THE INFLUENCE OF FEMALE TEACHERS' REPRODUCTIVE HEALTH EXPERIENCES ON THEIR JOB PERFORMANCE IN SELECTED SECONDARY SCHOOLS IN KABALE MUNICIPALITY

BY

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DECLARATION

I, **TUHIRIIRWE HELLEN,** declare that this research dissertation submitted to this University in partial fulfilment of the requirements for the award of a Master of Arts degree in Education Management is my original work and has never been presented to any other institution of higher learning for any award.

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APPROVAL

This research dissertation entitled “The influence of female teachers’ reproductive health experiences on job performance in selected schools in Kabale Municipality” has been conducted under my guidance and supervision and is now ready for submission to Kabale University with my approval.

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ABBREVIATIONS

CEDAW:	Convention on the Elimination of All Forms Discrimination against Women.
FGD:	Focus Group Discussion
FMA:	Family and Medical Act
GEPEE:	Gender Equity, Parity and Equality in Education
ILO:	International Labor Organisation
IPA:	Interpretative Phenomenological Approach
PDA:	Pregnancy Discrimination Act
PTA:	Parents and Teachers Association
SDA:	Sustainable Development Goal
UNATU:	Uganda National Teachers Union
UNICEF:	United Nations International Children Emergency Fund
USA:	United States of America
UTA:	Uganda Teachers Association
UWONET:	Uganda Women Network
WABA:	World Alliance for Breastfeeding in Action
WHO:	World Health Organisation

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ABSTRACT

The study was about the influence of female teachers' reproductive health experiences and job performance in selected schools in Kabale Municipality. By natural course, female teachers undergo reproductive health experiences such as menstruation periods, pregnancy, childcare and nursing which tend to weaken them physically, psychologically and mentally because of the challenges they encounter.

The study was based on the following objectives: To explore school managers' and teachers' lived experiences regarding the performance of female teachers: To examine how female teachers' reproductive health experiences affect their job performance; To assess job performance challenges faced by female teachers experiencing reproductive health changes and to examine how female teachers with various reproductive health changes cope with their job performance .

In total, a sample of 45 respondents was selected using purposive sampling. These included Head teachers, Heads of department, male teachers and female teachers. The study employed qualitative techniques by adopting phenomenological research design to collect and analyse data.

Data collection tools used were Interview guide and Focus group discussion guide. Interviews were conducted on Head teachers and Heads of department while Group discussions were held with Male and Female teachers.

A qualitative presentation and analysis of data was based on themes formulated basing on the research objectives. The cultural feminism theory was also used to interpret and discuss data.

The findings indicate that female teachers were stigmatized, oppressed, stereotyped and discriminated against at the workplace. Recommendations to be considered and implemented by relevant authorities were made and I hope they will be useful to improve the present working conditions of female teachers.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

Reproductive health is a state of complete physical, mental and social wellbeing in all matters relating to the reproductive system, its functions and processes. According to Hanif (2004), female teachers experience more stress at the workplace as they have increased reproductive and maternal experiences compared to their male counterparts. As many female teachers join the teaching profession, the concept of equity and social justice is an important consideration to strengthen the question of identity at the workplace (Baldwin and Friedman, 1999). This is because, women employees tend to be confronted with the issue of combining work, prenatal, antenatal and postnatal experiences related to childbirth and care. These reproductive health experiences confronted at the workplace do pose equity and social justice challenges that were investigated. According to Pattison and Gross (1996), there is so far no special attention paid to female teachers at all levels at the workplace as they try to combine their reproductive experiences and the allocated duties and responsibilities. Even Bragger, Kutcher, Morgan and Firth (2002*)* add that very few studies have specifically put attention to these reproductive experiences that confront female teachers yet their impact on the teachers' productivity pose delicate and complex questions for empirical verification. As such, the aim of this study was to explore and identify the equity and social justice intuitions which are embedded when female teachers experiencing reproductive health challenges are at work; how they cope with work performance; and how school managers perceive them. This chapter consists of the background of the study, statement of the problem, objectives of the study, scope of the study and significance of the study.

1.1 Background of the study

The presentation of the background is structured in three sections. These are historical, theoretical, conceptual and contextual background.

1.1.1 Historical background

For a decade, Uganda has utilized gender equity reforms similar to those of industrialized countries to manage diversity and improve teaching and learning (Kajubi, 1992; Wilson, 2004; Yates, 1993). These reforms, which include the use of affirmative action and coeducational schooling have increased the number of students at school (achieved parity) while ignoring the gendered issues such as reproductive health experiences of female teachers embedded in the

school culture. The assumption of policy makers in Uganda is that schools are gender-neutral. Yet, gender regimes can be observed in symbols and school practices such as mission statements, curriculum, instruction, and administrative work (Apple, 1985; Muhwezi, 2003). The overall gender regime may undermine the human rights effort to provide quality education and relevant equal opportunities to boys and girls, as well as equitable consideration of female and male teachers. Equity as a reform initiative refers to education that is fair to all school stakeholders, including understanding the biological challenges female teachers face.

Female reproductive health challenges are issues that concern the health of ladies such as puberty, pregnancy, birth control, lactation, menstrual periods, physical, emotional and psychological experiences. These are important issues in society yet attempts to ensure equitable provision in this direction have remained minimal (Baldwin and Friedman, 1999). For example, Walters (2003*)* asserts that female rights protection started in the United States as early as 1890. Female rights Advocacy at this time started with establishing birth control mechanisms to ensure that women produce a reasonable number of children that would not affect their job performance, to live free from violence, slavery and discrimination. Women activists fought strongly to gain control, most especially for their own reproductive rights. They further indicate that the issue of women rights was quite important in 1920; the US constitution which is the supreme law of the United States of America granted women the right to vote. This was a major victory of the women rights movement which also included reforms in higher education, in the workplace and in health care.

Although reproductive rights continued to be a major focus, women health moved rapidly into the areas that affect their work performance, thus demanding for improved health care for all the women in general. In the United States, the first women self-help health group was formed in 1970 to fight for gender equity and equality (Nickel and Cohen, 2002). After that, new groups were organized at a phenomenal speed. By 1973, there were more than 1200 women groups in the US all intending to fight for the reproductive rights of women. The common goals of these health movements were: a) women reclaiming power from the paternalistic community assuming control of their own health; and b) changing childbirth practices as a major effort of the women health movements.

In African Traditional Societies, most families are based on patriarchal elements whereby women are taken to be inferior to men. Women have no say in the community including matters of reproductive health. All reproductive health practices such as childbirth and care are in favour of men than women along with health experiences like menstruation periods and

pregnancy which are specifically for females. For example, in most African Kingdoms and Chieftaincies, a man's social and economic prestige is looked at depending on the number of children he has produced regardless of whether reproduction endangers the life of a woman or not. However, when a woman fails to produce children, all the blame is heaped on her without taking into consideration that reproduction is a joint effort of both man and woman.

In Uganda, a number of women emancipation movements have been established to advocate for women rights. There is the Uganda Women Network (UWONET) which is an advocacy organization that exists to coordinate collective efforts among women. It was born out of the East African Women's conference held in Kampala in 1993 in preparation for the UN world conference in Beijing.

According to Tripp and Kwesiga (2002), Uganda had the first female vice president in Africa, Dr. Specioza Wandira Kazibwe, which is an indication that the empowerment of women was taking unprecedented shape. Women are now allowed even to take up high-ranking jobs and professions that were traditionally for men.

Tamale (1998) asserts that in Uganda women are allowed to participate in politics and parliamentary affairs without public rebuke as it were in the past. There are also global legal declarations that try to empower women to achieve higher status. For instance, Sustainable Development Goal 2 (SDG-2) agitates for female access to formal education, while Sustainable Development Goal 3 (SDG-3) enunciates on Gender Equity, Parity and Equity in Education access. The promotion of gender equality is meant to open opportunities that are for both male and female in order to minimize gender bias in all spheres of life

1.1.2 Conceptual Background

Reproductive health is defined as a state of complete physical, mental and social wellbeing relating to the functioning of the reproductive system. It is a human right like other human rights that apply to all categories of people such as refugees, people living with disabilities, and often the marginalized groups like women (Spielberg, 2002; Chebrot, Mason, Button and Di-Clement, 2001).

According to Martucci (2005), female reproductive health experiences are specifically defined as the numerous sexual changes manifest throughout the female's biological life right from childhood to adolescence, as well as from the female's prenatal and post-natal stages. These reproductive changes have great impact on the job performance of female teachers in school in general and particularly in the classroom. Reproductive health means a lifelong process not

only limited to the health of women of a reproductive age group but also to the roles and responsibilities of men in other reproductive health matters like dealing with Sexually Transmitted Diseases and Family Planning issues (Lyness & Judiesch, 1999).

In an ideal sense, Lyness et al. (1999) try to broaden the definition of reproductive health experiences to encompass men's roles as complementing women roles in sexuality and sexual education. However, in many cases this definition is negated by historical experiences. There is an overriding tendency of society to regard reproductive health experiences as a female affair and not a male affair, and this is the critical problematic for this study.

For this study, the researcher defines female reproductive health experiences as those challenges of a reproductive nature that befall women right from birth, adolescence, prenatal, antenatal and postnatal stages in the life of a woman. These female reproductive health experiences pose critical challenges to the workplace performance of most women because during this time, most of them face enormous coping hardships that range from intense sickness during pregnancy; and they experience a lot of burden on living with the pregnancy. Finally, after giving birth women take extra responsibility looking after the child which is also not an easy experience in itself. The usual question is: given their condition, how do women cope with their work performance?

On the other hand, the word performance has been defined by scholars from different perspectives. From the economic perspective, Summer and Siegel (2009) relate performance to efficiency in the achievement of results or it is the return on investment. When institutions gain returns on their investment, it is economically regarded as 'performance'.

From the managerial perspective, Armstrong (2003*)* views performance as a behavioural aspect that defines how organizations, teams and employees get work done. Armstrong adds that job performance is the accomplishment of a given task measured against the set standards. Goleman (1990) states that job performance relates to how individuals perform their allocated duties and responsibilities and their accomplishments measured against the standard of accuracy. On a Likert-scale, job performance can be rated as Excellent, Good, Average and Poor basing on the worker's competence.

Campbell (1990*)* argues that job performance is usually influenced by several factors such as knowledge, experience, skills, abilities, awareness motives, values and needs. As individuals become accustomed to the job, these factors change over time. This study defines job

performance to mean accomplishment of the set institutional targets or goals at one's job. For teachers, their job performance is measured depending on whether they accomplish their job description and using a performance appraisal system.

1.1.3 Contextual background

The contextual premise of this study is that if women face a number of challenges within their reproductive health experiences, how do these challenges affect their performance at work and how do they cope with these challenges? Froehlich (2006) asserts that female teachers basically meet reproductive health challenges such as menstruation periods associated with dysmenorrhea, Amenorrhea and irregular menses, pregnancy-related complications such as nausea and vomiting, loss of appetite and sometimes heartburn, child nursing and care after a baby is born. All these in one way or another may affect female teachers' physical, psychological, and social wellbeing in the course of fulfilling their duties and responsibilities. He adds that some women get sick during their reproductive health period.

Consequently, the Ministry of Public Service has designated a mandatory maternity leave of sixty working days to women after they have given birth, purposely to cater for the baby until such a time when the baby can be left at home and the woman comes back to work.

In Kenya, according to Mwanilana Tampah and Kumi Kyereme (2014), mothers are encouraged to stay at home without going for work for the first six months so as to breastfeed their babies. In Uganda, public service standing orders (2010) also provide a mandatory 60 working days of maternity leave on full pay regardless of status; and in case there is a need a mother can apply for additional off days which shall be offset from her annual leave. The Constitution of the Republic of Uganda (1995) Article 33:2 and 3 states that the state shall provide facilities and opportunities necessary to enhance the welfare of women to enable them realize their full potential, advancement, unique status and natural maternal functions in society.

