

RESEARCH ARTICLE

Exploring barriers to menstrual education between maternal figures and young girls: A pilot study in South Africa

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Abstract

The study sought to explore barriers to menstrual education between maternal figures and young girls. Menstruation is a key part of the reproductive process and affects young adolescent girls. Menstrual blood is perceived as contaminating and impure, leading to the socialization of women and girls undergoing menstruation to feel soiled and impure. Menstruation is enveloped in feelings of disgust and shame, and societal expectations, dictating that women should conceal the appearance and odor of menstrual blood. Prevailing cultural narratives depict menstruation as a “hygienic crisis” necessitating management and concealment. In sub-Saharan Africa, menstruation is afflicted with shame and stigma, with cultural and religious practices that support its concealment and secrecy. This is explained in the pollution theory which sees menstruation as dirt. This study used qualitative research to get the lived experiences of 10 maternal figures and 10 young adolescent girls through semi-structured interviews. Maternal figures are the mothers/guardians of adolescent girls. The data was coded using similarities/differences in three themes (knowledge about menstruation, source of information, and quality of

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information shared). In the first theme, due to the concealment and treatment of menstruation with secrecy, knowledge about menstruation is not often provided. In the second theme, due to norms of concealment, maternal figures do shy away from being sources of information. In the last theme, stigma and shame limit the quality of information shared, leaving misinformation and further perpetuation of menstrual taboos. The study concluded that shame and stigma limit menstrual education and awareness. The information deficit has long-lasting effects on young girls, creating a complex relationship that adversely affects their ability to embrace their womanhood and further pass on knowledge to future generations of adolescent girls.

KEYWORDS

reproductive rights

1 | INTRODUCTION

Adolescents can be defined in many ways, including, and for this study, as a life stage from puberty to when the individual becomes an adult, with access to adult rights (such as the right to vote, freedom of expression, political and social rights) and responsibilities that accompany those rights, and liberties linked to the adult rights that they have (Peterson, 2005).

One of the crucial and initial stages of adolescence development includes reproductive changes as they transition from childhood to adulthood, that is, puberty. For women, this will mean beginning menstruation. Menstruation is experienced by most young girls (starting from the age of 11) as part of growing into maturity or womanhood. In its biological explanation, menstruation involves the shedding of blood within the uterus through the vagina and will occur 1–7 days each month until a woman becomes 45 and 65 years old, which is the estimated age for menopause (Bachloo et al., 2016).

In numerous regions and cultures globally, menstrual blood is perceived as a contaminating and impure substance, leading to the socialization of women and girls undergoing menstruation to feel soiled and impure (Duby, Katz, Browne, Mutero, Etima, Zimba et al., 2020). Menstruation is enveloped in feelings of disgust and shame, and societal expectations, particularly from males, dictate that women should conceal the appearance and odor of menstrual blood. Prevailing cultural narratives depict menstruation as a “hygienic crisis,” necessitating management and concealment. This phenomenon is notably pronounced in Sub-Saharan Africa, where prevalent social norms influence practices aimed at preserving vaginal hygiene during menstruation (Duby et al., 2020).

Menstruation is often categorized alongside waste products like faeces and urine, rather than being associated with bodily secretions such as saliva and mucus (Bramwell, 2001). The perceived “sexual” nature of menstrual blood likely contributes to this sense of disgust,

particularly in Western societies that often hold ambivalent views on sex, often regarding it as “dirty” (Bramwell, 2001). Additionally, the distinct treatment of menstrual blood compared to other types of blood reflects societal perceptions. While most people would instinctively attend to a cut on their own finger and might, without hesitation, attend to a wound on someone close to them out of necessity or affection, menstrual blood is often viewed differently (Bramwell, 2001).

Due to shame and stigma, menstruation is taboo and a difficult subject to address. Shame and stigma lead to concealment and secrecy, viewing menstruation as dirty and polluted. The secret and taboo nature of menstruation affects its appropriate handling (Scorgie et al., 2016).

Another implicit aspect of stigma is the concept of “socially shared knowledge,” understood by both targets and perpetrators of stigmatizing attitudes and behaviors. Johnston-Robledo and Chrisler (2011) assert that menstrual stigma refers to how some menstruating women adopt and internalize the stigmatization of menstrual blood as a substance and menstruation as a stigmatized state (Duby et al., 2020). Due to the social stigma surrounding menstruation, women experience heightened self-consciousness during menstruation, linked to the belief that menstrual blood is displeasing to others and oneself, thereby leading to feelings of shame (Duby et al., 2020).

