

**THE PERCEPTIONS OF FEMALE YOUTH REGARDING MENSTRUAL HYGIENE
MANAGEMENT IN KAMEELDRIFT, TSHWANE**

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DECLARATION OF ORIGINALITY

ANNEXURE B – Declaration of originality

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DEDICATION

I specially dedicate this work to:

My late maternal grandparents, Charles Mabusela Mvula and Nosindilizwe Nelly Mvula. You played a remarkable role in the woman that I am today. Your lives were a blessing, and you are loved beyond words. I do believe that in spirit you have always been there for me throughout my academic journey specifically my journey in writing this mini dissertation. I hope that spiritually you can see that your teachings and embedded principles towards academic achievements did not go in vain.

My children, Luhle, Lihle, and Phenyoy. This is for you, thank you for the constant intentional reminder that I am because of you and all that I do is for you. I look at you and I am reminded of the grace of the Lord!

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ABSTRACT

TITLE: The perceptions of female youth regarding menstrual hygiene management in Kameeldrift, Tshwane

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Over millions of young girls and women menstruate daily in the world, as such, menstruation can be regarded as a universal natural process amongst the female population. Despite menstruation being seen as a normal process that women must go through, challenges still exist that prevent women to go through their menstrual cycle with psychological ease and comfort. These challenges are further perpetuated by societal, religious, cultural factors, the ability to access menstrual products, and the availability of public amenities. Previous and current studies have mostly focused on ascertaining the menstrual experiences of young girls who are still in school, but little is known about the perceptions that female youth have when it comes to the phenomenon of menstrual hygiene management. Menstrual hygiene management in South Africa is a major public health concern, therefore, menstrual hygiene management practices and interventions should be aligned within their unique country and community-specific context. The present study explored and described the perceptions of female youth regarding menstrual hygiene management in Kameeldrift, Tshwane. The present study followed a qualitative research approach which was used and guided the research study. Phenomenology design was selected and used to uncover and describe common perceptions and experiences of menstruation and its management amongst the female youth of Kameeldrift. Purposive sampling technique and a semi-structured interview guided with open-ended questions were used in the present study, and face-to-face interviews were utilised to gather data for the present study. Seven interviews were conducted with menstruating female youth of Kameeldrift, in Tshwane, five participants who are currently employed at Roodeplaat Orphan & Vulnerable Organisation, one participant who is employed at Kameeldrift Clinic, and one unemployed community member. The researcher reported on all seven participants who

participated in the present study, which also included the pilot done before conducting the actual study.

The findings indicated that participants did understand menstruation and menstrual hygiene management even though gaps around knowledge on the physiological aspects of menstruation exist. The study found that knowledge about reproductive health and sexual education was first imposed in primary school, specifically the subject of Life Orientation. The study further found that preparation, through accurate information being shared, during menarche is very essential in shaping future experiences and behaviours towards the phenomenon of menstruation. The study revealed that belief systems and environmental issues, such as lack of resources, do serve as a barrier towards proper menstrual hygiene management amongst female youth. The present study also revealed that menstruating female youth still need support for them to cope with the phenomenon including psychosocial challenges that they encounter. Specifically, the study uncovered that menstruating female youth still need support through the provision of sanitary pads to absorb menstrual blood. Lack of awareness about social work services; including no knowledge amongst the majority of female youth participants about the washable sanitary pad project in their community; was also uncovered and this limited awareness has implications on help-seeking behaviours. Lastly, the study found that in responding to the menstrual needs of female youth, all social work methods are needed to render psychosocial support from a holistic point of view. The study concludes that menstruating female youth do know about menstruation and menstrual hygiene management, even though a gap around the physiology of menstruation exists resulting in some misconceptions about the phenomenon. It can be concluded that the needs of menstruating female youth are often overlooked, and they are faced with various challenges which make their perceptions of this natural process difficult. Recommendations in the present study include the need for the profession of social work to render holistic support through rendering services from all social work methods and basing interventions within the specific menstrual needs of the community context.

Key Words

Perceptions, experiences, female, menstruation, menstruation hygiene management, menarche, youth

List of acronyms/abbreviations

MHM:	Menstruation Hygiene Management
NGO:	Non-Governmental Organisation
NHI:	National Institute of Health
NYP:	National Youth Policy
SA:	South Africa
SDG:	Sustainable Development Goals
UK:	United Nations
UN:	United Nations
UNFPA:	United Nations Population Fund
UNICEF:	United Nations Children's Fund
UNICEF:	United Nations International Children's Emergency Fund
USAID:	United States Agency for International Development
WASH:	Water, Sanitation and Hygiene
WHO:	World Health Organisation
WSSC:	Water, Supply & Sanitation Collaborative Council

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CHAPTER ONE

INTRODUCTION AND STUDY BACKGROUND

1.1. INTRODUCTION

Over 300 million women and girls are estimated to menstruate daily (Water, Sanitation and Hygiene [WASH] United, 2020). Naturally, a woman will menstruate for a substantial period of her time, as such, menstruation could be understood as a general biological process that females must cope with despite their physical, material, and socio-political setting (Kellan, Maclead & Paphitis, 2017:33). Kellan, Maclead and Paphitis (2017:33) state that the variances in modern-day age societal, cultural, and representational reactions to menstruation, with accessing menstrual products, and the availability of public amenities, significantly influence females' ability to manage their monthly menses, including the ability to participate in numerous activities actively and comfortably in both private and public domains. In developing countries, specific menstrual hygiene management (MHM) challenges pose a direct threat to young women who are still in school, including limited access to running water, limited access to menstrual supplies, inefficiently clean and safe bathrooms; and being teased by their male peers and teachers about menstruation (McCammon, Bansal, Hebert, Yan, Menendez & Gilliam, 2020:1). These challenges have a direct implication for the use of education as a tool in the promotion of well-being and health of young girls and women from both a public health and gender equity perspective (McCammon et al., 2020:1).

Menstrual hygiene management is a major public health concern in many communities in South Africa and despite recognition through the national government; civil society organisations play a role in offering menstrual health products and education to young girls and women who may not have access to these services (Geismar, 2018:4). Therefore, even though the movement to comprehend and address menstrual hygiene management is global, practices and interventions aligned to menstrual hygiene management must be within their unique country and within a community specific context (Geismar, 2018:14). The present study seeks to uncover what are the perceptions of young girls and women face when it comes to the phenomenon of menstruation and menstrual hygiene management within the South African context. By doing this, the present study shows some of the lived experiences, including an understanding of the phenomenon, faced by female youth who are currently experiencing their monthly menses and these challenges will be utilised to inform social work practice and policy to determine practical menstrual hygiene management intervention strategies. The present study took place in Kameeldrift, an informal settlement that is situated in Tshwane.

1.2. CONCEPTUALISATION OF KEY CONCEPTS

The following key concepts are conceptualised in the present study:

1.2.1. Perceptions

Qiong (2017:18) defines perception as “receiving, collecting, action of taking possession and apprehension with the mind or senses.” McDonald (2011:3) on the other hand provides a brief definition by stating that “perception involves the way one sees the world.” For the present study, determining the way the phenomenon of menstruation is understood by the female youth including its management, will represent how the youth makes sense of the phenomenon. Documenting the perceptions of menstruating female youth in the present study entails ascertaining accurate and target specific information about menstruation and menstrual hygiene management from those who are currently experiencing the phenomenon monthly.

1.2.2. Experiences

In Roth and Journet (2014:1), the term experience can be defined as, “a category of thinking, a minimal unit of analysis that includes people (their intellectual, affective, and practical characteristics), their material and social environment, their transactional relations (mutual effects on each other), and affect.” Hohn (2012:1) on the one hand states that the concept of experience is “based on the interaction between the human being and the world. It takes all sides of human existence, its being in the world, as the methodological point of departure. Experience is a central aspect of this interaction and thus a communicative, historic and cultural phenomenon rather than an individual or mental one.” For the present study context, the documentation of experiences regarding menstruation as a phenomenon and its management will represent the lived practices of young girls and women. Documenting the experiences for the purpose of the study entails that the researcher will delve into the practical world of young girls and women to gain their perspective and understanding of the phenomenon of menstruation and its management.

1.2.3. Female

For the present study, the word “sex” shall be used for the description of females as a concept to refer to the biological factor of defining females as a concept. Mayer (2016:557) states that

sex is considered to have three possible conceptions, and for the purpose of the study, the first conception will be considered. Mayer (2016:557) further indicates that “sex can be considered biological, as it refers to reproductive capacity or potential. Those bodies that produce sperm are considered male while those that produce eggs are considered female.” In a report drafted by UNICEF (2019:9), (biological sex) is defined as, “the physical and biological characteristics that distinguish males and females, such as reproductive organs, chromosomes and hormones.” The word female can also be understood as an individual of a particular sex who can bear young or produce eggs for fertilisation (Merriam-Webster, 2011). The phenomenon of menstruation is universally experienced by only females, as such, the present study seeks to uncover how females experience their monthly menses.

1.2.4. Menstruation

In Chikulo (2015:1972) menstruation is defined as, “the regular and biological process of the discharge of blood from the uterus which the majority of girls and women face.” Gómez-Sánchez, Pardo-Mora, Hernández-Aguirre, Jimenez-Robayo and Pardo-Lugo (2012:372) defines menstruation as “a cyclical bleeding occurring in during the reproductive stage of their lives, caused by endometrial shedding at regular intervals, it is a natural process of women during their reproductive age, and it is present when ovum fertilization does not take place.” For the present study, the researcher seeks to provide an understanding of this natural process and how this natural occurrence plays a key role in the sexual reproductive health of young girls and women. In the present study, menstruation will therefore entail a natural process that is universally experienced by women.

1.2.5. Menstruation Hygiene Management (MHM)

UNICEF (2019:8) refers to menstruation hygiene management as, “management of hygiene associated with the menstrual process.” In a review paper by the World Health Organisation [WHO] (2009:6), menstruation hygiene management (MHM) is defined as “women and adolescent girls using a clean material to absorb or collect menstrual blood, and this material can be changed in privacy as often as necessary for the duration of the menstrual period.”

The management of menstruation is vital for all menstruating women. For the present study, menstrual hygiene management (MHM) will refer to the ability of young girls and women to manage their monthly cycle irrespective of their socio-economic background. The present study seeks to uncover past and current hygiene practices including the introduction of new; and safe practices that will promote good health for women experiencing this phenomenon.

1.2.6. Menarche

As stated by Ibitoye, Choi, Tai, Lee, and Sommer (2017:2) “menarche marks the beginning of a girl’s reproductive life and has important implications for adolescent sexual and reproductive health outcomes.” Da Silva, Tadini, de Freitas and Goellner (2012:250) agree to this definition by indicating menarche as “the first menstruation in the development of women; its arrival constitutes an important element determining the transition from being a child to being a teenager.” To determine how menstrual knowledge was established, the concept of menarche becomes key in the present study. This not only indicates the activation of the first menstrual cycle but also provides clarity on how behavioural factors of young girls and women were shaped, towards menstruation. For the present study, menarche will entail a young girl’s or woman’s first menstrual experience that activated the repeated menstrual cycle in her lifetime.

1.2.7. Youth

The National Youth Policy [NYP] (2020:10) defines young people (which are regarded as the youth) as “those falling between the ages of 14-35 years”. The target group for the present study is women who fall within the age category of what is currently considered as youth in South Africa. In doing this, the present study will uncover the acumens and experiences from different age groups that might be diverse but also share some similarities.

1.3. THEORETICAL FRAMEWORK

The ecological systems theory was used by the researcher as an appropriate theoretical framework underpinning the present study. The researcher viewed the ecological systems theory to be appropriate in the present study as the theory views individuals, within their environment, to ascertain a holistic view in understanding challenging phenomena like menstruation. The researcher further viewed the ecological systems appropriate in the present study to explore and describe the perceptions of female youth regarding menstrual hygiene management. This theoretical framework is therefore discussed broadly in the context of the present study.

1.3.1. Ecological Systems Theory

In the present study, the ecological systems theory was followed. Developed by Urie Bronfenbrenner, a psychologist, the ecological systems theory provides clarity on how human development is influenced by various types of environmental systems (Ettetal & Mahoney,

2017:2). These environmental systems can be classified into four interconnected types which are the: microsystem (which includes structures that an individual has direct contact with, and the effects between a developing person and the individual are two-way), mesosystem (which incorporates the two-way influences of microsystem structures that directly influence a developing person), exosystem (which incorporates influences that one has no control over, such as policies, but can have a direct or indirect impact on the developing person), macrosystem (these incorporates beliefs systems, lifestyle, prospects, customs and resources that can be viewed as applying unidirectional influences on the person including the microsystem, mesosystem, and exosystem), and the chronosystem (which represents moments which are historical in a person's life, that have implications on the process of all levels of the ecological systems) (Johnson, 2008:2-3). An ecological perspective offers a mode to concurrently emphasise both an individual and the contextual systems, and the interdependent relation between these components (Eriksson and Mehdi, 2018:416). In understanding the phenomenon of menstruation and its management from a holistic perspective as a form of persuading the framework better, the levels of the environmental systems within the ecological systems theory were investigated.

- ***Microsystem***

Microsystem is understood to be the setting that is nearer to the evolving child, and this includes a child's family, school, day-care, genetics, sex, and gender identity (Becker & Todd, 2018:1122). As stated by Becker and Todd (2018:1122), the setting within the microsystem determines a child's behaviour. Pittenger, Huit and Hansen (2016:5) assert that the microsystem involves settings where the individual is immediately present and a setting where direct contact between the developing individual and the environment exists. Common microsystems encompass the family, school, peer groups, and the workplace. In the present study, ascertaining the educational component that took place around menstruation and menstruation hygiene management was important. The researcher, therefore, focused on how beliefs and behaviours were shaped by the education that the study participant got before starting their first menstrual cycle and after the first period was initiated. These beliefs and behaviours are central in understanding how they shaped the perceptions of menstruating female youth regarding the phenomenon of menstruation and its management.

- ***Mesosystem***

As stated by Becker and Todd (2018:1122), the setting within the microsystem determines a child's behaviour. Paquette and Ryan (2001:2) further state that the mesosystem connects one's microsystem and the structure, for example, the connection between a child's church or school and his/her neighbourhood. It is within these limits that Pittenger, Huit and Hansen

(2016:5) affirm that the mesosystem represents interactions that take place between at least two of the microsystems. In the present study, the researcher also looked into gaining an understanding of how shared information and practices by extended family members and peers, shaped and influenced menstruating female youth beliefs and practices. The focus was therefore on ascertaining information from study participants on how menstruation is being currently experienced and how these implications affect their functioning during their monthly cycles.

- ***Exosystem***

A remote context of growth is called the exosystem as indicated by Pittenger, Huit and Hansen (2016:5). The authors assert that the exosystem consists of relationships between at least two systems and one of the systems has an influence on the individual (Pittenger, Huit & Hansen, 2016:5). Another perspective offered by Bluteau, Clouder and Cureton (2017:422) is that these influences are more structural established factors that shape or structure the environment. Paquette and Ryan (2001:2) further state that the exosystem layer does not directly interact with an individual as it is defined as a larger system, but one can feel either negative or positive forces that are involved with the interaction of their own system. In the present study, ascertaining available community resources and support from local NGOs was deemed important as these have direct implications on catering to the specific menstrual needs of the menstruating female youth, specifically on menstrual hygiene management experiences and if these services are accessible for menstruating female youth who are community members at Kameeldrift.

- ***Macrosystem***

The macrosystem incorporates a specific culture's customs, outlooks, beliefs, laws, and values (Becker & Todd, 2018:1122). Pittenger, Huit and Hansen (2016:5) describe macrosystems as cultural characteristics that allow much closer interaction with the development of an individual. Cultural perceptions play a significant role in shaping beliefs and views about the phenomenon of menstruation and menstrual hygiene management. In the present study, the researcher sought to uncover how these cultural beliefs or perceptions played a role in shaping menstruating female youth's understanding of menstruation.

- ***Chronosystem***

The chronosystem is viewed by Becker and Todd (2018:1130) as a dimension of time, it defines historic time but also the changes that occur over an individual's lifetime caused by personal, cultural, and historical events. Pittenger, Huit and Hanse (2016:5) assert the same

explanation by indicating that chronosystems capture features of a period in which one grows, thus incorporating both individual and ecological variations and regularities across time. In the present study, the researcher sought to identify the strategies that menstruating female youth have adopted in coping with the phenomenon and menstrual hygiene management as an aspect that they are currently living with and experiencing monthly. The description of past menstrual practices was provided and how these practices influenced and shaped current menstrual practices.

1.4. PROBLEM STATEMENT AND RATIONALE

The researcher is of the opinion that the process of menstruation and the menstrual cycle are associated with some degree of psychological discomfort, thus, the documentation of perceptions and experiences from the recipients themselves, who are experiencing this phenomenon, are essential and needed to inform policy and improve practice, specifically in social work. Most existing research offers descriptive data by providing an explanation on menstrual hygiene practices, knowledge, and attitudes including sources of information for girls about menstruation (Kuhlmann, Henry & Wall, 2017:357). Kuhlman, Henry, and Wall (2017:357) further report the existence of experimental studies that focus on the link between menstrual hygiene management practices and different socio-demographic and circumstantial factors such as lack of privacy, water, and/or proper sanitary disposal at school. However, according to the researcher, a gap still exists in exploring and describing the challenges of menstruation hygiene management faced by female youth. This will assist in offering a broader spectrum on some of the challenges that young girls and women (between the ages of menarche and 35 years) face. As indicated by Kuhlman, Henry, and Wall (2017:357) most of these studies are school-based and often compare urban versus rural schools; most conclude that menstrual hygiene management is worse for girls in rural areas and for those who attend public schools. Phillips-Howard, Caruso, Torondel, Zulaika, Sahin and Sommer (2016:2) support this notion by indicating that menstrual hygiene management linked to research in low and middle-income countries has mainly focused on unfolding the encounters and barriers related to menstrual hygiene management among schoolgirls, but in limited physical and social settings with early initiatives investigating the effect of potential interventions.

The fact that menstruation is a universal phenomenon that can be experienced differently by women in various age groups, is overlooked in research. It is for this reason that the study seeks to uncover this knowledge to provide descriptive and explorative data amongst the female youth, who are residing in one geographic location but are of different age groups irrespective of whether they are of school-going age or not. This will serve as a means to represent the greater population of females. The study further investigated how existing

programmes that are meant to support young girls and women in Kameeldrift are functioning and address whether these initiatives meet the menstrual needs of these young girls and women. The phenomenon of menstruation has gained public interest over the years, however, a gap in documenting the knowledge and perceptions by women of different ages still exists.

Documenting the understanding of female youth about the phenomenon of menstruation will not only inform policy but also the development of menstruation related projects. This will have implications for the social work profession as a field that seeks to promote the optimal social functioning of individuals on all levels. The present study might enable the social work profession to better respond to the menstrual needs of female youth in a tailored manner that will be suitable for the specified contexts.

Therefore, the research question for the present study is: **“What are the perceptions of female youth with regards to menstruation hygiene management in Kameeldrift, Tshwane?”**

1.5. GOAL AND OBJECTIVES

The goal of the present study was to explore and describe the perceptions of female youth on menstruation hygiene management in Kameeldrift, Tshwane.

The research objectives are stipulated as follows:

- To conceptualise and contextualise female reproductive health, the menstrual cycle and menstruation hygiene management.
- To explore and describe the source and experience of sexual reproductive health education among female youth in Kameeldrift.
- To explore and describe the experiences of female youth regarding their menstruation in Kameeldrift.
- To explore and describe the challenges of female youth regarding menstruation hygiene management in Kameeldrift.
- To explore and describe resources and support available for female youth related to menstruation hygiene management in Kameeldrift.
- To suggest social work intervention strategies for menstrual hygiene management for female youth.

1.6. RESEARCH DESIGN AND METHODOLOGY

An inclusive overview of the research methodology is provided in Chapter Three under the research design and methodology section. This section provides a brief overview of the research design and methodology that was undertaken to complete the present study. A qualitative research approach was utilised to undertake the present study. The motive behind choosing a qualitative approach is that it views social life as a continuous process (Nieuwenhuis, 2020:59).

The researcher sought to tap into the reality of the female youth of Kameeldrift to get an understanding and describe their worldview with a “lens” approach, from their perspective, instead of the researcher’s views or understanding of the phenomenon. The type of research that was selected in the present study was applied research to gain insight into menstruation, as a phenomenon, through the lenses of those who are currently experiencing it. The research further sought to describe these experiences as a means to inform the development of policies when it comes to Menstruation Hygiene Management and to improve practice, especially with factors to consider in planning and implementation of projects that are aimed at assisting young girls and women with managing their monthly menses.

Considering an appropriate research design for the present study, phenomenology was used to explore and describe the experiences of female youth regarding menstrual hygiene management in Kameeldrift, Tshwane. The population for the present study was women who are between the ages of 18 to 35 years who are currently residing at Kameeldrift, Tshwane. Non-probability purposive sampling was used as a sampling approach and data was collected until the point of data saturation. A specific inclusion criterion was used to recruit specific female youth through a local organisation through which a sample of menstruating female youth was obtained. The recruitment process was done through the social work manager at Kamcare Social and Training Services. The recruitment process was also done through the manager and supervisor at Roodeplaat Orphan & Vulnerable and a community health worker at Kameeldrift clinic. In the present study, the researcher made use of semi-structured interviews as a method of data collection in a qualitative study. The researcher provides detailed information on the methodology and research methods used in Chapter Three.

1.7. CHALLENGES AND LIMITATIONS OF THE STUDY

For all research studies, research limitations are imminent. In the present study the following limitations were drawn:

- The initial plan in the present study was to recruit ten participants who would meet the inclusion criterion. The researcher only managed to interview seven participants. One participant withdrew at the end of the interviews and two participants did not show up for the scheduled interview as planned. For this reason, the total number of participants in the present study was seven.
- The majority of the participants in the present study were drawn from a local organisation and these were participants who are currently working in the organisation.
- Limited data was provided on the experiences of using the washable sanitary pads as most participants had limited or no knowledge of the project.
- There was not sufficient time dedicated to the interviews as the interviews were conducted in participants' workplaces and the researcher did not want to interfere with operational hours.

1.8. OUTLINE OF THE RESEARCH REPORT

The research report of the present study is outlined as follows:

Chapter One: General introduction and study background

This chapter provides a context of the present study by providing a general introduction and study background, theoretical framework, problem statement, the goal and objectives of the research, the research design and methodology, and the challenges and limitations of the present study.