In other instances, some females in menstruation period feel so sickly that they cannot perform to the expectations of their workstations. This forces many of them to stay at home or even spend the whole day sleeping at the place of work which some male supervisors find disgusting and unacceptable. As a result, Wenk and Garret (1992) have observed that women's efforts to combine work and family lead to their withdrawal from the labour force mainly because of their sexual reproductive health challenges. Consequently, Wenk and Garret have concluded that increased female reproductive health challenges lead to their low performance. As such,

women experience a large amount of discrimination in the workplace despite laws put in place to protect them. Discrimination against women is on the basis of pregnancy, child care and breastfeeding. Throughout history, women have been denied promotions to high ranking offices based on their maternal functions claiming that they are less competent compared to their male counterparts.

Due to the discrimination women face at the workplace because of pregnancy, in Uganda women are forced to abandon their maternal responsibilities. According to Mwinalana, Tampah and Kyereme (2014) professional Ugandan women least participate in breastfeeding for fear of losing their jobs. Only 46% Ugandan children are exclusively breastfed up to the recommended age of 2 years compared to Tanzania where breastfeeding is 51%, that of Kenya is 54% and Rwanda is 84%. This implies that in Uganda, mostly in the private sector, mothers are not widely supported during their reproductive health experiences especially those associated with childbirth and care. Mothers do not even exercise their right to maternity leave for fear of losing their jobs. However, lack of regular breastfeeding retards child growth, brainpower and their general body health.

Given the fact that childbearing mothers in Uganda are stigmatized and discriminated by their employers due to their reproductive health situations, the Uganda Government White Paper (1992) recommended that both public and private sectors should put in place incentives such as tax holidays for women in maternity leave. The Education White Paper further recommends the provision of suitable terms and conditions of service to women in employment to motivate them to perform their duties effectively.This study focused on the influence of female teachers' reproductive experiences on job performance in secondary schools of Kabale Municipality.

1.2 Statement of the problem

Frederick Taylor's Piece-rate theory (1897) suggests that if people devote many hours to work, their productivity increases. This is because enough time allocated to work helps to build creativity, initiative and dedication to work which increases staff performance *(*Armstrong, 2001). However, by natural selection, female teachers undergo reproductive health experiences which are likely to derail their productivity and professional time at school.

Gueutal and Taylor (1991) assert that female teachers experiencing reproductive health changes like menstruation periods, pregnancy, childcare and nursing tend to be physically, psychologically and mentally weak because of the challenges they encounter. In the contextual background of this study, the law provides mandatory maternity leave for expectant mothers so

that they can have ample time to contribute to the healthy growth of their babies. Gender mainstreaming bodies have also advocated for possibilities to even increase the maternity leave for working mothers to be able to support child growth and development.

If Taylor's piece-rate theory of productivity attaches enormous importance to 'time' as a human productivity variable in organizations, then there is a huge gap in trying to explore how female teachers' reproductive health experiences affect their performance at school and in the classroom. Like their male counterparts, female teachers make a contract with their employers to be productive, proactive, innovative and high-level performers on the day of their appointment. However, the way female teachers facing various reproductive health challenges at their workplace cope with the demands of the job, responsibilities and duties was an area requiring extensive investigation.

It is common knowledge that some education stakeholders especially in Uganda do not take female reproductive health experiences into consideration to the extent of some school administrators, especially in private schools, denying expectant mothers their human right to enjoy maternity leave.There are also limited studies that have explored reproductive health expriences of women in education institutions of Uganda. Finding answers to these research gaps clearly spells out the dire need to strengthen gender equity in education provision and the question of equal opportunities for both men and women at the workplace.This study sought to explore how various secondary schools respond to female reproductive health experiences and how such experiences influence female teachers' job performance.

1.3 Purpose of the study

To analyse the influence of female teachers' reproductive health experiences on their job performance in selected secondary schools of Kabale Municipality.

1.3.1 Specific Objectives

The specific objectives of the study included;

i. To explore School Managers' and Teachers' lived experiences regarding the performance of female teachers facing reproductive health changes;

ii. To examine how female teachers' reproductive health experiences influence their performance on the job;

iii. To investigate the job performance challenges faced by female teachers experiencing reproductive health changes;

iv. To examine how female teachers with various reproductive health challenges cope with their job performance.

1.4 Research Questions

i. What are School Managers' and Teachers' lived experiences regarding the performance of female teachers facing reproductive health changes?
ii. How do female teachers' reproductive health experiences influence their job performance?
iii. What job performance challenges do female teachers experiencing reproductive health changes face?
iv. How do female teachers with various reproductive health challenges cope with their job performance?

1.5 Scope of the Study

The scope of the study consisted of content, geographical, theoretical and time scope as elaborated in the subsequent paragraphs.

1.5.1 Content Scope

The study investigated how female teachers' reproductive health experiences influence their job performance. The female teachers' reproductive health experiences include their physical, mental and psychological health challenges and coping mechanisms during their work performance. Being a phenomenological study, these changes, challenges and coping mechanisms were probed from school managers and teachers lived experiences interacting with female teachers facing various reproductive health changes.

1.5.2 Time Scope

This study covered a period of five years from 2014 to 2018 because it was around this period that housemaids were becoming extremely scarce after the introduction of the USE programme in 2007. Because there was free provision of formal education, many potential housemaids preferred to go to school and enjoy education instead of working as housemaids. As such, it was becoming very expensive employing a housemaid given the ever-increasing cost of living in the average Ugandan home. Thus, the investigator felt that this time lag was not very far a period in the past and that the participants would be able to recall vividly what was happening.

1.5.3 Geographical Scope

This study was carried out in Kabale Municipality, which is located in the southwestern part of Uganda, Kigezi sub-region in Kabale District. Kabale District borders, Rukiga District in the North, Republic of Rwanda and Rukiga district in the East, Republic of Rwanda in the South and Rubanda District in the West. It is approximately 400 km from Uganda's capital city, Kampala. Kabale Municipality covers an area of 260 square miles and is inhabited by the Bakiga ethnic group. There are twenty (20) senior secondary schools; that is 7 government-aided schools and 13 privately-owned schools in Kabale municipality.The researcher chose this area because her workplace is found in the southern division of this Municipality and has always moved around interacting with female teachers and observing some anomalies which triggered her mind towards interest in this research area.

1.6. Theoretical Framework

The study employed Morgan and Firth's (2002) theory of cultural feminism. The cultural feminism theory posits that there is a fundamental biological difference between men and women, and therefore, women are more likely to receive negative performance evaluations, stereotypes, social avoidance and rejection. Their differences (compared to those of men) are special and should be celebrated most especially when it comes to their reproductive health obligations and experiences. This is expected to enable women feel less stigmatized which in turn improves their performance at the workplace.

According to Echols (1983), the cultural feminism theory advocates for equal valuing of the female abilities and occupation including parenting, respecting female values of care and nurturing and working to balance the traditional conservative cultures which overvalues male values of masculinity and undervalues female values of feminism often regarded as kindness and gentleness.

Cultural feminism, according to Flynn (1995) is a social-cultural wave and ideological balance which intends to secure complete equality of women with men in enjoyment of all rights with the prior focus on analysing gender inequality issues. In the rhetoric of cultural feminism, the themes of social discrimination, sexual objectification, oppression, patriarchy, and stereotyping women are given intellectual probity. Nkeala (2006) asserts that what cultural feminists define as traditional male behaviour is associated with superiority complex by undermining the efforts put in by their female counterparts. This is however harmful to the society and to particular fields including business and politics because in the real sense women should be paid salaries

and wages when they stay at home attending to their domestic chores, childbirth and care so that they become economically viable.

The assumptions of the cultural feminism theory sought to understand whether stigmatization, sexual oppression and stereotyping are some of the reproductive health challenges facing female teachers at their place of work, and how these challenges affect their job performance. Further it was also assumed whether women's biological differences with men is a source of devaluing female teachers' abilities and job performance in schools.

1.7. Significance of the Study

This study may benefit various stakeholders namely, policy makers,researchers,teachers and gender activists.

The findings of this study provide recommendations that the Ministry of Education and Sports may use to design better strategies of emancipating women in various professional callings. At the same time, it is hoped the study will justify why women facing reproductive health challenges ought to be respected and given leave from work for health reasons without having to question how such reproductive health changes affect their performance.

The study creates more awareness among school administrators on the importance of gender responsiveness. In this way, the researcher hopes to vocalize the reproductive health challenges facing female teachers when at work, and how best these challenges can be minimized.

The study was a stepping-stone for future researchers who may like to contribute more to the subject. The topics for further research and research gaps that this study has provided are a strong theoretical foundation upon which more relevant studies about the subject can be conducted by future researchers.

The study provides gender activists with data, theory and facts about how female teachers with reproductive health changes are treated at the workplace. This will aid the gender activists in advocating for better modes of gender equity at places of work.

This study was a critical observation of the condition of expectant mothers in their places of work, how they are perceived by their male counterparts and co-workers and whether their reproductive health challenges influence their performance.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviews available literature regarding the research problem. Creswell (2009) argues that the importance of reviewing scholarly literature is to enable the researcher acknowledge previous studies conducted around the same research problem. More still, the literature review provided a comparative study of various theories as well as providing research gaps and thematic areas that aided the researcher to understand the nature and study delimitations.The review was developed basing on different themes as below.

2.1. School Managers and Teachers lived experiences regarding the performance of female teachers with Reproductive Health changes

A significant body of research shows that employers and employees perceive that female teachers with reproductive health changes tend to have low job performance. In this collaboration, Halper, Wilson and Hickman (1993) assert that some school administrators perceive pregnant mothers to be emotional, irrational, and less committed to the job than their counterparts that are not pregnant. Judiesch (1999) further argues that fellow employees may feel that pregnant women are not putting in the necessary work hours and a substantial number of these pregnant women have negative attitudes that limit group productivity.

The study by Fried (2000) provides that some supervisors give lower performance evaluations to women who take leave for childbirth. This was in line with schedule flexibility, co-worker and supervisor-support that were associated with fewer job performance records and improved mothers' working conditions.

Consequently, most workplaces tend to highly disregard women experiencing reproductive health changes. For example, Schellenberg (2008*)* indicates that despite the law protecting pregnant women's rights to work, their discrimination due to their pregnancy status remains a notorious problem in the workplace. Bianchi and Milkie (2010) observe that many jobs require long flexible hours to enable workers to maximize productivity and profitability. Because of this, historically wage-earning has remained a male-dominated career and a non-traditional field for women.

According to Gray (2016), many women either leave the profession or lack opportunities for advancement because they are often discriminated against because their reproductive health experiences are viewed to be detrimental to their work performance.

Further, Gray (2016) argues that women were often given lower ratings on assessment-centred tasks when they wore pregnancy prostheses than when they did not, and were subjected to interpersonal discrimination when applying for jobs and most of the time were left behind in favour of their male counterparts.

Trice and Sucher (2011) assert that women were given lower ratings, especially on assessment centred tasks as they exposed their reproductive health experiences such as pregnancies.It was found that women who appeared to be pregnant were subjected to hostile interpersonal discrimination when applying for jobs and most of the time were left behind in favour of their counterparts. They reported that a substantial number of pregnant women would not return to work immediately after childbirth which was in line with the education standing orders whereby every mother was entitled to 60 days of maternity leave on full pay after childbirth to give her ample time to care for her baby.

In summary, although these studies provide the kind of stigmatization women in reproductive health changes face at their workplace, the studies, however, fail to mention the measures put in place to deal with the discrimination and stigmatization. Again, studies do not show any cases in which women facing reproductive health changes tend to be valued for their abilities as a way of securing gender equality and equity at the workplace.

Finally, many studies have concentrated generically on pregnant mothers which are only one form of female facing reproductive health changes. This study therefore sought to broaden the outlook by broadly investigating female reproductive health changes to include prenatal, antenatal and postnatal changes.