In a study conducted in Sub-Saharan Africa, women described an internalized stigma about menstruation that manifested in awkward interactions with study staff and embarrassment about visible blood on returned items. This internalized stigma resulted in women's reluctance to participate in or comply with certain study procedures during menstruation, to the extent of missing study visits (Duby et al., 2020).

When young girls in impoverished rural areas lack guidance on menstruation and its management, their experience is often frightening, confusing, and shame-inducing. A study carried out in rural schools in Kenya revealed that the predominant emotion associated with menstruation among young girls was that of shame (McMahon et al., 2011). Although girls struggled to articulate the source of their shame, they frequently cited unwanted attention from classmates and a general sense that the secrecy surrounding menstruation is linked to a collective belief that it is somehow negative (McMahon et al., 2011). The notion that menstruation is shameful and negative hinders its open communication and education. In the same study in Kenya, it was observed in one school that the inclination to keep menstruation a secret arises from the fear that girls have of being teased by male and younger students. Another study in Kenya found that girls are generally not taught how to control or manage their menstruation, a monthly aspect of their lives that significantly influences their self-perception and societal roles (McMahon et al., 2011).

In South Africa, most households are headed by females, with a high prevalence of absent fathers. South Africa has the second highest rate of fathers' absence, coupled with low rates of paternal maintenance for children and a high rate of abuse and neglect of children by men (Hall & Sambu, 2019). In addition 50% of children in South Africa grow up in families with absent fathers. In general, the absence of a biological father and parents has been a long-established feature in South African households. The absence of parents is linked to many factors, including “historic population control, labour migration, poverty, housing and educational opportunities, low marriage and cohabitation rates, and customary care arrangements” (Hall & Sambu, 2019).

Traditionally, the role of fathers has been defined as breadwinner or provider of the family, with men being less involved in the development and education of their children, leaving maternal figures as the primary caregivers and educators (Brown & Roman, 2019). The reason

this study chose maternal figures, including sisters, aunts, and grandmothers, is because they are primary caregivers and are responsible for sexual and reproductive rights education in most households.

This study will explore barriers to menstrual education between maternal figures and young girls through three themes, namely, knowledge about menstruation, source of information, and quality of information shared. The study is conducted to identify gaps in menstrual health management to empower young girls and maternal figures.

1.1 | Theme 1: Knowledge about menstruation

Knowledge about menstruation pertains to information given or known about the menstrual process, including information about menstrual hygiene, practices, behaviors, and attitudes about menstruation. Knowledge about menstruation determines how young girls will react to menstruation when it occurs and shapes their attitudes going forward. Many young girls have little or no information about menstruation before they experience their menstruation, which makes them have mixed feelings about their menstruation. It is through the communication of experiences, and information sharing that women and young girls can learn more about and make sense of menstruation for themselves. Learning about menstruation also shapes their attitudes (Rubinsky et al., 2020). In terms of religion and culture, menstruation is seen as a taboo topic, thereby, restricting open communication between mothers/guardians and daughters, and fathers as well (Rana & Jami, 2018).

A study conducted among young girls in South Africa, specifically in Limpopo, revealed that 73% reported receiving information about menstruation, while 27% did not receive any information (Ramathuba, 2015). Interestingly, when asked to indicate physiological changes associated with menarche, 94% of the respondents demonstrated knowledge of the physical changes related to this stage (Ramathuba, 2015). Additionally, they were aware of the social, cultural and religious restrictions that accompany menstruation, particularly among Vha-Venda and Tsonga adolescents (Ramathuba, 2015). Culturally, these young women are constrained from being physically sexually active and are expected to comport themselves as young women (Ramathuba, 2015).

The level of preparation and information known by young girls has an impact on them. Women who were not prepared for menstruation judged it negatively and further stated that it was horrendous or terrifying. In addition, women who were not prepared for menstruation reported more menstrual pain than women who were informed and prepared before experiencing it. Women who were prepared for menstruation spoke more positively about it, even though about 23% of them indicated that menstruation tends to be oppressive and burdening. Eleven percent of the participants who spoke positively about menstruation also stated that it can be dirty and messy (Hoerster et al., 2003).

According to Secor-Turner et al. (2016), girls base their views about or attitudes towards menstruation on three sources of information, namely, direct instruction, dominant beliefs, attitudes, and predominant misinformation or myths. To make way for better communication and learning about menstruation, the information given (from sources) needs to move from being direct or instruction based to become more engaging with young girls, as such, moving from dominant beliefs and misinformation towards a more accurate and well-informed basis of sharing information (Fennie et al., 2022).

