

**The perceptions of female youth regarding Menstrual Hygiene
Management in Kameeldrift, Tshwane**

THATO REFILOE MASUKU

(U11055911)

**A mini-dissertation submitted in partial fulfilment of the requirements for the
degree**

MASTER OF SOCIAL WORK IN HEALTH CARE

MSW (Health Care)

In the

**FACULTY OF HUMANITIES DEPARTMENT OF SOCIAL WORK AND
CRIMINOLOGY UNIVERSITY OF PRETORIA**

SUPERVISOR: DR. N.J. BILA

NOVEMBER 2021

DECLARATION OF ORIGINALITY
UNIVERSITY OF PRETORIA

The **Department of Social work and Criminology** places great emphasis upon integrity and ethical conduct in the preparation of all written work submitted for academic evaluation.

Academics teach you about referencing techniques and how to avoid plagiarism; it is your responsibility to act on this knowledge. If you are at any stage uncertain as to what is required, you should speak to your lecturer before any written work is submitted.

You are guilty of plagiarism if you copy something from another author's work (e.g. a book, an article or a website) without acknowledging the source and pass it off as your own. In effect you are stealing something that belongs to someone else. This is not only the case when you copy work word-for-word (verbatim) but also when you submit someone else's work in a slightly altered form (paraphrase) or use a line of argument without acknowledging it.

Students who commit plagiarism will not be given any credit for plagiarised work. The matter may also be referred to the Disciplinary Committee (Students) for a ruling. Plagiarism is regarded as a serious contravention of the University's rules and can lead to expulsion from the University.

The declaration which follows must accompany all written work submitted while you are a student of the **Department of Social Work and Criminology**. No written work will be accepted unless the declaration has been completed and submitted.

Full names and surname of student: **THATO REFILOE MASUKU**

Student number: **U11055911**

Topic of work: **The perceptions of female youth regarding Menstrual Hygiene Management in Kameeldrift, Tshwane**

Declaration

1. I understand what plagiarism is and am aware of the University's policy in this regard.
2. I declare that this **mini-dissertation** is my own original work. Where other people's work has been used (either from a printed source, Internet or any other source), this has been properly acknowledged and referenced in accordance with departmental requirements.
3. I have not used work previously produced by another student or any other person to hand in as my own.
4. I have not allowed, and will not allow, anyone to copy my work with the intention of passing it off as his or her own work.

SIGNATURE: 

DATE: 19 November 2021

DEDICATION

This work is specifically dedicated to:

My parents (Jennifer and Lucas) and sister (Mpho), who held my hand every step of the way physically and mentally, who always encouraged me to fight harder for my Masters even though my anxiety and severe depression were holding me down.

To my beautiful daughter, Kagoentle. Your name was specifically chosen to build a beautiful creation, you are my beautiful creation and always motivate me to keep building myself in to a beautiful creation for you. I want you to never allow any setback to derail you from achieving your goals and dreams.

ACKNOWLEDGEMENTS

I would like to thank the heavenly father above and my ancestors who are my guardian angels, who always give me strength to pursue my purpose and better it in every way I can so that I can become the best social worker. Being diagnosed with anxiety and severe depression this year made me lose hope in myself and did not think I would be able to complete this but you fought on my behalf and gave me strength.

I would also love to acknowledge my supervisor, Dr Bila, hearing your, "hello my angel," made me feel your motherly, and professional support even when I felt like giving up. Thank you for always calming everything down for me when I would panic. I am grateful to have had a supervisor like you who is humble and understands the challenges that I was going through. Your guidance and support will forever be appreciated.

I would specifically love to acknowledge my family who made sure I had space and time to study and do my work, this was a financial and mental sacrifice especially with me putting my three-year-old in your care. Thank you for being patient with me and always pushing me to work.

Judith, Portia and Ncumisa. Oh my God I don't know where I would be without your emotional and physical support. Especially putting all your efforts to encourage me to not lack behind and supporting me in every way you could as we were all in the same boat. May God always grant you bigger things in life for the hearts, care and love you have shown me.

I would like thank the community of Kameeldrift and Kamcare who did not treat us like outsiders but agreed to participate. You showed us humanity and a willingness to help. Thank you. Thank you to Beata, the social worker who was on standby for referral if participants needed assistance.