2.2 Influence of Female Teachers' Reproductive Health Experiences on job performance

Morgan and Firth (2008) assert that several experimental studies have found that pregnant women are more likely to receive negative performance evaluation and are less likely to be recommended for hiring or promotions than those who are not pregnant. However, in a different study, Casale (2014) refers to an increasing number of women in the workforce in South Africa as the "feminization" wave hits the labour market. She notes that whereas in 1995, about 38 per cent of all women of working age were active in the workplace; in 2001, nearly 51 per cent of them were economically active. Although Morgan and Firth's (2008) argument disfavours female participation in the labour market hypothesis, that of Casole (2014) supports female participation by indicating the massive growth of the women

movement in the labour market. This shows that the influence of women on the job varies with varying opinions which could be in support or disfavour of women participation in work because of mounting expectations that their reproductive health demands are perceived to disrupt the productivity hypothesis.

Adding to this, Ferrara and Schley (2012) found that job satisfaction was significantly higher for women before their pregnancy during or after pregnancy and that job satisfaction was positively related to satisfaction with maternity leave policies. This, however, implies that pregnant women are dissatisfied within the workplace. Plattison and Gross (1996) further assert that pregnancy, childbirth and first-time motherhood can lead to stress and anxiety.

The stressed and anxious pregnant mothers' experiences may be exacerbated by the environments in which they work, particularly environments that do not accept women with children at the workplace. Most the employers do not accept children at workplaces and as result, mothers feel stigmatized having left their children at home. Although having stigmatized identity does not necessarily lead to decrease in self-esteem and psychological wellbeing, there is a likelihood that it will negatively affect the performance of the concerned female teachers.

They further argue that pregnant women at the workplace may be vulnerable to psychological distress and women who feel increased distress may feel leaving the working profession would benefit them psychologically and increase their overall wellbeing. That is why labour turnover among female teachers is increasing in an attempt to join self-employment where they can easily balance their time alongside domestic chores.

Article 2(2.1) of the Uganda teacher's professional code of conduct provides for the observance of children's fundamental rights of which health is part. Before the World Health Organization's recommendations, as maternity leave periods typically expire, workplace arrangements should enable nursing women to continue breastfeeding upon return to work. Women have rights to breastfeed their children and to work. This is to meet international recommendations of exclusive breastfeeding up to two years and this is in the best interests of mother to child.

Breastfeeding mothers should be supported with feeding breaks at work with pay, a breastfeeding room and supportive workplace environment (GENEVA, 2010). However, in Uganda, these are not taken into consideration because of the nature of employment and

location of the workplace being far away from mothers' places of residence. This means that the failure of mothers to breastfeed at the workplace means not breastfeeding at all. Further, in Uganda, the information on the teachers' job performance is not well documented. Their performance is very important in areas like class management, participation in co-curricular activities, guidance and counselling, among others (Government of Uganda Education Act 2013).

The nature of job requirements for teachers also provided for by the teachers professional code of conduct seems not to avail all the time required by breastfeeding mothers to care for their babies. There is no stipulated time set aside for mothers to care for and look after their babies during the normal working time. Women are always torn apart attending to their babies at the same time carrying out their professional duties and responsibilities which in turn affect their performance in all areas.

Several international documents support the right to breastfeed as pointed by the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) (2007).To this effect, many governments have taken steps to assist childbearing women in combining breastfeeding with allocated job duties and responsibilities according to a report given by World Alliance for Breastfeeding in Action (WABA) (2007).

The WHO/UNICEF global strategy for infants and young children feeding calls on every nation to develop a comprehensive national policy which must include such support. The support accorded to breastfeeding mothers therefore seems to be only depending upon the quality of Human Resource Management to accord Breastfeeding mothers enough time to care for their babies after returning to work from their maternity leave.

2.3 Job performance challenges faced by Female Teachers Experiencing Reproductive Health changes

Literature indicates that there are several legal-related challenges female teachers face and affect their job performance. According to Bradwell and Muller (1980), the Supreme Court of the USA upheld state laws limiting the types of jobs women could perform and the number of hours they could work. This is because there was government interest in promoting women's maternal functions which were incompatible with the workplace and a half of the pregnant women reported some form of disadvantages due to pregnancy-related issues.

\Recruitment discrimination based on pregnancy and avoiding hiring women of childbearing age was also very common. Taylor and Langer (1987) support this view when they discovered that pregnant women were avoided at places of work. They were generally regarded as possessing a discrediting attribute that can affect their own and others' performance.

Jerry (2000) confirms that one of the job performance challenges facing women experiencing reproductive changes is stigmatization at the workplace. Such women employees are a liability in the workforce that causes undue stress on the employer. This is in line with Pettress (1998) who indicated that women who reveal their reproductive health challenges to their employers are in most cases terminated shortly after informing the employers about their situation. Sometimes, such women would be demoted by employers to avoid paying for maternity leave benefits associated with statutory maternity pay which all harm the financial position of mothers to enable them to meet their daily requirements and those of their babies.

Ferrara and Schley (2002) found that job satisfaction was significantly higher for women before their pregnancy than during or after pregnancy and that job satisfaction was positively related to maternity leave policies. Mothering is not only the act of giving birth to a baby but it involves several roles such as caring, nurturing, modelling and disciplining the child to grow up into a responsible citizen. All this time is not provided and female teachers are always dissatisfied at the workplace trying to balance motherhood and school duties and responsibilities. Sixty working days of maternity leave are the only ones provided to mothers after a baby is born but no considerations are taken to cater for women experiencing other reproductive health challenges such as menstruation periods, pregnancy and child upbringing.

Gillies (2005) added that mothers need state intervention to improve child-rearing skills since it involves mechanisms of tackling crime, poverty and exclusion. This study focuses on management strategies used by school administrators in handling breastfeeding rates and duration to ensure that the minimum standards set by the International Labour Organization (ILO) are implemented at the workplace to ensure the satisfaction of mothers.

The biggest job performance challenges facing female workers is the assumption that they cannot mix work and attend to their reproductive and maternal obligations. As such, Work-family conflict (2004) asserts that the workplace is structured around an "ideal worker" who has no childcare responsibilities and able to work for a minimum of forty hours per week year-

round and can work overtime. But such oppressive tendencies at the workplace contaminate the very essence of human rights, especially those relating to labour.

To deal with this, there are several legislations designed to promote equality of both men and women at the workplace, and these include: The Civil Rights Act (1964), the Pregnancy Discrimination Act (PDA) title VII (1970) and the Family and Medical "Act (FMLA) (1968*)*. Despite the above acts formulated and put in place, female discrimination persists and pregnancy discrimination continues to roll back the paternalistic treatment of pregnant women. For instance, the Discrimination Act and other feminization movements around the world still fail to grapple with many fundamental issues necessary to secure equality for women and men at the workplace.

In some cases, female reproductive health experiences have got many women to devise strategies of survival in the workplace. For example, Majer (2004) found that pregnant mothers and those who were experiencing various reproductive health changes were aware of how they were or maybe treated at work and instead engaged in strategies such as doing extra work or not asking for accommodation to try to mitigate potential discrimination. In Majer's (2004*)* sample, more than 30% of the women reported concealing their pregnancies and other reproductive health conditions for strategic purposes to ensure that their colleagues still view them as capable employees. Awareness of the potential for discrimination and actions these women take to mitigate this discrimination provide enough evidence that these women anticipate stigma related to their pregnancies while at the workplace.

Johnson (2007) further asserts that the majority of the women in the United States are working either fulltime or part-time when they become pregnant for the first time. Although most women return to work within three months after childbirth, about 25% ultimately quit their jobs. However, labour turnover is costly both to the employer who will need to do fresh recruitments and retrain workers and to the women themselves who will lose their current earnings and career satisfaction. Women end up becoming dependent burdens to their spouses. It is therefore important to consider job satisfaction of female teachers both in Pre-natal, Ante-natal and Postnatal stages when examining potential reasons for their exit from the workforce. If workplace factors such as lack of family-friendly policies or an unsupportive environment contribute to decrease in Job satisfaction and increase in labour turnover, then employers may lay strategies of increasing women's retention by addressing these issues.

2.4. Female teachers' coping with their job performance

Literature indicates that women employed in organizations have steadily increased due to the vibrant coping mechanisms they have adopted. According to Kraut and Kornman (1996), the number of women employed in the United States have dramatically increased, the percentage rose from 34% to 60% from 1950 to 1998 and today, women comprise 47% of all workers. Women now work in a wide range of occupations including traditionally male professions like law, medicine and engineering and they occupy 40% of the management positions in American companies. Miller and Jablin, (1999*)* state that the consequence of this increased female participation in the labor force is the issue of combining work, pregnancy, childbirth and care.

Borrith and Kidds (2000*)* found that to increase their participation in the workplace, women felt they had to reappraise their career expectations, practices and attitudes. There is an assumption that the monumental change of becoming a mother would affect in some way women's views of themselves at work. As a coping mechanism, women need to be supported by their co-workers to enable them to perform their duties effectively.

Bailey and Smith (2008) added that people strive to maintain a degree of stability in their self-concept. Once a given self-concept has been well established, individuals for a variety of reasons will employ a range of cognitive and behavioural "self-verification" strategies to preserve it. These strategies include deliberately avoiding or rejecting information that is inconsistent with the views of themselves, displaying symbols designed to project the desired identity and engaging in various behaviours meant to elicit confirmatory feedback from others. For women in employment, Leary and Kowalski (1990) observe that self-concept and identity keep working mothers fixed to their task while at the same time learning to attend to their reproductive health challenges.

Through impression management, women will attempt to manage control of how others perceive them. People often cope effectively with the experience of being devalued using many of the same strategies as those used by non- stigmatized people when they are confronted with psychological challenges such as threats of self-esteem.

Crocker (1998*)* further asserts that stigmatized female workers may cope by strategically displaying certain symbols called "misidentified" designed to counter negative perceptions of them at the workplace.

In organizational psychology, Crocker (1998*)* further asserts that stigmatized people are likely to feel anxious about how others perceive them and to be hyper-vigilant for any signs of bias or negative evaluation of their abilities. They are just as knowledgeable of their stereotypes about their groups as non-stigmatized people are. They are intimately alive to what others see as their failing. They are likely to use their knowledge of the stereotypes to guide how they present themselves to others. Stigmatized workers may overcompensate for their stigma by behaving in quite extraordinary ways trying to over-inflate other positive aspects about them.

Masson, Chrobot and Button (2002) say that one needs to conceal the stigma altogether if possible in other words passing as normal as if nothing has happened. However once a stigma is visible or has been disclosed, individuals are faced with a challenge of managing their stigmatised identities while interacting with others. Through various socialization experiences, people learn about what behaviours are expected or are normal in a given setting as well as those who do not belong there. The stigmatized may try to disassociate themselves from stereotypes by engaging in a variety of tactics designed to reduce the obstructiveness to their stigma. They further termed it as 'covering' which includes trying to avoid acting in ways expected to their group like the blind man navigating a city street alone or a pregnant woman working past her due date (Goffman, 1963).

In Uganda, the nature of employment and location of workplaces for female teachers, especially those experiencing reproductive health changes, continue to create for them unfavourable conditions. To remedy the situation for female teachers, Ssekamwa and Lugumba (1970) examined the efforts undertaken by the Uganda teachers to form themselves into viable organizations for negotiating better terms and conditions for teachers. For example, the formation of the Uganda Teachers Association (currently the Uganda National Teachers' Union (UNATU), was a significant step towards ensuring that female teachers are to gain their full potential in determining what accrues to them in their service delivery.

However, many studies have concentrated generically on pregnant mothers who are only one form of females facing reproductive health changes. Therefore , this study sought to broaden the outlook by investigating female reproductive health by including prenatal, antenatal and postnatal female experiences.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0. Introduction

This chapter discusses the methodology which was employed to achieve the research objectives. It presents the research design, study area, natural setting, data gathering strategies, procedure and ethical consideration and data analysis.

3.1 Research Paradigm

Adyanga (2014) adopted a research paradigm to guide the research conceptualization process. He referred to it as 'the research theory'. The research paradigm for this study is summarized in Figure 1 below.