Increased awareness and knowledge around menstruation from childhood may enable safe practices and mitigate suffering for many women and young girls. Sharing information from a young age also assists with better emotional readiness for young girls to experience menstruation as poor practices harm the livelihood of young girls/women, and this information is often passed on to others (Anjum et al., 2010). Therefore, communication, awareness, and education may assist in menstrual management.

In a study conducted in South Africa, it was found that the only participant who knew about menstruation before experiencing menarche had acquired this information through formal lessons at school that addressed bodily changes during adolescence (Scorgie et al., 2016). When her mother attempted to explain menstruation afterward, the participant already had this knowledge. Another participant in the study mentioned that menstruation was typically explained in vague terms (Scorgie et al., 2016). Additionally, one participant reported being advised to stay away from boys and behave herself without a proper explanation of menstruation in its biological and social context, leaving her without the necessary knowledge and empowerment to manage it effectively (Scorgie et al., 2016).

Young girls need to get information before menstruation so that they are prepared. As stated, maternal figures are the primary caregivers in most households, as such, the responsibility lies with them; however, due to cultural and religious norms, maternal figures shy away from discussing menstruation with young girls.

1.2 | Theme 2: Source of information about menstruation

The source of information when it comes to menstruation is crucial for adolescent girls considering the important role of correct information in determining the experiences of young girls. The source of information influences the young girl's experience of menstruation the first time it occurs and going forward (Fennie et al., 2022). Adolescent girls tend to receive information about menstruation from a variety of sources, including parents, school, friends, and the media. According to Manzoor et al. (2019), it is common for mothers, sisters, friends, and television provide young girls with information. Yet, despite the many sources of information, girls often report that the education they receive is insufficient in preparing them for menstruation (Ramathuba, 2015).

In a study conducted in Limpopo, South Africa, 34% of the respondents reported having received information about menstruation from parents, 30% from school, 19% from peers, 6% from magazines, and 11% from other sources like sisters. The majority received information at home. Mothers usually play a significant role in imparting information, although the information is usually limited, as opening a talk about sexuality between mother and child can be embarrassing (Ramathuba, 2015).

A study conducted in India found that the primary source of information on menstruation was friends (72%) and mothers (21%). It is not surprising that mothers tend not to be the primary source of information about menstruation. Except in relation to menstrual stigma and self-objection, mothers often do not have the necessary knowledge about biological changes in the body when it reaches puberty. Sometimes, this is due to ignorance or low levels of education (Arora et al., 2013).

Furthermore, in a study conducted in Nigeria, it was found that mothers were the primary source of information on the use of sanitary pads which is more linked to menstrual hygiene, and not menstrual education. Most mothers focus on the hygiene aspects and instruct their

daughters on how to manage menstruation. Most mothers do not have the skills to comfortably discuss menstruation-related topics with their daughters (Adika et al., 2011).

Research suggests that the majority of adolescent girls identify their mothers and schoolteachers as the main sources of information about menstruation (Chang et al., 2010). However, observations indicate that mothers often socialize their daughters into the same restrictions linked to femininity that they have experienced. This ensures that their daughters conform to societal norms and uphold collective compliance in the cultivation of a submissive femininity and a gendered sexual identity. Schoolteachers often provide only general information about menstruation, lacking sufficient details or practical advice.

Young girls report that, although mothers are the primary sources of information on menstruation, they are unable to meet their needs (Allen et al., 2011). Conversations about menstruation in households are limited, and this can be attributed to the shame and stigma menstruation is associated with (Allen et al., 2011). In Kenya, the media was found to support certain cultural beliefs and perpetuate secrecy and shame about menstruation. In some cases, information received from family and peers does include emotional support and tends to be more personal than the information provided by schools. The educational status of mothers plays a crucial role in the knowledge conveyed about menstruation and will affect the delivery of the information (Fennie et al., 2022).

According to Koff and Rierdan (1995) other sources of information are the media as well as, sisters, other family members, friends, and schoolteachers. The media can through negative depiction of menstruation in adverts or other platforms also further perpetuate stigma around menstruation by misrepresenting menstruation portraying cultural and religious beliefs and using menstrual products and narratives that further perpetuate menstrual stigma.

Societal gender inequalities also pose a major challenge; boy children are more likely to talk about sex than girl children; this is deeply rooted in sexism and creates a further barrier to menstrual education for both genders (Allen et al., 2011). Furthermore, mothers, as primary sources of information, tend to follow traditional practices and myths. Often, they also manipulate these traditional norms to their advantage, and these further compromises the transfer of correct and accurate information about menstruation to young girls (Zakaria & Jarin, 2020). Maternal figures as a source of information depend on their level of education and awareness to outroot existing taboos and give girls correct information. In rural areas such as Senqu, most maternal figures are not exposed to information.