Lastly, I would like to thank the University of Pretoria for giving me an opportunity to upgrade my skills and be better in my profession. I have created so much friendships with the class of 2020 and I pray that God allows this friendship to grow beyond the university walls.

ABSTRACT

TITLE: The perceptions of female youth regarding Menstrual Hygiene Management in Kameeldrift, Tshwane

CANDIDATE: Thato Refiloe Masuku

SUPERVISOR: Dr N.J. BILA

DEGREE: Master of Social Work-Health Care

DEPARTMENT: Social Work and Criminology

INSTITUTION: UNIVERSITY OF PRETORIA

Across the world, especially in most under-developed and developing countries, knowledge of female reproductive health, menstruation and its management has had a negative impact on the female youth who are experiencing it. This may be attributed to a limited number of academic studies to evaluate the extent to which females manage their menstrual cycle, the education received on reproductive health, menstruation, and its associated challenges. Menstruation is perceived as a natural process that occurs when a young female has reached the age of menarche. This entails that the young female is ready for reproduction and enters into a stage of young adulthood. However, this process comes with certain challenges that affect the female in a physical, emotional and mental manner. This also extends to how females engage in menstrual hygiene management (MHM) practices and accessibility to facilities required for that. The perception and understanding of menstruation is influenced by different levels of society looking at the ecosystem the female finds herself in, which also includes religion and culture. The study aimed to describe and explore the perceptions of female youth residing in the informal settlement of Kameeldrift, Tshwane, regarding menstruation hygiene management. It focused on the different challenges females above the age of 18 go through as a result of menstruation. This was done by focusing more on MHM practices and limitations, as well as how the widely held cultural, religious and societal beliefs, myths and misconceptions influence the experience of menstruation. The study also focused on the services available for female youth, especially the access, affordability and use of different menstrual products, with more emphasis on the perceptions of using re-usable pads in the Kameeldrift informal settlement. Lastly the role of social workers in ensuring that the dignity and worth of females is preserved, is explored. With the information and finding of the study, the negative and positive experiences on MHM were understood as well as the availability of resources female youth have access to. This increased insight on the existing gaps in promoting good menstrual hygiene management and possible opportunities to fill the gaps by the social work profession.

This was a qualitative study that tried to find in-depth information about menstruation and its management by using feminism as a paradigm. This is due to the fact that ideas held by society, especially when looking at gender roles and norms, affect the experience females have in relation to menstruation. It used applied research and phenomenology, specifically psychological phenomenology to get to the overall core of the female's experiences. The sampling approach used was non-probability sampling looking at choosing participants with a specific purpose to answer the research question. Initially participants were supposed to be recruited through the assistance of Kamcare whereby the researcher was provided with a contact list to call and ask for consent of participation, however, the researcher ended up using snowballing as a recruitment technique. Face-to-face interviews were used to gather the data with the guide of an interview schedule of semi-structured questions. In analysing the data, thematic analysis was utilised and ethical considerations relevant to the study were taken into account.

Five interviews were conducted with female youths above the age of 18 in Kameeldrift. The researcher reported on all five participants which also included information gathered from the pilot study. The findings showed that in terms of the knowledge and understanding of female reproductive health and menstruation, the participants had limited knowledge which resulted from the limited information received from home and school as this theme was still stigmatized and considered taboo. The findings also indicated that the females face different challenges when it comes to menstruation such as physical, emotional and mental issues. These issues are managed well as they have facilities (toilets, clean running water, dustbins, and a clinic situated in the community) that allow them to manage their hygiene adequately unlike other informal settlements in South Africa. However, the issue of affordability is problematic as most of the participants have low incomes, either from their partners, piece-jobs and/or self-employment, which makes it difficult to afford pads for themselves and their female children. Although this community seems to manage menstruation well. There is a lack of social work services in this community and Kamcare, as an organisation, is not visible enough as the project of distributing re-usable pads was done two years ago. This shows that there is a need for social work interventions that can address the social needs of the community, specifically focusing on female reproductive health and menstruation.

Keywords: Female, Youth, Adolescence, Perception, Menstruation, Age of menarche, Kameeldrift, Kamcare South Africa, Social worker

Abbreviations

MHM –Menstrual Hygiene Management

NGO- Non-profit Organisation

IFSW - International Federation of Social Workers

IEC- Institutional Ethics Committee

IRB- Institutional Review Board

PMS- Premenstrual Syndrome

TABLES AND FIGURES

Table 1.1: Biographical information of participants.