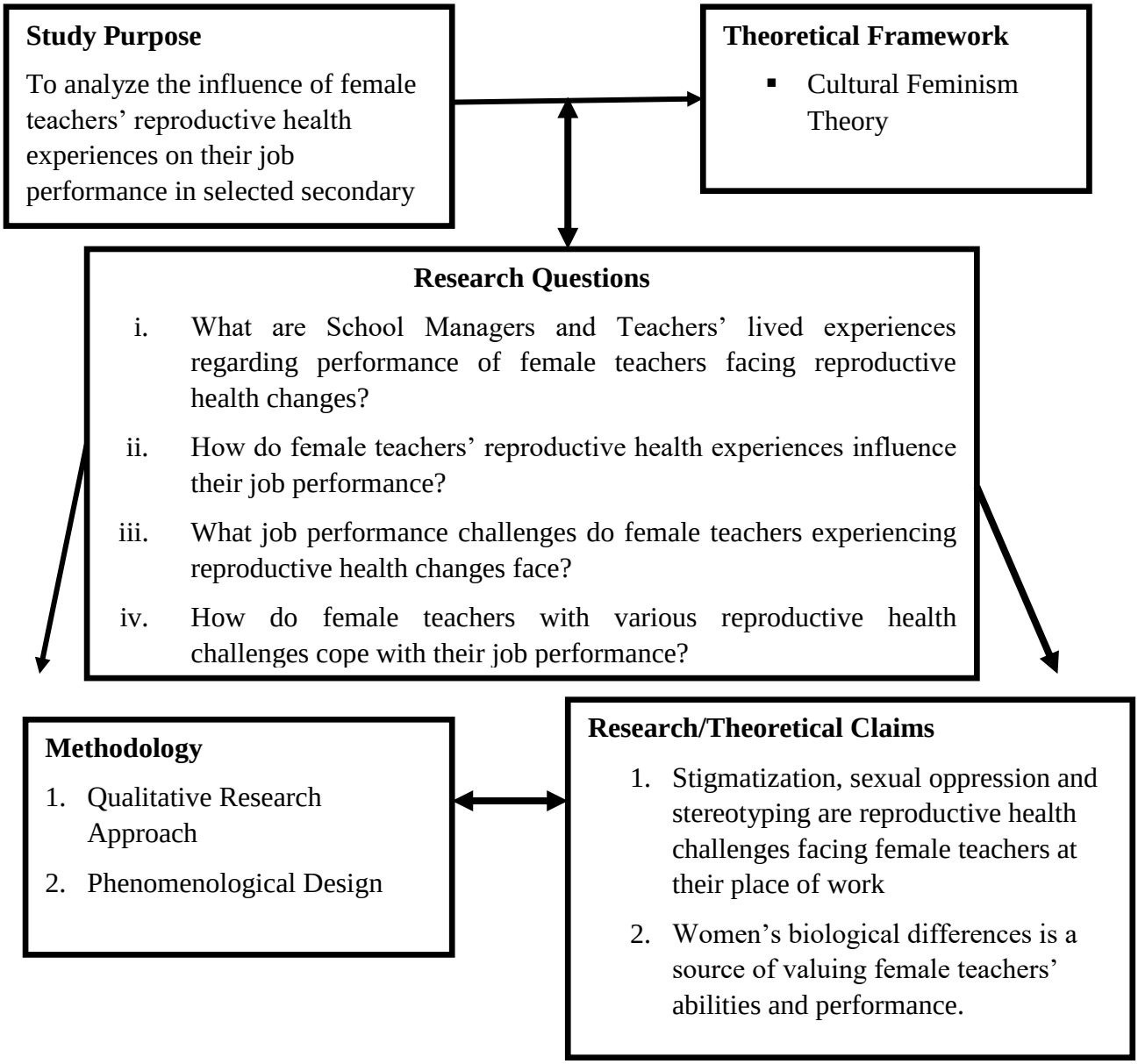

Fig. 1. Study Research Paradigm

A research paradigm was a model on which the entire study was premised. It was the general lens that guided me in gathering, analysis and interpretation of participants' lived experiences. To better conceptualize the research objectives/research questions for this study, Figure 1 provides a clear research paradigm for this conceptualization. In Figure 1, the study purpose was the cardinal basis upon which this qualitative research process was based. The cultural feminism theory was the theoretical framework used to interpret the understanding of the study purpose and research questions. The cultural feminism theory claims that traditionally women are oppressed, stigmatized and stereotyped in many social settings because of their biological differences with their male counterparts. The research questions are the specific routes through which the study purpose was interpreted to ease data gathering. From the theoretical framework, therefore, key theoretical claims were made and these acted as the hypotheses that were either approved or disapproved after analysis and interpretation of data

3.2 Research design

This study employed a qualitative research inquiry to gather information that was context-specific to female teachers and reproductive health experiences.Specifically,the study adopted the phenomenological research design to explore in details the lived experiences of female teachers' reproductive health experiences on job performance in secondary schools in Kabale municipality as a social phenomenon.

Using Interpretative Phenomenological Analysis (IPA) techniques, the main currency was to document the meanings of emerging experiences as perceived by the study participants. Phenomenological research design, according to Mohapi (2007*)* involves a detailed examination of the participant's life world; it attempts to explore personal experiences and is concerned with an individual's life stories or lived experiences regarding an object, event or social behaviour.

At the same time, phenomenological studies also emphasize that the research exercise is a dynamic process with an active role played by the researcher in that process. In this way, the researcher developed questions of inquiry using the feminist theory (as the theoretical framework), then actively used these open-ended questions to gather information about how female teachers' reproductive health experiences influence their job performance depending on the study participants' stories and lived experiences. Teachers, both males and females,

headteachers, and Heads of academic department were instrumental sources of gathering relevant data.

3.3 Study Population

A total of fourty-five (45) participants were selected to help in data collection. Five (5) Head teachers, that is one from each school, were purposively selected on the basis of their leadership experience and on the fact that they are the overall supervisors of all the teaching and non-teaching staff. As immediate supervisors of teachers, heads of academic department were also interviewed to give their perceptions regarding the work performance of female teachers experiencing reproductive health changes. The researcher wanted to know from these heads of department how female teachers' reproductive health conditions influence their performance and how these heads of departments handle these cases.Ten (10) Heads of academic department were selected, that is two from each school.Three (3) male teachers were selected from each school making a total of fifteen (15). Male teachers were interviewed being immediate co-workers to give their perceptions about their female counterparts facing reproductive health changes. Often, it is the men who stigmatize women because of the latter's biological differences. At the same time, some men have sympathy for women because the former know that women tend to be hard hit with biological challenges which are likely to affect their work ethics. Finally, female teachers were also interviewed because they were the unit of analysis in this study. Their life stories and lived experiences crucially mattered in the development of themes and categories of this study.Three (3) female teachers were selected from each school making a total of fifteen (15).

The study population was selected from five secondary schools in Kabale municipality**.** Three schools were selected basing on the different religious foundation bodies. These secondary schools include: School A (Anglican), School B (Catholic) and School C (Moslem). Two other schools were selected secularly. To further vary the philosophical orientations of the various secondary schools that were employed in this study, School D was selected to represent a Purely Government/public school, as well as School E to represent the Privately-owned school. Mugagga (2006) argues that to represent the study phenomenon very explicitly, qualitative researchers tend to diversify natural settings. Varied natural settings provide diversified experiences and stories that aid the generation of several themes and categories in the data-set. Thornberg (2009) adds that variation in the research study setting allows room for meaning-making during the process of analysis and interpretation of qualitative data.

3.4 Sampling Method

The researcher used purposive sampling in recruiting participants in this study.Purposive sampling was adopted to identify participants with experience and knowledge relevant to this study in relation to the influence of female reproductive health experiences on job performance.

3.5 Sample size

The researcher used saturation in determining the sample size (Saunders et al., 2018). A sample size of 45 participants participated in the study.The researcher interviewed participants until there was no more new information generated. This marked the end of the interviews. Participants included Headteachers,Heads of Departments, Male teachers and Female teachers.

Table 1. Sample Size for each School

SN	School	Head Teacher	Head of Department	Female Teachers	Male Teachers	Total
1	School A - St Mary's College Rushoroza	1	2	3	3	9
2	School B –Kigezi High School	1	2	3	3	9
3	School C –Ndorwa Sec. School	1	2	3	3	9
4	School D -Kabale Sec.School.	1	2	3	3	9
5	School E-Kabale Trinity Trinity College	1	2	3	3	9
Total		**5**	**10**	**15**	**15**	**45**

3.6 Data Collection Methods

The researcher used Interviews,Focus Group Discussions and Documentary review.Interviews and focus group discussions were sources of primary data while documentary review was a source of secondary data.

3.6.1 Interview Method

According to Owolabi (2009), an interview is a type of face-to-face conversation between the interviewer and the interviewee with a specific aim of obtaining in-depth information from the interviewee's world. According to Kakooza (2002*),* interviews collect a large amount of data in a reasonable time when the researcher keeps on probing for such detailed information.

Interview guides are valuable tools for collecting qualitative data. In-depth interviews were used on Headteachers and Heads of Departments because they are leaders in schools and they influence policy.They can easily give individual views about the study phenomenon.

3.6.2 Focus Group Discussion method

The researcher also used FGDs to collect primary data from participants in each school. According to Mohapi (2007), FGDs are good at collectively bringing ideas provided by different participants into a single theme with minutes written on what was deliberated upon (agenda) by a list of participants. Because the study was intended to develop themes and categories from the various participant stories, FGDs are suitable for thematic development.

Each FGD consisted of six (6) participants, that is three (3) male teachers and three (3) female teachers. The researcher introduced a topic related to the research questions and sub-questions.

When an FGD was organized, the researcher used a research assistant to serve as a secretary of the discussion. The researcher was the chairperson who led the discussion and probed further for in-depth responses. During the FGD, participants were allowed to freely debate issues and even reacted to what their fellow participants in the discussion gave. This allowed a cross-fertilization of ideas as well as a collective agreement on what sort of lived experiences and stories were documented. The researcher also behaved as a participant-observer and recorded all observations as part of the data collected. In this way, critically relevant symbolic gestures from participants; moods and behaviour exhibited during commenting or discussing an issue were also recorded. For example, in the course of discussion or when a participant was giving his/her own story and he or she cried or laughed, those were symbolic gestures which would carry some strong meaning.

3.6.3 Documentary Review Method

The researcher reviewed literature on female reproductive health experiences specifically in schools minutes of meetings, textbooks in the library and Human resource mannuals**.**

3.7 Data Collection Tools

According to Putcher and Porta (2004), the qualitative research approach aims at providing an understanding of a social setting or activity as viewed from the research participants.The researcher used interview guides and Focus Group Discussion (FGD) guides to gather information on participants' lived experiences.

3.7.1 Interview guide

Interview guides were made of open-ended questions which were used to guide the researcher in collecting data related to the problem. The researcher interviewed headteachers and heads of departments through personal interviews.

3.7.2 Focus Group Discussion guide

This provides a guide of topics of discussion in the group.Topics of discussion were formulated basing on the research questions .Focus group discussions were held with teachers both male and female teachers for they could give collective ideas related to the study.

3.7.3 Documentary Review Checklist

In this study, secondary data was obtained from reviewed literature on reproductive health experiences specifically among female teachers in schools, minutes of meetings, textbooks in the library and Human resource mannuals. These documents helped the researcher to get information on the influence of female reproductive health experiences on Job performance**.** These provided support to the researcher from unpublished and published works.This technique revealed the literature and tried to convey both national and global perspectives and the researcher had a comparative analysis and evaluation.

3.8 Data collection procedure

The researcher collected a clearance letter from the Directorate of Post Graduate studies Kabale University.The clearance letter was presented to the headteachers to introduce the researcher and ask for permission to conduct a research in the respective schools. She was given appointments from the schools on when to conduct the study.The researcher proceeded and made appointments with participants.

On the appointed day,the researcher came with consent forms, introduced the research topic to the participants and sought for their consent to participate in the study.Only those who accepted signed the form and were allowed to participate in the study.

3.9 Data Quality Control

The researcher verified data collection instruments in order to remain focused to the topic and study objectives.She considered validity and reliability of instruments to ensure relevance to the objectives.The researcher under the guidance of her supervisor reviewed the Interview guide and Focus group discussion guide and pre-tested the instruments to minimize spelling

mistakes, grammatical errors and to ensure that the questions asked were clear and relevant to the research questions and objectives.