Chapter Two: Literature review

This chapter focuses on the literature review of the entire research report, the key focus areas of the study including contextualising menstrual hygiene management perceptions and experiences both internationally and locally. More so, the phenomenon of menstruation has a universally experienced aspect in the female population and its management. The below subheadings are discussed in the literature of this chapter:

Menstruation

Menarche and education around menstruation

Implications of poor hygiene practices

Menstruation, shame, and embarrassment

Menstrual hygiene management

Menstrual hygiene management and the sustainable development goals

Social workers role in menstrual hygiene management

Chapter Three: Research methodology and empirical findings

This chapter outlines the research methodology that underpinned the study, followed by research findings and an interpretation of the findings. This chapter further provides detailed information on how the population was sampled, how data was collected, how data analysis was done, and how data quality was produced through ensuring trustworthiness. In the second part of the chapter, the empirical findings that focused on themes and generated sub-themes that focused on the perceptions of female youth regarding menstrual hygiene management were sourced out from the transcribed interviews and analysed.

Chapter Four: Key findings, conclusions, and recommendations

This chapter focuses on the key findings and conclusions of the present study. This is then followed by recommendations on how to respond to the menstrual needs of female youth in South Africa.

The following chapter will focus on the literature review that explores and describes the phenomenon of menstruation as a universally experienced aspect in the female population and its management.

1.9. SUMMARY

In summary, this chapter has provided a general overview of the current study. The introduction of Chapter One serves as a background drop for the present study. The chapter also included the theoretical framework that was followed, the problem statement and rationale, the goal and objectives of the present study were highlighted including the research design and methodology, the challenges, and limitations of the study as well as how this mini dissertation is organised in terms of chapter outlines.

CHAPTER TWO

LITERATURE REVIEW

2.1. INTRODUCTION

This chapter reports on a literature review that seeks to describe and explore menstruation and its management. Menstrual hygiene management has gained worldwide attention over the years, including menstrual challenges that are faced by young girls and women (Sommer, Hirsch, Nathanson & Richard, 2015:1302-1303). Despite the global attention, a gap in research that focuses on perceptions and experiences of female youth, within their specific social context, exists. As stated by Kuhlman, Henry, and Wall (2017:357) most of the studies are school-based and frequently focus on comparing urban schools to rural schools. Philips-Howard, Caruso, Torode, Zulaika, Sahin and Sommer (2016:2) support this statement by indicating that in low and middle-income countries, menstrual hygiene management studies have mostly focused on determining the barriers among schoolgirls, but in limited physical and social settings with early initiatives investigating the effect of potential interventions. The lack of qualitative and quantitative research on menstrual hygiene management in Africa has also been noted by the Water Supply & Sanitation Collaborative Council (WSSC) and United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) (2014:11) where it is indicated that most studies are school-based and it is much harder to find research on how menstruation affects women of all ages including those who are in and not in school, at the workplace and home.

The researcher is of the notion that it is important to gain a broader and holistic understanding of menstrual hygiene management that will represent the perceptions of women across different ages; to determine how initiatives and policies can cater to the broader population of menstruating women. Further, the researcher believes that it is important to link women's current and practical social contexts in understanding menstrual hygiene management. Hennegan, Shannon, Rubli, Schwab and Melendez-Torres (2019:3) state that fewer studies that focused on adult women have found that adult women also lack resources and support. The identified challenges have further proven to be contributing factors for stress and absenteeism from employment. As a phenomenon that is universally experienced by women, the researcher is of the opinion that a broader perspective of menstrual hygiene management is needed to address the menstrual needs of the broader female population.

For the sake of clarity, this chapter on the literature review will focus on the following elements that are essential for the purpose of the study on menstrual hygiene management amongst female youth. The concept of menstruation will be discussed including the implications that it has on those who are experiencing it monthly. Secondly, menarche and education will be

broadly discussed with a focus on the importance of informed knowledge during menarche; including how cultural, social, and geographic aspects play a role towards experiences and perceptions. Thirdly, the way menstruation is perceived, linking shame and embarrassment to the process, will be appraised. The fourth point will investigate menstrual hygiene management so to understand the concept and its implications on women (including young girls). The fifth point will discuss the link between menstrual hygiene management and the sustainable development goals (SDGs). The chapter will further investigate the importance of prioritising menstrual hygiene management and the last point will highlight the important role of the social work profession within menstrual hygiene management.

2.2. MENSTRUATION

The researcher is of the view that getting the perspective of women is essential in understanding natural occurrences that they face, like menstruation. The researcher's view is that menstruation, as a natural occurrence, is universal to women across the globe, and as such, there is a need to investigate menstrual challenges from a grassroots level. Gómez-Sánchez, Pardo-Mora, Hernández-Aguirre, Jiménez-Robayo and Pardo-Lugo (2012:372) define menstruation as a cyclical bleeding process that occurs in women during the reproductive stage, and it is caused by the endometrial shedding that takes place in regular intervals. Menstruation is a natural process for women during the reproductive age and it presents itself when ovum fertilization does not take place (Gómez-Sánchez et al., 2012:372). The bleeding happens because of the shedding of secretory endometrium and the menstrual cycle can have a regularity of 21 to 35 days, with an existing average of 28 days and the duration can fluctuate between two to seven days of bleeding (Gómez-Sánchez et al., 2012:372). The researcher believes that it is essential to take note that menstruation is a natural and universal process for women across the globe, a phenomenon that the female kind will experience irrespective of one socio-economic background or social setting. It is estimated that half of the female population, which is roughly 26% of the global population, are of the reproductive age (United Nations International Children's Emergency Fund [UNICEF], 2018).

Even though a mandate was passed down by the National Institute of Health (NHI) policy which sought to see women and minorities be included in all government-funded clinical studies, challenges still exist that prevents women from coping effectively with this process (Critchley, Babayev, Bulun, Clark, Garcia-Grau, Gregersen, Kilcoyne, Kim, Lavender, Marsh, Matteson, Maybin, Metz, Moreno, Silk, Sommer, Simon, Tariyal, Taylor, Wagner & Griffith,

2020:624). To the researcher, challenges associated with menstruation seem to stem first from its lack of physiological understanding; with societal and/or cultural influences encouraging further stigmatisation by associating menstrual blood as unclean or dirty blood in developing countries like South Africa. Mohammed and Larsen-Reindorf (2020:2) in their study at Ghana assert that adult women are themselves also unaware of the biological factors of menstruation but instead push on cultural taboos and restrictions to menstruating young girls. The United Nations International Children's Emergency Fund [UNICEF] (2018) states that the stigmatisation of menstruation seems to be a worldwide challenge and not just confined within specific countries. The researcher is of the notion that understanding the anatomy of menstruation is needed to avoid self-imposed and misdirected views on what happens to a woman's body when she is on her monthly cycle. Striving to promote this basic understanding will not only inform local and international, initiatives but will also assist in achieving sustainable project outcomes around menstruation and its management. As supported by Critchley (2020:624), it is apparent that initiatives that are aimed at improving women's reproductive health have been hindered by the lack of knowledge for uncomplicated uterine and menstrual physiology.

The researcher has observed that different cultures attach different meanings to menstruation, as such, the first point of orientation should be in getting a basic understanding so that menstruation can be viewed from an empowering point of view rather than a 'shameful' annotation that is used in this regard. Rosenzweig (1943:296) previously reported on how old cultures have linked menstruation to the sequence of the moon which has been regarded as a hazardous condition that included various taboos. Kumari (2017:7453), on the other side, argues that a lack of knowledge and existing customs have led to women accepting the things that society tells them, including their mothers and those close to them. Kumari (2017:7454) further state that most women deem menarche as impure, hence they end up isolating themselves from what they normally do when they are not on their monthly cycle. To the researcher, imparting a negative connotation to menstruation has more adverse effects on young girls and women, which can further motivate lifetime perceptions that can be passed down from generation to generation.

In support of this statement, Day (2018:379) states that menstruation is often thought of as shameful, dirty and a female weakness occurrence and the secrecy around menstruation has further perpetuated society's held superstitions and taboos that are passed on between generations. These are some of the elements that the study seeks to uncover in Kameeldrift so that the development of policies and initiatives can be aligned with generational beliefs that

can hinder success. The researcher believes that understanding menstruation within women's social contexts will help in determining how life learned perceptions can be challenged, while also linking interventions to these overwhelming societal and cultural beliefs that women are still holding on to.

In the researcher's view, perceptions on menstruation are also affected by the information that young girls receive which can shape the behavioural responses that they have throughout the menstruation process (until they reach the stage of menopause). Padmanabhanunni and Fennie (2017:6) in their study reported how South African black and coloured women regarded menstruation as an incapacitating event. Eswi, Helaland-Elarous (2012); Yeung, Tang and Lee (2005) in Padmanabhanunni and Fennie (2017:6) state that women who are most likely to view menstruation as incapacitating were socialised to see menstruation negatively. Such perceptions are further linked to a history of poverty among black and coloured women because of years of apartheid policies that directly impacted women's access to resources (Padmanabhanunni and Fennie, 2017:6). In the researcher's view, this can serve as a possible explanation for the menstrual shame that girls and women are experiencing daily, mostly in displaced geographic locations like Kameeldrift in Tshwane; where women find themselves residing in areas that disempower them and have implications on their abilities to function effectively despite being on their monthly menstrual cycle.

Social inequalities, in the researcher's view, are crippling and coupled with a process that women have no control over and can have adverse implications on both physical and mental responses towards the phenomenon. The researcher believes that menstrual perceptions will also be likely perpetuated by different socio-economic backgrounds and geographic locations of women, as such, it is important to bear this in mind when responding to the menstrual needs of all women. As stated by Gómez-Sánchez et al. (2012:372) social influences have an impact on the lived experiences of each woman both realistically and mentally, which can directly impact women's social, labour, and interpersonal life.

Attention to women and young girls' menstrual needs is important for achieving global health and gender equality (Hennegan, Shannon, Rubli, Schwab & Melendez-Torres, 2019:2). Bridging a gap between this phenomenon and how it is managed, in the researcher's view, can help in issues of inequality in both private and public settings; and further capacitate, empower, and limit health challenges that women face.

2.3. MENARCHE AND EDUCATION AROUND MENSTRUATION

Menarche is understood to be the first menstrual cycle, as stated by Ibitoye, Choi, Tai, Lee, and Sommer (2017:2), menarche also marks the start of a girl's reproductive life, which further plays an important role in adolescent sexual and reproductive health. It is during this transition that a woman will undergo multiple cultural, sociological, psychological, and physical changes (Canelón & Boland, 2021:1). The normal age of onset for menarche falls within 11-15 years, however, genetic, and environmental factors will play a significant role in this (Ganabathy, Widjajakusuma & Hidayat, 2016:640). In the researcher's view, adolescence is a very important stage in a girl's life that is associated with many unexpected physical and mental changes; this can also be a stage that can be filled with anxiety, an urge to experiment and temperamental behaviours.

The researcher believes that a lack of resources to cater to these changes can impact the social functioning of young girls who are in transition to becoming young women, an impact that can also influence health and wellness decision-making abilities throughout adulthood. The researcher assumes that being a youth in a developing country, like South Africa, has its implications. The researcher's notion towards this is that not only are individuals faced with psychosocial challenges but the reality of living conditions in some low-income areas like Kameeldrift in Tshwane inhibits women's abilities to fully realise their potential. If not experienced positively, the initial menstrual cycle will set the tone on both sexual and reproductive health decisions that young girls will make. In agreement with the researcher, Ibitoye, Choi, Tai, Lee, and Sommer (2017:2) view menarche as an overlooked public health pointer despite it being a critical developmental indicator for a girl's transition into adulthood, and a critical pointer for girls' reproductive life as it has important implications on adolescent sexual and reproductive health results.

Of interest in Sommer (2013:399) is evidence that shows how early menarche in developed countries, or what is understood to be high-income countries, may be associated with early sexual initiation, use of alcohol and other substances, and premature school dropouts. This gives a clear indication of the implications of this phenomenon in different social contexts, perhaps also highlighting the possibility that lack of resources is not the only deterrence in shaping responsive behaviours towards the phenomenon of menstruation.

The researcher believes that the first menstruation can be associated with some degree of uncertainty and anxiety. Multiple factors influence what a girl's experience will be like towards her menarche, as such, the menarche experience will have an impact on several parts of a girl's life (Marván, Christler, Gorman & Barney, 2017:971). Education about menstruation before a girl reaches menarche is viewed as a needed approach by the researcher, as this

will influence how menstruation is or will be perceived, experienced, and managed with some degree of confidence, psychological comfort, and ease. Reports conducted by UNICEF in Pakistan have revealed that 49% of girls know nothing about their first menstrual cycle (Shah & Madiha, 2017:1). This indicates the impact of the knowledge gap among girls in developing countries. McCammon, Bansal, Hebert, Yan, Menendez, and Gilliam (2020:294), in their paper that examined menstrual challenges among young women living in the slums of Lucknow, Uttar Pradesh, found that most of their participants had a negative emotional response to their initial menstruation. Chandra-Mouli and Patel (2017:2) in their study report that girls in most low- and middle-income countries enter puberty with information gaps and misunderstandings about menstruation. Most are not readily prepared to cope with it and experience uncertainty about when and where they can seek help. This stems from adults around them being ill-informed themselves and uncomfortable in openly discussing sexuality, reproduction, and menstruation, which in most cases is labelled dirty, polluting, and shameful (Chandra-Mouli & Patel, 2017:2). This challenge has not only been noted in low- and middle-income countries; but even high-income countries, like Australia, face similar hindrances of young women and their parents being uncomfortable discussing menstruation which leads to poor menstrual health literacy (Holmes, Curry, Sherry, Ferfolja, Parry, Smith, Hyman & Armour, 2021:1).

The researcher is aware that in African black households, there are certain unspoken topics that families struggle to discuss openly, and the phenomenon of menstruation is no exception. The researcher believes that in certain instances a young girl will only be briefly informed about menstruation at the onset of the initial menstrual blood, and she will be expected to 'understand' that she has reached a stage of 'womanhood'. In their study, Erulkar, Ferede, Ambelu, Girma, Amdemikael, GebreMedhin, Legesse, Tameru and Teferi (2010:20) found that 62% of girls already had some knowledge of menstruation before it happened to them. In the number 70% were urban girls and 55% were rural girls. Erulkar et al. (2010:20) further indicate that younger age groups were better informed about menstruation than older age groups and, to them, this suggested improvements in Ethiopian communities towards girls about menstruation. Perhaps this suggests, in the researcher's view, that education on menstruation can depend on the environment that one is raised in and the willingness of sources of information to allow open discussion about phenomenons like menstruation. It is of interest for the researcher to ascertain how the female youth of Kameeldrift have experienced the initial menstrual cycle, and if the experiences yielded positive or negative emotional responses towards the phenomenon of menstruation. Padmanabhanunni and Fennie (2017:6) identify a need to research menarche in developing countries among women who are residing in societies in transition like South Africa, and the necessity to understand present-day

experiences around the phenomenon of menstruation. The researcher finds this statement very important as it brings the argument of responding to the challenges and needs of menstruating women in alignment with their currently lived experiences. This, in the researcher's view, will provide a more holistic perspective towards understanding and responding to menstrual challenges as realistically experienced by the recipients themselves.

It is important to note that the issue of menstruating as a young girl or woman goes beyond the ability of one to manage her monthly cycle, but also involves some degree of physical discomforts such as menstrual cramps, headaches, backaches, nausea, and diarrhoea, which can make it difficult for women in low-income settings to have financial means of affording medication to manage the symptoms (Biljon & Burger, 2019:6). This setback, coupled with a lack of information, can further cause complications which can also motivate the need for girls and young women to isolate themselves. Kameeldrift as an area that is a low-income setting is characterised by challenges such as lack of proper housing, sanitation, lack of opportunities, high rates of unemployment and poverty. All these factors work against the ability of girls and female youth, who are experiencing this phenomenon for the first time, to go through it with some degree of comfort.

It can further be argued by the researcher that this can lead to poor menstrual hygiene practices which can have health implications. A study by Barrington, Robinson, Wilson and Hennegan (2021:26) that focused on experiences of menstruation in high-income countries reports on how participants experience the need to hide evidence of menstruation including physical symptoms and pain management associated with menstruation as they believed that this was socially expected from them, even though they had not been specifically told to do this. To the researcher, this indicates how perceived social expectations can influence health behaviours and decision-making processes; and this is not only confined to low- and middle-income settings like South Africa. As a phenomenon that is universally experienced by women worldwide, it is apparent to the researcher that challenges (irrespective of one's social setting) fall within the same range for menstruating females.

A growing body of qualitative research has further reported on some of the challenges that are faced by women and adolescent girls who are menstruating in low-income, low resource settings, which have negative implications on their health, education, employment, and well-being (Hennegan, Brooks, Schwab & Melendez-Torres, 2020:2). In their study, Gultie, Hailu and Workineh (2014:2) state that for adolescents who are experiencing menstruation for the first time, menstrual hygiene management is hindered by real, social, financial, and cultural factors like the ability to afford sanitary pads, lack of water and toilets, lack of space in their respective homes for changing sanitary pads and inadequate education about the facts of

menstrual hygiene. These further have implications on how the continued monthly cycles are experienced by women in both private and public social settings. As indicated by Goddard and Sommer (2020:5), the onset of menstruation can be considered a critical phase in a girl's life, being vulnerable to numerous exposures during this phase can have implications on one's later health and well-being. A policy brief by the African Population and Health Research Centre (2010:2) reported how a lack of safe, affordable, suitable, and culturally appropriate ways of dealing with menstruation has implications on the rights and physical, social, and mental well-being of women and young girls in Kenya. South Africa as a developing country, like Kenya, also falls within this spectrum.

The researcher is of the view that education on menstruation and menstrual hygiene management is essential and much needed so that girls can be able to manage their menstrual cycles throughout their lives. In their study, Biljon and Burger (2019:7) report that education around menstrual hygiene management is a barrier faced by young South African women to achieve proper management of their monthly cycle. The lack of awareness about menstruation before menarche has also been noted in countries like India, where adolescent girls do not know about the importance of menstrual hygiene and have to rely on their mothers who themselves lacked knowledge of reproductive health due to low literacy levels (Chothe, Khubchandani, Seabert, Asalkar, Rakshe, Firke, Midha & Simmons, 2014:6). The researcher feels that this statement is debatable; it has been observed that even in households where mothers or sources of information are educated, openly discussing menstruation is perceived as inappropriate. To the researcher, culture and societal views are the biggest influential aspects towards the lack of education on menstruation before menarche and this is not only present in low-income settings like Kameeldrift. The Plan International UK (2018:24) provides another perspective by indicating how the nature of the relationship between a young adolescent girl and her source of information, also plays a critical role in the education and support aspect of menstruation. The researcher is in full agreement with this report, as it is important for one to feel comfortable in approaching a close family member to discuss menstruation, the same way as she would be with her peers.

Kaur, Kaur, and Kaur (2018:1) state that lack of knowledge on menstruation readiness, including shyness and embarrassment, result in menarche not being a pleasant experience for girls. A large number of girls in many countries do lack information and mistaken beliefs about menstruation and this leaves them unprepared when they reach menarche, further causing anxiety and fear (Chandra-Mouli & Patel, 2017:12). The view of the researcher is that this might set a tone and be a contributing factor behind poor menstrual practices and hygiene that young girls and female youth employ during their monthly menses. As stated by Langer, Mahajan, Gupta, Kumari, Jan and Mahajan (2015:456) knowledge and awareness do shape

our attitudes towards any concepts and menstrual knowledge that could have a positive influence on attitudes and subsequent behaviours. Perhaps a gap in research has been in determining the impact that limited menstrual information before the start of menarche has on young girls and women.

It is evident from the studies that were conducted above that poor knowledge and awareness of menstruation do have health implications on menstruating women. Often this also has negative implications towards the self-worth and self-esteem of menstruating women as they attempt to cope with a phenomenon that they have no control over.

2.4. IMPLICATIONS OF POOR HYGIENE PRACTICES

The researcher believes that hygiene plays an important role during the process of menstruation. As such, it is important for a woman not only to have access to water, proper sanitation, and privacy; but to be able to change a menstrual pad and/or clean a menstrual cup during the day. Ademas, Adane, Sisay, Kloos, Eneyew, Keleb, Lingerew, Derso and Alemu (2020:2) state that menstrual hygiene has been neglected by water, sanitation, and hygiene (WASH) sector researchers. Despite being a natural occurrence, if menstruation is not properly managed it can lead to health problems (Ademas et al., 2020:2). Studies have further found a link between unhygienic menstrual hygiene management and urinary infections, reproductive tract infections and other diseases (Ademas et al., 2020:2). Even though women's sanitation needs are central, recent studies have also noted negligence within the goal of providing universal sanitation (Sebastian, Hoffmann & Adelman, 2013:135). It is unfortunate that South Africa still has communities that are not being actively catered for in terms of sufficient service delivery for residents. Not only does this prevent the proper management of monthly menses for menstruating women who are residing in these areas, but it also aggravates further unsafe menstrual practices in the researcher's view. Every year it is indicated that, on estimation, approximately 10% of women worldwide are exposed to genital infections, which include urinary tract, and 75% of women have a history of genital infection due to poor menstrual hygiene (Upashe, Tekelab & Mekonnen, 2015:2).

Proper hygiene practices during menstrual cycles are of importance for reproductive health, as poor practices are directly linked to reproductive tract infections (Suhasini & Chandra, 2016:20). Poor personal hygiene during monthly cycles and unsafe sanitary conditions also results in gynaecological problems (Suhasini & Chandra, 2016:20). Repeated reuse of unclean napkins or improperly dried cloth napkins harbour micro-organisms that can cause vaginal infections (Suhasini & Chandra, 2016:20).

In informal settlements like Kameeldrift in Tshwane, female youth are also faced with financial constraints because of high levels of unemployment in the country, affording alternatives like disposable sanitary pads – which can offer some relief during lack of access to proper sanitation and water – can be a challenge, and the researcher argues that this can make managing a monthly cycle a stressful repeated unpleasant event. This can further lead to health complications being unattended due to embarrassment. Mahajan (2019:64) states that the disadvantage with disposable sanitary pads is that women tend to use the products for a longer duration to minimise costs because of a lack of affordability. Suhasini and Chandra (2016:20) state that infections that are caused by unhygienic practices during menstruation are mostly not reported. Despite menstrual hygiene being important, it remains a neglected area of concern in most parts of the world (Bhusal, 2020:1). Poor menstrual practices may lead to poor quality of life and connect to other complications such as premature births, stillbirths, miscarriages, infertility problems and carcinoma of the cervix (Bhusal, 2020:2).

