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Grounded School Choice in Uganda: Community Building from the Bottom to the Top

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The non-profit organization, From the Bottom to the Top, has been working with the people of west-central Uganda to rebuild the education system, develop increased access to sustainable schools, and promote community involvement in school decisions. This study aimed to explore the perceptions and experiences of students, parents, teachers, and community members related to their choice of specific schools in a rural area of Uganda, which have been working in cooperation with From the Bottom to the Top. Interviews focused on students and families' motivations to choose the school their children attend and observations of sustainable development efforts in their communities. Results suggest that a bottom-up approach to rebuilding well-managed, self-reliant, sustainable schools plays a strong role in school choice decisions. Thematic analysis of the interviews resulted in themes related to gender equality, healthcare, and infrastructure. Empowering schools to be self-sustaining and supporting initiatives related to feminine hygiene products, sustainable potable water systems, and other community needs allows local education systems to thrive.

Keywords: Uganda, education, choice, healthcare, gender equality

Despite experiencing some of the highest levels of poverty in the world, Uganda's government leaders prioritized increasing access to education in the late twentieth century, but more recent armed rebellions have resulted in the deterioration of education in the nation and a humanitarian crisis for refugees and internally displaced persons in critical need of basic economic assistance and education. Throughout the global South, many young people do not complete school, and this is also the case in Uganda, where the chances of a child completing school are slim. In 1996, Ugandan President Museveni's government promised free primary education for up to four children in every family (Ekaju, 2011). Since implementation of this 1997 plan of universal primary education, Uganda struggled with how to ensure educational access to increasing numbers of children in "an already over-burdened education system" (Ward et al., 2006, p. xi).

In considering strategies for fulfilling the promise of free education, technology has been promoted for its ability to expand access to education for African students and to improve the economic status of future graduates; neoliberal institutes, such as the Fordham Institute, continue to endorse technology as a panacea; they have suggested the use of surrogate teachers or plasma instruction to replace live teachers (Hassel & Hassel, 2011; Lemma, 2006; Bitew, 2008). Others, however, are highly critical of passive educational approaches that use technology to replace teachers and eliminate human relationships (Huerta, 2011; Dahlström and Lemma, 2008).

Rather than relying on technology to improve the quality of education, the Government of Uganda and the Ministry of Education and Sports chose to focus on primary curriculum reform,

the Language Instruction policy for the lower primary sub-sector, the provision of basic learning material, primary teacher development, and establishing and maintaining education standards (Ward et al., 2006). While myriad outside funders support the government and ministry goals, there are still obstacles to funding primary education for all school-age children without charging fees to the families (Ward et al., 2006).

Stakeholders often disagree on the purpose of education in the global South, and focusing on economic outcomes of schooling is no surprise, especially considering the prevalence of neoliberal ideology in education. For example, Chimombo (2005) supports education for promoting economic development, while Epstein and Yuthas (2012) argue in favor of developing entrepreneurial skills, as well as health and administrative skills, among students in the global South, as these skills “can be delivered via existing school systems and teachers” (p. 20). Yet these priorities are somewhat incompatible with conditions in rural Uganda, where electricity and high-speed internet are unavailable and where the economy centers on subsistence farming.

Even when schooling is available, students face many obstacles to completing their educations. One factor influencing rates of school completion is that many students in Uganda’s rural schools choose to repeat classes to boost their grades. As result, some students are noticeably older than their classmates. We observed this in the youth who shared their insights with us for this study. The students, all in grade 7, ranged in age from 11 to 15. Fatigue also plays a role in this as students, particularly in rural areas, arrive at school so tired after a lengthy walk that they sleep through much of the day and miss the content of their lessons. Illness contributes to school absences because many rural Africans do not have access to potable water, making them susceptible to water-borne diseases or infestation by bugs in the water. Water, of any quality, is distant, and women and girls spend a few hours or more every day obtaining water, leading girls to miss additional class time. The daily trip to and from school is hazardous, and girls face the threat of kidnapping and rape. The onset of girls’ menses creates another obstacle to their school attendance, with 31% of menstruating students missing an average of 2.8 days of school each month due to factors including lack of menstrual health management supplies and private areas for washing (Grant et al., 2013).