3.10 Data Analysis

After data collection, information was transcribed from the tape-recorder, FGD minutes and note-book observations for analysis. The data analysis process was conducted as follows (Glaser, 1965):

a) Transcribed information was coded for possible themes and categories. Coding was either open-coding where concepts that infer meanings in the data were encircled throughout the transcripts. Axial coding necessitated the drawing of symbolic interactionism/ themes/ categories from the concepts and latent interpretations in the data.

b) Information was also interpreted by asking the 'why' and 'effect/consequence' of an occurrence. Interpretation also involved drawing significant lessons and descriptions from the raw data.

c) For discussion of the findings, participant information, themes and categories were cross-referenced with existing literature/studies to find points of convergence (agreement) and points of divergence (disagreement).

d) The researcher gave her interpretation judging from the points of convergence and divergence in the discussion of data. This is known as auto-ethnography which is a vital tool in Interpretative Phenomenological Analyses (IPA).

e) Finally, the researcher used the Cultural Feminism Theory to interpret the discussion and findings. The theory is a mental lens acting as a transformative perspective that shapes the type of qualitative data gathered. The theory guided the researcher as to what issues are important to examine. The theory also indicated how the researcher should position himself or herself in the qualitative study. For example, the researcher could espouse herself as a critic employing critical discourse analysis, documenting narratives and how the final written accounts needed to be written whereby recommendations and conclusions were given to improve the lived existing situation emerging from participant lived experiences.

3.11 Ethical Consideration

When dealing with human subjects in research, researchers have to be cautious with the procedure of selection and data collection because the process requires sensitivity in handling.

As such, the researcher took ethical protocols very seriously to ensure that research ethics and procedures were followed. The researcher obtained an introduction letter from the Directorate of Post Graduate Training to collect data.The researcher considered informed consent, confidentiality of respondents and protection of the rights of respondents (Romm, 2018).

Because human subjects (participants) cannot be forced to participate in the study, the researcher sought their consent and only those who accepted participated in the study.Participants were informed that their involvement was voluntary and they were free to exit the study at any time without penalty. Participants information was treated with utmost confidentiality by using pseudonyms for responses that were sensitive and could not identify the respondents directly (see Appendix 1). Schools were given pseudonyms -- School A, School B, School C, School D and School E to ensure confidentiality.

3.12 Limitations of the study

The main limitation for this study was withholding data by some respondents.The researcher kept on probing them, encouraging them to reveal all the required information and assuring them that it would be kept confidential and used for academic purposes only.

The researcher faced a challenge of limited time for data collection due to Covid -19 lockdown and closure of schools.It was not easy to access respondents.The researcher waited until candidate classes were opened to start data collection.

CHAPTER FOUR

ANALYSIS, INTERPRETATION AND DISCUSSION OF FINDINGS

4.1 Introduction

This chapter analyses, interprets and discusses data to generate study findings. A qualitative Analysis,Interpretation and Discussion of data was based on the following themes.

1. School managers and teachers' lived experiences regarding the performance of female teachers facing reproductive health changes.
2. The influence of reproductive health experiences on the performance of female teachers.
3. Job performance challenges faced by female teachers experiencing reproductive health changes.
4. Coping mechanisms of female teachers experiencing reproductive health changes.

Besides, the Cultural Feminism Theory was used to interpret and discuss the presented data to understand the gender perspective and dimension concerning how female reproductive health experiences influence their job performance in the school contextualization. The cultural feminism theory adopts the gender paradigm to guide the research conceptualisation process. It is the general lens that guided the researcher in gathering, analysing and interpreting participants' lived experiences. Since female reproductive health experiences are part and parcel of the biological and natural course of the female teaching staff, it is plausible to examine how this occurrence affects their work ethics and professional practice in an educational context.How is their performance influenced by their reproductive health life?

4.2 Demographic Characteristics

The study findings regarding the influence of female reproductive health experiences on job performance in secondary schools in Kabale Municipality were collected using Focus Group Discussions held with fifteen(15) female and fifteen (15) male teachers from five schools in order to balance the discussion. Interviews were also conducted on Five (5) Headteachers and Ten (10) Directors of studies in Five schools. In the course of interviewing respondents in the study context, the following demographic characteristics were analysed .

4.2.1 Age of the Respondents

With regard to the age of the respondents, the study participants' age ranged between thirty (30) years and sixty (60) years, being the majority in the teaching profession. This age bracket provides the most active reproductive health experiences because most of the female teachers in this age bracket are still undergoing reproductive changes that influence their marital, sexual and professional life.

4.2.2 Sex of the Respondents

The study was conducted on both female and male teachers in order to provide a balanced interpretation of the study subject and to neutralize any tendencies towards stereotypical views about the study problem. However, the study found out that male respondents had a profound bias towards female teachers' performance, especially those female teachers experiencing reproductive health challenges. Men's and women's voices differ acoustically, and sex-stereotyped attributions are formed basing on gender differentiation. In the teaching profession and work place environment, men's voices towards women are more nasal than women's voices, and that nasality of voice is inversely related to work place performance. For example, one of the school administrators in School A had this to say:

…you can hardly get a serious female teacher….out of one hundred (100) females, you cannot even get five (5) who are serious and competent to their job…"

The above observation from one of the head teachers is a true reflection of an ongoing gender stereotypical rage between male and female respondents, whereby the male educators often slam their female counterparts as being not up to the work place task. Culture is the problem of a process in which women are defined by men, that is, by a group that has a contrasting point of view and set of interests from women, not to mention a possible fear and hatred of women. This observation is similar to what Alcoff (2017) says that in cultural feminism, there is the problem of male supremacy simply defining women as just female anatomies with no dominant discourse in their category. Within the cultural feminism dichotomy, it is naturally assumed that women must remain inferior and self-serving, and that powerful women are not "true" or "real" women.

4.2.3 Category of Schools

Two categories of schools were used in this study, that is: The Religiously founded schools and the Secular Schools. It was important to have both for purposes of comparison and to generate

any diversity in experiences emanating from two different founding philosophies; that is the secular and religious philosophy of the educational establishment. Mugagga (2007) observes that Uganda's education was founded on a strong history decorated by both religious and secular pillars and it is these two categorizations that fundamentally define the pace, practice and future of education in the country. Therefore, understanding the influence of female reproductive health experiences on job performance in secondary schools in Kabale Municipality from the two founding philosophies would provide two influential opinions regarding the study problem.

4.3 Discussion of findings

4.3.1 Theme One: School Managers' and Teachers' lived Experiences regarding the performance of female teachers facing reproductive health changes

A number of sub-questions were posed to guide in data collection and analysis. Do you enjoy working with female teachers who are facing reproductive health changes and challenges? How do female teachers perform their duties especially when they are facing reproductive health experiences? Do female teachers face stigmatization, stereotypes and discrimination from their fellow teachers and school administrators while experiencing reproductive health changes? These sub- questions were intended to capture school managers' and teachers' perceptions about the performance of female teachers experiencing reproductive health changes in their school duties. Using the cultural feminism theory, a number of sub- themes were deduced from the raw data and transcripts.

Female influence in the domestic arena

In the African traditional societal settings, both males and females have prescribed roles to play as part of life skills development. The females are supposed to do domestic chores such as cooking, house cleaning and reproduction, as the males go for public responsibilities like hunting, attending village meetings, and holding political offices (Tamale, 1998). Likewise, most respondents observed that female teachers have long maintained the African traditional order because they tend to give more time and energy to their domestic and biological obligations than their professional mandate. Many respondents complained that when female teachers are faced with reproductive health challenges like pregnancy and child birth, they tend to be more focused on these marital experiences than they would with their school activities. In an interview, a head teacher in School A stated that:

"...It gives us trouble allocating sensitive duties to female teachers especially when they are expectant mothers…waiting to go for maternity leave. They are so reserved and lazy

than their counterparts the male teachers. In this school, we are interested in recruiting male teachers because they carry no such burdens [like pregnancy]. They are approachable and swift at work.

There are those respondents who emphasized that the biological challenges of women, like giving birth or being pregnant totally affect their work performance. Such female teachers facing reproductive challenges like pregnancy tend to be diabolic absentees, they at times do not meet deadlines because they are ever complaining about their inability to perform certain tasks like weekly duties and supervising co-curricular activities. This was raised from the responses of a group of teachers in a Focus Group Discussion in School E, and they had this to say:

"*When our sisters are pregnant or are experiencing menstruation periods, it becomes very difficult to engage them on particular tasks demanding their full presence…. It means that you have to forfeit their full productivity until such a time when they are free from their biological challenges…"*

Health Challenges

Health challenges were pointed out as one of the key sub- themes that critically explains school managers and teachers' lived experiences regarding the performance of female teachers facing reproductive health changes. As put forward by a head teacher in school A, "planning with pregnant mothers and those breastfeeding babies is most of the times disappointing because of their multiple health complaints which render them to be inefficient". It was further mentioned by a female teacher in school C that:

"…some female teachers go with babies to school assisted by other female teachers who don't have lessons and the support staff. This is inconveniencing as the teacher cannot fully concentrate in class when a baby is left in such conditions. Sometimes, they end up missing lessons or getting late for lessons. In addition to that, pregnant mothers also with their multiple complaints associated with nausea, vomiting and headache keep on chewing sweet gums to reduce on that and when unhealthy conditions persist, they as well miss lessons…"

As a result, it is sometimes not enjoyable to work with female teachers mostly those experiencing reproductive health changes as expressed by some study participants. This is an indication that there are still significant gender disparities in the teaching profession in Uganda today, as manifested through several cases of female discriminatory practices, especially

among those females facing any reproductive health challenges. This is in line with Petress (1998) who asserts that women who reveal their health reproductive heath challenges to the employers are in most cases terminated shortly after informing them.This observation paints a daunting picture of the status of the gender regimes in secondary school management in Uganda. The structure of management of schools still survives on a traditional-monotheist construction of society that believes in putting males on top of the societal ladder than females. The issue of female health challenges carries negative perceptions about the female person facing health problems which is an indication of an expansion of gender disparity at the workplace.

Discrimination and Marginalization

Female teachers experience discrimination from other teachers and school administrators to the extent of being allocated lower classes where students are less demanding. Putting them in lower classes that are less demanding is a portrayal of the fact that females are regarded as the inferior to their male counterparts. Debates on affirmative action with regard to placement of women in positions of responsibility reflect that gender equality cannot be emphasized in a practical sense without the entire society accepting that women can play a lead role not only in gender mainstreaming attempts but also in the collective development of social systems. The issue of placing women at the periphery of social responsibility is still observed by this female teacher in a group discussion in school C, who raised her Voice that:

"…*we cannot be allowed to teach in candidate classes which would be our wish as a way of testing our competence and productivity. We are not even allocated extra duties which bear extra allowances and somehow, we are marginalized."*

Leaving out women in the management of important school offices is partly the suffocation of gender inclusiveness and the subsequent misrepresentation of the feminine cause in school activities. This is further supported by Fried (2000), who opinionates that some supervisors give lower performance evaluation to women who take leave for child birth. They end up being demoted or their contracts terminated. This is however discriminating and it demoralizes the efforts put in by female teachers. What is so intriguing, as expressed by Fried (2000), is for the existing institutional power structures to tag poor performance of women to natural causes like pregnancy, child birth and other such biological occurrences. This in itself is an orchestration of gender imbalances that often distress the social stratification process, especially the creation of class systems based on elements of gender abilities, without due regard to biological forces over which humans have no control. Schellenberg (2008) further asserts that, despite the law

protecting pregnant women's rights to work, their discrimination due to reproductive health experiences remains a notorious problem in the workplace. It is clearly understood that women are stereotyped, stigmatized, oppressed and discriminated at the workplace due to their reproductive health experiences which in turn affect their job performance.

