

Influence of Female Teachers' Reproductive Health Experiences on Their Job Performance in Selected Municipal Secondary Schools in Uganda: A Case of Kabale Municipal Council

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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 Municipal Council. 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.*

Keywords: Female Teachers; Reproductive Health ; Job Performance; Municipal Secondary Schools; Uganda ; Kabale Municipal Council

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.

1.1 Background of the study

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.

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).

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.

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 Mwanilana, 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 Municipal Council.

2.0 Literature Review

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.

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.

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.

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 stigmatized 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.

3.0. Methodology

3.1 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 municipal Council as a social phenomenon.

3.2 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.

3.3 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 Head teachers,, 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

3.4Data 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.

3.5 Data Collection Tools

According to Putter 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.

3.6 Data Quality Control

The researcher verified data collection instruments in order to remain focused to the topic and study objectives. The researcher 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.

3.7 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.

4.0 Analysis, Interpretation and Discussion of Findings

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 conceptualization 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?

4.1 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 .

4.1.1 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.

4.1.2 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.

4.1.3 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.

4.2 Discussion of findings

4.2.1 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 health 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 opines 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 instances 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 /absentecism

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 breast feeding 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 substantial 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 $\frac{3}{4}$ 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 uncondusive 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 bureaucratic 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”

This 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 wellbeing of her baby,, it helps her 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.

5.0 Conclusion and Recommendations

5.1. 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 interventions 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.

5.2 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.

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