Few studies to date have focused on democratic education as a means of social development. The current study contributes to this body of knowledge by focusing on the impacts of one non-profit group empowering the local community to make sustainable social change and improve educational outcomes. The goal of this study was to explore the perceptions and motivations of students and parents that impacted their choice of schools in a rural area of west-central Uganda, where a non-profit we will call From the Bottom to the Top is supporting communities in strengthening their local primary school. Interviewers asked parents and youth about the reasons for the schools they chose, and informal observations of sustainable development activities further illustrated the motivations families shared for their school choices. It is commonly said among those working in Africa that many programs promote a donor mentality by, for instance, providing consumable items to schools and communities. While Kabonga et al. (2021) note that “donor aid engenders slavish and dependent mentality and undermines people’s faith in their own ability” (p. 89), it may be more effective to work from the bottom up to develop well-managed, self-reliant, and sustainable schools. Raising money and providing person power to develop sustainable initiatives around issues such as feminine hygiene products, sustainable potable water systems, and other community desires benefits students, their families, and the community.

METHODS

Data collection and analysis methods were selected to support the goal of learning from parents and youth and using their insights to better understand the factors that influence school choice. We analyzed the transcripts from one-on-one interviews with 10 adults and seven youth, looking for meaning-based patterns to develop themes that explain what motivated them to select the schools their families chose.

STUDY DESIGN AND PARTICIPANTS

Participants in this study were residents of rural areas of west-central Uganda. They included grade 7 students at the local school, parents, teachers, and other community members. Researchers for this study conducted in-person one-on-one interviews with community members at locations within the community, such as homes and schools. A translator supported the interviewer and participant's communication during a few adult interviews and about half of the interviews with youth. To protect the privacy of the community members who shared their experiences with us, pseudonyms are used for all the adults and youth who contributed to these interviews. The participants whose interviews are included in this study are described in Table 1 and Table 2.

Table 1*Descriptions of Adult Participants*

Pseudonym	Age	Role	Description
Michael	50	NGO field director	He is married with four children and considers himself a satisfied teacher working with the organization.
Sam	52	School inspector	He is a “teacher by profession, specialized in primary education.”
Katie	52	P1 teacher	She is a mother of seven children, ages 15 to 30.
Mark	*	P7 teacher	He is also a songwriter, author, and father of two children, ages 3 and 4 years.
Gwen	*	Parent	Gwen and her husband are peasant farmers with low-income status. They have five children.
Luke	*	Parish chief	He works many jobs as a member of the school management committee, a farmer, government worker, and civil servant. He has five children, ages 5 to 12 years.
Mary	*	Headteacher	She is a widow who parents other young people as well as her six biological children and three stepchildren that belonged to her late husband.
Tau	*	Chairman/Community leader	He is a married man with nine children (Two of his kids died). His kids are in the range of 10-22 years old. He is a peasant farmer as well as a business produce buyer.
Adam	76	Parent	He is a peasant farmer and has four children and one granddaughter.
Rebecca	60	Board member	She is a grandmother of three, having lost her oldest daughter to HIV/AIDS. She is a vice-chair in the local village council.

*No data available

Table 2
Descriptions of Youth Participants

Pseudonym	Age	Grade level	Description
Jesse	15	P7	He has five brothers and four sisters between the ages of 4 and 18.
Nancy	14	P7	She has three brothers and two sisters between the ages of 11 and 23.
Lacy	15	P7	She has four brothers and three sisters between the ages of two months and 21 years.
Beth	11	P7	She has three brothers and five sisters between the ages of 9 and 30 years.
John	15	P7	His only family member is his 68-year-old grandmother.
Moses	15	P7	His father is a businessman, and they grow a garden at home for food.
Charles	16	*	His father has died. His youngest brother is 13, and the oldest is 35-years-old.

*No data available

DATA COLLECTION

One-on-one interviews, with the occasional help of a translator, were conducted with each of the participants. Interviews focused on the school choices each adult or youth made and what motivated their decisions. Interviews ranged from 20 minutes to about an hour. Interviews were recorded and later transcribed for analysis.

The following interview questions were used for each of the interviews. Follow-up questions were added at the interviewer's discretion to deepen the conversation and support participants in sharing their insights and experiences.

1. Tell me a little about yourself, your family, community, etc.
2. What schooling options/choices were/are available for you?
3. What changes, if any, have there been in the schooling options available to you?
4. Why did you choose the particular school you did? What were/are the most and least important factors in your choices?
5. Is there anything else you would like to tell me?