Due to their reproductive health experiences, other teachers and school administrators do not enjoy working with female teachers at all levels in the workplace. One female teacher in a discussion in school A pointed out that

"…*We are disregarded by our male counterparts…especially when we are expectant. Conditions in this school are not so good for the plight of the woman. At one time, the head teacher made an advertisement for a job in our department [Department of English and Literature] that a vacant position should be occupied by a male recruit '….no reservations for a woman', the head teacher retorted."*

This was very embarrassing and humiliating on the side of female teachers.

Poor Workplace Relations

Poor workplace relations between female teachers and their immediate supervisors is another sub- theme that emerged out of the data collected. Because of their biological conditions, when they are in menstruation periods, pregnant, or expecting to give birth and later provide care to the babies, reproductive conditions surrounding such female teachers have always been the cause of their poor relationships with their immediate supervisors at the workplace. It is believed that such reproductive experiences, in one way or another, affect the performance of female teachers at all levels. For example, there are occasions when female teachers that experience heavy and painful menstruation periods are tempted to miss lessons or arrive late for duty because of their daunting and demanding condition. This observation is emphasized by the female teacher in school B who lamented that

"…*when experiencing menstruation periods [She weeps], they become too heavy and painful to the extent that I can't leave the bed for almost a week…"*

From the above quotation of a female teacher expressing dissatisfaction that female teachers with health conditions are often maligned by the uncaring school regimes, it is universally acceptable to believe that pregnant mothers and those experiencing menstruation periods do not find it easy to carry on their professional duties in an environment that disrespects their plight as women with biological condition over which they have no control. For instance, female teachers experiencing early pregnancy often suffer health conditions such as nausea and

vomiting which bring about general body weaknesses and as the pregnancy grows bigger conditions continue to worsen. In such a state, it becomes hard for such females to perform to the expectations of the management of schools because they are physically and psychologically weak. Further still, breastfeeding mothers would meet challenges in bringing up their babies as most of the young babies are sickly, and sometimes, there are mothers without maids to assist in childcare. This whole touching experience of coping with female reproductive changes indicates that it is faulty to rate female performance without due consideration of their biological selfhood; a spectre that would professionally lead to questioning of gender roles in school management. The gender question in workplace environments would ideally require a plausible debate on inclusive and equity treatment of all staff irrespective of their sexual orientation.

This above reckoning is emphasized by one young female teacher in school A, who resonates as such:

"…I *had a baby, by the time she attained 8 months of age, I had used 6 maids to assist me in caretaking. So, I decided to take the baby to a daycare center which was costly in one way and very inconveniencing on the other hand".*

Because of fear to be regarded as incompetent and non-performers, many young female teachers find themselves engrossed in huge economic expenses beyond their reach. They have to spend hugely on child care as a solution to defeating the unbalanced gender regimes; especially those that often label them as non-performers irrespective of their condition. Therefore, emerging perceptions of female teachers experiencing reproductive changes are generally not supportive of the female teachers who are highly disempowered due to biological and circumstantial conditions beyond their control.

4.3.2 Theme Two: Influence of female Reproductive Health experiences on their job performance

Data collected under this theme was in relation to the following sub-questions: How is the performance of female teachers facing reproductive health experiences rated by school administration and teachers? What sort of stigma, stereo-typical features and discriminatory advances do female teachers face at the workplace and how have these affected their performance? How do the reproductive health experiences affect female teachers' performance? Responses to the following sub-questions evolved into the following sub-themes.

Rating School Performance of Female Teachers facing Reproductive health experiences

Generally, the schools tend to rate female teachers facing reproductive health experiences as weak personalities when it comes to performing their duties. That is why they prefer male teachers than female teachers. The majority of the respondents observe that when it comes to fulfilment of duty at school, the male teachers are more reliable compared to the female teachers. In a Focus Group Discussion (FGD) with six teachers in School D, it was revealed that:

"Female teachers are habitual late comers which habit is explained by their reproductive challenges that often consume much of their time".

This scenario is associated with the health changes they go through such as menstruation periods, pregnancy, early morning sicknesses like nausea and vomiting due to pregnancy, childbirth and care. All these health changes in one way or another have an influence on the performance of female teachers in general. Performance at school is time-bound and requires dedicating oneself to school duties with minimal external disruptions. According to the scientific theory of management, productivity of a worker is dependent on the amount of time input and the marginal productivity of that worker. This implies that to record high performance among female teachers there is need for a degree of commitment deployed in their work schedule.

However, on the other hand, it is imperatively not right to deprive female teachers the right to work and earn a living just on grounds of unavailability when experiencing reproductive health challenges. Notions of gender equality demand that there is a significant degree of social justice treatment for both male and female at the workplace. These gender dynamics are intended to portray a clear picture of tolerance, equal treatment and affirmative action as key drivers of positive organizational change. In this sensibility, female teachers give their opinion as to why they need equal treatment at the place of work. In a group discussion with teachers in school A, a female teacher had this to reiterate in a touching experience:

".... if the pregnancy reaches the last trimester, it becomes heavy to the extent that I cannot even manage to teach a lesson of 40 minutes. Does it mean that this expectant mother……...should be relieved of her duties?"

It has been noted that performance of female teachers experiencing reproductive health challenges is not good because of the biological disruptions they encounter. They are always not available to execute their duties and obligations at school and other practicing teachers find it an obstruction. Secondly, voices from those interviewed suggest that reproductive health challenges often distract female teachers' concentration on job.

Menstruation Periods

Naturally, female teachers must experience monthly menstruation periods which are sometimes heavy, painful and irregular. They cause discomfort to the concerned teachers and in the end, they are on and off from their places of work. During this period, some female teachers feel general body weakness and discomfort and cannot effectively attend to their allocated duties. This is in accordance with Trice and Sucher (2011) who assert that women were given lower ratings especially when they expose their reproductive health experiences.They are subjected to hostile interpersonal discrimination especially when applying for jobs and most of the time are left behind in favour of their male counterparts. In a Focus Group Discussion held in school E, a female teacher had this to say:

"I spend four days undergoing menstruation periods. They become heavy and painful to the extent that I cannot eat or even leave home. I cannot attend to my daily obligations at school. Thus, my lessons during those days have to be occupied by other teachers which is also burdensome. Sometimes, I need to personally monitor the performance of my learners…but in situations of such tribulations, I find it impossible."

Much as female teachers keep their menstruation periods confidential,they affect them physically,socially and emotionally and as a result they end up performing poorly in all aspects in the education sector.

Childbirth and care

Childbirth and care greatly affect the performance of female teachers most especially when the baby is still young. The mother is still weak and the baby too demanding requiring intensive care. However, there are instance whereby female teachers show increased performance when they combine their health experiences with school duty. They are at times forced to move with their neonates (babies) to school sometimes monitored by the maids and colleagues who are not in class. This experience is so demanding for female teachers in this category, that it implies greater sacrifice that is a mixture of both professional and reproductive duty which their male counterparts cannot manage. Therefore, to say that the performance of female teachers in this category is poor is a provocation of the status of a woman in a male-dominated social and school setting. As a consequence, much as female teachers try to perform their duties, they do not find it easy. At times their babies fall sick and with a sick baby, automatically a mother cannot perform her duties effectively. In a group discussion with teachers in school C a female teacher had this to say:

"*When my baby got sick and admitted in the hospital, I failed to get a teacher to occupy my lessons, then I had to leave her under the care of the nurse to go and attend to my classes"*

This shows great sacrifice on the mother's side and was very risky especially when the baby was very sick.

Therefore, sometimes female teachers facing reproductive challenges end up missing lessons not because they like to but because prevailing circumstances dictate otherwise. Because of the pressure and tensions, according to Casole (2014), female teachers are supported and their participation is indicated by massive growth of the women's movements in the labour market. Female teachers are compromised especially when facing reproductive health experiences in that they are allowed to come with babies to school for easy monitoring. They move with their maids to care for the babies within the school. This, however, enables them to settle down and concentrate well knowing that their babies are comfortable. In school D, they are also provided with a free room where to nurse, care and look after their babies within the school to ensure that their health and safety are guaranteed. This room is equipped with all the necessary facilities like beddings, clean water and playing objects to make child monitoring easy. Pregnant mothers can as well relax in this room in case they are feeling uncomfortable. Female teachers experiencing reproductive changes are also allocated lower classes which are less demanding and if possible, allocated a small load to allow them ample time to attend to their reproductive health challenges. However, irrespective of their reproductive changes, female teachers try and to some extent achieve the goals of performance at school.

Late coming /absenteeism

Female teachers are most of the time tied up in their domestic activities most especially of home management, childbirth and care. Too much time is spent in these activities and sometimes a baby may fall sick which is more inconveniencing. When female teachers are pregnant, they as well become uncomfortable. Early pregnancies are associated with early morning sickness connected to nausea and vomiting and as the pregnancy grows, it becomes heavy to the extent that some female teachers cannot even manage to go to school.Much as some international documents support the right to breastfeed as pointed by CEDAW(2007), mothers do not find it easy.The Government has taken steps to assist childbearing women in combining brestfeeding with allocated duties and responsibilities. Further, WHO has developed a comprehensive policy that includes the care and support of mothers in

reproductive age.All these are intended to improve on the working conditions of female teachers.However,a female teacher in a discussion with teachers in school B had this to say:

"*When I become pregnant, from day one, I start vomiting until childbirth and as the pregnancy grows, I even lose appetite of every kind of food and survive on water until childbirth. This however brings about general body weakness that results into lateness or absenteeism from school".*

Female teachers need to be compromised because too much of their time is taken up by their reproductive health challenges associated with general body weaknesses.

4.3.3 Theme Three: Challenges faced by female teachers experiencing Reproductive Health changes

The following sub questions were paused to guide in data collection, analysis and interpretation. Can you explain any job performance challenges faced by female teachers experiencing reproductive health changes? How do school administrators and fellow teachers generally perceive female teachers at a time they are experiencing reproductive health changes? Has the law that is the mandatory maternity leave helped female teachers to cope with their reproductive health changes? The sub-questions were intended to capture the challenges faced by female teachers experiencing reproductive health changes. Using the cultural feminist theory, a number of themes were derived from the raw data which include:

Time management

Female teachers like their male counterparts make a contract with their employers on the day of their appointment to be time managers, productive, proactive among others. Due to their reproductive health nature of monthly periods, pregnancy, child birth and care, they have continuously failed to live by the contractual terms. According to Asingwa Phelistas (2009), female teachers form the majority late comers, absent themselves from school, lag behind in syllabus coverage and rarely meet deadlines. These tendencies, however, result into low productivity in their teaching activities. In an interview with a director of studies (DOS) in school B, he had this to say:

"*It is very disappointing to allocate female teachers lessons in upper classes especially the candidate classes because they are habitual late comers and due to that, they hardly complete the syllabus coverage which in turn affects the performance of candidates at national level. In this school, we usually allocate lessons to their male counterparts in upper candidate classes because they are reliable and perform up to the set standards…"*

More respondents emphasize that female teachers are habitual late comers especially when they are pregnant complaining of early morning fever associated with nausea and vomiting and when they are nursing their babies since they are to balance child care and nursing with their professional duties. In a group discussion held in school E, female teachers proved to be highly interested in their domestic chores than school work. A female teacher in school E reached the extent of saying that she would rather abscond from the teaching profession and fully attend to her domestic obligations than being overloaded with school duties and responsibilities.This indicates that female teachers concentrate too much in domestic chores than their professional duties and responsibilities.This is in line with Bianchi and Milkie (2010) who observe that many jobs require long and flexible hours to enable workers maximize productivity and profitability.Women have to adjust from school duties and attend to their domestic chores for growth and safety of their children. Having this mentality,female teachers do not take their professional duties seriously which in turn affects the academic performance of the schools under which they serve.