1.3 | Theme three: Quality of information shared

Transfer of knowledge requires correct and relevant information on the biological process that is not influenced by societal taboos and stigma on menstruation. According to Sommer (2009), when young girls in poor rural settings are not guided on menstruation and how to manage it, they often have a frightening, confusing, and shame-inducing experience (McMahon et al., 2011).

The information given also depends on the location and level of exposure to information. For example, in less developed countries, access to accurate information will be less than in developed countries. A study conducted by Skandhan, Pandya, Skandhan, and Mehta (1988) compared knowledge on menstruation between American women and Indian women. The study found that American women have exposure to more information sources such as educational materials and popular press than Indian women (Hoerster et al., 2003).

Some Indian mothers did not have adequate information about the menstrual cycle and the risks of infections posed by different menstrual practices (Hoerster et al., 2003). This lack of knowledge compromises the quality of information provided to young girls, which should be delivered based on the natural process of menstruation. Rather, the information is sourced from the menstrual stigma and practices of society, which can be incorrect and unsafe. According to Sommer (2010) while often mothers provide hygiene-related information, they do not have adequate information about menstrual blood absorption and material disposal options for girls, which makes supporting young girls through menstruation difficult. As a result of the lack of information and knowledge, mothers often do not provide emotional support, thereby being emotionally unavailable and further perpetuating menstrual taboos (Wanjiku, 2016).

Global practices of menstrual hygiene practices (such as reusing, burning, or dumping products in the garbage or the sanitation system) are likely to be shaped by knowledge and taboos relating to menstruation, as well as by personal preferences and available resources (Scorgie et al., 2016).

Most mothers are not empowered to seek information or break the generational cycle of keeping menstruation a secret, concealing it, and managing it privately. Thus, these mothers cannot give emotional support to their daughters and are disconnected from their menstrual cycles (Stubbs & Costos, 2004).

Another fundamental reason for communication barriers is the patriarchal system. Girl children grow up to realize that the world values men more than women, leaving them to deal with their lack of power as females (Stubbs & Costos, 2004). In terms of this system, power, and control lie in the hands of males; women and girls are subordinate to that power. The girl child realizes that due to her gender, she and her mother lack power, and are therefore disempowered within the household. The power dynamics affect the mother and daughter relationship as the mother often feels obligated to restrict her daughter to gender roles. Should the daughter not be responsive to the teachings, their relationship is strained as the daughter feels betrayed by her mother (Stubbs & Costos, 2004).

In historic and present life practices, concealing and hiding menstruation is part of everyday thinking, thus affecting effective communication and information flow between mothers/guardians and young girls. Menstruation continues to be marked with shame and silence (Becknuss, 2022). Modern-day feminists have attempted and continue to change the idea of menstruation for young girls and women so they to embrace their menstrual cycles as part of their femininity with narratives from authors such as Hufnagel, in her 2012, *A History of Women's Menstruation*. This book states that menstruation should be regarded as an event to be celebrated and formalized with rituals to mark the change in life status (Becknuss, 2022).

How information is delivered to young girls also plays a part in how they absorb the information. In Kenya, it was found that young girls described receiving information about menstruation as clustered into three areas: instruction-based, conveying personal beliefs and attitudes, as well as misinformation or myths. In this study, most participants stated that information about menstruation was delivered in a nonpersonal and science-based manner (Secor-Turner et al., 2016).

In a study conducted in South Africa, one participant articulated that menstruation was explained in the vaguest of terms (Scorgie et al., 2016). Another participant stated that she was told to stay away from boys and to behave herself because anything could happen now. There was no explanation of menstruation in its biological and social meaning to teach/educate or empower her to manage it (Scorgie et al., 2016). Messages given about menstruation may emphasize its secrecy, encourage its concealment, and focus on menstrual hygiene, contributing to

existing negative attitudes towards menstruation (Hoerster et al., 2003). This demonstrates that shame and stigma create challenges in providing accurate information to empower young girls.

2 | THEORETICAL FRAMEWORK

2.1 | Pollution theory

The pollution theory states that during their menstruation, women produce toxins that are poisonous and dangerous to other people. This theory sees women as dirty during menstruation (Jackson & Falmagne, 2013). In terms of this theory, menstruation is viewed as a source of pollution from the female body, and it also follows that women and girls who experience menstruation are also polluted. This fuels stigma and shifts away from the idea that menstruation is a natural process, but rather a process that is due to women's and girls' dirt. Women and girls inevitably feel shame about experiencing menstruation and intentionally conceal it, and consequently, this creates a barrier in communication as women do not freely express themselves about something which deems them polluted and contributes to the pollution of others (Jackson & Falmagne, 2013).