DATA ANALYSIS

Following the interviews, recordings were transcribed; and transcripts were reviewed for accuracy. Some interviews were unable to be transcribed due to problems with the recording files,

and these have been eliminated from the data analysis. Data analysis focused on interviews with the 10 adults and seven youth described previously. After comparing transcripts to the recordings to check for accuracy, multiple researchers read the transcripts to look for meaning-based patterns in the information shared by our participants (Terry & Hayfield, 2021). Through multiple readings, we developed themes from the experiences described in the transcripts. Though not intentional, comparison of the themes constructed by each reader demonstrated agreement on the patterns in the data. Finally, as we formed conclusions from our data, we considered existing literature related to the themes to examine how these aligned with others' findings on the factors that impact school choice.

RESULTS

Using the words of the participants who shared their experiences, we developed three themes: gender equality, healthcare, and infrastructure. Many interviews included elements of multiple themes, and some of the themes overlap.

Gender Equality

Education access is a human right; yet it is denied to many, with girls facing disproportionate barriers to completing their schooling. Investing in girls' education in developing countries improves girls' access to basic needs, such as food, water, and shelter, so policies aimed at increasing access to education have far-reaching effects on girls, their families, and communities (Sperling & Winthrop, 2015; Gundersen et al., 2015; Singh et al., 2019). This further protects girls' rights to literacy, health, and increases their opportunity to participate in the labor force (Montenegro & Patrinos, 2014). These are among the benefits to girls and their communities when female students attend school (Sperling & Winthrop, 2015). Estimates from 2019 suggest that 41.5% of women in Uganda had no formal education, compared to 31.7% of men; without access to education, women are disadvantaged in comparison to men, "lack the requisite knowledge and skills for capturing employment opportunities," and are unable to engage in "economically meaningful activities" (Barungi, 2019, p. 2).

Menstrual Hygiene Management (MHM) is recognized as a women's fundamental need (Singh et al., 2019), yet few studies have investigated how unmet menstrual hygiene needs influence mental health. Only recently and after extensive efforts by researchers and advocates, menstrual health and hygiene have been identified as important matters for public well-being (Sommer et al., 2015). Women and girls worldwide struggle with meeting their menstrual health needs, encountering barriers such as lack of access to safe, clean facilities and affordable menstrual products (Kuhlmann et al., 2019). This is a widespread problem worldwide with five-hundred-million women and girls unable to access to adequate menstrual hygiene facilities (World Bank, 2018).

Women and girls suffer significant educational consequences due to their unmet MHM needs. Lack of or inadequate menstruation management supplies and sanitary facilities can lead to school absenteeism or discontinuation of girls' education (Tegegne et al., 2018). Despite the predominance of research and advocacy on menstrual hygiene needs in low- and middle-income countries, research suggests that women in high-income countries are also affected by the experience of "period poverty," the inability to afford feminine hygiene products (Cardoso et al., 2021). For example, in a study of 183 low-income women in St. Louis, Missouri, Kuhlmann et al.

(2019) found that 64% of participants could not pay for menstrual commodities in the previous year. One-third of the women in that study (n = 61), resorted to using other items, such as baby diapers, rags, and toilet paper, to manage their menses (Kuhlmann et al., 2019).

Girls face many challenges to being in school and continuing their education. One of those limitations is sanitation and access to feminine hygiene products (Parkes & Heslop, 2013, Sommer et al., 2014). Girls who live in poverty face the greatest obstacles to accessing education and suffer more the effects of menstruation absences, which affects their participation in school, their personal well-being, and overall satisfaction with life (Hennegan et al., 2016). Inadequate availability of menstrual products is a barrier to well-being and school participation. The implementation of interventions focused on MHM is increasing in many public and private spaces, but there has not yet been adequate study regarding the effectiveness of those changes (Montgomery et al., 2016).

Many investigations have highlighted critical daily difficulties connected with handling periods at school, indicating a link between girls' absenteeism and inadequate hygiene preparation. Sommer (2010a) stated that problems result from the lack of private toilets with water supplies, menstrual products, medication for relieving menstrual pain, and clean clothes in the case of leaks, made increasingly likely by long school days. Girls may experience distress and stigmatization because of these conditions. McMahon et al. (2011) reported that many girls in Kenya see their periods as the most critical social stressor and limitation to school attendance, causing them to stay at home during their menses.