Carrying school work home

It is a common practice for female teachers to carry school work home. They become too busy at school and feel that school activities like setting exams, marking students' daily activities and exams among others be completed from home. These tasks are very tiresome and when combined with domestic activities of child care, nursing, cooking and home cleaning, the teacher becomes exhausted.This is in line with Bianchi and Milkie (2010) who observe that many jobs require long and flexible hours to enable workers maximize productivity and profitability.Women have to adjust from school duties and attend to their domestic chores for growth and safety of their children.However they have to balance the two for better school performance. A female teacher in a discussion in school A had this to say:

"*Sometimes you start marking students' work from home and when you switch off to balance with home activities, you just find children writing in students work and sometimes tearing off some materials. This is very disappointing and students do not appreciate it."*

Another female teacher further added her voice on this that she was almost getting transferred from her workstation arising from the issue whereby her child wrote in a student's notebook and he later reported the matter to the headmaster who had several times warned her against that.

Lesson overload

According to the teaching service policy, a teacher appointed by the public service must have a minimum teaching load of twenty-four (24) lessons and a maximum load of thirty-six (36) lessons per week counted at 40 minutes. This is rather an overload taking into consideration female teachers balancing with their marital duties of child care, nursing and all other domestic activities. According to Judiesch (1999), fellow employees may feel that pregnant women are not putting in the necessary efforts and working hours and a substancial number of pregnant women have negative attitudes that limit group productivity.As a result,some supervisors give lower performance evaluations to women who take leave for childbirth. A female teacher in school C put it forward that

"*It has always been impossible for her to teach all her weekly allocated lessons without missing any. She explained that she just struggles to ensure that she covers at least ¾ of her lessons*"

When considering this cumulative missing of lessons, it ends up creating a poor relationship with her students and immediate supervisors and eventually affects the students' performance.

Miserable Academic grades

Concentration of female teachers in their domestic activities at the expense of professional duties render them to be poor performers. They try to balance the two but at the end of it all produce poor grades most especially in national final exams. In school A, an interview with the Director of Studies indicated that miserable academic grades have been revealed from subjects exclusively taught by female teachers. This is rather very embarrassing on the side of female teachers to be rated as poor performers both by their students and supervisors. Female teachers are most of the times marginalized basing on the poor performance of their classes and nobody sees their combined effort of school duties and marital activities. A director of studies (DOS) in school A further revealed that:

"…once a subject is managed by female teachers only, I make sure that there is close monitoring and supervision to ensure efficiency. This however creates an unconducive working environment towards the concerned female teachers".

This is in line with Nkeala (2006) who asserts that what cultural feminists define as traditional male behaviour is associated with superiority complex by undermining the efforts put in by their female counterparts. Female teachers are discriminated against, stereotyped and stigmatized at the workplace and their efforts are not valued.This is however harmful to the society and to particular fields including politics and business.

Challenging topics

In every subject there must be at least some topics which are challenging to both the teacher and the learners. Due to the limited time they devote to schoolwork because of balancing with their domestic chores, female teachers do not get enough time to do proper lesson preparation and planning for those challenging topics and at times they go to class when they are not prepared. This however makes some of their lessons unsuccessful. This is in accordance with F.Taylor's piece rate theory of productivity (1897) which attaches enormous importance on time as a human productivity variable.This is because enough time allocated to work helps to build creativity,initiative and dedication to work thereby increasing productivity and staff performance (Armstrong, 2001). In a group discussion with teachers in school C, a male teacher had this to say:

"*Female teachers most of the times skip challenging topics and those who try handle them hurriedly and sketchily and leave students half baked. Eventually when a class is taken over by another teacher, he finds too much work overload of tackling new topics and repeating the poorly covered topics by the female teachers*".

Female teachers at the work station are seen as poor performers and are always marginalized by their male counterparts.

Classroom management

According to Govinden (2008), women make up the majority of the teaching force yet there are still challenges that they face in classroom which have to do with power, communication and unresolved biases. Classroom management is the most challenging aspect of teaching for a female teacher, most especially male students who challenge them putting in mind the patriarchal element in African traditional societies. Boys most of the time try to disturb female teachers in class to test their temper and sometimes females do not feel comfortable working under these stressful conditions. In a group discussion with teachers in school B, a female teacher mentioned that:

"*A male student once unzipped my skirt in front of other students as i was passing by marking a class exercise. This embarrassed me and I had to leave the class before completing the lesson.I had to report the matter to the head teacher and the student was just suspended for one week.Whenever i find him in class, i would become uncomfortable and begin the lesson in a disorganized way*."

Students take female teachers to be a weaker sex as compared to their male counterparts and feel that they cannot punish them heavily.

Assuming leadership roles in school

The education system in Uganda was structured around a hierarchical and bureaucratical style of management (Govinden & Yvonne, 2008). This means that the control of schools and decision making was centralized and leadership was understood in terms of positions, status and authority (Grant, 2006). This is a reason why female teachers were and are still not being given the same opportunities to assume leadership positions as their male counterparts. In a group discussion with teachers in school D,

"Two female teachers expressed interest in taking on leadership roles but have not succeeded.They make applications with their male counterparts and cannot even be shortlisted for the interview."

This in fact retards their advancement and desire to promote their careers in what appears to be a male-dominated and patriarchal society when it comes to taking on leadership positions in schools.

Discrimination and oppression

Female teachers face the challenges of oppression at the workplace and are discriminated against in schools. They are not put at the same rating with their male counterparts. This was put forward by a Director of Studies in school D by emphasizing that female teachers cannot be allocated extra duties which are rewarded with allowances generalizing them to be inefficient and in return they feel marginalized and stereotyped as a weak sex .According to the cultural feminist theory by Morgan and Firth (2002), it posits that there is a fundamental biological difference between men and women and therefore women are likely to receive negative performance evaluation, stereotype and rejection at the workplace. Female teachers in some schools are oppressed. A case is pointed out by a female teacher in a group discussion in school A

"*I was abused by the Head teacher in front of my students reason that I had come late for the lesson without even asking me the cause of my late coming. This was very embarrassing and degrading.*"

This is in line with Petress (1998) who indicated that women who reveal their reproductive health challenges to their employers are in most cases terminated shortly and expelled from their duties. As a result, female teachers keep their reproductive health experiences privately

and secretly as a way of maintaining their jobs and promoting a cordial relationship with their supervisors.

The mandatory maternity leave of 60 working days to all Ugandan female officers has helped female teachers though the days are taken to be inadequate. This helps mothers to at least have close bonding relationship with their babies in the first days of life and enable them to recover from labour fatigue and those who deliver by caesarian section to recover from the effects of operation, drugs and gain some strength. A male teacher in school B further objects maternity leave complaining that:

"*we end up getting overloaded with extra duties as we try to cover the lessons of the affected female teachers*".

In a group discussion conducted in school E, which is privately owned,a female teacher raised an issue that

"*we are not allowed to enjoy the right to maternity leave and we are expected back for duty immediately after child birth or else we miss our jobs or payments for that period*".

This is very demotivating and sometimes mothers (female teachers) start feeding their babies with infant milk formula which is not as nutritious as breast milk, very expensive and need extra handling. Sometimes babies are still weak, do not get enough of the milk formula, at times not well prepared and not of the right temperature. The babies are deprived of their right to exclusive breastfeeding for the first six months when they are still too young and delicate and sometimes end up becoming malnourished. This has ended up negatively affecting the performance of the concerned female teachers.

4.3.4 Theme Four:Coping mechanisms of female teachers experiencing Reproductive Health changes

The following sub-questions helped the researcher in data collection, analysis and interpretation: How do female teachers experiencing reproductive health changes and challenges manage their conditions to safeguard their jobs and minimize negative performance evaluation from their superiors? How do female teachers cope with stigmatization, oppression, stereotypes and discrimination at work because of their reproductive health conditions? The researcher went to the field with these sub-questions to gather information related to the coping mechanisms of female teachers experiencing reproductive health changes. Female teachers most of the time apply positive coping mechanisms which result into less stress, increased

wellbeing and effective handling of one's problems. The following coping mechanisms were derived from the data collected.

Avoiding the problem

Most of the female teachers cope with their reproductive health experiences by avoiding problems. They aim at accepting tasks which they can accomplish within the allocated time. They avoid accepting tasks which they cannot manage because all individuals have a limit of how much they can effectively accomplish within the set period.This is in line with Crocker (1998) who asserts that stigmatized people are likely to feel anxious about how others perceive them and are hyper-vigilant for any signs of bias or negative evaluation of their abilities. Females accept the most important tasks and focus on doing them effectively which enables them to reduce on workplace stress. A female teacher in a group discussion in school C had this to say:

"*In our school, there are numerous duties which are allocated extra allowances such as weekly duties, night prep supervision and early morning teaching among others. Though these duties are rewarded with reasonable allowances, we cannot accept them because most of them are attended to beyond the normal working time when our domestic chores are highly demanding"*

*T*his however has a negative impact on the economic stand of the female teachers.

Asking for support

Female teachers especially those who are pregnant get general body weakness and fatigue and to some extent fail to attend to their duties and responsibilities.The same applies to breastfeeding mothers most especially when the baby is still young. They ask for support from their co-workers who are familiar with the work to be done. This is mostly done by delegating some work to their co-teachers who are relieved somehow so that they can get ample time to attend to their domestic activities most especially of child monitoring and care. This is in line with Majer (2004) who asserts that pregnant mothers and those experiencing various reproductive health changes were aware of how they were or may be treated at work and instead engaged in strategies such as not asking for accommodation within the workplace so that they can keep away from it most especially beyond the normal working time. A female teacher in school B had this to say in a group discussion with teachers:

"*For me when am pregnant, my conditions become unbearable and I end up delegating all the duties allocated to me to other teachers but I forego all the allowances and other payments until after maternity leave."*

This however may affect the economic conditions of that female teacher since she will not be earning during that period.

Distraction

Female teachers employ techniques which enable them to reduce on the stressful conditions at the workplace. Distraction is a positive coping mechanism which enable them to increase their wellbeing and handle their problems more effectively. In a focus group discussion conducted in school D teachers mentioned different ways through which distraction helps them to cope with their job performance by reading newspapers, watching television and other pleasurable activities that can distract them from stressful events.This is in line with Work family conflict (2004) asserting that the workplace is structured around an "ideal worker" who has no childcare responsibilities and can work for a minimum of forty hours per week year-round and can work overtime. A female teacher from a group discussion held in school D had this to say:

"*For me when am confronted by my supervisors about my inefficiency arising from maternal problems especially pregnancy and child birth and care, I don't usually argue with them instead I get an interesting novel and start reading it. When am at home, I get a piece of cloth and start knitting to keep my mind busy as a way of reducing on stress*."

This enables them to have a peaceful mind as they try to balance their domestic chores with professional duties.

Problem-focused

Most of the females' reproductive health experiences such as menstruation periods, pregnancy, childbirth and care make female teachers inefficient in their allocated duties and responsibilities most especially when they are confronted by their supervisors. Therefore, they aim at targeting the causes of stress in practical ways which tackles the problem that is causing it and indirectly reducing the stress. This technique reduces causes of stress thereby solving the problem.Gray (2016) asserts that many women either leave the profession or lack opportunities for advancement because they are often discriminated against because of their reproductive health experiences which are viewed to be detrimental to their work performance. A female teacher in a group discussion in school A had this to say:

" *Whenever I have a breastfeeding baby every supervisor would be hard on me relating to my inefficiency arising from childbirth and care. When I realized that, I would take my child to a daycare Centre, feed it on infant formula from morning to evening then attend to my official duties more effectively."*

Much as this can affect the welbeing of her baby,it helps er to reduce on workplace stress.

Work schedule

This is a technique of allocating time through set goals, assigning priorities and eliminating time wasters. Female teachers because of combining their marital roles of homecare, childbirth and care with official duties, find themselves crunched with too much work to be done within little time. Considering a normal school schedule which starts in the morning at 8:00 am to 5:00pm in the evening and all the domestic chores awaiting the attention of women, then female teachers have to design a work schedule so as to attend to different activities effectively and improve on time management. A female teacher in a group discussion in school C had this to say:

"I make sure that I wake up very early in the morning at around 5:00am then allot my time to different tasks in a realistic way that can be easily followed. I make a daily time schedule and list activities that are to be done in their order of priority and ensure that it is followed effectively. This however has helped me to manage time properly for all my different activities"

Time management enables female teachers to accomplish different tasks within available time which in the long run improves their efficiency and productivity at the workplace.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1. Introduction

This chapter presents a summary of the findings, conclusions and recommendations of the study on the influence of female teachers' reproductive health experiences on job performance in selected schools of Kabale municipality. The conclusions summarize key themes addressed in relation to the research objectives. Recommendations of the study clearly state the responsible agencies that should take an active role in ensuring the filling of gaps identified by the study as having a direct influence on the performance of female teachers in Kabale municipality. This discussion involves information got from respondents during interviews and Focus Group Discussions basing on four themes.