Depending on the cultural and social context, women have been understood to use various materials to absorb menstrual blood like disposable pads, reusable sanitary pads, and menstrual cups to highlight a few (Krenz & Strulik, 2019:1). In developing countries, the use of substandard products like old clothes, cotton wool, toilet paper, sponge, leaves, or ash; is common (Sumpter & Torondel, 2013 in Krenz & Strulik, 2019:1). Due to the high price of disposable sanitary pads in Korea, girls are reported to make use of shoe insoles as a means of absorbing menstrual blood (Moon, Kim, Kim, Choe, Jeon, Cho, Hong & Lee, 2020:2). While in West African countries like Burkina Faso women were reported to make use of either disposable sanitary pads or old rags; and despite both these materials requiring private space to change, making use of cloths seemed to pose further challenges in cleaning and storing them (Krenz & Strulik, 2019:1). This can further make it difficult for women in informal settlements to perform their day-to-day tasks, as stated by Krenz and Strullik (2019:1), the use of cloths further makes it difficult for women in work environments or informal employment, like street vendors, to perform their tasks. This highlights the impact that menstrual practices have on women and how these practices further impact their functioning in society and their well-being.

Challenges with accessing menstrual products are not only limited to developing countries like South Africa. Plan International UK (2020) found that three out of ten UK girls struggled to afford or access menstrual pads during the lockdown, and most resorted to using toilet paper as an alternative. A report on menstrual inequality in the United States by Bringing Resources to Aid Women's Shelter (2018:9), found in a survey, that was carried out in the United Kingdom [UK], that 42% of the participants indicated that they have had to use improvised menstrual supplies such as toilet paper due to an inability to afford store bought supplies and 68% of the

participants further reported that menstruation has distracted them during school or work. The researcher can therefore rest on the notion that menstrual challenges are universal and unique based on menstruating women's social contexts. This also re-emphasises the need to uniquely look at menstrual needs and approaches for the aim of accurately responding to those needs.

Of interest has been the critique of disposable menstrual products by feminists, who stand on the notion that these products are in fact loaded with patriarchal ideas that further perpetuate the belief that menstruation is an unhygienic problem and that should be hidden (Peberdy, Jones & Green, 2019:1). However, the researcher would like to differ slightly from this viewpoint in that in informal areas, like Kameeldrift, where water is a challenge, disposable menstrual products can offer convenience and be a better alternative for menstruating women. A hindrance to this, though, will be in affording these disposable menstrual products. Lack of resources and financial constraints in the researcher's view can be the two aspects that hamper the ability of women in managing their monthly menses efficiently and effectively.

Poor menstrual hygiene practices not only have physical implications, but the researcher argues that poor menstrual hygiene also has implications on the dignity and self-worth of young girls and women, making it essentially difficult for female youth to participate fairly and efficiently in their country. The researcher stands on the notion that this challenge may not only result in increased school dropout rates (which can further disempower women) but may also have implications on workplace or public settings. Inadequate menstrual hygiene methods on an individual level place adolescent girls and women at risk of health issues, psychosocial stress and reduces opportunities to access school and work (Shah, Nabwera, Sosseh, Jallow, Comma, Keita & Torondel, 2019:2). These further negatively impact a woman's ability to sustain herself and her family, which ultimately affects a country's economy (Shah et al., 2019:2).

Female youth of Kameeldrift are already disadvantaged in terms of service delivery in their area. Of interest is ascertaining the implications of hygiene practices on them as women who are residing in a low-income area.

2.5. MENSTRUATION, SHAME, AND EMBARRASSMENT

The researcher believes that the perceptions and understanding that women have on the phenomenon of menstruation will greatly impact how they experience the process. In the researcher's understanding, challenges such as cultural and spiritual beliefs, societal expectations, and the ability to manage monthly cycles, contribute to whether a positive or negative experience will be drawn from this phenomenon. To understand these perceptions,

the researcher also believes that it is essential to link current social contexts and symbolic interpretations of menstruating female youth as these meanings still have a significant influence on the experiences of menstruating women. Gesselleen (2013:1) view is consistent with the researcher's notion by indicating it is important to understand women's interpretations that are associated with the changes that stem from menstruation within their respective social and historical contexts. For young girls residing in informal or rural settings, the experience of menstruation has been described as frightening, confusing, and encouraging shame (McMahon, Winch, Caruso, Obure, Ogutu, Ochari & Rheingans, 2011:1). The researcher is under the assumption that shame and embarrassment are often reinforced by societal, religious, and family-held views (passed down from generation to generation), especially with young girls who have a limited understanding of the physiology of menstruating. The referral to menstrual blood as 'dirty' or 'unclean', in the researcher's view, is one of the factors that work against young girls and women having a positive perspective towards the phenomenon of menstruation.

One would assume that menstrual shame is often experienced by girls and women who are residing in low-income settings, mostly due to lack of access to menstrual products, however, an article by Siebert (2018) states that 42% of women in the United States have experienced menstrual shaming by men and that almost 60% of women feel embarrassed when they are menstruating because of pervasive taboos. This, to the researcher, provides a descriptive perspective of the existence of taboos irrespective of where women reside. This also provides a picture to the researcher of the implications of perceptions held by men about menstruation and how they can halt women's social functioning during menstruation.

Shame and embarrassment towards menstruation in developed countries like the United States of America are also understood to be present in workplaces where a study by THINX (a New York based company for feminine hygiene products) found that 51% of men believed it was inappropriate for women to openly discuss their menstrual cycles in the workplace (Siebert, 2018). An article by Donovan (2018) revealed that one in three women in the United Kingdom has experienced menstrual shaming either through bullying, isolation, or common remarks like, 'time of the month', that are made. Such beliefs, as seen by the researcher, are also some of the contributing factors that result in women seeing a need to conceal their menstrual cycles and rather isolate themselves. Identifying these hindrances is deemed important by the researcher as this will pave a way towards the practical empowerment and enabling of women through provoking open discussions across communities about the reality of being a menstruating woman within an environment that does not see a natural occurrence as normal.

Approaches, views, and social norms that are related to menstruation are understood to vary broadly worldwide and these differences have an impact on practices adopted by women during menstruation (Mohammed, Durrant, Hugget, Davis, Macintyre, Menu et al., 2018:2). The way that menstrual blood is perceived in different cultural contexts, may result in women isolating themselves which further stigmatises women (Mohammed et al., 2018:2). The researcher's curiosity is unpacking how cultural influences, whether positive or negative and if present, have shaped the responsive behaviour of the female youth of Kameeldrift. As stated by Morowatisharifabad, Vaezi, Bokaie, Askarishahi and Mohammadinia (2018:8766), an individual's belief about menstruation can either improve or worsen menstrual health behaviours.

In their study, Mohammed et al. (2018:9) found that participants believed that being exposed to menstruating women or menstrual blood was traditionally perceived to bring bad luck for men and boys; including negatively impacting their health, physical strength, and ability to perform certain duties such as hunting, fishing, and playing sport. In the researcher's view, these are some of the myths that tend to be viewed as truthful by individuals, forcing menstruating women to opt for isolation due to fear of being stigmatised and, even then, resorting to unsafe sexual practices. Lamborn (2017:1) argues that a lack of knowledge, including menstrual taboos imposed by cultural regions, can result in women suffering from overwhelming shame and embarrassment. The author further highlights a gap between what the population understands about the menstrual cycle and what is factual (Lamborn, 2017:1). Nonetheless, a positive aspect that can be identified since the resurgence of the feminist movement has been efforts to provoke open conversations in the media regarding women's menses, with the aim of changing society's perceptions about menstruation (Lamborn, 2017:4). In African countries, despite menstruation remaining clouded by shame and ignorance that has an impact on the health, education, and dignity of women, an encouraging aspect is the strengthened global and localised advocacy (Julien, 2020). Evidence of this small success can be noted back in 2013 when the German-based NGO, WASH United, declared May 28 as the Menstrual Hygiene Day (Julien, 2020). It is through such small initiatives that the researcher feels that steps towards normalising menstruation as a universal phenomenon faced by women will be achieved. In the same light, Lamborn (2017:4) identifies a need for change as some of the menstrual product advertisements contribute to shame around monthly cycles.

To combat stigma around menstruation, broader awareness raising activities are needed so that menstruation can be understood as a normal and natural process (Lamborn, 2017:7). In the researcher's basic understanding, stigma is often perpetuated by the lack of understanding of phenomena, with cultural and religious factors also playing a role. Even though the

researcher agrees with the author on the importance of raising broader awareness for the purpose of education, the researcher also believes that success in raising awareness will depend on identifying the right challenges as lived by menstruating women in a specific geographic location. The researcher's suggestion is to highlight the importance of properly tailoring intervention strategies to best suit menstruating women's lived reality. Female youth residents in areas like Kameeldrift in Tshwane are also recipients of the reusable sanitary pads rendered by a local NGO, Kamcare Social and Training Services. Of interest would be to determine the effectiveness and practicality of the project on menstruating female youth.

In their study, Mohammed et al. (2018:10) report that female participants prefer staying at home during their menstrual cycle and avoid any form of interaction. Such decisions are also motivated by fear of clothes being stained by menstrual blood or fear that other people might smell the menstrual blood. In areas such as Kameeldrift where privacy, due to lack of proper housing is a challenge, it can be stated that self-imposed shame and embarrassment cues may prevent women from performing usual tasks during menstruation and properly managing their monthly menses.

This is a further disturbance of their social functioning, decision making and coping capacities, which result in the disempowerment of women in both private and public entities. Menstrual hygiene management can therefore be seen as important by the researcher and a key concern towards the promotion of human rights across the globe.

2.6. MENSTRUAL HYGIENE MANAGEMENT

The United Nations Children's Fund (UNICEF) (2019:68) states that menstrual hygiene management assists in meeting girls' and women's health and hygiene needs including the prevention of infections. Challenges such as early and unwanted pregnancies are implicated by a lack of basic information about puberty and menstruation, while stress and shame linked to menstruation can also negatively affect girls and women's mental health; and unhygienic practices may make girls vulnerable to reproductive tract infections (The United Nations Children's Fund (UNICEF), 2019:68). The researcher is of the view that responding to the menstrual needs of the youth will first need an understanding of what menstrual hygiene management entails, and to respond to challenges at a grassroots level. This understanding, to the researcher, is not only essential for professionals like social workers who offer psychosocial support from a holistic perspective but also for women who are experiencing the phenomenon. Menstrual hygiene management is defined as the ability of adolescent girls and women to use clean materials to absorb or gather menstrual blood and that the material of

choice can be changed in a private space as often as needed for the duration of the menstrual cycle (World Health Organisation [WHO] (2009:6).

The researcher believes that the ability of women to manage their monthly menstrual cycle with dignity should be regarded as a human right. The researcher's notion stems from the fact that this is a natural occurrence that cannot be avoided by women irrespective of their social and economic background. In the researcher's view, all women who are experiencing their monthly menstrual cycles should be able to access menstrual products, have privacy during their cycles, and have access to facilities that can enable them to dispose of or clean used menstrual materials.

For women residing in low-income settings, menstrual hygiene management is a challenge. Budhathoki, Bhattachan, Castro-Sanchez, Sagtani, Rayamajhi, Rai and Sharma (2018:2) state women and girls in low-income settings do not have much awareness around hygienic practices and they further lack socially suitable materials that are needed for menstrual hygiene management practices. Literature across low- and middle-income countries has reported that on average, about 50% of girls and women exercise insufficient menstrual health and menstrual hygiene management due to factors that are completely out of their control (Stevens, Okumura, Ramaiya & Hauer, 2014:3). These include social restrictions, insufficient information about menstruation, inability to access menstrual products and access to facilities (Stevens et al., 2014:3).

Social restrictions, such as the isolation of menstruating women in their homes or places of worship, to the researcher, are leading factors that can drive unsafe hygiene practices. This, to the researcher, is also caused by shame and embarrassment that society has imposed on women who are menstruating especially the labelling of menstrual blood as 'dirty' or 'unclean'. While some women take the monthly cycle for granted, Umeora and Egwuatu (2008:110) argue that for others, menstruation represents an unhygienic tedium that connotes moral and spiritual uncleanliness, a sign of disease or a curse. The researcher links this to the concept of social stigma as negative connotations towards menstruation are mostly driven by societal taboos. Miller (2019:7) argues that despite menstruation as a phenomenon receiving global attention, the reality is that it remains socially stigmatised. This stigma still poses a barrier for girls and women to fully participate in public life and can affect their rights to health, work, education, and gender equality (Miller, 2019:7). Stevens et al. (2014:3) support Miller by stating that the inability to practice safe menstrual hygiene management further restricts adolescent girls and women from attending school properly, to attending community gatherings, and causes more stress and anxiety.

Menstrual hygiene management has also received increased attention in Sub-Saharan Africa due to its possible impact on both school attendance and the employment of women (Wilson, Reeve, Pitt, Sally & Julious, 2012:8). Since the implications of menstrual hygiene management are like a chain reaction, the researcher believes that prioritising the phenomenon and its management is a necessary approach. Eastern and Southern African (ESA) countries have started their initiatives to ensure effective menstrual hygiene management, these include the provision of free sanitary pads for girls who are in schools and the removal of tax duties from sanitary products to enable better access for advocacy purposes (Crankshaw, Strauss & Gumede, 2020:2). Even though this might seem effective, the researcher still believes that the provision of free sanitary pads does not cater to the general population of menstruating women.

In the researcher's view, catering for girls or young women who are still in school is a shortfall as this means that these initiatives exclude the youth or young women who are not going to school. In low-income settings like Kameeldrift in Tshwane, such initiatives can be practical for female youth who are currently menstruating in the researcher's view, as there will potentially be less pressure with managing one's monthly cycles whilst not having adequate resources. The United Nations Population Fund (UNFPA) report (2018:16) highlights a very important note by highlighting a lack of research that focuses on the relationship between concentration or absenteeism due to menstruation at the workplace or access to menstrual health facilities and products. The researcher agrees with this as it has been noted that most research focuses on adolescent girls but often the reality is that there are menstruating youths who might not necessarily be at school, who are also struggling to manage their monthly cycles.

Thomson, Amery, Channon and Puri (2019:12) argue that despite menstrual hygiene management becoming a key approach through which work around menstruation is outlined and measured, it still excludes certain elements in the same light that it includes them. The authors acknowledge that as much as menstrual products and sufficient sanitation are important, a policy still needs to consider other elements (Thomson et al., 2019:12). Bobel (2019) in Thomson et al. (2019:2) argues that pain management, the specific community contexts in which menstruating women exist, including the stigmatisation and taboos associated with menstruation, are all left out when defining the concept of menstrual hygiene management. The researcher supports the authors, menstrual hygiene management should be considered broadly as it goes beyond the ability to use menstrual products and have access to sanitation. In the researcher's view, the concept of period pains and their management is overlooked including abnormal bleeding patterns that women might experience. The researcher also believes that understanding existing beliefs and taboos imposed by society is

needed if, as a country, we are to move towards the holistic empowerment of women and prioritising reproductive health. The researcher further argues that the inclusivity of beliefs or perceptions and consultation with women who are experiencing the phenomenon of menstruation is key in responding to specific menstrual needs as per the social contexts in which women find themselves.

2.7. MENSTRUAL HYGIENE MANAGEMENT AND THE SUSTAINABLE DEVELOPMENT GOALS (SDGS)

In the researcher's view, the management of monthly menstrual cycle remains a continued challenge for women who are experiencing the phenomenon. Untarnished beliefs and taboos around the phenomenon of menstruation and its management seem to play a significant role behind these challenges (Tiwary, 2018:378). Poor menstrual hygiene aggravates broader issues such as sexuality, education, reproductive health, child marriage, sexual and reproductive health and rights, and child marriages (Tiwary, 2018:378). The researcher believes that all these factors work against the empowerment of women and strive to ensure gender equality. The researcher's notion is that integrating the sustainable development goals (SDGs) in menstrual hygiene management is a much-needed approach to reach out to the disadvantaged group of women residing in low-income social settings like Kameeldrift. According to the researcher, this approach will ensure the empowerment, inclusion, and fight against social ills that women are faced with, such as school dropout rates and unemployment. The researcher is also of the opinion that menstruation is a natural occurrence that should be experienced and managed with dignity, without compromising the well-being and functioning of women. However, the researcher is of the opinion that due to current hindrances that are faced by menstruating women the management of this phenomenon works against them.

The management of monthly menstrual cycles needs three unique elements: personalised assets (such as sufficient information, confidence and awareness on how to manage menses, and having sufficient menstrual products and sanitation to disposal), services (such as access to information and education), and space (which includes the availability of safe and convenient facilities to change and dispose of menstrual products with privacy and dignity for the duration of the menstrual period) (Loughnan, Mahon, Goddard, Brain & Sommer, 2020:579 in Bobel, Inga, Winkler, Hasson, Kissling & Roberts, 2020). These elements in the researcher's view are not always practical for menstruating women, especially women residing in areas where lack of housing for privacy purposes and sanitation for the purpose of proper disposal is prominent. The United Nations (UN) (2018) argues that focusing on menstruation issues does matter to achieving the sustainable development goals (SDGs). In the

researcher's view, this is important especially the revelation of how menstruation, in some countries, disempowers women and aggravates gender inequality in both private and social settings.

The researcher understands the concept of disempowerment because, being a menstruating woman, also depends on socialisation and the impact that socialisation has towards shaping menstrual perceptions. However, the researcher argues that disempowerment results mostly from social or religious taboos that end up working against the above-mentioned elements. This makes incorporating menstrual hygiene management in the sustainable development goals (SDGs) necessary.

An identified shortfall is that menstrual hygiene management is not clearly indicated in any of the sustainable development goals (SDGs) including the targets and indicators (Loughnan et al., 2020:580). Tiwary (2018:379) agrees by stating that menstrual hygiene management is not clearly stated in any of the sustainable development goals even though it is directly connected in achieving several goals from SDG 3 (which is aimed at achieving gender equality and empowering all women and girls), SDG 6 (seeks to ensure the availability and sustainable management of water and sanitation for all) and SDG 8 (that is aimed at decent work and economic growth). Despite this shortfall, it is important to link menstrual needs with goals that address social issues such as poverty, health, education, gender equality, water, and sanitation (Loughnan et al., 2020:580). Considering the reality that more than two billion women who are between the ages of 12 years and 50 years are menstruating between 2-7 days a month worldwide, menstrual hygiene management as an important aspect for women cannot be ignored, as it involves them directly in the process of sustainable development (Tiwary, 2018:380).

Achieving menstrual hygiene management can be regarded as important in attaining all the mentioned sustainable development goals (SDGs) including the 2030 Agenda targets (Anjum, Pouramin, Glickmand & Nagathatla, 2019:62). The researcher also maintains that this can only be achieved through a thorough representation of menstrual hygiene management. For this approach to work, it will also require fit and unique prioritisation of menstrual hygiene management that will take into consideration the different social settings of adolescent girls and women. Elledge, Muralidharan, Parker, Ravndal, Siddiqui, Toolaram and Woodward (2018:12) state that when it comes to water and sanitation, including programs related to menstrual hygiene management, it is key to incorporate the sustainable development goals and to have an inter-sectoral approach towards the health, education, and sanitation sectors (both government and non-government).

The empowerment of all women will require making menstrual hygiene management one of the key factors in responding to the challenges and social issues that are faced by women. As stated by Balls (2017:2) effective menstrual hygiene management is critical to respond to the basic human rights of women and girls worldwide. The challenge is that menstruation remains a taboo topic in most contexts and is mostly linked with behavior restrictions (Balls, 2017:2).

Crankshaw, Strauss and Gumede (2020:2) argue that two leading positions underlie proper support to ensure sufficient menstrual hygiene management amongst girls and young women. As stated by the authors, one correlates to the aspect of dignity and social justice, and the second potential aspect is the consequence of poor menstrual hygiene management (particularly the inability to access sanitary products and the potential reason behind school absenteeism among school-going girls and women). Efforts do exist in South Africa at a national level, one involved the drafting of a Sanitary Dignity Policy Framework back in 2017 (Crankshaw et al., 2020:3). The aim of the framework is to set out the norms and standards on how the nine provinces in the country should address sanitary dignity (Crankshaw et al., 2020:3). In 2018 there were some individual provinces in the country that developed school-based distribution programmes for providing disposable sanitary pads to female learners (Crankshaw et al., 2020:3).

These efforts can be linked to a programme that is currently being implemented by a non-profit organisation in Kameeldrift, Kamcare Social and Training Services. The non-profit organisation is currently providing washable sanitary pads to menstruating women who are residing in Kameeldrift. Despite the principles that underpin such efforts in the country being regarded as admirable, Crankshaw et al. (2020:3) argue that the reality is that there is little evidence, to date, to assist in guiding these efforts in South Africa. Where local research is available, it is only through small-scale qualitative research that focuses more on practical menstrual implications, such as lack of sanitation, water, privacy, and other factors that are considered unsafe for effective menstrual hygiene management (Crankshaw et al. 2020:3). It is for this reason that the researcher emphasises on ascertaining the actual perceptions of female youth to conduct a thorough needs analysis that will respond to the actual menstrual needs that female youth are faced with on daily basis. The researcher is also of the view that this makes the profession of social work very important in the process of needs analysis. The social work profession can serve as a critical role player as the focus is more on the person within her environment and how she functions.

2.8. SOCIAL WORKERS ROLE IN MENSTRUAL HYGIENE MANAGEMENT

The researcher believes that the social work profession is a unique one, in that the profession does not only focus on an individual as the only living entity but rather views one as a living being within a social context. As a diverse profession, social work has a very important role in many social and health sectors that are included in the primary health care approach (Nandhini, 2017:53348). The researcher's view is that the social work profession concerns itself with the social functioning of individuals from a grassroots and holistic point of view, and this makes social workers critical role players in menstrual hygiene management as challenges are viewed and understood broadly. The social work profession has a history with an interdisciplinary approach and a commitment to the importance of early intervention, prevention, and health promotion (Nandhini, 2017:53348). This makes social awareness and education around menstruation a significant intervention strategy in the profession. Hennegan (2020:639) in Bobbel et al. (2020) supports the need for educating young girls by stating that programs that are aimed at psychosocial education intervention are needed and may include intervention strategies that seek to address harmful taboos and stigmatization of menstruating girls.

The researcher is aware of the importance of awareness raising when it comes to the education of the female youth on issues that are directly affecting them and their ability to participate actively in both private and public settings. This can be essential in areas that are deemed low-income settings like Kameeldrift. Awareness raising about menstrual hygiene, providing counselling services, and educating adolescent girls and women before and after puberty, is key for early intervention, prevention, and health promotion (Nandhini, 2017:53348).