Figure 1.1: Ages groups

Figure 1.2: Nationality and gender

Figure 1.3: Marital status

Figure 1.4: Number of children

Figure 1.5: Participant A-F Languages

Figure 1.6: Highest level passed

TABLE OF CONTENTS

| | |
|---|-------------------------------------|
| 1. INTRODUCTION | 1 |
| 1.1 CONCEPTUALIZATION OF KEY CONCEPTS..... | 2 |
| 1.1.1 Female..... | 2 |
| 1.1.2 Youth | 2 |
| 1.1.3 Adolescence | 2 |
| 1.1.4 Perception | 2 |
| 1.1.5 Menstruation..... | 3 |
| 1.1.6 Age of menarche | 3 |
| 1.1.7 Kameeldrift | 3 |
| 1.1.8 Kamcare South Africa | 3 |
| 1.1.9 Social worker | 4 |
| 1.2 THEORETICAL FRAMEWORK | 4 |
| 1.2.1 The Ecological Systems Theory..... | 4 |
| 1.3 PROBLEM STATEMENT AND RATIONALE | 6 |
| 1.4 GOAL AND OBJECTIVES | 7 |
| 1.5 RESEARCH DESIGN AND METHODOLOGY | 8 |
| 1.6 LIMITATIONS OF THE STUDY | 9 |
| 1.7 SUMMARY | Error! Bookmark not defined. |
| 1.8 CHAPTER OUTLINE | 9 |
| 1.8.1 Chapter one- General introduction and study background..... | 9 |
| 1.8.2 Chapter two– Literature Review | 9 |
| 1.8.3 Chapter Three- Research methods and empirical Findings..... | 9 |
| 1.8.4Chapter four- key findings, Conclusions and recommendations | 10 |
| 2.1. Introduction | 11 |
| 2.2. Female Reproductive Health | 11 |
| 2.3 Female Reproductive system..... | 13 |
| 2.4 Menstruation and Menstruation Hygiene Management (MHM)..... | 15 |
| 2.4.1 Menstruation | 15 |
| 2.4.2 Menstrual hygiene Management | 18 |
| 2.4.3 Types of menstrual Absorbents..... | 19 |
| 2.4.4 Re-usable Sanitary Pads | 21 |
| 2.5 Challenges of Menstruation hygiene Management (MHM) | 22 |
| 2.5.1 Physiological and psychological effects on the female body..... | 23 |
| 2.5.2 Access to sanitary materials and keeping clean menstrual practices..... | 23 |
| 2.5.3 Lack of information and preparation for Menstruation and MHM | 26 |
| 2.5.4 Misconceptions and myths | 27 |
| 2.1.1 Menstruation in the workplace | 28 |

| | |
|--|-------------------------------------|
| 2.5.5 Disability and Menstrual Hygiene management..... | Error! Bookmark not defined. |
| 2.1.2 Environmental effect of MHM..... | 29 |
| 2.1.3 Services Rendered to respond to MHM challenges in South Africa..... | 29 |
| 2.6 The Role of society in addressing MHM Challenges. | 30 |
| 2.7 The role of the social worker in MHM | 32 |
| 2.8 SUMMARY..... | 33 |
| 3.1 INTRODUCTION..... | 34 |
| 3.2 SECTION A: RESEARCH APPROACH, RESEARCH PARADIGM, TYPE AND DESIGN | 34 |
| 3.2.1 RESEARCH APPROACH..... | 34 |
| 3.2.2 RESEARCH PARADIGM..... | 35 |
| 3.2.3 TYPE OF RESEARCH | 35 |
| 3.2.4 RESEARCH DESIGN | 36 |
| 3.2.5 RESEARCH METHODS..... | 36 |
| 3.2.5.1 STUDY POPULATION | 36 |
| 3.2.5.2 SAMPLING | 37 |
| 3.2.5.3 RECRUITMENT | 38 |
| 3.2.6 Data collection | 38 |
| 3.2.7 DATA ANALYSIS | 39 |
| 3.2.8 DATA QUALITY..... | 42 |
| 3.2.9 PILOT STUDY | 44 |
| 3.3 SECTION B: ETHICAL CONSIDERATIONS | 44 |
| 3.3.1 Voluntary participation | 45 |
| 3.3.2 Informed consent..... | 45 |
| 3.3.3 No harm to participants..... | 46 |
| 3.3.4 Confidentiality and anonymity | 46 |
| 3.3.5 Deception | 46 |
| 3.3.6 Analyzing and reporting | 47 |
| 3.3.7 Debriefing | 47 |
| 3.3.8 Research Ethics Committee | 47 |
| 3.3.9 Professional code of ethics (SACSSP) | 47 |
| 3.3.10 Positionality | 48 |
| 3.3.11 Gatekeeping | 48 |
| 3.4 SECTION C: EMPIRICAL FINDINGS..... | 48 |
| 3.4.1 PART ONE: BIOGRAPHICAL INFORMATION | 49 |
| 3.4.2 PART TWO: THEMATIC ANALYSIS | 52 |
| 3.4.2.1 DISCUSSION OF THE EMPIRICAL FINDINGS | 53 |