5.2. Summary of Findings

5.2.1.Theme one: School managers' and teachers' lived experiences regarding the performance of female teachers facing Reproductive Health changes

The researcher found out that African culture still holds a deep root in all communities. Females still engage too much in their domestic activities such as home management alongside childbirth and care and mind less about their professional activities. This, however, has a negative impact on their performance. This was in agreement with Tamale (1998) who asserted that females are supposed to do domestic chores such as cooking and house cleaning as the males go for public responsibilities like attending village meetings, hunting and holding public offices.

Judiesch (1999) further argues that other teachers feel that pregnant teachers do not put in the necessary work hours and most of them have negative attitudes that limit group productivity. This is in line with Bianchi and Milkie (2010) who observed that many jobs require long and flexible working hours to enable employees maximize productivity and profitability. This is however a reverse with female teachers who devote most of their time attending to domestic activities. The findings also revealed that there is discrimination of female teachers from their male counterparts and school managers. They are marginalized to the extent that they cannot be allocated duties which bear extra allowances.

The study by Fried (2002) provides that some supervisors give lower performance evaluations most especially to women who take leave for childbirth. Consequently, most workplaces tend to disregard women experiencing reproductive health changes and this in turn negatively affects their job performance.

The findings further revealed poor relationships among female teachers with their male counterparts and school managers. This is mainly brought about by the female reproductive health experiences such as menstruation periods and pregnancy which are associated with poor health conditions that result into inefficiency in their professional duties and responsibilities. Female teachers are associated with low productivity most especially those experiencing reproductive health changes as they spend most of their time engaged in their marital responsibilities, including childcare and upbringing.

5.2.2. Theme Two:Influence of female reproductive health experiences on Job performance

The researcher found out that female reproductive health experiences are associated with ill health conditions such as nausea and early morning sickness with pregnant mothers and heavy and painful menstruation periods for other female teachers. Childbirth and care greatly affect the performance of female teachers as put forward by Gross and Plattison (1996) who assert that they lead to stress and anxiety on the concerned teacher. It was observed that some female teachers go with children to school which is rather very inconveniencing as the teacher cannot fully concentrate on her professional duties with her baby being cared for in the school compound.

Young babies also are tend to fall sick at unexpected times and monitoring them consumes a lot of time that would be used in class resourcefully. The study also revealed that mixing professional practice and marital care has an influence on the performance of female teachers. Marital roles such as child birth and care and home management consume too much time for female teachers and they tend to concentrate too much on them, rendering them to be inefficient in their professional duties. This in particular causes the concerned female teachers to indulge in negative practices like late coming and absenteeism.

In Uganda, the national challenge to improve gender equity among the teaching staff in secondary schools is compromised in a way that more female administrators have been hired than previously (Kajubi, 1992). Traditionally, females were hired as Head teachers in single-sex schools to nurture girls or as deputies in other types of schools (Brown and Ralphi, 1996).

However, the growing number of female administrators especially in heavily populated urban schools is changing female roles from family-related domestic chores in the private sphere to policy-making roles in the public sphere (Blackmore, 2002).

Reproductive health experiences have an influence on time management. Female teachers engage too much in domestic affairs like cooking, child birth and care among others and as a result they are taken to be habitual late comers and sometimes absentees and with those, they can hardly meet the time lines set by school managers. There is no stipulated time set aside for mothers to care and look after their babies during the normal working time. Mothers are always torn apart attending to their babies at the same time attending to their professional duties and responsibilities. All these however negatively affect the performance of female teachers.

5.2.3. Theme Three: Challenges faced by female teachers experiencing Reproductive Health changes

The findings of the study revealed that female teachers face a challenge of lesson overload. Basing on the minimum required teaching load of twenty-four (24) lessons and a maximum of thirty-six (36) lessons of forty minutes per week, female teachers find it a problem when combining with their marital roles especially of child birth and care. They end up carrying school work home which is most of the time inconveniencing. Time management greatly challenges female teachers as they try to balance their obligations. They engage too much in their domestic chores and balancing time for their professional duties is always a problem resulting into late coming and absenteeism.

Gillies (2005) added that mothers need state intervention to improve child-rearing skills since it involves mechanisms of tackling crime, poverty and exclusion. Mothers' conditions of service should be improved by establishing breastfeeding breaks and setting up breastfeeding facilities as a step taken in the same direction to improve their welfare. However, this in return increases their productivity.

Challenging topics is another finding from the study. Female teachers engage too much in their marital roles and fail to create time for planning and preparing their lessons. With challenging topics, they end up skipping them or handling them unsuccessfully. This however results into poor performance of the candidates. Classroom management was also revealed by respondents most especially when handling male students who traditionally consider females to be inferior and end up disturbing them during lessons.

It was revealed from the study findings that assuming leadership roles in schools is another challenge faced by female teachers. According to Grant (2006), control of schools and decision making was centralized and leadership was understood in terms of positions, status and authority; thus, female teachers were and are still not being given a chance to assume leadership positions as their male counterparts.

The findings also revealed that discrimination of female teachers is at a high rate to the extent that they cannot even be allocated extra duties which bear some extra allowances because of being stereotyped as a weak sex. This is also expressed in the cultural feminism theory by Morgan and Firth (2000) which posits that there is a fundamental biological difference between men and women and that women are likely to receive negative performance evaluation, stereotypes, social avoidance and rejection as compared to their male counterparts. This however reduces the morale of female teachers that negatively affects their performance.

5.2.4. Theme four: Coping mechanisms of Female Teachers experiencing Reproductive Health changes

The findings of the study revealed that female teachers avoid the problems by accepting tasks, duties and responsibilities which they can afford within the allocated time. This is because people have different competences and every person has a limit of how much he can accomplish within the set time . Female teachers also seek for support from their co-workers through delegation, most especially when they are experiencing reproductive health changes. They request their co-teachers to take on their load and other responsibilities most especially when conditions are highly demanding like during the last trimester of the pregnancy or shortly after maternity leave when the baby is still very young and requires intensive care. This is in line with Majer (2004) who asserts that pregnant mothers and those experiencing various reproductive health changes are aware of how they will be treated at the workplace and instead engage in strategies that will help them keep away from it.

Some respondents also revealed that distraction helped female teachers to cope with their job performance challenges. When they are confronted by their supervisors because of their inefficiency arising from their reproductive health experiences, they resort to reading newspapers or watching films or other pleasurable activities that can distract them from stressful moments. Chrobot, Masson and Button (2002) assert that one needs to conceal the stigma altogether if possible by passing normally as if nothing has happened. The stigmatized may try to disassociate themselves from stereotypes by engaging in a variety of tactics designed to reduce the obstructiveness to their stigma.

From the findings of the study, it was also revealed that work schedule helped female teachers to cope with their job performance challenges by allocating their time through set goals, assigning priorities and eliminating time wasters and unnecessary interruptions. Female teachers have to formulate a time schedule indicating activities which are to be accomplished within the set time and ensures that it is followed accordingly. This enabled them to spend their time resourcefully and ensured that all activities are attended to as expected. Female teachers reach the extent of going to school with their babies, sometimes assisted by their maids and teachers who are not in class. This however enables them to monitor their babies closely at the same time attending to school routine activities which in turn improves their efficiency.

5.3. Conclusion

The study purpose was to analyse the influence of female teachers' reproductive health experiences on their job performance in selected secondary schools of Kabale Municipality.Basing on the study findings and their discussion,the following conclusions were drawn:

Female teachers' performance is hindered by reproductive health changes which they often face. Their reproductive nature creates bonds of inefficiency when they cannot effectively attend to their professional obligations arising from excessive absenteeism and latecoming.The place and role of female teachers at the workplace environment is interpreted as being oppressive, filled with stereotypical mentality and regressive in terms of their reproductive capacity .

Female teachers are regarded as a weak sex and inferior to men . Much as they try to attend to their professional calling, their reproductive health changes need support and intervetions from fellow staff members and school administrators to give them a favourable work environment.Their performance is reduced in terms of time but not quality.Therefore they should be provided with solid support,co-operation and be given incentives to encourage them perform towards their work expectations.

It was further concluded that reproductive health experiences affect the performance of female teachers and, as a result, they are discriminated against, stereotyped, oppressed and stigmatized at the workplace. For female teachers to be effective in the teaching profession, they need support from the Government, school administrators and their co-workers (the male teachers) to be able to balance their professional duties with their domestic obligations.

5.4 Recommendations

As per the above conclusion, the researcher hereby recommends the following

The state through the Ministry of Education and Sports should train teachers and school administrators in gender skills and how to handle female teachers facing reproductive health changes.

School Administrators can address some of the concerns that relate to challenges arising out of female reproductive health experiences and their job satisfaction.

The state should formulate a public policy agenda on gender equity to promote the welfare and inclusion of female teachers which includes creating strong gender regimes in all sectors of the economy.

School administrators, male teachers and the foundation bodies should be sensitized about female reproductive health experiences so as to improve on the general welfare of female teachers.

School administrators should establish a work schedule to enable female teachers choose appropriate lessons which favour them.

Ministry of Gender, Labor and Social Development should provide alternative sources of income to enable female teachers improve their livelihood.

Female teachers should freely be involved in decision making to ease implementation of policies that favour them for greater productivity.

5.5 Areas for Further Research

The researcher feels that the following themes and topics on this subject remain to be investigated:

a) A comparative study on female teachers' and male teachers' performance.

b) Effects of female reproductive health experiences on job performance.

c) The study was conducted in Kabale Municipality .There is a need to carry out a similar study in other regions of Uganda.

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Appendix 1

Topics for Focus Group Discussion

School managers and teachers lived experiences regarding the performance of female teachers facing reproductive health changes.

Influence of female reproductive experiences on job performance.

Challenges faced by female teachers experiencing reproductive health changes.

Coping mechanisms of female teachers experiencing reproductive health changes.

Appendix 11

Research guide

Sub-questions for each objective;

SN	Research Question	Sub-questions
1.	What are School Managers and Teachers' lived experiences regarding the performance of female teachers facing reproductive health changes?	Do you enjoy working with female teachers who are facing reproductive health changes and challenges? How do female teachers perform their duties especially when they are faced with reproductive changes such as pregnancy, menstruation periods, giving birth and other biological differences specific to women? Do female teachers face stigmatization, stereotypes and discrimination from fellow teachers while experiencing reproductive health changes?
2.	How do female teachers' reproductive health experiences influence their job performance?	What sort of stigma, stereotypical features and discriminatory advances they face and how these have affected their work performance? Do female teachers register increased performance at school when they are facing reproductive health changes in their biological stature? Under what circumstances are female teachers' performance compromised when they are facing reproductive health changes in their biological life?

		Are you satisfied that irrespective of biological and reproductive changes in their lives, female teachers still perform well/attain their goals in their performance at school? If not, provide cases when you are not satisfied and why.
3.	What job performance challenges do female teachers experiencing reproductive health changes face?	Can you explain any job performance challenges female teachers experiencing reproductive health changes (like pregnancy, menstruation, giving birth) tend to face? How do fellow teachers and school administrators generally regard/perceive female teachers at a time when these female teachers are experiencing reproductive health changes? Has the law (mandatory maternal leave) helped female mothers who are teachers to cope with reproductive health challenges?
4.	How do female teachers with various reproductive health challenges cope with their job performance?	How do female teachers experiencing reproductive health challenges and changes manage their condition to safeguard their job and to minimize negative performance evaluation from their superiors? How do female teachers cope with stigmatization, stereotypes and discrimination at work because of their reproductive health condition?