Social workers also have a role in enhancing women's capacity through empowerment programs that are aimed at removing barriers that work against them (Kiboro, Gakuru, Misaro & Mwangi, 2014:87). The authors further state that social workers can further initiate activities that are aimed at reducing gender-based barriers by altering deep-rooted beliefs about suitable gender roles including lobbying for greater gender equality in the processes of public entities (Kiboro et al., 2014:87).

The success of intervention strategies by social workers will not only depend on well-structured policies and programs but also on responding to the unique needs of menstruating women by considering their unique social settings. Spontaneous community programs or policies often fail, and this can result in the failure of producing clear improvements that a policy or program has done for recipients and increase the risk of unforeseen dangers (Hennegan, 2020:638 in Bobel et al., 2020). Therefore, social workers must consult literature

to structure programs and policies that will meet the exact menstrual needs of women (Hennegan, 2020:638 in Bobel et al., 2020). This will require active involvement in the initial planning phase of the implementation to limit the chances of programs and policies failing (Hennegan, 2020:638 in Bobel et al., 2020).

Suggestions by Alzate (2009:116) are the active participation of the social work profession in building coalitions with other professionals, the need to reach out to policymakers and educate them, and the need for the social work profession to forge relationships with organisations that provide services, conduct research, promote, or educate on the issues that have an impact on women's abilities to exercise their sexual and reproductive rights. The researcher believes that this also makes the role of advocacy important in approaching menstrual hygiene management for women. In the researcher's view, the role of advocacy is very essential in promoting the rights of female youth who are menstruating so that they can have access to services that they need so that they can effectively manage their monthly menses. Taylor (2014:133) states that social workers will face multiple interventions and advocacy opportunities in the field of reproductive health and reproductive health inequalities. The researcher believes that social workers should identify such gaps and work towards bridging them, as they are the leaders in the promotion of service users' social functioning in the field of women's reproductive health. Liddell (2019:100) sees a need to merge social work theory and values with reproductive rights and justice frameworks. The author suggests that this approach can provide social workers and researchers an opportunity to address reproductive and sexual health topics (Liddell, 2019:100).

2.9. SUMMARY

In summary, this chapter provided literature that has been conducted internationally and locally on menstruation and menstrual hygiene management. The literature focused on providing descriptive information around menstruation and menstrual hygiene management, this includes the significance of girls getting proper and adequate information before menarche. The chapter further provided insight on health implications around poor menstrual hygiene management including shame and embarrassment associated with the phenomenon of menstruation. The chapter further provided information surrounding the implications that menstruation hygiene management has on the SDGs and the role of the social work profession in menstrual hygiene management.

The next provides an overview of the research methodology and empirical findings.

CHAPTER THREE

RESEARCH METHODOLOGY AND EMPIRICAL FINDINGS

3.1. INTRODUCTION

This chapter reports on the research methodology and empirical qualitative findings of the present study. The goal of the study was to explore and describe the perceptions of female youth on menstruation hygiene management in Kameeldrift, Tshwane. Data was collected through semi-structured face-to-face interviews from a sample of seven menstruating female youth who are currently residents of Kameeldrift in Tshwane. For sake of clarity, the first part of the chapter outlines the research methodology applicable in the present study which will be explained. Secondly, the ethical considerations that guided this study will be outlined in broad terms. The last part will focus on the demonstration and the discussion of the empirical findings of the study.

Of paramount importance in undertaking the study was the identification and refinement of a research question (Khoo, 2005:25). A good research question not only forms a foundation for a research study but also encourages readers to actively interact with the study to learn more about the phenomenon that is under study (Mattick, Johnston, De la Croix, 2018:104). The researcher, therefore, had to ensure that the study is guided by the research question that must be answered (Nieuwenhuis, 2016:73). Having a process that the researcher can follow to ensure a logical flow and representation of study findings was deemed necessary. This chapter also discusses the research methodology applicable to this study. Research methodology encompasses the processes which are followed by the researcher to investigate a specific phenomenon to find answers to the research question (Chivanga & Monyai, 2021:12). The following section delves into the discussion of the research methodology that was used to achieve the research goal.

3.2. RESEARCH APPROACH

To construct and view the perceptions that the female youth of Kameeldrift have towards menstruation hygiene management, the qualitative research approach was used. This allowed the researcher to tap into the reality and lived world of menstruating female youth in Kameeldrift. It was important for the researcher to first look at the most fitting and applicable paradigm to underpin the study; thus, feminism was found to be most applicable to be aligned with the research approach as a means of achieving the actual goal of the study. The feminist methodology endeavours to give women a voice and redress the male-oriented perspective

that has been dominant in the development of social science (Strydom, 2011:9). In the present study, a qualitative approach aims to provide data that is exploratory and descriptive, assisting in gaining a greater understanding of menstruation as a phenomenon and its impact on a group of people; ultimately answering a research question that seeks to uncover the perception of female youth towards menstruation.

3.3. TYPE OF RESEARCH

To gain an understanding of menstruation and its management as a phenomenon that is under study, including ascertaining information on the meaning and impact ascribed to it, applied research was followed in the present study. This type of research was informed by the goal of this present study which seeks to explore and describe the perception of female youth with the intention that this will inform the development of relevant policies in the field of reproductive health and menstrual hygiene management. Applied research is regarded as a type of research that involves methodical preparation of induced alteration in situations that are difficult (De Vos, 2011:94). Applied research is, therefore, aimed at solving specific policy problems or assisting practitioners in the field to accomplish tasks (De Vos, 2011:95). The focus is that the development of relevant policies within menstrual hygiene management will further assist social workers to respond efficiently to the needs and psychosocial implications of menstruating female youth. Applied research was selected as the approach

3.4. RESEARCH DESIGN

Procedures of inquiry in the present study are very important in the representation of perceptions that the female youth have on menstrual hygiene management (Creswell, 2014:12). A phenomenology research design was selected for the present study. A phenomenological view uncovered and provided a description of common perceptions that menstruating female youth of Kameeldrift have, including how these lived experiences are held by participants (Nieuwenhuis, 2020:85).

The research was person-centred and allowed the researcher to provide a clear description of the perceptions and meaning drawn from these experiences. The researcher was also able to identify common factors that the menstruating female youth share (Nieuwenhuis, 2020:85). Transcendental or psychological phenomenology was followed in the present study as it focuses more on the interpretations of the study participants than those of the researcher (Nieuwenhuis, 2020:85-86). As transcendental or psychological phenomenology focuses less on the interpretations of the researcher and more on the descriptions of the experiences of participants (Nieuwenhuis, 2020: 85-86). The selected research design subtype allowed the

present study to provide data that will be rich and descriptive in representing the actual views of the study participants.

3.5. RESEARCH METHODS

This section will focus on providing a detailed description of the study population, the sampling approach that was utilised, the recruitment process that the researcher used for the present study, and the method that was utilised for data collection purposes.

3.5.1. Study population

For a research study to be implemented, a population that will be used in the study is needed. A population in this regard refers to a group of people who will be used to investigate a phenomenon and the referred to individuals must be willing to participate in the research study. Casteel and Bridier (2021:344) refer to a study population as a target population that is abstractly bounded within a group of potential participants to whom a researcher may have access and those that characterise the nature of the population of interest. The population of the present study comprised of women from age 18 to 35 years who are currently menstruating and are residing at Kameeldrift, Tshwane.

3.5.2. Sampling

Non-probability sampling was used in the present study as a sampling approach in selecting the participants based on their suitability as women who are menstruating and the inclusion criteria that was used (Makofane & Shirindi, 2018:34). As the research study sought to gather exploratory and descriptive data, purposive sampling was used as a sampling technique.

The rationale behind the selection of purposive sampling as a sampling technique was on the basis that specific participants who will fit in the study of menstruation and its management as a phenomenon were selected, which is menstruating female youth. The researcher approached a local non-profit organisation to sample participants from the target population of female youth in Kameeldrift who shared a common factor that made them suited for the study, which was menstruating women between the ages of 18 to 35 years (Makofane & Shirindi, 2018:35). The researcher conducted face-to-face interviews with seven suitable participants until a point where data saturation was attained and no new insights were discovered. From data obtained during the interviews, the researcher identified relevant themes and subthemes.

3.5.3. Sample

The initial plan was to recruit ten participants in the present study. However, the researcher managed to interview eight participants, one participant withdrew after the interview and two participants did not show up for the scheduled interview on the day. The researcher attempted to reschedule with the two participants but the attempt was unsuccessful as they were not present on the day. The present study, therefore, included seven female participants who voluntarily consented to participate in the present study. The seven female participants in the present study were recruited through the Kameeldrift clinic and a non-profit organisation (Roodeplaat Orphan & Vulnerable) situated in Kameeldrift, Tshwane. All the recruited participants shared a common factor and were all participants who fitted the criteria set for the present study (Makofane & Shirindi, 2018:35). The criteria for inclusion (Makofane & Shirindi, 2018:35) that was used by the researcher was:

- each participant must be female, and currently having their monthly menstruation cycle,
- be between the ages of 18 years and above (up to 35 years), residing in Kameeldrift, Tshwane,
- participants must be able to converse in English,
- participants must be able to provide assent (in cases of minor participants) and informed consent for participants who were considered adults.
- The recruitment process also included gathering information from Kamcare Social and Training Services about the beneficiaries who are using services of the project that is currently rendering reusable and non-reusable sanitary pads in Kameeldrift. This, in turn, narrowed the target participants (female youth) within the area of Kameeldrift that will meet the criteria of the study.

The manager and supervisor from Roodeplaat Orphan & Vulnerable and a community health worker at Kameeldrift clinic assisted the researcher in recruiting participants for the present study. The researcher introduced herself to the participants as a group and gave her background as a Master of Social Work in Healthcare student from the University of Pretoria. The researcher explained to the participants that she is currently undertaking a research study that is aimed at exploring and describing the perception of female youth regarding menstrual hygiene management and how the study will help better inform social workers in the field in designing fitted and suited intervention strategies towards reproductive health and menstrual hygiene management. All participants were provided with the informed consent forms prior to the researcher conducting individual interviews on the day and this was done for the purpose

of giving participants autonomy to decide if they wanted to participate in the study or not. The researcher went through the informed consent form with each participant, ensured that they had sufficient time to read for understanding and ask questions for clarity where needed. After gaining consent from each participant, the researcher commenced with the interviews in a designated private office inside the non-profit organisation and this was to ensure that there will be no disturbances and participants will be comfortable in expressing their views in a conducive environment. The process of collecting data had some obstacles initially in which female community members were reluctant to participate, but once she was able to get in contact with the manager and supervisor, the process went well and remained in line with the ethical issues that the researcher was obliged to observe and respect.

3.5.4. Data collection

To achieve the objective of the study and answer the research question, the researcher made use of interviews as a data collection method. This method is a two-way conversation with the participants that allowed the researcher to gather data and learn about their individual notions, principles, interpretations, judgments, and behaviours towards the phenomenon of menstruation and its management (Nieuwenhuis, 2020:108). To gather data that would be rich and descriptive by nature, the researcher made use of semi-structured interviews. Semi-structured interviews are commonly used in research projects and are based on lines of investigation that were established by the researcher before conducting interviews (Nieuwenhuis, 2020:108). In the present study, there were certain open-ended questions that were asked, and these questions were followed by further probing and elucidation by the researcher (Nieuwenhuis, 2020:108). Thirty to forty-five minutes were spent with each study participant. The first part of the interviews focused on providing the potential study participant with information pertaining to the purpose of the research structure, the researcher then moved to the informed consent form where, together with the potential study participants, each point in the informed consent form was read out and explained where clarity was sought. After consent was attained, the actual interview started and approximately 25 minutes was spent on the individual interviews.

Open-ended questions can be used to explore topics in-depth and gain an understanding of processes; including the identification of possible contributing factors of observed connections (Weller, Vickers, Bernard, Blackburn, Borgatti, Gravlee & Johnson, 2018:2). As the researcher sought to gain a broader understanding towards the perceptions of female youth on menstruation and its management, the use of the semi-structured interview became the most

applicable tool in gathering data. On the interview schedule, the researcher included biographic questions for the purpose of gathering participants' biographic details.

In the present study, after the researcher had gained consent to continue with the interviews, the researcher highlighted to the participants that the interviews will be recorded. The researcher highlighted the need to record the interviews including the process of handling data in a confidential and private manner by the researcher; with only the research supervisor having access to the recording. The researcher further obtained individual consent from each participant after which the entire interview was recorded from gathering biographic details to answering questions in the interview schedule. All Covid-19 protocols and regulations were adhered to, the researcher and study participant had their masks on at all times during the interviews, a sitting space of 1.5m was observed at all times and the researcher ensured to sanitise the pens in between study participants signing the informed consent forms. All consent forms were kept in individual plastic sleeves for safety purposes and filled in separately due to paper base contact that took place.

3.6. DATA ANALYSIS

Data analysis in phenomenology concerns itself with how participants experience the world including the sense that they draw from these lived experiences (Nieuwenhuis, 2020:119). For the study and for it to be regarded as trustworthy, Thematic Analysis [TA] was used to analyse the data. The researcher used thematic analysis as means to locate the study within the perceptions of female youth regarding menstrual hygiene management in Kameeldrift, Tshwane. As a means to guide the researcher in the study, the researcher followed six steps in analysing the data that was gathered, namely: familiarisation, coding, theme development, reviewing themes, defining and naming themes, and producing the report (Clarke, Braun & Hayfield, 2015). A discussion of the six phases follows below.

3.6.1. Phase 1: Familiarisation

This phase requires the researcher to actively get in a reading mode and thoroughly engage with the collected data. After dedicating sufficient time to reading the collected data; observation, taking note of patterns, asking questions and note-taking also becomes key in this phase (Clarke, Braun & Hayfield, 2015).

This phase also requires the researcher to have an inclusive understanding of the content of the interaction and dedicate sufficient time to familiarise them with all the aspects of the data. In applying this phase, the researcher generated themes before actively reading the data. The researcher was, however, open to the possibility of generating new themes as data was being

read. The researcher then transcribed the audio from the interviews into notes, and themes, that were generated before active reading, were colour-coded as a means to keep track of those that might emerge.

3.6.2. Phase 2: Coding

Coding in this phase is regarded as a logical and detailed creation of meaningful labels attached to a specific division or set of data (Clarke et al., 2015). The identification of data that is relevant within each theme becomes necessary, including the ability to capture elements that are of interest in the data (Clarke et al., 2015). Even though initial themes were generated in this phase, it became necessary for the researcher to push down her own pre-conceived ideas on some of the themes that she thought would emerge as a means of being open to the emergence of new themes. Codes were broken down into subdivisions where relevant and it became necessary for a thorough code sweeping to take place. The researcher made use of items to capture the meaning behind shared data.

3.6.3. Phase 3: Theme development

Pattern formation and identification become active in this phase, and the identification of what is relevant and not relevant in terms of the phenomenon being studied becomes key (Clarke et al., 2015). The researcher proceeded to construct themes by using separate pages that were colour coded as a way of providing a clear vision towards making sense of the collected data. The researcher further proceeded to allocate levels implicated in the interaction and experiences within the ecological systems theory.

3.6.4. Phase 4: Reviewing themes

At this phase, the researcher will have to refine the themes that were developed during the theme development phase (Clarke et al., 2015). This required the researcher to do a proper review of the themes to ascertain if bigger themes exist or not and to refine them accordingly (Clarke et al., 2015). After developing a set of themes, it became necessary for the researcher to go back and review for changes. Colour-coded separate sheets were then utilised to properly edit themes with the relevant subthemes. As this takes time and is viewed as essential, the researcher had to go back and review whether the correct themes were captured accurately.

3.6.5. Phase 5: Defining and naming themes

Identifying the core of what each theme is about and which aspect of the data it fits into, is needed during this phase (Clarke et al., 2015). Based on the phenomenon of menstruation, it first became necessary for the researcher to ensure that the themes and subthemes were

relevant and placed fittingly in the specified coded data. The researcher was intentional in naming the themes and for each theme, a description was provided. For every relevant theme and subtheme, direct quotations were utilised to provide clarity of the themes.

3.6.6. Phase 6: Producing report

Clarke et al. (2015) state that once the researcher has a reckoning of all worked out themes, the process of writing the final report will commence. Having gathered data and implemented all the relevant steps involved in producing relevant themes that are applicable to the study, the researcher was ready to commence with the process of reporting back on the findings. Letting go of some of the data that was not relevant or applicable to the phenomenon under study became necessary as a way of not losing sight of the purpose of gathering data that is rich and descriptive by nature. It was further necessary for the researcher to ensure that the report transfers the results on the analysis so it will be perceived as valid and trustworthy. In this phase, the researcher tells the story of the female youth regarding menstrual hygiene management as lived by the participants, in relation to the generated themes, research questions and literature. The overarching research question will then be answered through the narration of the lived experiences in a detailed and critical manner.

3.7. DATA QUALITY

The concept of trustworthiness in qualitative research is viewed as important. The assessment of trustworthiness becomes a critical test of the researcher's data analysis, findings, and recommendations or conclusions (Nieuwenhuis, 2020:143). The study must take into consideration that the researcher intended to explore and describe the perceptions of female youth towards menstrual hygiene management in Kameeldrift, Tshwane. In ensuring data quality for the present study, the researcher made use of four criteria as indicated by Treharne and Riggs (2017:58). The researcher meticulously investigated the aspects of credibility, transferability, dependability, and confirmability.

3.7.1. Credibility

The researcher is under the assumption that for the true credibility and validity of the study to exist, the process of data collection will require full engagement with the participants and their community (Treharne & Riggs, 2017:58). This becomes key in ensuring that the findings represent and reflects true and accurate experiences of menstruation as the phenomenon under study; including the importance of frequently consulting with the research supervisor to

determine the credibility of the study (Treharne & Riggs, 2017:58). In the present study, the researcher had to ensure that the participants understood the term menstrual hygiene management and that participants were encouraged to elaborate their statements with examples; in certain instances, the use of follow-up questioning technique was utilised to ensure that data will be rich and descriptive in nature (Korstjens & Moser, 2017:122). Findings represented true and accurate experiences of the research participants; the researcher further sought clarification including constant validation of what the participants were sharing during the interviews (Treharne & Riggs, 2017:58). Distinct questions were asked by the researcher to the study participant regarding topics related to menarche and the phenomenon of menstruation and participants were encouraged to support their statements with examples and in certain instances, the researcher asked follow-up questions to gain descriptive data from the study participants in the present study (Korstjens and Moser, 2017:58). Constant consultation with the research supervisor on challenges or shortfalls that the researcher was experiencing was done during the data collection process (Treharne & Riggs, 2017:58). Through persistent observation, the researcher constantly read and reread the data, amended codes that were deemed necessary for familiarising herself with the collected data, and ensured that the findings remain within the scope of what was being investigated (Korstjens & Moser, 2017:122).

3.7.2. Transferability

For transferability to be evaluated, the findings of the present study must provide a rich description of the study participants and those of the researcher (Treharne & Riggs, 2017:58). In doing this, it can also be assessed whether the findings are transferrable to their own setting (Korstjens & Moser, 2017:122). In the current study, the researcher was provided with data that is rich and descriptive in nature by demonstrating the context in which the research study was carried out, the sample, the sample size, the inclusion criteria, and the interview process (Korstjens & Moser, 2017:122).

Data was recorded correctly, and the researcher was also encouraged to ensure that personal views do not manipulate or change the meaning of what was being said by the participants; the researcher had to ensure that their views are clearly outlined (Treharne & Riggs, 2017:58). A description of the context, that will ensure that the behavior and experiences are meaningful to the outsider, is created by producing thick descriptions and was ensured by the researcher in the present study (Korstjens & Moser, 2017:121).

3.7.3. Dependability

In the present study, it became necessary for the researcher to ensure that the correct documentation of the correct procedures that were followed was available so that an external individual will be in a position to critique, follow and audit the research process as indicated by Moon, Brewer, Januchowski-Hartle, Adams and Blackman (2016). The researcher was transparent in describing what was initially planned for the study and how the study was executed in order to achieve the goal of the study (Shenton, 2004:71). The evaluation of the findings, interpretations and recommendations of the study are supported by the data received from the participants themselves (Korstjens & Moser, 2017:121). This involved providing a detailed and descriptive report on how the data was gathered by the researcher, how the process of data analysis was followed including the use of proper research designs. To achieve dependability in the present study, the research findings will be shared with relevant parties within the Universities' research teams - both internally and externally - to determine unbiased views. (Mood et al., 2016).

3.7.4. Confirmability

To make confirmability simpler to evaluate, the study findings must be transparent as indicated by Treharne and Riggs (2017:58). In the present study, the researcher documented all the collected data and findings in the research report, and permission will be granted to the University to issue the findings to inform further investigations that might take place and those that are related to the topic. The researcher's interpretations and findings are further clearly derived from the collected data, and this required the researcher to demonstrate how assumptions and clarifications were reached (Tobin & Begley, 2004 in Nowell, Norris, White & Moules, 2017:3). The researcher ensured neutrality in reporting the findings of the study by reporting findings as presented by the participants rather than the researcher's own biases, motivation, or interests (Nieuwenhuis, 2020:145).

In illustrating participants' perceptions of the phenomenon of menstruation and its management, the researcher made use of direct quotes to support data interpretation and ensured not to manipulate the data in a way that might result in producing biased interpretations in the text (Nieuwenhuis, 2020:146). An audit trail was also used as a strategy where the researcher provided a transparent description of all the research steps that were taken from the beginning of the study, the development of the study and reporting of study findings (Korstjens & Moser, 2017:122).

3.8. PILOT STUDY

The term pilot study as viewed by Teinjingen and Hundley (2001) can be used in two different ways when coming to social research; it can be used to refer to the feasibility of the data on a small scale that has to be undertaken or it can also be regarded as trying out a particular research instrument. The principal benefit of conducting a pilot study gave the researcher an opportunity to adjust and make revisions where applicable in the study (Kim, 2010:191).

To test the feasibility and draw judgements on the applicable nature of the interview schedule that was developed; the researcher approached one participant from a local clinic who is currently experiencing the phenomenon of menstruation and has accessed the washable sanitary pads that were provided by Kamcare Social and Training Services, a non-profit organisation in Kameeldrift, Tshwane. This allowed the researcher to also determine if any problems would exist before conducting the actual study including the feasibility of the tool in the present study. After gathering data from the piloted research participant, the researcher tested the six steps of Thematic Analysis and found that valuable information was obtained, hence data obtained was included in the actual study.