In terms of the pollution theory, menstruation is a visible sign of dirtiness, which needs to be concealed and controlled by those who experience it (Jackson & Falmagne, 2013). This theory shapes and influences the views of women and young girls around menstruation as it is kept secret and controlled. As such, this theory is adopted at a societal level, involving other groups. This also becomes generational teaching as mothers/guardians adopt this principle, which limits the flow of communication between mothers/guardians and young girls and affects menstrual education and learning. The practice of keeping menstruation concealed stems from the idea that it is dirty, thereby taking away the purity of a young girl and making her dirty. As such, according to many cultures and religions, women and girls are expected not to partake in certain activities during their menstrual period as they are deemed to be dirty or unclean. The idea of concealment and treating menstruation as dirty affects knowledge and sharing of accurate information.

2.2 | Objectification theory

Objectification refers to the treatment of humans as objects, and this tends to dehumanize people and demean their humanity. Due to the oppression, discrimination, inequalities, and taking away of rights from women, especially their body autonomy and sexual liberation, objectification of women and girls is common. Objectification is not only common in cultural and religious settings, but the media has also bought into the messaging of objectification of women. For example, the way a woman's body is viewed in the media is through objectification, sexualization, or transformation from what it is, in reality (Chrisler et al., 2015).

Negative cultural and social practices such as keeping young girls away from physical activities, types of food they should eat, their dress code, and their socialization around boys which around menstruation which have led to women policing themselves and their bodies, thereby leading to self-objectification. This makes women change their behaviors being able to experience menstruation without shame and fear and want to erase any trace or evidence of menstruation. Women tend to feel insecure about what they wear and engage in sexual activities. This

is linked to self-surveillance or self-objectification because society already places them under uncomfortable scrutiny. Through self-objectification, women internalize an objected image of themselves, distance themselves from their bodies, and evaluate themselves through the gaze of others. Objectification can put a lot of mental strain on women, and as such, it is difficult for them (without professional support) to have a positive perspective on menstruation which they can pass on to their daughters (Chrisler et al., 2015).

Feminist discourse is increasingly posing challenges to menstrual taboos by sparking open conversations about menses with the aim of shifting social perceptions of menstruation away from being embarrassing and shameful (Lamborn, 2017).

The theoretical perspectives that revolve around the idea of menstrual blood as polluting only provide a partial explanation for women's concerns once the blood has left the body. More recent anthropological approaches to the body have moved beyond the pollution framework and shifted the focus to the body's ability to emit substances and fluids, exchanging them as "gifts" with others. The concept of a healthy body, completed through reciprocal gifts, necessitates this flow. Despite these perspectives, menstruation remains a sensitive and potentially embarrassing topic, especially for those not accustomed to sharing personal experiences in public. This may have limited the detail and depth of responses received in the study. Additionally, the social desirability bias may have influenced some responses; for instance, just before data collection, the larger project (for degree purposes exploring whether poor MHM affects school attendance) disseminated information in these communities about the negative consequences of flushing disposable pads into toilets.

Women's strong desire for privacy during menstruation and their wish to adhere to local norms of hygiene, discretion, and dignity play a significant role in how they dispose of products and interact with sanitation systems. Even when other hygiene requirements are met, these considerations shape women's behaviors (Scorgie et al., 2016).

2.3 | Research area

The Senqu district Municipality is located in the Eastern Cape province, South Africa. The area had an estimated population of 140,720 in 2016. Majority of the population resides in rural areas, which includes rural villages and farm households. The area is characterized by high unemployment, especially among the young. Most of the households are indigent, with income between R1 and R1 600 per month. Households largely depend on government social grants. Challenges that face the population include poor service delivery, poor roads and infrastructure, poor access to water, and poverty and unemployment.

3 | METHODS

3.1 | Participants

A total number of 10 adolescent schoolgirls aged 12 to 14 years were interviewed from Ward 4 of the Senqu district municipality, Eastern Cape, South Africa. The interviews included participants under the age of 18, and parental consent was sought and obtained from guardians before their interviews. In addition, 10 maternal figures, including maternal mothers, closely related family members (grandmothers, sister), and guardians, were interviewed.