Adam, a parent, shared insights about projects at the school that show the connection between gender equality and poverty themes. Adam said *“The girls have been getting menstrual kits from their partners . . . This has helped a lot, and what I’m seeing is that this school is going to be better than other schools in this region.”* He continued to explain,

The most important of all those is the menstrual kit because it is not there in all those other schools. You could have the building, but that could keep the girl out of that building. For me, I believe in my children coming to this school because it’s a school of choice. For all the time I have been here in the last 25 years, I didn’t have any other school of my choice, and that is why I wouldn’t take my children to other schools.

This school provides menstrual kits to all female students beginning at a certain age as the expense of these supplies would be unmanageable for families in the community. Being assured of access to these resources for managing their periods empowers girls to remain in school and receive the same education as boys.

Another parent, Gwen, who is the mother of two sons and three daughters, explained how she thinks the school is improving gender equality, which is one of the reasons she chose the school for her girls. Gwen stated that,

My daughter is in senior 2 now . . . she is used to tell me “Mommy, so I stayed at home for 5 days because of menstruation.” She could not go. But now my daughter says that now they come, they don’t miss, because if it happens here, they are taken care of. So that’s the change that I see here. This is something that is helping the girls coming to school. Yes, coming to school and staying here at school.”

Nancy, a 14-year-old student, shared another example of the influence of gender equality in her experience of having sanitary pads and bathroom for girl in school. Nancy explained how her school helped girls to stay in school during their menses, and she said that,

Those girls who is in periods, they get sanitary pads for them . . . Here in this school, girls are given a bathroom for them to bathe whenever it's breaktime or lunchtime. If you want you go there in the bathroom to bathe, to clean your body . . . The toilets have been built.

Beth, an 11-year-old student, also shared insights related to gender equality. She mentioned that she chose this school because of the menstrual program that school provided and the improved approach of teaching. She said that,

The menstrual kit. The menstrual program . . . We have been told in meetings. The madame has told us the kits are here and we are told to tell friends the facilities are available, and they can use them and help support them, so they know they are here . . . Teaching has also improved. That keeps girls here . . . Music, and crafts, and other crafts.

Healthcare

Healthcare is a particularly important theme due to the range of individual experiences related to healthcare and access to healthcare resources. Based on our conversations with students and families in the community, what seems to be most useful for schools and communities in rural Uganda has been facility improvements, such as the construction of cisterns to collect potable water from school roofs, renovations of school buildings, and construction of separate toilets and lavatory facilities for girls, in addition to the distribution of reusable menstrual kits.

The World Health Organization's (2014) Joint Monitoring Programme for Water Supply and Sanitation noted that access to well-maintained and clean sanitation facilities, private and adequate space for personal hygiene, and menstrual hygiene products, both at home and away from home, are vital components of women's health (p. 3). Worldwide, there are approximately 1.5 billion women between the ages of 15 and 49 who menstruate each month, with 300 million menstruating every single day, yet MHM needs are just beginning to get the attention needed to improve the lives of women (Munro et al., 2021; George, 2013).

Beyond menstruation, other health concerns include the prevalence of open defecation and not having access to water and soap at home, which represents a global burden for women who cannot access privacy, water, and soap during their menstrual cycle (Loughnan et al., 2016). However, these obstacles may vary by region, as Hennegan et al. (2018) explain that women in Nigeria may still have access to a private area where they can change their absorbent materials even if they do not have access to indoor sanitation facilities at home. Though access to facilities differs from country to country, it remains clear that more than half a billion women and girls do not have access to a toilet or latrine where they can manage their menstruation in private (Loughnan et al., 2016). It is impossible to ascertain the exact number as these indicators do not consider taboos around discussing menstruation nor cultural norms and practices, which may make it difficult for women to move about or remain safe during their menses (Hennegan et al., 2018; Thakur et al., 2014; Chandra-Mouli et al., 2017).