3.9. ETHICAL CONSIDERATIONS

Mogorosi (2018:75) maintains that ethics are key in conducting research as they are relatively associated with morality. The researcher, as a professional social worker, is therefore bound by professional ethics as outlined by the South African Council for Social Services Profession [SACSSP], and these professional ethics were also incorporated in guiding the researcher through the process of interacting with the research participants during the data gathering process. Prior to conducting the actual study, the researcher obtained ethical clearance from the Research Ethics Committee of the Faculty of Humanities at the University of Pretoria. The following ethical considerations were therefore adhered to in the present study:

3.9.1. Informed consent: as part of one of the most important ethical considerations that guided the present study, informed consent was implemented professionally and thoroughly in the present study where the researcher ensured that all participants gave informed agreement before participating in the study (Wasunna, Tegli and Ndebele, 2014:57).

The researcher ensured that all potential study participants were provided with adequate knowledge about the study, including the implications that the study would have on them before they agreed to participate voluntarily in the present study. No coercion was imposed by the researcher, and it was clearly communicated to the participants that they had free will to terminate their involvement in the research at any time if they wished to do so (Babbie,

2017:70). The researcher was transparent to the potential participants including indicating that the interview will be recorded and that the motive behind the researcher recording the interview was for correct and accurate capturing of data shared. The researcher further ensured potential study participants that all information shared will be handled and treated in a confidential manner and further highlighted that the research supervisor is also a qualified social worker who will abide by the principle of confidentiality. After providing all the important and needed information and potential study participants gave consent. The informed consent forms were signed by both the participants and the researcher, and the interviews proceeded accordingly.

In the informed consent forms, the researcher further communicated with the participants that collected data will be kept at the University of Pretoria for a maximum period of 15 years as required, highlighted the possible risks and discomforts including providing participants with the contact details of a trained and registered social worker who will be able to provide a free session should a participant be triggered during the interviews. The researcher also indicated that participation in the present study will not yield any monetary rewards or benefits and that it is strictly focused on assisting professionals to better understand the perceptions of female youth about menstrual management.

3.9.2. No harm: as one of the ethical abiding principles in research, the researcher had to ensure that participation in the present study will not cause any harm. The researcher acted in the best interest of the participants by taking into consideration the physical, emotional, psychological, and social well-being of the participants, including making sure that no activities would infringe the rights of the participants during the study (Sebočan, Bertotti & Strom-Gotfried, 2019:810). The interviews were person-centred as envisaged, the researcher at all times made sure to ask participants if the questions did not trigger events or cause uncomfortable emotions, and participants were also reminded about the possibility of speaking to a therapist should a need arise.

3.9.3. Deception: the researcher always made sure to not give participants false or misleading information. The researcher introduced herself to the participants as a professional social worker who is currently a student at the University of Pretoria, currently studying Master of Social Work in Healthcare. The researcher explained to the participants that she is currently undertaking a study that is based on understanding perceptions of female youth regarding menstrual hygiene management in Kameeldrift. The researcher further explained how the study will assist professionals in the field in better understanding how the phenomenon of menstruation is perceived and understood, which, in turn, will shape policy and intervention strategies. At the end of every interview, the researcher stopped the recording and checked in with each participant as a means of debriefing them in case problems or uncertainties from the research experience existed, including how they can be rectified (Babbie, 2017:71). The participants were then reminded that if it happens that they needed counselling, they are allowed to contact the organised therapist who will provide services for free.

3.9.4. Respect for privacy: contact before conducting interviews with the study participants became necessary, as it was during this stage where the researcher discussed issues of privacy and the repercussions for the researcher should she fail to respect this ethical consideration. This entailed that the researcher is ethically bound to treat the information that the participants share with respect and ensure the safeguarding of the shared information. Measures to protect participants' physical, psychological, or social damage during the research and after the circulation of the research findings were taken by the researcher (Fauka & Mantzorou, 2011: 6-7). Interviews were conducted in a private space where it was only the researcher and the participant being interviewed. The researcher ensured that the audio recordings and notes taken during the interviews were stored safely in a private file where only the researcher and the research supervisor will have access to it.

3.9.5. Voluntary participation: Babbie (2017:63) states the importance of not forcing potential participants to participate in a research study. During the contracting phase, the researcher made sure to openly communicate to the potential participants about the procedure that will be followed in conducting the present study including the possibility that having negative feelings during the interviews might arise. The researcher also communicated with the potential participants that participation in the present study is not forced and refusal to participate will not have negative implications on them and/or their families. It was further openly communicated with the potential participants that they are allowed to withdraw at any stage of the research and that this will not impact existing relationships with the organisation and clinic. One participant withdrew from the study after the interview. The researcher was respectful at this decision, and all collected data was deleted and the participant was ensured

that nothing from what she had shared will be included in the present study. It was further emphasised that the decision will not have any negative impact on her relationship with the local clinic.

3.9.6. Confidentiality and anonymity: part of the ethical principles that guide professional social workers is confidentiality. The researcher refrained from reporting on any identifying information, and it was also communicated, to the potential participants, that only the researcher will be able to identify the participants, not the readers. The present study shall also refrain from using the actual names of participants, as communicated with the potential participants, and only pseudonyms shall be used in this instance (Babbie, 2017:67). In the present study, anonymity could not be assured since the researcher was the one who interviewed the participants, however, the researcher ensured that confidentiality will be adhered to by ensuring that data is reported in a way that does not associate with the participants.

3.9.7. Analysis and reporting: the researcher has an obligation to the scientific community in the way data and study findings are reported (Babbie, 2017:72). In the present study, analysis and reporting on study findings were done honestly and openly. Participants were also informed how the gathered data will be used by the researcher.

3.9.8. The use of gatekeepers: due to the sensitive nature of the inquiry in the present study that includes the vulnerability of the study participants, the researcher had to make use of gatekeepers to ensure that she acts within the ethical consideration and that all study participants have some degree of comfort in knowing that the researcher has sought permission before approaching them. Under the guidance of the research supervisor, the researcher approached community health workers at Kameeldrift Clinic and the manager at Roodeplaat Orphan & Vulnerable organisation to assist in the recruitment of potential participants for the present study. As described by MacFayden and Rankin (2016:82) gatekeepers are individuals who have the power or impact to permit or refuse access to a research location or field. The researcher had to set up meetings with the head nurse at the clinic and manager at the organisation to provide clarity around the purpose of the research study and its benefit. This yielded positive results as the researcher was given the go-ahead to continue with the research and potential participants were then recruited.

3.10. SECTION A: EMPIRICAL FINDINGS

Understanding the phenomenon of menstruation and its management from a holistic view is essential in informing decision-making towards envisaged planned intervention strategies. The holistic view further requires an in-depth understanding based on consulted literature on the phenomenon that is under scrutiny in the present study. The research findings in the present study will be presented in two sections. Section A will focus on providing biographical information of the participants who participated in the study. The researcher will make use of pseudonyms as indicated in the ethical consideration section of the report. For the purpose of this present study, the researcher will only make use of numbers to ensure anonymity when reporting the study findings. In doing this, the reader will also have a clear guideline when proceeding to Section B that will focus on reporting the findings of the study using thematic analysis; based on the shared perceptions of the participants in ascending order as they were interviewed and as presented in the biographical information.

SECTION 1: Biographical information of participants

Table 1: biographic information of study participants

Participant	Age	Gender	Marital Status	Number of children	Religion	Home language	Highest qualification
1	30	Female	Single	3	Christian	Sepedi	Grade 12
2	35	Female	Single	2	Atheist	Sepedi	Grade 11
3	34	Female	Single	3	Christian	Sepedi	Grade 12
4	30	Female	Single	2	Christian	Southern Sotho	Grade 11
5	27	Female	Single	1	Atheist	IsiNdebele	Grade 12
6	29	Female	Single	0	Christian	IsiXhosa	Grade 12
7	30	Female	Single	5	Christian	IsiNdebele	Grade 12

The above table is a representation of the seven participants who participated voluntarily in the present study. Only one participant withdrew later in the present study, all participants were recruited from Kameeldrift Clinic and Roodeplaat Orphan & Vulnerable organisation. One participant currently works at Kameeldrift Clinic, five participants work at Roodeplaat Orphan and Vulnerable organisation and one participant is currently unemployed.

All participants are currently residents of Kameeldrift in Tshwane and are currently experiencing the phenomenon of menstruation.

The below bar chart is a representation of the age categories of the participants in the present study:

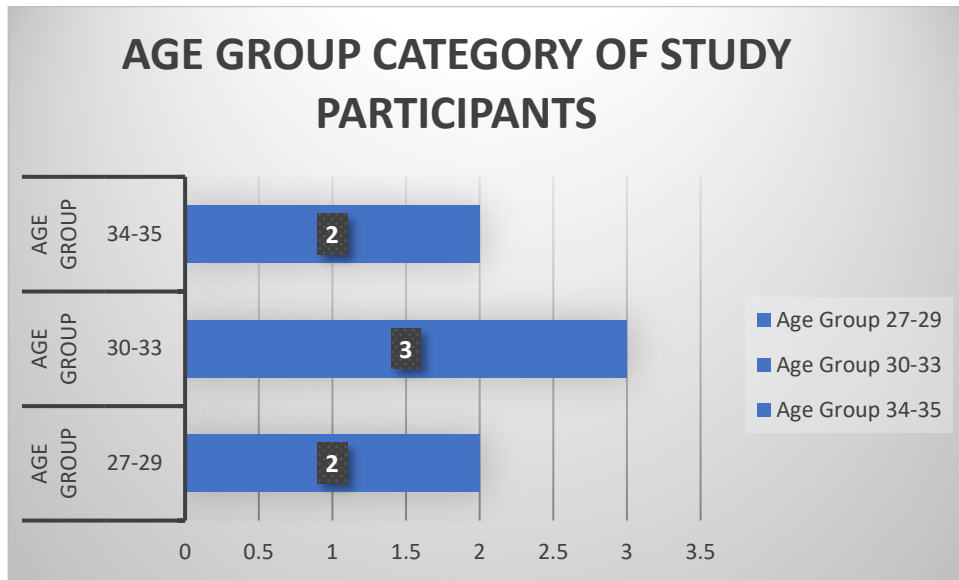


Figure 1: Representation of the age group category of the seven study participants.

The above figure presents the age group category of all the participants who voluntarily participated in the present study. The study participants all fall within the youth age group as the age range was between 27 years to 35 years. Out of seven participants, two participants fall between the ages of 27-29 years, three participants fall between the ages of 30-33 years and two participants fall between the ages of 34-35 years. The researcher is of the view that it is common for women of these ages to continue experiencing the phenomenon of menstruation, however, the normal flow or menstruation cycle can be affected by contraceptive methods such as injections, oral contraception, implants, et cetera. Three participants indicated that since they started contraceptive methods, there have been noticeable changes in their monthly cycles.

The below figure will provide a representation of participants based on their gender in the present study:

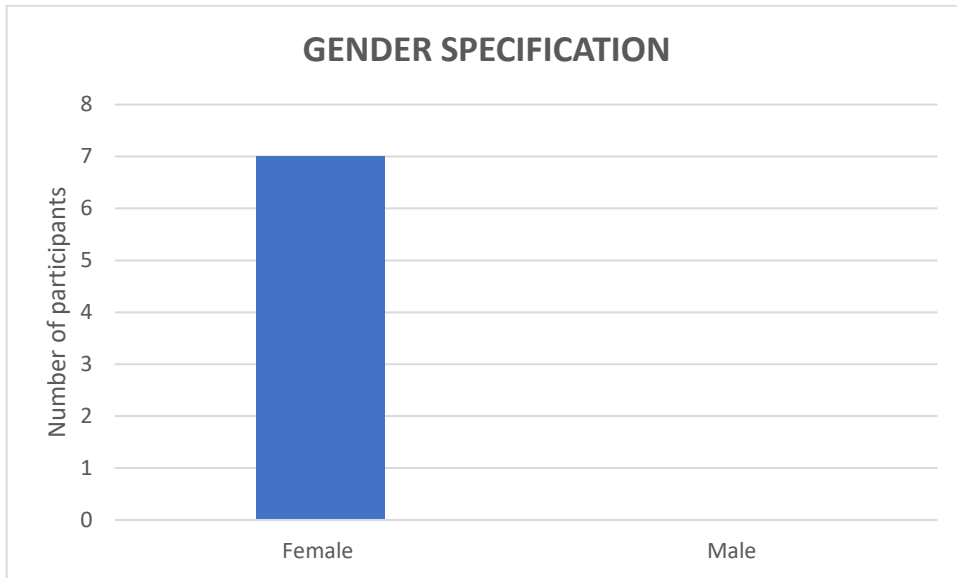


Figure 2: Representation of gender of participants.

The sampling criterion used specified that the participants will be female who are currently sharing a common factor, menstruation as a phenomenon under study. All participants were therefore all female participants, as menstruation is universally experienced within the female population.

The below chart is a representation of the marital status of participants who participated in the present study:

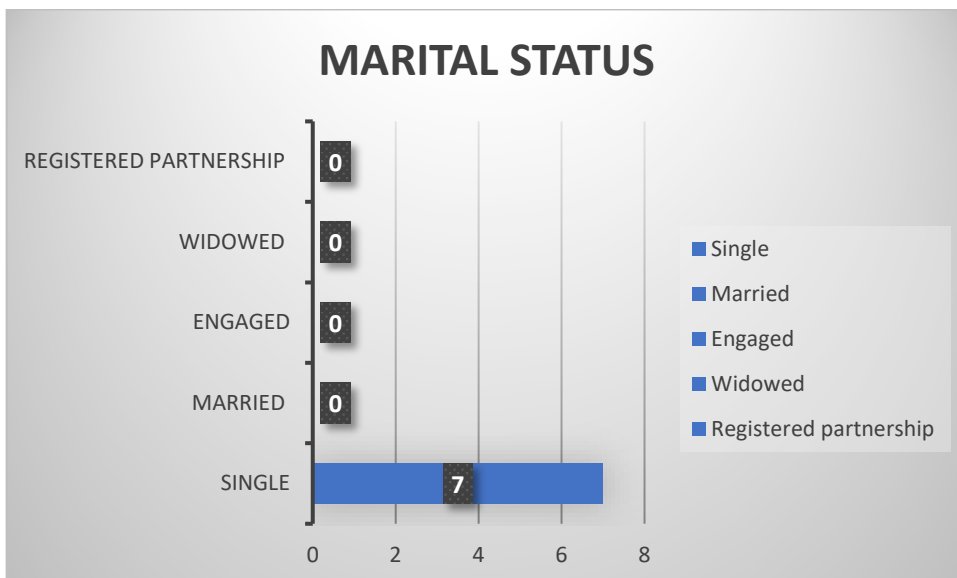


Figure 3: Marital status of participants.

In the above bar chart, it is indicated that all participants, who participated in the present study are single. The other options are ruled out as none of the participants are currently married, engaged, widowed, or in a registered partnership.

The below diagram is a representation of the number of children that the seven participants who participated in the present study have:

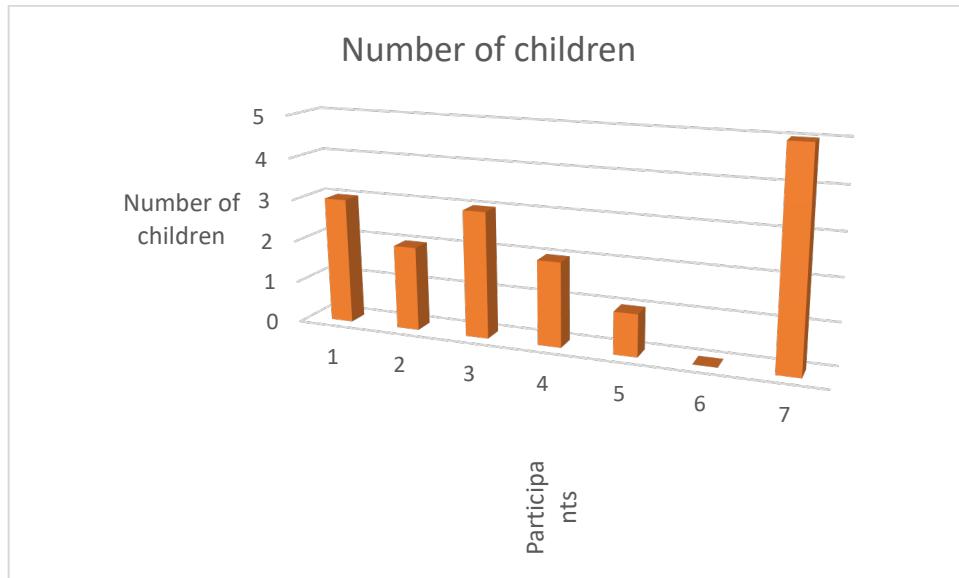


Figure 4: Number of children that each participant has at present.

The above bar graph provides clarity on the number of children that each participant has. As indicated: participant 1 has three children, participant 2 has two children, participant 3 has three children, participant 4 has two children, participant 5 has one child and participant 7 has five children. In the bar graph, only participant 6 does not currently have a child.

The below diagram is the representation of participants religions:

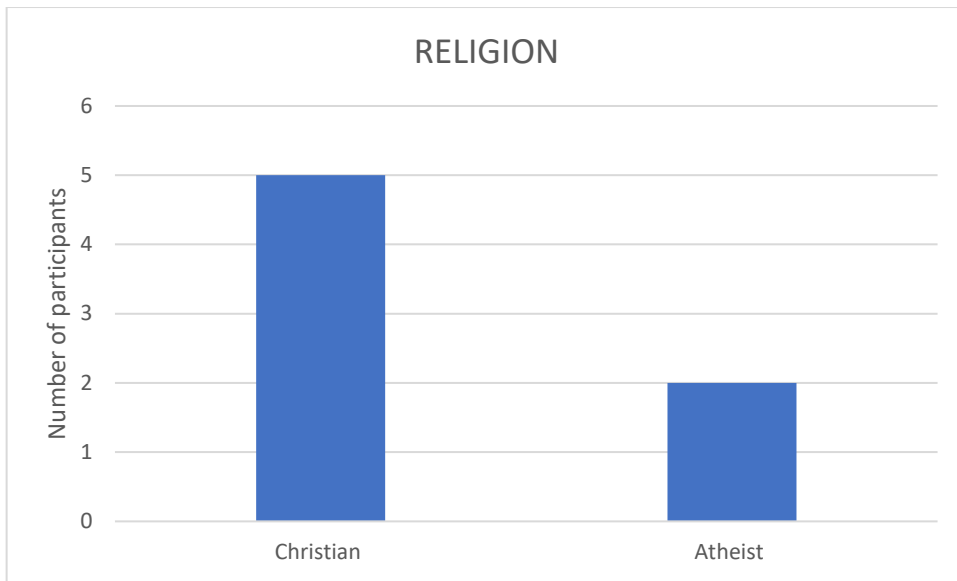


Figure 5: Religions of participants in the present study.

The above bar graph represents the religion of participants. As indicated above, five of the participants indicated that they are Christians and two of the participants indicated that they are non-believers.

The next figure will represent the home languages spoken by participants who participated in the present study:

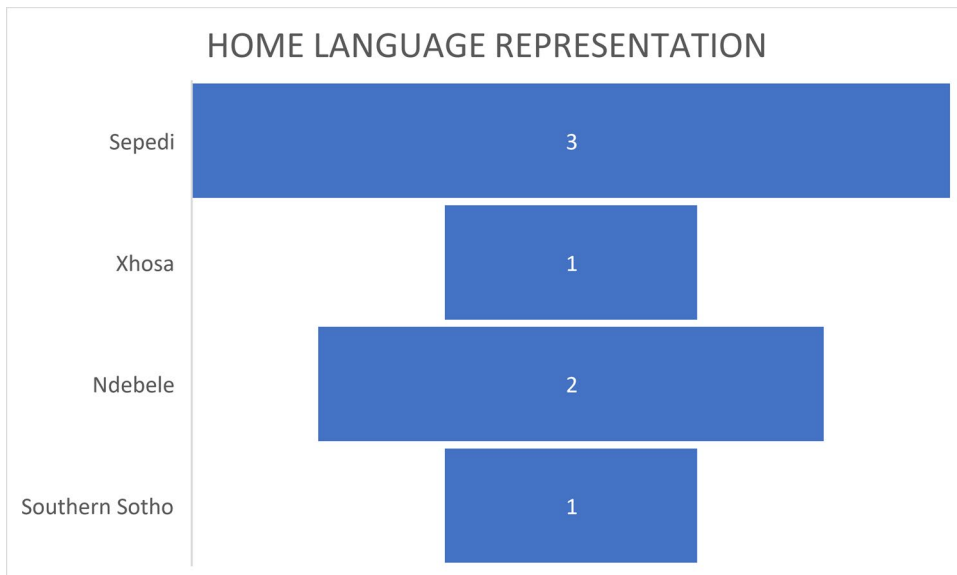


Figure 6: Home language representation.

The above funnel diagram depicts the diverse languages of participants who participated in the present study. Many of the participants are Sepedi speakers as indicated on top of the

funnel with a total of three participants, followed by one Xhosa speaker, two Ndebele speakers, and lastly one Southern Sotho speaker. This indicates the diverse cultural backgrounds that the participants come from.

The next diagram will provide a representation of the highest qualification obtained by the participants who participated in the present study:

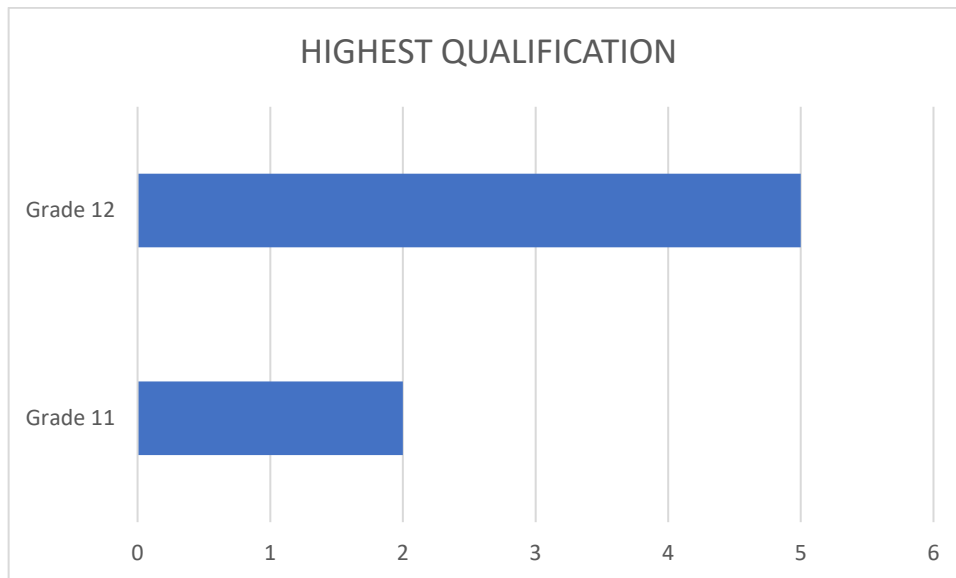


Figure 7: Highest qualification obtained by participants.