3.2 | Data collection measure, procedure, and analysis

Semi-structured interviews were used, allowing for a more flexible approach as it allowed the interviewer to have a set of questions but with follow-up questions for more information and clarity (Alshenqeeti, 2014). The adolescent girls were identified through the schools that they attend, and by extension, the maternal figures were identified through the adolescent girls who were chosen. As the young girls are under the age of legal consent (18 years), parental consent was sought before conducting the interviews. In addition, all participants signed a “consent to participate form.” Ethical approval to conduct the interviews was granted.

Interview protocols were developed, and the interview took place in both English and IsiXhosa. Initially, the interviewer posed questions in English, then translated/explained in IsiXhosa to the interviewee. Participants had the liberty to respond in either English or IsiXhosa because the interviewer understood both languages and preferred participants be clear and comfortable. To ensure data accuracy, notes of key points were taken during the interview in addition to the recorder. The interviews were transcribed and translated into English for verification purposes at a later stage. The participants were asked questions based on the questionnaires, with follow-up questions for more information and clarity. The data was coded based on the themes (knowledge about menstruation, the primary source of information about menstruation, and the quality of information shared about menstruation) and interpreted using commonalities.

The interviewer is from the same area where the interviews were conducted. This made participants more comfortable, and the researcher was able to create familiar ice-breaking moments and give them the flexibility to use their home language. The interviewer is a woman who also assisted as interviewees willingly shared information and experiences. The interviewer is also an intersectional feminist who understands the sensitivities around the subject matter of menstruation.

4 | RESULTS

4.1 | Theme 1: Knowledge about menstruation

To assess the extent of adolescent girls' and the maternal figure's knowledge of menstruation, questions were asked about what they knew about menstruation and their experience, including what all participants knew about menstruation before experiencing it (first menstruation).

The female learners made these key comments:

- Participant A2: I did not know about it (menstruation) before I first experienced menstruation at school.
- Participant A4: I did not know about it (menstruation) before. I was scared at first (when menstruation occurred), then told my mother about it.
- Participant A6: I did not know about it (menstruation) before. My friend and sister told me about it. My sister told me to bathe, and I was scared.

The maternal figures made these key comments:

- Participant M8: “I didn’t know about menstruation before experiencing it. I thought it was because of sex. I was scared to tell my parents, then my grandmother told me that I would fall pregnant if I had sex.”
- Participant M9: “I didn’t know about menstruation before. I told my mother, and she said I must hide it from the boys.”
- Participant M10: “It (menstruation) was a painful and scary experience. My mom told me that I had now grown and that I must play safe with other children, or the boys would laugh at me.”

4.2 | Theme 2: Source of information about menstruation

To assess the adolescent girls’ source of information about menstruation, they were asked if they ever received information about menstruation from their maternal figure. While maternal figures were asked how they engaged with their daughters about menstruation before the daughters experienced it.

The female learners made these key comments:

- Participant A4: “I was scared at first and told her mother when I saw blood.”
- Participant A6: “My sister and my friend told me about menstruation. My sister told me to bathe.”
- Participant A8: “My friend told me blood comes out of the vagina. I’m scared to talk to Mom about menstruation.”
- Participant A9: “Outside of school. I did not know about it (menstruation).”
- Participant A10: “The teacher told me about menstruation. was painful when it happened.”

The maternal figures made these key comments:

- Participant M1: “No, my child told her about menstruation before I talked to her.”
- Participant M3: “I never discussed this with my child before. The child knew about it from school and then told me when it happened.”
- Participant M6: “I’ve never discussed this with my child before. I only found out when my daughter was on her period.”

4.3 | Theme 3: Quality of information communicated

To assess the quality of information about menstruation given to adolescent girls, questions focused on how and what type of information was shared by maternal figures. Maternal figures were asked what information was given to their respective adolescent girl.

The female learners made these key comments:

The participants made these key comments:

- Participant A2: “She told me not to sleep with boys and not to eat eggs.”
- Participant A3: “I was told not to eat eggs or drink milk and not to walk with boys.”
- Participant A4: “I must not borrow other clothes, don’t eat eggs.”
- Participant A5: “My mother told me not to play with boys.”

The response from some mothers also reflected some of the menstrual taboos. Here are some of the comments made by the maternal figures:

- Participant M5: “I told my daughter that she is still a child and must stay away from boys.”
- Participant M6: “I told her that she would fall pregnant if she slept with boys.”
- Participant M8: “I spoke with her after the menstruation and told her not to bathe in front of other children.”
- Participant M9: “When she (daughter) had her first period, I told her (daughter) she was still a child and must stay away from boys.”