| | | |
|-----------|---|----|
| 3.4.2.1.1 | THEME 1: CONCEPTUALISATION AND CONTEXTUALISATION OF FEMALE REPRODUCTIVE HEALTH, THE MENSTRUAL CYCLE AND MENSTRUATION HYGIENE MANAGEMENT | 53 |
| 3.4.2.2 | THEME 2: THE EXPERIENCES OF FEMALE YOUTH REGARDING THEIR MENSTRUATION IN KAMEELDRIFT | 58 |
| 3.4.2.3 | THEME 3: AVAILABLE SERVICE DELIVERY RESOURCES AND SUPPORT STRUCTURES FOR FEMALE YOUTH REGARDING MENSTRUAL HYGIENE MANAGEMENT IN KAMEELDRIFT | 66 |
| 3.4.2.4 | THEME 4: SOCIAL WORK INTERVENTION STRATEGIES FOR MENSTRUAL HYGIENE MANAGEMENT FOR FEMALE | 69 |
| 3.5 | SUMMARY | 70 |
| 4.1 | INTRODUCTION | 71 |
| 4.2 | SUMMARY | 71 |
| 4.3 | THE GOAL OF THE PRESENT STUDY | 71 |
| 4.4 | THE RESEARCH OBJECTIVES OF THE STUDY WERE TO: | 71 |
| 4.4.1 | To conceptualise and contextualise female reproductive health, the menstrual cycle and menstruation hygiene management | 71 |
| 4.4.2 | To explore and describe the source and experience of sexual reproductive health education among female youth in Kameeldrift | 72 |
| 4.4.3 | To explore and describe the experiences of female youth regarding their menstruation in Kameeldrift | 73 |
| 4.4.4 | To explore and describe the challenges of female youth regarding menstruation hygiene management in Kameeldrift | 73 |
| 4.4.5 | To explore and describe resources and support available for female youth related to menstruation hygiene management in Kameeldrift | 74 |
| 4.4.6 | To suggest social work intervention strategies for menstrual hygiene management for female youth | 75 |
| 4.5 | THE RESEARCH QUESTION | 75 |
| 4.6 | KEY FINDINGS AND CONCLUSIONS | 75 |
| 4.6.1 | THEME 1: CONCEPTUALISATION AND CONTEXTUALISATION OF FEMALE REPRODUCTIVE HEALTH, THE MENSTRUAL CYCLE AND MENSTRUATION HYGIENE MANAGEMENT | 76 |
| 4.6.1.1 | Sub-theme 1.1: An understanding of female reproductive health | 76 |
| 4.6.1.2 | Sub-theme 1.2: Sources of information with regards to female reproductive health education | 77 |
| 4.6.1.3 | Sub-theme 1.3: Description of menstruation and the menstrual cycle | 77 |
| 4.6.1.4 | Sub-theme 1.4: Religious and cultural beliefs about menstruation hygiene management | 78 |
| 4.6.2 | THEME 2: THE EXPERIENCES OF FEMALE YOUTH REGARDING THEIR MENSTRUATION IN KAMEELDRIFT | 78 |
| 4.6.2.1 | Sub-theme 2.1: Participants first experience with menstruation | 78 |
| 4.6.2.2 | Sub-theme 2.2: MHM products and facilities available | 79 |