In the above bar graph, the researcher provides an overview of the highest qualification that is obtained by the participants who voluntarily participated. As indicated, five participants have completed the national senior certificates which is referred to as grade 12 and two participants completed their eleventh grade.

What follows in the report is section B, which will focus on reporting back on the empirical findings of the study using thematic analysis as a method of data analysis.

3.11. SECTION B: THEMATIC ANALYSIS

The aim of the present study was to explore and describe the perceptions of female youth with regards to menstrual hygiene management in Kameeldrift, Tshwane. Semi-structured interviews were used in conjunction with an interview schedule that was prepared in advance before the researcher conducted the study. For clarity's sake, the following section presents the themes and subthemes of data that was collected from the female youth of Kameeldrift in Tshwane who are currently experiencing menstruation. In the table below, the researcher will provide an overview of the themes and subthemes that were generated from the collected data. This will be complemented by a broad discussion of what the themes and subthemes mean and, lastly, the researcher will provide direct quotes of what participants said and how these link to the generated themes.

3.11.1. Table 2: Themes and subthemes

THEMES	SUBTHEMES
Theme 1: Knowledge of sexual and reproductive health	Subtheme 1.1: Acquired information about reproductive health and sexual education Subtheme 1.2: Basic understanding of menstruation or menstrual cycle Subtheme 1.3: Understanding of menstrual hygiene management
Theme 2: Menstrual experiences	Subtheme 2.1: Age and experience of the first period Subtheme 2.2: First person to tell upon starting the first period, preparation for the first period, and advice given by this person Subtheme 2.3: Current menstrual experiences
Theme 3: Menstrual hygiene management and its challenges	Subtheme 3.1: Cultural or religious views about menstruation Subtheme 3.2: Geographic and environmental challenges that prevent better menstrual hygiene management

	Subtheme 3.3: Previously and currently used menstrual products Subtheme 3.4: Applied coping strategies
Theme 4: Availability of community support for menstruating women	Subtheme 4.1: Knowledge and access to the washable sanitary pads provided by Kamcare Social and Training Services Subtheme 4.2: Support needed for better menstrual hygiene management Subtheme 4.3: Access to resources or social work services for support
Theme 5: Suggested social work interventions	Subtheme 5.1: Recommendations to improve menstrual hygiene management experiences for menstruating female youth

3.11.2. DISCUSSION OF EMPIRICAL FINDINGS

3.11.2.1. Theme 1: Knowledge of sexual and reproductive health

This theme will provide a context on participants' exposure and knowledge about reproductive health and sexual education. This theme provides a description of information that participants possess about sexual and reproductive health. From this theme, three subthemes were generated that specifically focused on acquired information about reproductive health and sexual education, a basic understanding of menstruation or the menstrual cycle, and lastly, an understanding of menstrual hygiene management. The researcher is under the assumption that information about important aspects that affect women such as reproductive health and sexual education plays a vital role in enabling the female population to make informed decisions specifically around sex, family planning and hygienic menstrual practices.

3.11.2.1.1. Subtheme 1.1: Acquired information about reproductive health and sexual education

It was evident from the collected data that all participants were first exposed and gained information about reproductive health and sexual education in school.

The participants highlighted that they started learning about reproductive health and sexual education from grade 7 and some from grade 8 in Life Orientation as school a subject. Responses are represented as follows:

Participant 2: *“I learnt about sexual education when I was doing grade 8 until grade 11”.*

Participant 3: *“At school when I was doing grade 7. Every month our female teacher would come to tell us about menstruation and sex”.*

Participant 4: *“I learnt about it at school from my teacher, subject of Life Orientation”.*

Participant 6: *“I started learning about it at the age of 15years in school in primary when I was doing grade 6 by my LO teacher”.*

Participants seemed to share a commonality factor, in that all got introduced to the topic of sex or reproductive health in school and in Life Orientation as a school subject. Life Orientation has been noted as an important subject by the researcher in that it equips learners from a young age with relevant skills sets that they can incorporate into their lives and decision-making process. As stated by Berger, Bernard, Clément, and de Carvalho (2014) that school-based programmes are good in providing information and opportunities for the development of skills and clarification of attitude but formally by incorporating curriculum in lessons. The authors further support their statement by demonstrating the importance of school sex education as an important public health issue that is not only concerned with the prevention of AIDS amongst the youth and prevention of teenage pregnancy but also, in addressing interpersonal relationships and psychosocial issues (Berger, Bernard, Clément & de Carvalho, 2014). Shefer and Macleod (2015:1) are also in support by stating that Life Orientation sexuality education programmes in South Africa are viewed as key aspects for incorporating education to challenge negative assumptions with regards to HIV/AIDS, gender-based violence, and unwanted pregnancies and encourage safer, equitable and non-violent sexual practices.

Schools as settings that are in direct contact with a developing individual do play a vital role in shaping decision-making processes and they influence the process of learning and development (Ettekal & Mahoney, 2017:2). Life Orientation is considered a curriculum program and Ettekal and Mahoney (2017:2) further assert that the quality of a program will play a role in fostering positive youth development. In the researcher's view, schools, therefore, play a vital role within the microsystem of the ecological systems theory, in the development and decision-making of developing individuals.

3.11.2.1.2. Subtheme 1.2: Basic understanding of menstruation or menstrual cycle

All participants demonstrated a basic understanding of what menstruation is. A general understanding of describing menstruation as a phenomenon that is experienced by females and occurs monthly are presented below verbatim:

Participant 3: *“It is a female thing, every month you go through menstruation where you see blood coming through your vagina”.*

Participant 5: *“I would explain it as when a girl starts to have changes in her body. That is when you can see that you are approaching that level”.*

Participant 7: *“What I understand is that every woman is experiencing menstrual cycle once in a month. Normally it should be 7 days, once a month but I don’t do 7 days, I do less than that”.*

Participant 4: *“In my view, I think it is when a female body cleans itself”.*

The study participants were able to provide an understanding, based on their individual interpretations of what menstruation or the menstrual cycle entails. In support of the participants’ responses, Santra (2017:708) defines menstruation as a phenomenon that is unique to females and a periodical vaginal bleeding process that occurs with the shedding of the uterine mucosa and is one of the important signs of puberty. Santra (2017:708) provides a further explanation by stating that once menstruation is established then every menstruating female will menstruate for a minimum of two days to a maximum of seven days each month until one reaches menopause. In the researcher’s view, the initial interaction that takes place in a developing person within the microsystem of the ecological systems theory plays a vital role in shaping the women’s understanding of what menstruation is. The immediate environment of a female, within the microsystem, while in the process of developing, is therefore essential in shaping understanding as it is regarded as the most influential as indicated by Rus, Lee, Salas, Parris, Webster, Lobo, Ecaterina and Popa (2021:240).

3.11.2.1.3. Subtheme 1.3: Understanding of menstrual hygiene management

All participants in the present study offered a descriptive explanation of their individual views on menstrual hygiene management as menstruating women. A common shared theme around this subtheme was the importance of cleanliness and changing sanitary pads. It was further noted by the researcher that health implications were highlighted in describing menstrual hygiene management. Below is a representation of the feedback received from participants:

Participant 1: *“I think it is when you change your pad and don’t stay with one pad the whole day because it causes infections. After you change a pad, you must wash your hands and you must also wash. You cannot be constantly changing pads the whole day and sleep at night, this will cause infections. You must bath twice to prevent infections”.*

Participant 5: *“When you wake up in the morning you must bath, be clean because blood smells and you must also change your pad”*

Participant 6: *“Let me say menstruation is part of your body as a female. You must buy pads, you must wash and be clean, it doesn’t go with being dirty”*

Participant 7: *“I was told by my grandmother that your menstruation is your life, it is you so people should not see your blood. People should not get any of those things that you use. You must be clean everything, you don’t hide pads because sometimes when you are a kid, like my daughter just puts them under the bed instead of throwing them away. So, you should not hide them because it is not health, it is smelly”*

In the researcher’s view, an understanding of what menstrual hygiene management encompasses will determine present and future menstrual practices that women resort to. All participants did demonstrate understanding to some degree of what menstrual hygiene management is. The importance of cleanliness and changing sanitary pads seemed to be underlying aspects embedded in participants demonstrating their understanding. The United Nations Children’s Fund [UNICEF] (2019:7) echoes the same sentiments on the understanding shared by the study participants by defining menstrual hygiene management as the ability of women and adolescent girls to use clean menstrual management material to absorb menstrual period. The United Nations Children’s Fund [UNICEF] (2019:7) further states that this must be done in a private setting as often as necessary during the process of menstruating, using soap and water for bathing as required, including access to safe and convenient facilities for used material disposal. This understanding is further influenced by interaction with one’s immediate environment within the microsystem, as much of an individual’s behaviour takes shape within this system (Rus et al., 2021:240).

3.11.2.2. Theme 2: Menstrual experiences

This theme will provide a context by describing experiences that are shared by the study participants as menstruating female youth. Participants shared some of their personal experiences as they reflect back to their initial menstrual period and also to them experiencing their cycles monthly to date. From this main theme, three subthemes were generated and are substantiated by quotes from the participants including support from the literature. The subthemes are discussed below.

3.11.2.2.1. Subtheme 2.1: Age and experiences of the first period

The age group that participants started their first menstrual period, as communicated by them, was between the ages of 11 years and 14 years. Two of the study participants expressed their shock when they first started their menstrual cycle as they deemed 11 years to be quite young. Participants further reflected on how they experienced their first menstrual period and how that shaped their attitudes towards the phenomenon of menstruation. The words 'scared' and 'pain' seemed to be common amongst participants' replies during the reflection of how they felt upon experiencing their first menstrual period. Under this subtheme participants provided the following responses:

Participant 2: *"I started my period when I was 14 years"*

"When I started it was painful, I was having cramps for about 3 days. I did not know what to do".

Participant 3: *"I started when I was 11 years doing standard 3"*

"I was so scared because at first, I started having period pains. I did not know what to do and my sister asked if I was having a running stomach. Then I saw blood, they were surprised because I had my menses before my older sister".

Participant 6: *"I started when I was 14 years old"*

"I do remember a bit when it starts you get scared. When I started, I thought that maybe I am not a human being and something is wrong with me because it was the first time, I saw it and never heard anyone talking about it".

Participant 7: *"I started menstruating at a young age, I was 11 years"*

"I do remember the experience because it was a difficult part. I liked playing so it started at the wrong time as I was playing with my friends. I started feeling pain under my lower abdominal. I explained this to one of my friends and she wondered also what was wrong, by then I did not know about this. Another friend of mine saw blood and said I like boys because why should I have blood and because of what she said I was scared to tell at home wondering what will they say"

The mentioned ages fall within the category when menarche can be expected. As indicated by Ganapathy, Widjajakusuma and Hidayat (2016:640) the normal age of onset for menarche falls between the ages of 11-15 years, but genetic and environmental factors will play a significant role in this. Sommer (2013:399) offers a context by indicating that early menarche in developed countries may be associated with early sexual initiation, use of alcohol and other substances, and premature school dropouts. Rah, Shamim, Arju, Labrique, Rashid and Christian (2009:802) regard menarche as a dynamic occurrence of puberty in female adolescents, and as it correlates with other characteristics of puberty, it is often regarded as a benchmark for sexual maturation. The authors further suggest that early onset of menarche has been associated with aspects of early marriages and first childbirth (specifically in developing countries); and is further considered as a risk factor for health implications like breast cancer, ovarian cancer, and other diseases (Rah, Shamim, Arju, Labrique, Rashid and Christian (2009:802).

Hawkey, Ussher, Perz and Metusela (2017:1473) provide context by stating that even though menstruation is an internal bodily process, the way menarche is experienced is influenced by the wider socio-cultural situation that females live in. In addition to this, Radoš (2020:22) alludes that adolescent girls may experience mixed feelings toward menarche, and studies from various countries have reported on a variety of pleasant and unpleasant emotions. This indicates the influence that takes place within the macrosystems in the context of the ecological systems theory (Rus et al., 2021:240). In support of Hawkey, Ussher, Perz and Metusela; Etekal and Mahoney (2017:5) state that influences that take place within the macrosystem and among other systems will serve as a filter through which an individual interprets future experiences. In addition to the experiences of menarche Marván, Christler, Gorman and Barney (2017:971) assert that multiple factors can influence how girls experience their menarche and such experiences will have an implication on several parts of females' lives.

3.11.2.2.2. Subtheme 2.2: First person to tell upon starting the first period, preparation for the first period, and advice given by this person

All participants traced back, through reflection, on the first person they told after the onset of their first menstrual cycle. Participants indicated variations on this as it ranged from family members to friends. All participants in the study reflected on their individual preparation that occurred before the start of their first menstrual period. The study participants' reflections offer an understanding of some of the information that was shared with them regarding the first menstrual period. Their responses are represented below:

Participant 1: *“My friend was the first person I told. Fortunately, she was already experiencing her periods. She never had any stress”.*

“What helped was at school, they taught us about menstruation. our teachers would teach us about menstruation, that is where I started to understand menstruation. At home, I did not talk about it, not even with my sisters”

“My friend never gave me any advice and then I fell pregnant at 15 years”.

Participant 3: *“The first person that I told was my sister. I was scared to tell my mother because she was not open to us”.*

“My late sister prepared me and explained to me that once you sleep with a boy you will fall pregnant. During that time, I was using cloths, she told me that I should not play because if the cloth moves other children will laugh at me if they saw my blood”.

“My sister told me that once I sleep with a boy, I will fall pregnant”

Participant 6: *“The first person that I told was my grandmother because I was staying with her”*

“I never heard anyone talking about it. I only heard when I reported that I am seeing something like this, and that was the first time being told what is happening. My grandmother told me that I will live with this until the end. I am a woman now.

She said just because she told me that I am a woman it does not mean I must now roam the streets and do funny things. I am a woman because I have changed from being a child”.

Participant 2: *“When I started, I never told anyone. I was scared but after 3 days I could not see blood. It was only on the second month where I told my mother that I see blood on my panties”.*

“When I started, I was not that much confused because my sisters had already explained to me that a time will come where I would see blood on my panties. That is when I would start menstruating and entering womanhood. My mother told me that it is important for me to wash my panties properly. That I should stay away from boys since I have started my periods because if I meet a boy, I will fall pregnant”

In Chandra-Mouli and Patel (2017:3) mothers were often found to be the most frequently cited source of information for young girls experiencing their first menstrual cycle in low- and middle-income countries. The authors' study further found that in other urban parts of countries like Ethiopia and India, girls would confide in other family members and, in other contexts, sisters and friends surpassed mothers as the first point of contact for information purposes (Chandra-

Mouli & Patel, 2017:3). Özdemir, Nazik, and Pasinlioğlu (2010) in Radós (2020:22) indicated that most girls inform their mothers about the experience of menarche. Locating this within the ecological systems theory, the microsystem plays an integral role in shaping individuals' experiences or behaviours as the system also encompasses family, peer groups, classroom and, at times, churches; these influences also extend to aspects of development, health, and beliefs (Rus et al., 2021:241).

Chhabra, Gokhale and Yadav (2017:2) state that preparation is essential in informing positive future menstrual practices, and for girls to have a favourable attitude towards the phenomenon. In support of the aforementioned, authors Behera, Sivakami and Behera (2015:511) argue that accurate knowledge on menarche provides females with positive experiences about the process of menstruation. Lack of preparation about the first menstrual period is reported to result in a lack of awareness and many misconceptions regarding menstruation (McPherson & Korfine, 2004; Uskul, 2004 in Behera, Sivakami & Behera, 2015:511). In support of some of the advice given to the participants upon onset of menarche, Maulingin-Gumbaketi, Larkins, Gunnarsson, Rembeck, Whittaker and Redman-MacLaren (2021:2) state that menarche does mark reproductive maturation and the transition from girlhood to womanhood.

Within the ecological systems theory, the interaction of a developing person with both the microsystem and mesosystem is essential. As a menstruating young girl gets to learn about menstruation from her immediate home setting, interpersonal relationships are also likely to influence responsive behaviours that might be adopted towards a menstrual cycle (Rus et al., 2021:240).

3.11.2.2.3. Subtheme 2.3: Current menstrual experiences

All participants were able to provide a description of their current menstrual experiences as menstruating female youth. The quotes below were expressed by the participants:

Participant 2: *“Where I am staying, there is a lack of privacy. I have to do everything during the day since my husband is away so that by the time, he comes back at night I know that I am set so that he does not see my dirt”*

Participant 4: *“Currently it is not like the first time when I started. Since I had children, I have started experiencing pains that are different. Sometimes my dates change, my cycle loses control. Nonetheless, it does not affect my life in fact when I see it, I get happy”.*

Participant 6: *“Let me say I never had a problem with it, I knew when my cycle would start. Things changed in 2015 after I inserted an implant. When you have an*

implant your cycle changes. The constant changes confuse me, nonetheless, I did enquire at the clinic, and they told me it's the implant. Menstruation only affects me when I don't have money to buy pads”.

Participant 7: *“Now I don't have any problem, but I get moody when I am menstruating. It just changes my mood; I don't want anything when it is that time of the month. Menstruation does not affect my social life though”*

Lee (2002) in Aflaq and Jami (2012:202) argues that regardless of the phenomenon of menstruation being valued and still significant for womanhood, very few studies have reported on positive mindsets towards menstruation. Tolley, Loza, Kafafi and Cummings (2005:15) agree with the participants' view on observed changes after taking contraceptive methods by providing an explanation that most contraceptive methods do cause changes to the menstrual cycle. Such changes will differ from person to person, methods used, and duration of use (Tolley et al., 2005:15). In support of one of the participants' responses on experiencing irregularities in menstrual cycles, Bae, Park and Kwon (2018:1) assert how various hormones affect menstrual cycles and how irregular menstrual cycles are associated with a major symptom of anovulation.

Within the ecological systems theory, the current menstrual experiences of female participants in this study are therefore influenced by the interaction that takes place within the exosystem (Rus et al., 2021:241). Despite menstruating women not having direct interaction with the exosystem, it still affects their experiences as it also influences settings in which menstruating youth have direct participation (Rus et al., 2021:240). These include community resources and access to health facilities (Rus et al., 2021:240).

3.11.2.3. Theme 3: Menstrual hygiene management and its challenges

The study participants provided a description of some of the challenges that accompany menstrual hygiene management. From this main theme, three subthemes were generated that focused on cultural or religious perceptions about menstruation, geographic and environmental challenges, used menstrual products, and coping strategies that they have adopted to cope with the challenges. These subthemes are expanded on below and verbatim responses from participants are recorded, including locating shared experiences within the literature. The subthemes are discussed below:

3.11.2.3.1. Subtheme 3.1: Cultural or religious views about menstruation

Most participants shared some of the cultural or religious views that they have been exposed to or have heard of. Only one participant had no knowledge of any cultural or religious views that have been ascribed to the phenomenon. Their responses are demonstrated below:

Participant 1: *“When you are on your menstruation period, you can’t go to church because you are perceived dirty. You should not carry a small baby when you are on your period. You should not plait people’s hair when you are on your period as this will result in hair loss”.*

Participant 2: *“I have always believed that when you are on your periods, you should not sleep with a man because the blood that is coming out is dirty”.*

Participant 3: *“My mother would tell you that when you are menstruating, you must not cook because you are dirty. I don’t believe that I believe that you must refrain from touching traditional medicine and even the church stuff that we use at Z.C.C when you are on your periods. I also believe that you must not throw away your blood”*

Bhartiya (2013:523) agrees with some of the shared cultural or religious perceptions towards the phenomenon of menstruation by stating that most religions refer to women who are menstruating as ‘ritually unclean’ and there have been reports within the Christian faith where menstruating women do not attend church. Korir, Okwara and Okumbe (2018:3) share the same notion by arguing that menstruation is bounded by different religious beliefs and cultural perceptions that have implications on menstrual hygiene management practices that girls resort to. It is further supported by Farage, Miller, and Davis (2011:132) that many cultures associate menstruation with both physical and social cleanliness and these beliefs are common in low countries.

Farage, Miller, and Davis (2011:133) state that in many cultures in developing countries, women who are menstruating are prohibited from cooking or working with crops. Based on the ecological systems theory the macrosystem encompasses a larger cultural context in which a developing individual is (Bronfenbrenner, 1977 in Rus et al., 2021:241). Regarding the influence of cultural or religious beliefs, Rus et al. (2021:241) further argue that most macrosystems are casual or subconsciously established beliefs and these are beliefs that individuals manifest daily through customs and traditions. This also overlaps with the chronosystem as a life-altering event of the participants incorporated menstruation a normal phenomenon amid cultural or religious perceptions (Rus et al., 2021:241).

3.11.2.3.2. Subtheme 3.2: Current geographic and environmental challenges that prevent better menstrual hygiene management

All participants provided a description of the most prominent geographical and environmental challenges that inhibit their ability to better manage their monthly menses as female youth who are currently experiencing the phenomenon. Their responses are demonstrated below:

Participant 1: *“We use the bucket system toilet. You find that one toilet is shared by many people. This place is not clean, there is leaking water everywhere, you find pads everywhere”.*

Participant 3: *“We don’t know where to throw away our used menstrual pads. Even if you throw it in your dustbin, here it goes to the dumping site nearby. We are used to throwing them in a pit toilet. We also do not have proper toilets because we use the bucket system. Everyone has access to those toilets, it exposes us to infections, it is not hygienic”.*

Participant 5: *“We don’t have resources. Our toilets are in bad condition and placed in the streets. For us females we don’t have space honestly, we also don’t have proper dustbins, people throw away their pads on the streets and you can see a pad on the street as you are walking. So, hygiene here is a problem”.*

Participant 6: *“We don’t have resources; you see how this place is. There are many challenges here, we don’t have anything. We never get opportunities where we are called and told that we will receive a sponsor, everything we must do on our own”.*

Proper disposal of used menstrual material is still viewed as a challenge in many countries of the world as indicated by Kaur, Kaur, and Kaur (2018:4). This supports the participants’ statements on the impact that bucket system toilets have on them when it comes to menstrual hygiene management. Due to a lack of menstrual hygiene management practices in the world, women have resorted to disposing of their sanitary pads in domestic solid wastes or garbage bins that eventually become part of solid waste (Kaur, Kaur & Kaur, 2018:4). Crankshaw, Strauss and Gumede (2020:9) further assert that clean, functional, and private toilet facilities, proper means of waste disposal for used sanitary pads, and the availability of soap and water within the facility are all needed for menstrual hygiene. Hennegan, Shannon, Rubli, Schwab and Melendez-Torres (2019:22) reports that an absence of sanitation facilities or a safe place outside women’s homes means that managing menstruation in these locations posed challenges while reducing confidence for one to travel outside of their home settings further

perpetuates distress and fear of shame. Within the ecological systems theory, the exosystem plays an integral role in this regard as a system that does not have direct interaction with a developing individual but does have an impact on their experiences (Rus et al., 2021:246). In integrated youth service models, collaborations between agencies and policies that support these agencies are needed (Rus et al., 2021:246).