5 | DISCUSSION

The study concludes that shame and stigma cause a barrier to menstrual education and awareness. In the first theme, due to the concealment and treatment of menstruation with secrecy, knowledge about menstruation is not provided to prepare and empower young girls. The girls receive information after they have experienced menstruation, leaving them unprepared, anxious, and scared. In the second theme, other sources (friends, school, sisters) come up as more than, maternal figures. Maternal figures due to stigma and shame they experienced avoid conversation with their daughters on menstruation. In the last theme, stigma and shame limit the quality of information shared leading to misinformation and further perpetuation of menstrual taboos., especially where maternal figures are less educated.

In terms of knowledge about menstruation, when girls are less prepared for menstruation emotionally adolescent girls will go through a series of emotions which include enthusiasm and anger, excitement and nervousness, anxiety and pleasure, acceptance and rejection, support and loneliness, self-control, and loss of control (Marván & Molina-Abolnik, 2012:359). These emotions need to be considered and girls should be given adequate support by maternal figures.

In addition, these emotions are important for preparing young girls for their journey through adolescence and can hurt their view of menstruation as functioning adults. When adolescent girls are not given information to prepare them for menstruation they are disadvantaged. The long-term effect of this disadvantage creates a complex relationship with menstruation which generates internalized stigma that can be passed on to others. The data from maternal figures reflects the complexities that they had with menstruation as a result of a lack of preparedness and emotional support. As a result of the poor preparation and support, maternal figures further perpetuated menstrual taboos in their engagements with their adolescent girls.

According to Skandhan, Pandya, Skandhan, and Mehta (1988) in a study conducted in India, women who were not prepared for menstruation judged it negatively and further stated that it was horrendous or terrifying. In addition, women not prepared for menstruation reported more menstrual pain than those who were informed and prepared before experiencing it. Women who were prepared for menstruation spoke more positively about it, even though about 23% of them indicated that menstruation tends to be oppressive and burdening. Eleven percent of the participants who spoke positively also stated that it can be dirty and messy (Hoerster et al., 2003).

Furthermore, the lack of preparation for adolescent girls in rural communities further disadvantages them in terms of empowerment. Lack of preparation for menstruation also affects adolescent girls' ability to manage the hygiene aspect of menstruation. Hygiene practices increase

vulnerability and health risks such as infections, as such information on hygiene practices is important (Bachloo et al., 2016). In households with high levels of poverty, managing health infections creates a further financial burden.

The information deficit has long-lasting effects on young girls, creating a complex relationship that affects their ability to embrace their womanhood and further pass on knowledge to future generations. While conducting the interviews, the author observed that none of the participants referred directly to menstruation or menstruation blood. A common word was used “Ixesha” which translated into “a period.” However, the participants shied away from making any direct reference to menstruation or blood. This can be linked to the concealment, stigma, and shameful nature of menstruation, affecting the language used.

In terms of the second theme, adolescent girls got information from other sources such as friends, media, school curriculum, and teachers. This is in line with several studies; for example, a study conducted in India found through research that the primary sources of information on menstruation were friends (72%) and maternal figures (21%). Unsurprisingly, mothers tend not to be the primary source of information about menstruation due to self-objectification. Mothers often do not have the necessary knowledge about biological changes in the body when it reaches puberty. Sometimes, this is due to ignorance or low levels of education (Arora et al., 2013).

Furthermore, in a study conducted in Nigeria, it was found that maternal figures were the primary source of information on the use of sanitary pads which is more linked to menstrual hygiene, and not menstrual education. Most maternal figures focus on the hygiene aspects and instruct their daughters on how to manage menstruation. In addition, Cooper and Kotch (2007) state that most maternal figures do not have the skills to comfortably discuss menstruation-related topics with their daughters (Adika et al., 2011). It is also common that maternal figures focus on the hygiene element of menstruation as this is linked with concealment or keeping menstruation a secret, in addition to trying to ensure that it is out of the public eye. The focus on hygiene and less focus on education and awareness is commonly in line with menstrual taboos and stigma.

The source of information influences the young girl's experience of their menstruation the first time it occurs and going forward (Fennie et al., 2022). Due to the stigmatization of menstruation in society, menstruation is concealed information, and maternal figures do not have open communication with their adolescent girls about menstruation. The concealment is linked to the pollution theory because menstruation brings stigma and shame, and women and girls are considered dirty during this period (Jackson & Falmagne, 2013). Merskin (1999) states that in terms of the pollution theory, menstruation is a visible sign of dirtiness, which needs to be concealed and controlled by those who experience it (Jackson & Falmagne, 2013). This practice shapes and influences the views of women and young girls around menstruation as it is kept secret and controlled, which leads to self-surveillance. As a result of the secrecy and control, menstrual taboos spread faster than biological information, thereby leading to unhealthy menstrual practices.