Sommer et al. (2016) stated that a lack of menstruation management impacts many girls worldwide, particularly in low- and middle-income nations. Several studies showed that

difficulties related to insufficient MHM include lack of access to soap, water, and clean and effective absorbents; lack of privacy; and inadequate facilities to change, clean, and dispose of absorbents. Furthermore, taboos and lack of social support surrounding menstruation have negative consequences for mental health, such as distraction, fear, anxiety, and shame (Phillips-Howard et al., 2016; Sommer et al., 2013; Mason et al., 2013; McMahon et al., 2011; Somer, 2010). These conditions hinder girls' ability to thrive in their school environment (Sommer et al., 2015).

By launching the Menstrual Hygiene Charter in 2015, the government and civil society organizations in Uganda pledged to work together to promote MHM as a priority (Government of Uganda, 2015). Extant literature presents evidence that low MHM may be associated with a high risk of reproductive tract infections and that interventions might enhance school attendance, but further evidence is needed to support this claim (Sumpter and Torondel, 2013; Oster et al., 2011; Hennegan & Montgomery, 2016; Montgomery et al., 2012; Wilson, 2013; Phillips-Howard, 2016b).

In rural Uganda, 3.75 million girls follow risky MHM practices (Rotary International, 2021). The Ugandan government has not promoted MHM in several regions, leaving girls with inadequate access to proper menstrual products; instead, they rely on used clothes, leaves, toilet papers, pieces of foam mattress, and banana fibers to manage their menstruation. Hennegan et al. (2016) considered the menstrual health management experiences of 205 girls, ages 10-19, in the Kamuli district of rural Uganda and found they faced multiple barriers to adequate MHM, including access to appropriate absorbents (sanitary pads and tampons as opposed to old cloth, mattresses, sponge, or toilet paper), facilities for washing with soap and water and for properly cleaning and drying reusable absorbents, and privacy for managing menstruation; consequently, the girls experienced shame during their periods, worried about odor, and avoided standing in class to answer questions. As a result, dropouts and absenteeism are often the results (Elzy et al., 2017). In nearby Ethiopia, Tegegne and Sisay (2014) found that in a sample of 595 schoolgirls in the northeast, girls who did not use disposable sanitary pads had a 5.37 times higher rate of absenteeism during menses than those using disposable pads when controlling for residency, family income, and parental education factors. Furthermore, in a five-month pilot trial of sanitary pad provision and puberty education in Ghana, girls who received pads demonstrated 9% more participation in class than girls who did not receive pads (Montgomery et al., 2012). Thus, we might expect that the provision of MHM products to be a critical element for the retention of girls in schools. This is precisely what we found.

Adam thought the menstrual kits were the most important change in the school. As he said,

Yes, I see this as the biggest challenge we have . . . the toilets have been built. The girls have been getting menstrual kits from their partners . . . this has helped a lot, and what I'm seeing is that this school is going to be better than other schools in this region . . . the most important of all those is the menstrual kit because it is not there in all those other schools. You could have the building, but that could keep the girl out of that building.

Sam, the school inspector, focused on the medicine they need for snake poison in school and how this need related to healthcare and Infrastructure. Poisonous snakes are common in the school due to building conditions. Sam said,

I saw some [snakes] last night . . . And you have to go and check to see if the building is okay to use or . . . There are some cases, at times where the children get in some accidents. They can get snake bites in some areas. I got some experience. Two children were bitten by snakes . . . Yes, poisonous snakes. Like, at times, you may find some of them have been taken by the hospital, so you analyze the problem, you make recommendations, and report them . . . Like to prevent it in the future . . . They try to assess the type of poison of that snake, and they make sure they provide that type of medicine around that place in case.

School Infrastructure

In the context of schooling infrastructure, school buildings, locations, equipment, and furniture play a vital role in providing quality instruction to students and creating an environment conducive to learning (Barrett et al., 2019, p. 16). Rural schools commonly lack the necessary infrastructure needed to function adequately; this includes appropriate number of chairs, working slates, tables, work areas, access to palatable clean drinking water, a good number of sanitary workplaces, sufficient light and ventilation, a fire escape route and crisis treatment unit, a library, a research center, and computer centers, and playgrounds (Lahon, 2015).