| | |
|---|-------------------------------------|
| Recommendation..... | 80 |
| 4.6.2.3 Subtheme 2.3: Physical, Emotional and Mental experiences and challenges faced female youth regarding menstruation hygiene management..... | 80 |
| 4.6.2.4 Sub-theme 2.4: Social and economic challenges with regards to menstrual hygiene management..... | 81 |
| 4.6.3 THEME 3: AVAILABLE SERVICE DELIVERY RESOURCES AND SUPPORT STRUCTURES FOR FEMALE YOUTH REGARDING MENSTRUAL HYGIENE MANAGEMENT IN KAMEELDRIFT | 82 |
| 4.6.3.1 Subtheme 3.1 Kamcare visibility in the informal settlement | 82 |
| 4.6.3.2 Subtheme 3.2: social work services availability | 82 |
| 4.6.3.3 Sub-theme 3.3: basic human needs services provided to the community of Kameeldrift..... | 83 |
| 4.6.4 THEME 4: SOCIAL WORK INTERVENTION STRATEGIES FOR MENSTRUAL HYGIENE MANAGEMENT FOR FEMALE | 84 |
| 4.6.4.1 Sub-theme 4.1: program recommendations that improve the experience and perception of menstruation in Kameeldrift | 84 |
| 4.6.4.2 Recommendation for future research | 84 |
| 4.8 OVERALL SUMMARY | 84 |
| 5.1 REFERENCES | 85 |
| 6. 1 ANNEXURES..... | Error! Bookmark not defined. |
| • ANNEXURE A- ETHICAL CLEARANCE | |
| • ANNEXURE B- PERMISSION LETTER FROM KAMCARE | |
| • ANNEXURE C- PERMISSION LETTER FROM THERAPIST | |
| • ANNEXURE D- LETTER OF INFORMED CONSENT FOR PARTICIPANTS | |
| • ANNEXURE E- INTERVIEW SCHEDULE | |
| • ANNEXURE F- LETTER FROM EDITOR | |
| • ANNEXURE G: TURNIT IN REPORT | |

CHAPTER ONE GENERAL INTRODUCTION AND STUDY BACKGROUND

1.1 INTRODUCTION

The South African Sanitary Dignity Framework (2019:3) describes menstruation as a natural and regular process that happens to all women who have reached reproductive age. The Department of Women, Youth and Persons with Disabilities (2019), mentions that over 300 million women globally are menstruating on a daily basis. Jarrah and Kamel (2012:308) also perceives menstruation as a normal part of living and indicates the development of femininity and fertility for a young girl as she becomes a young woman.

The perception of female youth towards menstruation is mostly influenced by families and peers. Sommer (2009: 384) states that this can range from it being seen as a natural process, transition to womanhood, or a social problem deemed shameful that has to be hidden. It is rarely discussed in the family, school and society systems due to limited adequate information about menstruation and the negative physical and cultural meanings attached to it. These meanings stem from the misconceptions and the myths held by people across different cultures on what menstruation is, it's cleanliness, and what is considered taboo when it comes to the female body (Sommer, 2009:384).

Good and healthy Menstrual Hygiene Management (MHM) is imperative in ensuring and preserving the dignity and worth of all girls and women (South African Sanitary Dignity Framework, 2019:4). Budhathoki, Bhattachan, Castro-Sanchez, Sagtani, Rayamajhi, Pai and Sharma (2018:2) define MHM as “women and adolescent girls using clean menstrual management material to absorb or collect blood that can be changed in private as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials.” This entails that women must have satisfactory access to sanitary material such as pads, washing products and facilities including private and safe toilets for changing and disposing bins necessary for the correct disposal of sanitary products and a lack of these necessities can lead to a number of challenges that can affect the adolescent girl child negatively (South African Sanitary Dignity Framework, 2019:4).