According to Koff and Rierdan (1995) where maternal figures were the primary sources of information on menstruation, they were unable to meet adolescent girls' needs. Some maternal figures do not have adequate information about the menstrual cycle and the risks of infections posed by different menstrual practices; the lack of knowledge compromises the quality of the information provided to young girls which should be delivered based on the natural process of menstruation.

Rather, the information is sourced from the menstrual stigma and practices of society, which can be incorrect and unsafe. According to Sommer (2010), while often mothers provide hygiene-related information, they do not have adequate information about menstrual blood absorption and material disposal options for girls, which makes supporting young girls through menstruation difficult. As a result of the lack of information and knowledge, mothers often do not provide emotional support, thereby being emotionally unavailable and further perpetuating menstrual taboos (Wanjiku, 2016).

When maternal figures are the sources of information for adolescent girls, they tend to follow traditional practices and myths. Often, they also manipulate traditional norms to their advantage which compromises the transfer of correct and accurate information on menstruation to young girls. The misinformation also sits with some educated girls that are exposed to science and education, but still, believe myths such as that they are possessed by an evil spirit when they are on their menstruation. Therefore, education alone cannot undo the misinformation; rather, social contrast plays a more powerful role than education (Zakaria & Jarin, 2020).

In addition, messages given about menstruation may emphasize its secrecy, encourage its concealment and focus on menstrual hygiene, as such these contribute to existing negative attitudes about menstruation (Hoerster et al., 2003). More concerning is that most maternal figures are not empowered to seek information or break the generational cycle of keeping menstruation a secret, concealing it, and managing it privately. Thus, these maternal figures cannot support their daughters emotionally and may not know how to do it as women are largely disconnected from their menstrual cycles (Stubbs & Costos, 2004).

As such, one can reinforce the idea that society needs to transform not only certain aspects of it to outroot stigma about menstruation and empower not only adolescent girls, but also boys, fathers, men, and society at large.

6 | CONCLUSION

Menstruation is stigmatized in cultures and religion worldwide, often encouraging secrecy, and those undergoing menstruation are frequently marginalized (Crichton et al., 2013). The concealment of menstruation results in inadequate privacy for individuals experiencing it, as it is expected to be kept secret to avoid embarrassment and exposure to stigma (Crichton et al., 2013). In a study conducted in Nairobi, Kenya, participants expressed that the stigma associated with menstruation led to anxiety, driven by the fear of leakage and body odor. The infrequent change of menstrual products was widely perceived as a significant source of stigma and embarrassment (Crichton et al., 2013).

Due to practices of concealment and secrecy which lead to shame and stigma, young girls do not have accurate knowledge about menstruation before it occurs; the process is not explained to them; therefore, they experience a series of emotions when they start their menstruation and are less emotionally ready for the requisite adaptation. The research also found that before experiencing menstruation, young girls receive information from various sources such as friends, school, teachers, and media. Maternal figures are a source of information after young girls experience menstruation; however, they do not provide accurate information based on the biological process. Lastly, girls are not taught how to use sanitary products and personal hygiene, what food they should eat, and are cautioned about their engagements with boys. All the main observations made thus far highlight barriers to menstrual education between maternal figures and young girls.

7 | RECOMMENDATIONS

- The Department of Basic Education (DBE) must in schools introduce programs that bring awareness on menstrual hygiene management to destigmatize menstruation.
- Resources should be made available for professional nurses to provide guidance and assistance where necessary, and also provide information to outroot menstrual taboos and stigma
- Menstrual hygiene management also depends on the availability and access to sanitary products. The DBE should ensure that all female learners have access to these products. This will reduce fear, anxiety, and shame of menstrual leaks
- Infrastructure facilities that are female friendly with closed doors, water, soap, and toilet paper should be prioritized in order to give human dignity to female learners
- Municipal/community programs need to be introduced to discuss menstruation break the stigma around menstruation, and positively influence cultures and religions in communities.
- Counselling programs especially for mothers are needed for them to overcome the emotional burden they carry of their gender.
- Men and young boys also need to be empowered and included in programs about reproductive health, as they are part of the solution to destigmatizing menstruation.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

DATA AVAILABILITY STATEMENT

Data not available as this is part of a bigger project.

ETHICS APPROVAL STATEMENT

Ethics approval was granted by the University of Pretoria.

PATIENT CONSENT STATEMENT

Participants signed consent letter.

PERMISSION TO REPRODUCE MATERIAL FROM OTHER SOURCES

Not applicable.

CLINICAL TRIAL REGISTRATION

Not applicable.

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