3.11.2.3.3. Subtheme 3.3: Previously and currently used menstrual products

Participants provided a description of menstrual products that they use during menstruation. The description is based on both previous and current menstrual products that participants have or are currently using. Disposable sanitary pads seemed to be the preferred option for absorbing menstrual blood during a cycle. The verbatim responses are represented below:

Participant 1: *“Previously I have used socks and cloths. Currently I am using pads and when I go out, I use tampons”.*

Participant 4: *“I have always used the disposable pads even now”*

Participant 5: *“First time I used disposable pads; we use to get them at school. Currently I am using tampons”.*

Participant 7: *“Previously when I started, I used cloths. My mother was a domestic worker, she would come home with clothes, and I would cut them. Currently I am using the disposable sanitary pads and a tampon”.*

Kaur, Kaur, and Kaur (2018:2) highlight that the choice of material used during the menstrual cycle depends largely on personal choice, cultural acceptability, economic status, and the availability of menstrual products in the local market.

The authors further argue that the choice of menstrual products to absorb menstrual blood differs among rural and urban women and girls (Kaur, Kaur & Kaur, 2018:2). Women in rural areas preferred menstrual products are reusable cloths while, women in urban areas prefer disposable sanitary pads (Kaur, Kaur & Kaur, 2018:2). Research has suggested that disposable sanitary pads are more popular worldwide, and, in some parts of the world, this is due to cultural taboos surrounding tampons (Peberdy, Jones and Green, 2019:3). The microsystem within the ecological systems theory plays an integral role in influencing aspects of development in an individual’s life, including shaping behaviour and experiences (Rus et al., 2021:242) and, in the researcher’s view, the choice of menstrual products is linked to how products are perceived or viewed in one’s environment.

3.11.2.3.4. Subtheme 3.4: Applied coping strategies

In dealing with current menstrual and menstrual hygiene challenges that the participants encounter, all participants offered a perspective on how they cope using self-engaged strategies that they have adopted. Their responses are represented below:

Participant 3: *“I put all my used sanitary pads in a plastic bag, wait for them to dry and then I burn them”.*

Participant 5: *“I struggle with period pains. I can’t really cope with them because they hurt but I usually take some pain block and ensure that I keep warm at all times”*

Participant 6: *“Sometimes it can happen that you start at work. Here the person who is in charge is a male and it is never easy for us to approach him especially when you don’t have money to buy them and need to go fetch them at home. You get scared to ask to go home because you will need to tell him the reason. The strategy is to always have one pad in your handbag”.*

Participant 4: *“The only challenge that I am experiencing is pains. To cope I drink plenty of water, it helps me”.*

Franjić (2019:31) states that many women experience menstrual problems at some point in their lives, and since many women do not seek medical care on issues such as cramping, they develop their own ways to cope with pain. This affirms the responses of some of the participants who have alluded to struggling with menstrual cramps. Sommer, Chandraratna, Cavill, Mahon and Philips-Howard (2016:2) agree with the reflection on workplace challenges by further adding that, in urban contexts, working women live, work and travel in overcrowded spaces and this results in a lack of privacy and insufficient hygienic spaces.

Sommer et al. (2016:2) further add that women in workplaces are often scared to raise their voices due to fear of losing their employment, thus including financial restrictions that further perpetuate their fears. Within the ecological systems theory, Rus et al. (2021:242) assert that the exosystem influences the experiences of individuals in which they participate directly, and whether formal or informal, the exosystem is an extension of the mesosystems and has an influence on their social structures.

3.11.2.4. Theme 4: Availability of community support for menstruating women

All study participants provided a description of the type of support that they need while menstruating, including access to social work services as residents of Kameeldrift. The theme

was then categorized into subthemes which will be represented and discussed below incorporating participants' verbatim responses as illustration.

3.11.2.4.1. Subtheme 4.1: Knowledge and access to washable sanitary pads provided by Kamcare Social and Training

Study participants shared their knowledge and access to the washable sanitary pads that are provided by Kamcare Social and Training Services. Only two participants had knowledge about the washable sanitary pads and both participants have used them. Five participants indicated that they had no knowledge of the washable sanitary pads. Below are the participants' verbatim responses:

Participant 1: *"Yes I know about them; I have used them especially at night. Sometimes you find that when you use other pads you get rash, but the washable one is better because you don't get rash"*.

Participant 7: *"Kamcare introduced washable sanitary pads to us, and they were donating them. If you don't afford to buy pads then you can use it, I even use it"*.

Participant 3: *"I have no knowledge about them"*

In support of the participants' views of washable sanitary pads bearing no financial implications, a study by Hennegan, Dolan, Steinfeld and Montgomery (2017:4) indicated that participants in their study stated how reusable pads had reduced the financial burden on girls who were using them. Hopkins (2018) supports the economical part but also asserts that cloth pads can also decrease infections and skin rashes as they are more breathable than one-use pads that have a plastic lining. Mahajan (2019:69) further asserts that, given the fact that reusable cloth pads can be washed for five-ten years, their cost per cycle is significantly lower than disposable sanitary pads. Within the microsystem of the ecological systems theory, this plays an integral role, especially relating to settings that have direct interaction with individuals like the organisation (Ettekal & Mahoney, 2017:3). Ettekal and Mahoney (2017:3) further assert that participation in activities, displays more positive attributes than nonparticipating counterparts, therefore the association of positive outcomes is more common than others.

3.11.2.4.2. Subtheme 4.2: Support needed for better menstrual hygiene management

Study participants shared the support that they need in combating challenges that they have mentioned earlier. Information and a need for sanitary pads seemed to be dominating aspects under this category and the responses are represented below:

Participant 3: *“I think people, especially those that are not working must be given free sanitary pads”.*

Participant 6: *“When I started, at school we used to be sponsored with pads and soaps to bath and we would be told how many times you must bath. I do feel that we still need those services even though we can buy them”.*

Participant 1: *“People must assist with visiting schools, do community programs, teach females about hygiene especially male children because they don’t understand what is happening that is why they treat other children in class otherwise”.*

Participant 2: *“We need support because we don’t really know anything about menstruation because we received limited information”.*

Participant 4: *“For me, it is not a problem but for the community. We were getting pads a long time ago before Covid, but this was 2 years back I don’t know now with Covid. So social support we need to get. I also think a proper place to stay because now with our dustbins we are scared to put them in there since there are dogs and what if they take them out. Now you cannot use your own dustbin rather you must put them in the blue community dustbins. This is a squatter camp; it is not closed we don’t have fences”.*

Hennegan et al. (2019:22) assert that the lack of needed items, like soap and water, as well as the presence of locks and lights, have implications on the menstrual practices that women could safely undertake. The author further supports participant 7 by asserting that the availability of a bin, burners, or community waste disposal, including the use of pit latrines, has an influence on disposal choices (Hennegan et al., 2019:22). It was also reported in their study that, as regards the humanitarian contexts, material provision was inconsistent. The lack of funds to buy commercial menstrual products was reported frequently in the study (Hennegan et al., 2019:24). Within the ecological systems theory, the macrosystem has an influence on one’s development within and amongst all other systems and serves as a perspective through which an individual will view and interpret her future experiences (Ettekal & Mahoney, 2017:5).

3.11.2.4.3. Subtheme 4.3: Contact with a social worker for sexual education or reproductive health

Participants offered a unique perspective on the nature of the contact that they have had with social workers. Some of the participants have accessed social work services based on sexual education while others have never contacted a social worker. The verbatim responses are presented below:

Participant 3: *“I have accessed social work services at the age of 19 years after a traumatic experience and it helped a lot. I have also accessed Kamcare Services but not for menstruation. Kamcare gives us opportunities, we get to share our social problems and the social workers at Kamcare are good on us”.*

Participant 4: *“I have never had interaction with a social worker”.*

Participant 6: *“I have accessed social work services. I grew up as an orphan raised by my grandmother. I used to get a foster care grant. Social workers used to come home, and they would sit with us and discuss everything. These services benefited me because look at me, I don't have a child”.*

Simpson (2003:158) reports on a need for social workers to render various services that would range from preventative to educational groups, community programmes and even therapeutic intervention when necessary. This emphasises the value that the profession has on people who have accessed services as indicated by the participants. The author further provides a suggestion on the need for a micro-foundations approach that takes into consideration the experiences of individuals towards the factors influencing their daily lives (Simpson, 2003:159). Within the ecological systems theory, a mesosystem includes interpersonal relationships. As such, this has implications for the interpersonal bonding that takes place between the developing person and members of a specific microsystem (Rus et al., 2021:240).

3.11.2.5. Theme 5: Suggested social work intervention

The participants offered a perspective on some of the practical intervention strategies that they believe could benefit menstruating women within the community. Participants offered a perspective that could assist the social work profession to be more deliberate when it comes to strategies that can be adopted in meeting community needs. From the themes, one subtheme was generated that will focus on recommendations to improve menstrual hygiene management experiences.

3.11.2.5.1. Subtheme 5.1: Recommendations to improve menstrual hygiene management experiences for menstruating female youth

Participants provided a description of some of the strategies that can be implemented in responding to the needs of menstruating youth in the community. Recommendations ranged from psychoeducation to responding to settlement challenges. Their responses are represented below:

Participant 1: *“Teach us about menstrual hygiene management, more projects can work. Currently, we do not have any programmes. Kamcare use to come regularly to the hall to teach the community but currently, nothing is happening, it may be because of Covid”.*

Participant 2: *“We need counselling, we need social workers because when I have problems I don’t know where to go. I must speak to a random person unlike if there was a social worker I would know where to go. Maybe have groups at the clinic where we sit as women and discuss our challenges”.*

Participant 4: *“The only thing I would like is for pads to be free like condoms so that we do not struggle because this thing is a natural thing, it comes on its own”.*

Participant 6: *“We need to be educated about menstruation, get pads sponsors, also maybe education on what a woman must do during her periods”*

Participant 7: *“I think the only thing that is affecting us is the settlement process. If maybe we can go through this thing, I think it won’t affect us a lot because it would be easy. You will know that you are secured in a yard, you can have your place where you throw away your pads or even a toilet. I wish we could have programmes; I can even participate because I see how it affects kids, it also affects my firstborn”.*

Biljon and Burger (2019:7) support the participants’ emphasis on educating women about menstruation and its management by stating that education around menstrual hygiene management is a barrier faced by young South African women in achieving proper management of their monthly cycle. Langer, Mahajan, Gupta, Kumari, Jan and Mahajan (2015:456) further emphasise that knowledge and awareness do shape people’s attitudes towards any concept and menstrual knowledge could have a positive influence on this behaviour. Further, Khan, Maqbool, Mohammed, Adesina and Fekadu (2019:2) argue that reproductive health awareness is a very important aspect that should be ideally integrated into sexual and reproductive health programs that currently exist. Awareness of this nature is further regarded as relevant and sensitive to many existing community sexual and reproductive health needs (Khan et al., 2019:2). In a policy brief by Sida (2016:2) the

importance of women receiving factual and comprehensive information about menstrual hygiene management is crucial in ensuring that women can act on their needs. Sida (2016:2) further supports a participant by stating that the lack of unsafe disposal for soiled materials, which forces women to dispose of these items in secrecy, will only reinforce the stigma and shame surrounding menstruation. Within the ecological systems theory, the exosystem includes all external networks like community and educational structures as it influences the settings that individuals contribute to. This, in turn, also overlaps into the macrosystem through community, financials, governmental, and public identity (Rus et al.,2021:241).

3.12. SUMMARY

The research methodology that is applicable in the present study was discussed in the first half of the chapter. The researcher also gave an overview of the research limitation and challenges. The second half of the chapter focused on detailing the biographical data of the study participants, graphs were utilised as an illustration for clarity purposes. Seven menstruating female youth who are currently residing at Kameeldrift participated in the study.

Data was collected using semi-structured questions and an interview schedule was used to guide and gather information from the participants in the present study. The researcher analysed the transcripts, which led to the development of themes and subthemes. Five themes and several subthemes were generated from the data. Each theme was discussed, and verbatim quotes from participants were provided as a means of exemplifying the subthemes, while was located to substantiate the findings. The findings gave a representation of all the participants that are currently experiencing menstrual hygiene management challenges in their immediate environment and revealed that support is needed in responding to these menstrual needs. The subsequent chapter will provide an overview and present key findings of the study, the conclusions, and recommendations.

CHAPTER FOUR

KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

4.1. INTRODUCTION

The previous chapter provided a presentation of empirical findings as obtained by means of the qualitative research approach. This chapter of the present study will focus on the key findings based on the goal and objectives of the study. The researcher looked at the key findings of the present study and indicated the extent to which the study goal and objectives were achieved. This chapter also provides the conclusions that were drawn in the present study and the recommendations are outlined following the conclusion of the specific objective.

4.2. SUMMARY

The summary section will indicate the goal and objectives of the study through a discussion including the research question and how it was answered in the present study.

4.2.1. Goal of the study

The goal of the present study was to explore and describe the perceptions of female youth on menstruation hygiene management in Kameeldrift, Tshwane. This goal was reached through the objectives of the present study. Each objective is then discussed in terms of how it was met in the present study.

4.2.2. Objectives of the study

The following objectives were carried out in the present study and these objectives are discussed to indicate how they were achieved.

4.2.2.1 Objective 1

To conceptualise and contextualise female reproductive health, the menstrual cycle and menstruation hygiene management

An in-depth literature review was conducted to contextualise female reproductive health, menstrual cycle, and menstruation hygiene management.

This objective was achieved through Chapter 2, section 2.2, and section 2.3 in contextualising female reproductive health, menstruation, the menstrual cycle, including menarche, both locally (South Africa) and internationally. Section 2.4, section 2.5, section 2.6, and section 2.7 in contextualising menstrual hygiene management by providing both local (South Africa) and international contexts. The literature review described how the phenomenon of menstruation, including its management, is perceived and experienced both locally and internationally.

Reproductive health and development are related in the stance that is taken by the World Health Organisation [WHO] which places emphasis on the need for governments to ensure that regulations, guidelines, and strategies that have an impact on the aspects of sexual and reproductive health do comply with human rights requirements (Gebhard & Trimiño, 2012:3). As interest grew around menstrual hygiene management challenges, a need to incorporate inputs from global experts who work on issues of menstrual hygiene management - including academics, United Nations agencies, non-governmental organisations, and advocacy organisations, private sectors, social entrepreneurs and national governments - was identified (Sommer, Caruso, Torondel, Warren, Yamakoshi, Haver, Long, Mahon, Nalinponguit, Okwara and Philips-Howard, 2021:2).

The need to incorporate both an international and local perspective on issues of menstrual hygiene management became essential to holistically understand the menstrual needs of all women. The authors further asserted that menstrual hygiene management is essential in achieving the Sustainable Development Goals for gender equality, good health, quality education and related human rights (Sommer et al., 2021:2). In addressing the issue of menstrual hygiene management, evidence revealed that national-level policies and resources to support their implementation are needed (Sommer et al., 2021:2).

Exploring the local perspective of menstrual hygiene management Sommer et al. (2015), in Geismar (2018), asserts that menstrual hygiene management in South Africa has gained recognition within international settings as a public health concern. A platform has been created for discussions on international development and global gender equity and the ability of women to safely and comfortably can manage their menstrual cycles as a basic human right (Geismar, 2018). The principles of menstrual hygiene management, as stated by Crankshaw, Strauss and Gumede (2020:2), have been utilised to underpin the context of building momentum towards the creation of support for the menstrual hygiene management needs of girls and women across Eastern and Southern African [ESA] regions. Padmanabhanunni and Fennie (2017:2) state that there is a limited representation that focuses on providing information about South African women's attitudes towards menstruation and to what extent the phenomenon affects their daily lives.

4.2.2.2. Objective 2

To explore and describe the source and experience of sexual reproductive health education among female youth in Kameeldrift

This objective was achieved in Chapter 2, section 2.3 and Chapter 3, theme 1 with sub-theme 1.1. In reference to acquired information about reproductive health education among female youth, the literature emphasised the importance of providing adolescents with accurate information around changes that they are going through in how it can help in broadening their understanding around sexual reproductive health and, subsequently, inform their decision-making in adulthood (Pamoja, 2005:1). The International Planned Parenthood Federation [IPPF] (2020:6) asserts that for women and girls to lead healthy lives and to be able to participate freely in societal, fiscal, and governmental life, there needs to be universal access to information and education including conditions that empower them to realise their sexual and reproductive rights.

4.2.2.3. Objective 3

To explore and describe the experiences of female youth regarding their menstruation in Kameeldrift

This objective was achieved in Chapter 2, section 2.4, and section 2.5. The objective was further achieved in theme 2, sub-theme 2.2, sub-theme 2.3, sub-theme 2.4 and sub-theme 2.5. Literature indicates that to better respond to menstrual hygiene management challenges, it is essential to better understand the experiences of young women with menstruation (McCammon, Bansal, Hebert, Yan, Menendez & Gilliam, 2020:292). Hennegan, Shannon, Rubli, Schwab and Melendez-Torres (2019:24) also assert that women's perceptions and experiences on menstruation are influenced by behaviours taken to manage their menstrual bleeding.

4.2.2.4. Objective 4

To explore and describe the challenges of female youth regarding menstruation hygiene management in Kameeldrift.

This objective was achieved in Chapter 2, section 2.4, section 2.5, and section 2.6. The objective was further achieved in theme 3, sub-theme 3.1, sub-theme 3.2 and sub-theme 3.3. Literature indicates that women and girls in low- and middle-income countries face multiple barriers to safe and comfortable menstrual hygiene management (MacRae, Clasen, Dasmohapatra & Caruso, 2019:2). Schmitt, Clatworthy, Ratnayake, Klaesener-Metzner, Roesch, Wheeler and Sommer (2017:2) investigate the continued challenges to address menstrual hygiene management barriers that are ongoing, such as secrecy, shame, and the taboos that mostly surround menstruation, thus hindering community specific interventions.

4.2.2.5. Objective 5

To explore and describe resources and support available for female youth related to menstruation hygiene management in Kameeldrift

This objective was achieved in Chapter 2, section 2.4. It was also achieved in theme 4, subtheme 4.1, 4.2, and subtheme 4.3. Literature asserts that without a supportive social environment women around the world have reported stress related to menstruation; and to achieve social support for menstruating women, advocacy on a range of levels will be needed (United Nations Children's Fund [UNICEF], 2019:45). It is further indicated that women often lack access to services and facilities that could help them better cope with the logistical necessities during their menstrual cycles, this also includes the reality of many women being unable to afford disposable sanitary products monthly, or at all (Millington, 2015:3).

4.2.2.6. Objective 6

To suggest social work intervention strategies for menstrual hygiene management for female youth

This objective was achieved in Chapter 2, section 2.8. It was further achieved in theme 5, subtheme 5.1. The literature provides a description of the history of the social work profession in using an interdisciplinary approach and its commitment to the importance of early intervention, prevention, and health promotion (Nandhini, 2017:53348).

Programs that are aimed at achieving psychosocial education are needed and may incorporate intervention strategies that are aimed at addressing harmful taboos and

stigmatisation of menstruating women (Hennegan (2020:639) in Bobble et al. 2020). Research for health in humanitarian crises [r2hc] (2017:8) provides a context into effective menstrual hygiene management programming which includes: coordination (encouraging dialogues through representations and an inter-sectoral approach), consultation (encouraging open conversation with women around menstrual hygiene management and consulting with women on menstrual hygiene management programming), culture (the importance of being culturally competent and sensitive, including training to promote the empowerment of menstrual hygiene management across sectors) and communication (which includes updating and keeping beneficiaries updated on programmes).

4.2.3. Research question

The research question that was asked in the contexts of the present study is:

“What are the perceptions of female youth with regards to menstruation hygiene management in Kameeldrift, Tshwane?”

In answering this research question, qualitative research was conducted by interviewing seven menstruating female youths who are residents of Kameeldrift in Tshwane. One-on-one interviews were conducted with the female youth participants to explore and describe their perceptions of the phenomenon of menstruation and its management. After the interviews were conducted, the data that was collected was transcribed and subsequently analysed. Themes and sub-themes were then generated by the researcher. In answering the research question, five themes with their sub-themes emerged.

4.3. KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

4.3.1. Key findings, conclusions, and recommendations regarding research findings

This section will focus on presenting the key finding and conclusions of the research findings that emerged from the themes in the present study. This will be followed by recommendations that will be made in relation to the empirical findings that emerged in the thematic analysis.

4.3.1.1. Theme 1: Knowledge of sexual and reproductive health

This theme emerged early during the data collection process and focused mainly on participants' general knowledge of sexual and reproductive health. Three sub-themes were generated from this theme which include: acquired information about reproductive health and sexual education, a basic understanding of menstruation or the menstrual cycle, and an understanding of menstrual hygiene management.

- **Key findings**

The findings in the present study demonstrated that primary schools are normally first sources to provide information around reproductive health and sexual education, specifically in the subject of Life Orientation. The research participants also expressed that this curriculum played a significant role in shaping their understanding of some of the topics that pertain to reproductive health and sexual education.

In terms of basic understanding of menstruation or the menstrual cycle, the present study demonstrated that study participants did possess some understanding but gaps in terms of factual and physiological understanding were identified. Findings also showed that the notion of referring to menstruating blood as possibly being 'dirty' was present in the shared understanding. The key finding in this regard is that there are still some knowledge gaps in understanding the physiological process of menstruation and how the body responds to these changes.

With reference to the understanding of menstrual hygiene management, the findings in the present study demonstrated that some of the principles that underlie the concept were understood by participants. The importance of cleanliness and changing material that has absorbed menstrual blood were emphasised including the emphasis on health implications that result from poor menstrual hygiene management.