Providing a sufficient supply of clean water, sanitation, and hygiene facilities is a crucial step in helping to reduce diarrheal infection (Gentry-Shields & Bartram, 2014; Cairncross et al., 2010). According to Cronk et al. (2015), environments outside the home, such as schools, are essential in lowering the burden of infections associated with water, sanitation, and hygiene; however, the incidence of infection in these settings is inadequately investigated. Among these water-borne infections is schistosomiasis, which is transmitted by freshwater snails that carry the disease from untreated urine and feces; schistosomiasis is endemic in Uganda, present in 25.6% of the nation's population (Exum et al., 2019, pp. 2-3). The prevalence of this intestinal disease underscores the need for sanitation infrastructure, including water, washrooms, and sanitation facilities. Further, Jasper et al. (2012) emphasized the importance of access to healthy drinking water and sanitation in school settings, where children spend most of their waking hours. If clean water, sanitation, and hygiene services are not provided in schools, then children are more at risk of contracting pathogens and developing infections. Inadequate school facilities are associated with a decline in school attendance rates, an increase in open defecation, and an increased risk of hygiene-related diseases in children and instructors (Jasper et al., 2012). A study conducted by Sorenson et al. (2011) concluded that clean water, sanitation, and proper hygiene measures influence instructional effectiveness and well-being in schools and reduce the differences in educational outcomes for boys and girls. Poor water supply and the quality of toilet facilities diminish school participation and instructional effectiveness, especially among young women (Bar-David et al., 2009; Dreibelbis et al., 2013). Though access to facilities differs from country to country, it remains clear that more than half a billion women and girls do not have access to a toilet or latrine where they can manage their menstruation in private (Loughnan et al., 2016).

Clean water, sanitation, and hygiene programs in schools provide significant improvements in enrollment and gender equity, notably increasing female participation (Garn et al., 2013). Snel's (2003) research supported the relationship between well-being and access to clean water and sanitation in schools. Ensuring the availability of clean water and sanitation facilities impacts outcomes in other settings and throughout one's life.

Adam's insights demonstrate a connection between school choice and school infrastructure. When asked about the projects at the school, he said that,

this building which was about to collapse has been renovated and looks new, and other infrastructure is continuing to be built in the school. I still have hope because of the partnership . . . that we will continue to grow. Even those parents who used to hate this school have now started changing and are loving this school.

As he continued to explain, “*the greatest challenge that we have now is the buildings, the classrooms that are missing, and teacher’s houses makes us not get good teachers in this school.*” He also mentioned, “*teacher housing and the toilets that have been built*” as infrastructure improvements at the school.

Another participant, Sam, who is a school inspector and a teacher by profession described the effects of weather disasters on the school facilities. He stated, “*A problem like disaster, like wind, roof might be damaged, buildings and so on.*”

Michael, the Field Director for the organization, described changes happening in the area and said that,

When we started working there, the community was not very committed to their school, they were not so much involved in their school, but we have seen now more parents visiting the school . . . We are seeing more children coming to our school to join the school in the area where we are working and we ask them “why have you left other school?”, where you went to and you’re coming to this school. They say because have been improvements mainly in this school . . . Improvements like there is water now in our school, children don’t go to swamp to collect that water, especially the classroom has been improved . . . So, those are some of the improvements and the children are watching closely.

Also speaking of the improvements to the school facilities, Katie, a veteran grade six teacher explained that,

The other times when we were here, there was only one toilet. The boys, and the teacher, and the children couldn’t go to that one. At least now the girls have that one and there is that construction and the girls, themselves, now, they are now, good!

Mark, another teacher at the school said,

Being at this school have been uplifting in one way and other. Because I’m one of the members who is able to see this school during the recent period . . . it had no building . . . but when this school was constructed parents started bringing their children here. That’s also one of the reasons that why parents are sending their children here.

Responses from parents and other adults indicate that school infrastructure is one of the reasons that they chose the school for their kids. For instance, Gwen discussed the importance of infrastructure and said that,

The water system is going to help the girls so much because there is the time that God prepare for them every month. Because if the water is there, I can use the water to clean myself. And not only the water, but you brought the facilities for us to use, and soap.

DISCUSSION

The three themes that we developed from the insights and experiences shared by the adults and youths at the school demonstrate families' priorities when making choices regarding school attendance. Gender equality, healthcare, and infrastructure are areas that have significant impacts on the well-being of the students at the school, and based on these interviews, these benefits to students' wellness motivate families to select one school option over another.

