urban Lusaka to assess school WASH facilities and the sociocultural context; (iii) assess participants' educational and economic characteristics, sociocultural factors influencing product preference and accessibility, and hygiene practices and waste disposal methods and behaviors used at school and at home.

We explored the role of policymakers in promoting MHH among schoolgirls in Kafue District, Lusaka Province. In-Depth Interviews (IDIs) were conducted with 40 participants, including seven teachers, three health workers, 11 Government ministry representatives, three social entrepreneurs and MHH advocates, eight community members, four Non-Governmental Organisation (NGO) representatives, two journalists, one traditional chief, and the district women's group chairperson. These interviews explored MHH policy priorities, implementation challenges, and stakeholder perspectives (chapter 2). School-based observations and Five Focus Group Discussions (FGDs) assessed WASH infrastructure supporting MHH, sociocultural influences on menstrual behaviours, and girls' coping mechanisms. Five Focus Groups were held with 30 adolescent schoolgirls aged 14–19, purposively sampled from the same sample, from peri-urban Lusaka communities attending the same school. Field observations

documented the conditions, water availability, accessibility, cleanliness, privacy, and sanitary facility disposal (chapter 3). A mixed-methods cross-sectional design, using a structured survey, among 266 menstruators aged 12–19 at the same peri-urban government school, examined menstrual product access, usage patterns, and disposal practices. Five FGDs with 30 girls were conducted to gain deeper insights into factors affecting menstrual product access and disposal challenges (chapter 4). Qualitative data were analysed using MAXQDA software version 10. Quantitative data were analysed using JMP Pro software.

The study identified significant gaps in stakeholder knowledge and engagement with existing MHH policies. Many policymakers, ministry representatives, and community actors were unaware of national MHH guidelines or had limited involvement in initiatives. Although the government provided sanitary materials to schoolgirls once at the time of data collection, concerns about sustainability, economic constraints, and political continuity hinder effective implementation (chapter 2). Insufficient school WASH infrastructure created a substantial barrier to healthy menstrual management. Girls reported poor access to menstrual materials, unsafe toilets, limited privacy, inadequate water supply, and cultural taboos, which further complicated their experiences. Girls were expected to transition almost immediately into womanhood without adequate preparation and support at menarche. Nonetheless, girls adopted personal coping strategies to maintain dignity and participation in school. However, some practices were suboptimal and potentially harmful (chapter 3). Findings revealed that about 85% of participants preferred disposable menstrual products for comfort and convenience, with 94% sourcing products from supermarkets and retail shops. Reusable options were more commonly used among girls from lower-income households, indicating cost-driven disparities. Statistical analysis showed a strong association between educational level and product preference. Qualitative results also highlighted deep-rooted cultural beliefs shaping disposal behaviour. Due to limited school disposal facilities and discretion, many girls transported menstrual waste home for private disposal (chapter 4).

Policy between the national MHH guidelines and their implementation at the school level. While frameworks exist to support MHH, inconsistent application and lack of resources hinder their effectiveness. The findings also underscore the complex interplay of factors influencing MHH among schoolgirls regarding political interventions and resource availability (chapter 2). The findings also highlight essential needs, including reliable access to affordable menstrual products, safe and private WASH facilities, and supportive learning environments free from stigma. Culturally embedded norms surrounding discretion and secrecy often drive practices that compromise both dignity and environmental health. These cultural narratives prioritised secrecy and fear of stigma, ignoring environmental sustainability and menstrual health (chapter 3). Persistent disparities in product access and disposal reveal the intersecting influences of cost, knowledge, and cultural expectations. Most girls highlighted the financial burden imposed on accessing good-quality materials. However, limited knowledge and cultural restrictions influence their hygiene practices and disposal behaviours (chapter 4).

Improving MHH requires coordinated action across policy, school infrastructure, and community cultural contexts. Strengthening stakeholder awareness and accountability is critical for effective MHH policy implementation that supports girls to reach their full educational potential. Political, cultural and economic factors can affect menstrual practices.