Conclusion

It can be concluded that the study participants do possess some knowledge and understanding of reproductive health and sexual education. The fact that menstruation is a female phenomenon was well emphasised including a basic understanding that menstruation is triggered by adolescence, and it occurs monthly.

It can be concluded that there was some lack of knowledge when it comes to understanding the physiological process of menstruation including the perception that menstrual blood is 'dirty'. There was further understanding of menstrual hygiene management and some of the principles that underpin the concept were clearly expressed by the study participants.

Recommendations

- It is recommended that a need for social awareness and education initiatives, that are aimed at targeting misconceptions about menstruation including providing accurate information about the process of menstruation, exist. This will require an inter-sectoral approach through the involvement of well-informed stakeholders to provide factual information.
- As a continuum to the basic knowledge that female youth received through curriculum, raising awareness around reproductive health and sexual education amongst community members, specifically the female population, is further recommended as means of shaping and improving responsive behaviours that might have life-altering implications. This can further be complemented with a collaborative approach with community health workers to provide psychoeducation during home visits or focused group discussions.

4.3.1.2. Menstrual experiences and challenges

This theme focused on describing menstrual experiences and challenges that the study participants have encountered or still encounter. Three sub-themes were generated from the theme that focused on the age and experiences of the first period, the first person to tell upon starting the first period, preparation for the first period and advice given by this person, and current menstrual experiences.

- **Key findings**

The first sub-theme suggested that the timing of the first menstrual period was within the expected age group. The ages of 11 to 14 years were commonly demonstrated in the present study. In terms of experiences of the first period, the present study suggested that shock and fear were amongst common feelings that were experienced, especially by those participants who started menstruating prior to receiving information around reproductive health in school. A noted challenging aspect also centred around feelings of helplessness specifically with pain resulting from primary dysmenorrhea and uncertainty on how to handle it. The start of the first menstrual period being an unexpected event was further noted in the present study.

The second sub-theme that was generated from the main theme, related to the first person to tell upon starting the first period, preparation for the first period, and advice given by this person. The present study revealed that girls first need to be comfortable with a specific individual before divulging that they have started their menstrual cycle. Being open or the

ability to confide in a person is further influenced by the absence of judgement. If a girl has fears that she will be judged based on this there is a possibility of the first period to be experienced in secrecy. The present study further revealed that preparation before the start of the first menstrual period is key in shaping the menstrual behaviours of young girls and key in predicting future coping strategies with this natural phenomenon. The present study revealed that girls usually receive minimum information when coming to preparation before that first menstrual period is activated and openly discussing the phenomenon in home settings seemed to be a challenge. The key findings indicate that support is very important, during the onset of the first period and subsequently to cycles experienced after, as this support will play a role in determining present and future responsive behaviours towards menstruation.

The last sub-theme that was generated focused on current menstrual experiences. The present study revealed that menstrual experiences are impacted by attitudes towards the phenomenon, issues of privacy and physical symptoms of menstruation, including the impact of birth control methods. There seemed to be a lack of understanding towards irregular physical symptoms, including the impact of fluctuating hormonal levels that may occur over time in menstruating women. The key finding in the present study, therefore, revealed that there is a lack of awareness about some changes, through physical symptoms, that can take place over the years and the expected changes that may interfere with menstrual cycles stemming from various contraceptive methods that women take.

Conclusion

It can be concluded that menstrual experiences are shaped in the early stages of the first menstrual period as this will determine the behavioural responses that women will adopt towards the phenomenon of menstruation. Lack of information around expected physical symptoms that normally accompany menstruation also became apparent. Participants did demonstrate that information is key and directly linked to experiences towards menstruation as a phenomenon universally experienced by women.

Recommendations

- It is recommended that female youth need to have access to health facility services that will provide competent services in providing information around menstrual physical symptoms and measures (medical if needed) to cope with them.
- An interdisciplinary approach in the community clinic is also recommended in improving female youth menstrual experiences, where services will involve multiple professionals, including social workers, dieticians and nurses who will focus on providing information around expected changes resulting from taking contraceptive methods.

4.3.1.3. Theme 3: Menstrual hygiene management and its challenges

The focus of the theme in the present study was on providing a description of menstrual hygiene management challenges that are experienced by menstruating female youth of Kameeldrift. From the theme, four subthemes were generated that focused on describing cultural or religious perceptions about menstruation, geographic and environmental limitations for better menstrual hygiene management, used menstrual products and currently implemented coping strategies to cope with the limitations. The theme was generated in between the process of data collection as it resonated well with exploring female youth perceptions around menstrual hygiene management and barriers to those perceptions.

- **Key findings**

The key findings revealed that menstrual hygiene management is to a large extent affected by environmental factors that impact the ability of menstruating youth to exercise measure with some degree of psychological ease.

The first sub-theme in the present study revealed that individuals share and have been exposed to unique cultural or religious beliefs around menstruation. The most prevailing aspect drawn from this sub-theme is that cultural or religious beliefs do prevent menstruating women from performing daily duties or functioning normally when they are on their monthly cycle. This in turn has implications on how the phenomenon is experienced as it promotes secrecy and feelings of shame due to the connotation of menstrual blood being 'impure' or 'unclean'. The key finding in the present study revealed that menstrual blood is often regarded as 'unclean and menstruating women are perceived impure during their monthly cycle as a result of some religious or cultural beliefs and connotations.

The second sub-theme on geographic and environmental limitations in the present study revealed that the participants' current environment is a barrier and can be considered an inconvenience for menstruating female youth. A lack of resources was one of the most dominant aspects of this sub-theme which can further perpetuate frustration and helplessness. Kameeldrift currently does not have sufficient resources to cater to the menstrual needs of female youth and this also impacts hygiene and menstrual health issues.

The third sub-theme on used menstrual products revealed that upon and after menarche, cloths were preferred menstrual absorption products. The present study suggests that currently disposable sanitary pads and tampons are preferred as they are more convenient, which can also be motivated by the reality of residing in a community that does not have resources.

The fourth sub-theme in the present study revealed that to cope with these environmental challenges, participants have resorted to self-taught strategies that are deemed necessary and convenient by menstruating female youth. Using alternatives such as burning used menstrual sanitary pads, using plastic bags, and disposing of and taking over-the-counter medication to cope with menstrual cramps, were amongst others some of the identified coping strategies.

Conclusion

It can be concluded that elements such as belief systems and environmental issues do serve as barriers towards proper menstrual hygiene management. Environmental aspects such as a lack of resources further determine the choice of used menstrual products by menstruating female youth. A lack of resources serves as a barrier to positive menstrual management and often menstruating female youth resort to self-taught strategies to cope with the barriers that they are faced with.

Recommendations

- It is respectfully recommended that intervention strategies should be aligned with proper situation analysis that is done collaboratively with community members themselves, in understanding environmental limitations. A collaborative situation analysis should inform small-scale projects aimed at improving menstrual hygiene experiences and approaches should be based on the actual menstrual needs of recipients.
- It is recommended that the local clinic should be used as a centralised pickup centre of menstrual sanitary pads and programme evaluation must be done quarterly by involving recipients in the process.

- Support groups specifically for menstrual hygiene management under the guidance of a registered social worker from a local non-governmental organisation are recommended to promote peer support and learning.
- Through an inter-sectoral approach, a recommendation is to work with sectors that can install an eco-friendly and user-friendly menstrual waste disposal system.

4.3.1.4. Theme 4: Availability of community support for menstruating women

The theme focused on exploring and describing available community support that is available for menstruating female youth at Kameeldrift. From this theme, three sub-themes were generated that focused on determining knowledge and access to the washable sanitary pads provided by Kamcare Social and Training Services, describing the support needed by menstruating female youth and exploring access to social work services about sexual education and reproductive health.

- **Key findings**

The key findings in the present study revealed that a variety of support is needed by menstruating women including ways this can be achieved. The most prominent key finding was the continued need to have access to disposable menstrual pads.

With reference to the first sub-theme that focused on menstruating female youth's knowledge and access to the washable sanitary pads, the present study revealed that the minority of participants had knowledge about this option and had no knowledge that a local organisation is providing all menstruating females with washable sanitary pads. The key finding revealed that there is a lack of awareness from the general menstruating female youth about this project.

With reference to the second sub-theme on support needed by menstruating women in the community, the present study indicated that the female youth is also in need of sanitary pads. A common echoed statement was that sanitary pads are still a continued need for the youth, both employed and unemployed. The present study also revealed that education regarding the phenomenon of menstruation is still viewed as a much-needed approach in terms of rendering support. This further is reinforced by a finding that emphasised making education holistic for both males and females.

The third sub-theme regarding access to social work services about sexual education and reproductive health in the present study revealed that barriers exist in menstruating female youth seeking intervention from a social worker. It was evident amongst the participants that some have never interacted with a social worker despite succumbing to psychosocial challenges. A finding in this sub-theme indicated that the social worker's role and services in sexual health and reproductive health are needed and can be sustainable for service receivers.

Conclusion

It can be concluded that menstruating female youth need support for them to cope with the phenomenon including psychosocial challenges that they encounter. There is a lack of awareness of the support that is currently being provided by Kamcare Social and Training Services. The awareness of the ability to access washable sanitary pads through this organisation was identified. A need for making sanitary pads for the youth still exists and this should not only be limited to young girls who are still in school. It can further be concluded that a lack of awareness about social work services still exists, and this can have an impact on help-seeking behaviours.

Recommendations

- It is recommended that awareness around social work services through psychosocial education and social awareness campaigns be implemented on a large scale to demystify uncertainties around the role of this profession, especially in reproductive health and sexual education.
- A recommendation is for Kamcare Social and Training Services to consider engaging with the local clinics and working together with community health workers in making community members aware of their washable sanitary pads project. Another recommended suggestion is for the organisation to use the local clinic as an alternative collection point as it is located at the centre of the township for convenient access.
- Current sanitary pads projects and those that are still pending should include the entire population of menstruating women. These projects should also consider incorporating WASH principles, in being inclusive in responding to the menstrual needs of females who are experiencing the phenomenon.

4.3.1.5. Theme 5: Suggested social work interventions

This theme focused on getting suggestions through consultation from the participants who are also community members experiencing the phenomenon of menstruation. From this theme, one sub-theme emerged that focused on the recommendations to improve menstrual hygiene management experiences for menstruating female youth. The findings revealed the importance of social work methods in responding to the menstrual needs of female youth.

- **Key findings**

The key findings in the present study revealed the need for holistic intervention from the social work profession. The generated sub-theme in the present study revealed that study participants deemed it necessary to receive counselling services, have running and sustainable programmes to teach both the youth and young girls, and have projects that will meet the basic menstrual needs (provision of sanitary pads), and advocate and lobby for the marginalised and disadvantaged groups.

Conclusion

It can be concluded that in responding to the menstrual needs of female youth, a need exists to offer services from the methods of social work and take a stand in the promotion of rights of individuals who are considered marginalised and disadvantaged. Casework, group work, community work, social research, social action, and social welfare administration are viewed as equally important.

Recommendations

- It is recommended that proper project monitoring and evaluation should become a foundation in informing the impact of implemented community projects.
- It is recommended that the profession of social work, should be involved in the decision-making process that might impact an individuals' social functioning. This entails active visibility in community sittings and proceedings.
- It is further recommended for the profession of social work to be active in constant policy reviews, reflecting on what has worked and what has not worked, and aligning policy objectives with the actual menstrual needs of female youth.

4.4. RECOMMENDATIONS FOR FUTURE RESEARCH

A large scale of research that focuses on the perceptions and experiences of menstruation and menstruation hygiene management amongst female youth should be conducted. Future research should be on linking best social work practices in responding to the menstrual needs

of women who are currently menstruating, and these practices should be based on linking the existing needs to practical solutions while taking into consideration the different resource limitations that exist in most low-class communities.

The study recommends that research must be based on the South African context to adopt fit strategic solutions specifically for female youth, as this group seems to be overlooked. Future research should identify the importance of inter-sectoral approaches and how resource limitations impact positive experiences of this natural phenomenon on female youth.

4.5. SUMMARY

The findings of the present study have revealed that, despite falling under the category of youth, menstrual hygiene management needs are still present as the phenomenon of menstruation is universally experienced by women worldwide. It became clear from the findings that the perceptions of female youth are informed by information that they have been exposed to, previous challenges that they have encountered, current challenges that they are encountering, and access to reasonable services in responding to those menstrual needs. The present study further suggests that the social work profession must be responsive and deliberate to the unique needs of the menstruating female youth as they present themselves in the contexts. The present research gave a voice to marginalised female youth who are experiencing the phenomenon of menstruation and who must deal with monthly hygiene implications. This perception will inform present and future practice and have a positive impact on policy development and policy monitoring and evaluation. The researcher is, therefore, of the view that this research has contributed immensely to providing the worldview and lived experiences of the menstruating female youth who reside in Kameeldrift, a community that is faced by a lack of resources and limited opportunities for its residents.

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Annexure A: Ethical Clearance



Faculty of Humanities

Fakulteit Geesteswetenskappe
Lefapha la Bomotheo



23 June 2021

Dear Ms ZNF November

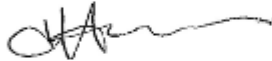
Project Title: The perceptions of female youth regarding menstrual hygiene management in Kameeldrift, Tshwane
Researcher: Ms ZNF November
Supervisor(s): Dr NJ Bila
Department: Social Work and Criminology
Reference number: 29330336 (HUM015/0521)
Degree: Masters

I have pleasure in informing you that the above application was **approved** by the Research Ethics Committee on 23 June 2021. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

We wish you success with the project.

Sincerely,



Prof Karen Harris
Acting Chair: Research Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: PGHumanities@up.ac.za

Fakulteit Geesteswetenskappe
Lefapha la Bomotheo

Research Ethics Committee Members: Prof I Pikrayl (Deputy Dean); Prof KL Harris; Mr A. Bizo; Dr A. M de Beer; Dr A. de Santos; Ms KT Govender; Andrew J. P. Gubbins; Dr T. Johnson; Prof D. Mase; Mr A. Mohamed; Dr I. Ncube; Dr G. Butterfield; Prof D. Reubum; Prof M. Sison; Prof E. Tsalou; Prof V. Thiele; Ms B. Tsebe; Ms D. Mkalapa



KAMCARE
SOCIAL AND TRAINING SERVICES

PBO 930/029/982

NPC 2008/020258/08

5 March 2021

For attention: Dr Bila
Department of Social Work and Criminology
University of Pretoria

Dear Dr Bila

RESEARCH CONDUCTED IN KAMCARE

With this letter, I am giving permission to Masters Degree Social Work students from the University of Pretoria to conduct their research in our organization.

We have a project that gives re-usable sanitary pads to youth staying in informal settlements in the Kameeldrift area. As I understand the students want to find out what the experiences of these youth are regarding managing their menstrual cycle. I think it is a wonderful research project and will give my support in any way possible.

If you need any more information, please contact me on 072 150 3994.

Kind regards



MRS LIEZEL LANDMAN
MANAGER: COMMUNITY DEVELOPMENT

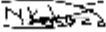
Annexure C: Letter from a therapist

LETTER OF CONFIRMATION

TO WHOM IT MAY CONCERN:

I Nokuthula Kakaza a qualified and registered social worker with registration number SACSSP: 1040087 hereby confirm that I will be providing counselling services to participants who will be involved in a research study by Ms. ZNF November. The counselling services shall only be rendered upon request by the participant and/or student, whom after an interview shall determine if a participant needs such services. Participants shall not be forced or coerced, and an informed consent shall be obtained from the recipient. All services will be provided free of charge and the correct referral system shall be followed should a need arise.

Regards

Name of social worker: Nokuthula Kakaza
Contact number: 067 154 0625
Signature: 



Date: 03 June 2021

Name: Zukiswa Ncumisa November
Email: ncuminovember@gmail.com
Cellphone No: 0733481342

LETTER OF INFORMED CONSENT

SECTION A: RESEARCH INFORMATION

Research Information

This letter serves to invite you to take part in a research on the perceptions of female youth of menstruation hygiene management in Kameeldrift, Tshwane. The letter also gives a brief explanation of the aim of the research, the way the research will be done and the rights you have as a participant. Please go through the form before you decide that you want to take part in the research. Feel free to ask questions about the research before signing the form.

Title of the study

The perceptions of female youth on menstruation hygiene management in Kameeldrift, Tshwane.

Purpose of the study

The purpose of the study is to explore and describe the perceptions of female youth on menstruation hygiene management in Kameeldrift, Tshwane.

Procedures

You have been told about the study and you will be given the researchers details to call her if you are interested in taking part in the research. The researcher will use face-to-face interview in order to get information on your perception on menstruation hygiene management as a female youth. By signing this letter, you are agreeing to take part in the study. The researcher will arrange with you on when the interview will take place. The interview will be recorded, with your agreement, to make sure that all the information you are sharing is recorded for the research that is being done. The interview will be done between 45 minutes to an hour. The researcher will ask questions that will be prepared before the interview takes place. Please note that the recordings taken during the interviews will only be used when the researcher analysis the information received, and they will be kept confidential. You have a right to get the information that you shared at any time you want.

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University of Pretoria, Private Bag X20
Hatfield 0028, South Africa
Tel +27 (0)12 4202599
-
Email: Nontembeko.bila@up.ac.za
www.up.ac.za

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotheo

Annexure D: Letter of informed consent

Risks and discomforts

The researcher does not plan to put you in any risk or discomfort with the information you will share. When sharing your information, there is a chance of you having negative feelings. The researcher will talk to you about your feelings after the interview is done and if you need counselling, you will be referred to a professional counsellor for a free session. You do not have to answer any question that will make you feel uncomfortable during the interview.

Benefits

You will not receive any form of payment or reward for taking part in the study. The study is about improving menstrual hygiene management for female youth. The findings of the study can also help professionals to better understand the experiences and perceptions of female youth on the subject of menstrual management.

Participants' rights

Your participation in the study is not forced but you should willingly do so, and you may pull out from taking part at any time and without negative costs to you or your family members. There will be no penalty or loss of benefit if you decide not take part in the research. You have a right to pull out from the research at any time without having to explain why. Should you wish to pull out from the study, all information collected from your interview will be destroyed and not used.

Confidentiality

The information shared during the interview will be kept confidential and will be used for the purpose of the research only. The researcher will also not use your name when reporting, only a false name will be used to protect your identity. The only people who will see and use the information, are the researcher and the supervisor.

Data usage and storage

Please note that the information collected might be used in the future for further research purposes, a journal publication or conference paper. The information collected will be stored in the Department of Social Work and Criminology, University of Pretoria for the period of 15 years as required.

Access to the researcher

You may contact the researcher at the following number (0733481342) for the time of the study, should there be any questions or doubts about the research and your participation.

Should you need counselling after the interview you can contact the therapist at the contact details provided as follows: **Ms. Kakazi** on 067 154 0625. Kindly note the services are free of charge.

Please sign Section B on the next page if you to participate willingly in the study.

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomo

Yours sincerely,
Zukiswa Ncumisa November
Researcher

SECTION B: INFORMED CONSENT OF PARTICIPANT

I(*Full Name of participant*) hereby declare that I have read and understood the above information. I was given enough time to consider my participation in the study. I was also given a chance to ask questions and all of them were answered to my satisfaction. I hereby give consent to participate willingly in this study.

Participant: _____
Date: _____
Signature: _____

I Zukiswa Ncumisa November, (*Full Name of researcher*) hereby declare that I have explained the information in Section A: Research Information to the participant and she indicated understanding in the contents and was satisfied with the answers to questions asked.

Researcher: _____
Date: _____
Signature: _____

Annexure E: Interview schedule

MSW (HEALTH CARE) 2020 GROUP

INTERVIEW SCHEDULE

1. Biographic information

Age :
Gender :
Marital status :
Number of children :
Religion :
Home language :
Highest qualification :

2. Knowledge about reproductive health

- When did you learn about sex education or reproductive health and where did you access this information?
- What do you understand by menstruation or menstrual cycle?

3. Menstruation experience and challenges

- How old were you when you started menstruating?
- Can you remember this experience and how it made you feel?
- Were you prepared and supported for your onset of menstruation and by whom?
- Who was the first person you told about menstruation and what was their reaction?
- What advice did they give you and was it useful?
- Were you ever teased about menstruating? How did you react to the teasing?
- Tell me about your current menstruation experiences?
- How does menstruation affect your social life?
- Do you talk to anyone about your menstrual experiences?
- Who offers you support during menstruation?
- What are cultural beliefs or practices regarding menstruation you know of?

4. Menstruation hygiene management and challenges

- What is your understanding of menstrual hygiene management (MHM)?
- Who told you about MHM?
- What type of support do you receive, or do you want?
- What challenges do you experience regarding MHM?
- What do you do to cope with MHM challenges?
- What strategies do you implement to address these challenges?
- What do you need to manage your period properly?
- What MHM products have you used from your first period onwards?
- What type of MHM product are you currently using?
- What do you do to stay hygienic during your period?
- Explain what do you do with your used menstruation products?
- What do you think could improve your MHM?

5. Resources and limitations

- What resources are there in community for female youth regarding menstruation hygiene management?
- What challenges in your environment did you experience in MHM before accessing Kamcare?
- What impact has accessing Kamcare had on your MHM?
- Do you use the reusable sanitary pads from Kamcare? If so, has it made a difference in your life?
- What valuable lessons have you learnt since accessing Kamcare?

7. Social work intervention

- Any interaction with/referral to a social worker regarding sex education or reproductive health?
- What kind of assistance did they give?
- Your experience of their intervention

8. Recommendations

- What do you think could improve your MHM experiences?
- Given your experience and knowledge of MHM what advice would you give to younger girls starting their period?
- What change would like to see in terms of education about menstrual hygiene management?

- Do you have any recommendations for programmes for female youth in your community?

Annexure F: Certificate of English edit

CERTIFICATE OF ENGLISH EDITING
This certificate confirms that the manuscript listed below was edited by an experienced and accredited English editor.
The following issues were corrected: grammar, punctuation, sentence structure and phrasing.

MANUSCRIPT TITLE
THE PERCEPTIONS OF FEMALE YOUTH REGARDING MENSTRUAL HYGIENE
MANAGEMENT IN KAMEELDRIFT, TSHWANE

AUTHOR
ZUKISWA NCUMISA FAITH NOVEMBER

EDITOR
S PRETORIUS
(stfn.pretorius@gmail.com)

DATE ISSUED
30 NOVEMBER 2021

CERTIFICATE NUMBER
AC2012387



ANNEXURE G: Turnitin Similarity Report

Final research report

ORIGINALITY REPORT

10 %	10 %	5 %	%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

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