Gender equality, which manifests in access to sufficient facilities and supplies for female students to manage their menses, frees girls from being forced to stay home multiple days each month and allows them to improve their literacy skills and prepare for satisfying adult lives. As they grow up, having the chance to go to school means that girls will be better able to participate in the workforce, have greater autonomy, power, and safety in their lives. MHM initiatives in the schools also improve girls' physical and mental health. Parents, as well as girls, recognized the value of having resources in place at school to help girls manage their periods so they can stay healthy and comfortable, stress less, and focus on learning.

Community members' concerns related to healthcare focused on access to toilet and washroom facilities, clean water, and medical treatment during emergencies. Having toilets and washrooms in the schools allows students to practice good hygiene and reduces the incidence of open defecation, contributing to lower rates of illness in students and instructors. Having space for cleaning and handwashing reduces that spread of disease and helps keep students from missing school, which in turn, can reduce the likelihood that a student will need to repeat a course or end their education prematurely. Access to safe drinking water during the school day also helps protect the health of students. Having snake bite medication available at the school allows school staff to treat children in the event of an accident with a poisonous snake at school. The parents who participated in these interviews showed care and concern for the health of their children and chose to send them to schools with resources to help them stay safe and healthy.

Parents also noted the value of having an adequate school infrastructure. Their school choice decisions were motivated by access to appropriate furniture, supplies, and learning spaces. Improvements to the physical structure of the school, including the addition of toilets, structural repairs following wind damage, and the construction of teacher housing, caught the attention of prospective students and their parents who recognized that the school building would be a better place for learning than other, poorer facilities. In the case of infrastructure initiatives that brought clean water and toilets to the schools, these improvements also help promote the health of students and instructors.

STRENGTHS AND LIMITATIONS

This study would not have been possible without the willingness of students, staff, and parents in the school community to share their experiences and insights with the researchers on this project. Their contributions to the research cannot be overstated. The collaboration between researchers was another strength of this study. With multiple people reviewing the transcripts, patterns were noticed that might have been overlooked by a single reader. The use of extant research to support and contextualize the words of participants is another strength of this study.

Problems with recordings and corrupt sound files limited our ability to analyze all the collected data. Needing to omit several interviews from our study due to issues with the sound files may

have affected the themes that we developed from the transcripts, as the insights shared by those participants were not able to be considered. It is also possible that some of the nuances of participant's responses were lost in translation. While every effort has been made to accurately represent the knowledge and experiences shared by the participants in this study, the language difference did present an additional challenge to this study.

RECOMMENDATIONS FOR FUTURE RESEARCH

Our conversations with students and families in this community demonstrated the significance of health-related resources and infrastructure, such as potable water access, washrooms, and MHM supplies, to school choice decisions. Further research can explore additional factors that attract families to schools and support students in completing their education. There is also opportunity for research into strategies for effectively expanding access to these resources. It behooves us, as researchers, educators, and activists, to ensure that schools are set up to provide the supports young people need to complete their education and prepare for fulfilling and productive adult lives.

CONCLUSION

This study focused on communities in west-central Uganda, where the non-profit organization, From the Bottom to the Top, has been supporting communities in strengthening their local elementary school, and we sought to explore the motivations behind families' school choice decisions. Additionally, this study has helped address a gap in the literature by examining a program that focuses on educational development as a means of social development, rather than highlighting the economic impacts of education. Through interviews with adults and youth in the community, we learned about their experiences with the schools and why the families chose the schools they did. By developing themes in the interview data, we learned that the families in this region have been motivated by factors related to gender equity, healthcare, and school infrastructure. The improvements that From the Bottom to the Top has supported the local schools in making have created learning environments where students have access to toilets, clean water, safe spaces for learning, and supplies for girls to stay healthy and comfortable during their menses. For all students, these improvements let families know they are sending their children to a school that will be safer and better prepared for learning. For families with daughters, the impact is even greater as these initiatives mean the girls will not need to miss school while menstruating. Families recognize that their children will be more likely to complete their education and stay healthy in these schools. The benefits of education increase the longer children stay in school. For girls, continuing their educations increases the likelihood that they will delay marriage, have smaller families, and experience less poverty. This is an important step in helping girls grow up to have satisfying and secure lives. By working with communities to develop well-managed, self-reliant, and sustainable schools, organizations like From the Bottom to the Top empower schools to support gender equality, healthcare, and infrastructure, providing a school choice that supports the needs to families and the community.

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