These challenges include, but are not limited to, experiencing physical and psychological health problems such as stomach and abdominal cramps, diarrhoea, headaches, hormonal imbalances, depression and stress (Jarrah & Kamel, 2012:308). Limited access to sanitary facilities and materials during the menstrual cycle is also considered a major challenge for women and adolescents globally, however this is more prevalent in low-income countries such as Nepal (Budhathoki et al. 2018:2). This, therefore, results in female youth being excluded in

several activities, including schooling activities, due to a lack of sanitary products which, in turn, has long-term effects on their development as individuals in terms of school as well as increasing low self-esteem and distorted self-images (Department of Women, Youth and Persons with Disabilities, 2019).

The study aimed to describe and explore the perceptions and experiences of female youth residing in the informal settlement of Kameeldrift, Tshwane, Gauteng Province regarding menstruation hygiene management. It focused on different challenges that female youth go through as a result of menstruation, with more focus on MHM practices and limitations, as well as how the widely held cultural, religious and societal beliefs, myths and misconceptions influence the experience of menstruation. The study also focused on the services available to female youth, especially the access, affordability and use of re-usable pads in Kameeldrift informal settlement. Lastly the role of social workers in ensuring that the dignity and worth of females is preserved was also a focus and is discussed. With the information and findings of the study, the negative and positive experiences of MHM were understood as well as the availability of resources that female youth have access to. This enabled the researcher to identify gaps in access to MHM and possible opportunities to fill the gaps.

1.2 CONCEPTUALIZATION OF KEY CONCEPTS

The following key concepts are applicable for the proposed study:

1.2.1 Female

Hornby (2010:545) describes a female as “any species that has the ability to give birth to babies or lay eggs,” for the purpose of the study a female is a girl or a woman who have started their first menstruation. The present study only focused on female participants.

1.2.2 Youth

The South African National youth Commission Act of 1996 (1996:1) describes youth as any persons who are between the ages of 14 and 35. In the study, youth refers to young females above 18 years residing in Kameeldrift.

1.2.3 Adolescence

Csikszentmihalyi (2020) defines adolescence as a “transitional phase of growth and development between childhood and adulthood.” For the purpose of the study, adolescents refer to females who have reached puberty and have started their menstruation.

1.2.4 Perception

Dictionary.com (2021) defines perception as “immediate or intuitive recognition or appreciation, as of moral, psychological, or aesthetic qualities; insight; intuition; discernment.” The study explored how female youth residing in Kameeldrift perceived and understood

menstruation, the challenges they faced and how they maintained good menstrual hygiene management.

1.2.5 Menstruation

Menstruation is defined by Jarrah and Kamel (2011:308) as a monthly cycle that happens in the female body where the discharging of blood and menstrual fluid is released from the vagina of the female. It is a process of getting the body ready for pregnancy. It starts with puberty (development of female body starting with hair development and breast development) and ends with menopause. In the study, menstruation refers to the beginning of a menstrual cycle where female youth have experienced their first period and are still getting their monthly cycles. The participants of this study were females who have reached puberty and had their menstrual cycle.

1.2.6 Age of menarche

Age of menarche is referred to as the first menstrual bleeding a young girl gets as her first menstrual cycle and symbolises the emotional and physical development of the girl child (Leone & Brown, 2020:1). The participants of the study have reached the age of menarche, meaning they have experienced their first menstrual cycle and are experiencing menstrual cycles.

1.2.7 Kameeldrift

Kameeldrift informal settlement is a small suburb and farming area in Pretoria east, city of Tshwane, Gauteng Province. It is 20KM away from Pretoria central and has a population of about 6 727 people comprising predominantly of black local and foreign people (Frith, 2011).

1.2.8 Kamcare South Africa

Kamcare is a South African Non-Profit organisation, situated in Kameeldrift, Pretoria East, Gauteng province. The NPO offers a wide range of social assistance including community development, education, food assistance, etc. (Kamcare, 2019:3). Its main focus is on the fast growing and large Kameeldrift informal settlement that is situated 20 minutes away from Pretoria CBD (Kamcare, 2020). Although there is limited information on the challenges faced by residents of Kameeldrift, like any informal settlement in South Africa, residents in Kameeldrift face several challenges such as fewer opportunities to learn, unemployment, extreme poverty, limited service delivery and limited infrastructure that cannot promote healthy living (Kamcare, 2020).

The Kamcare services are aimed at increasing sustainability in the community by creating programs that address these challenges such as Poort sandwiches, whereby ladies in the community make sandwiches for children in a nearby school called Die Poort Primary School, in an effort to eradicate hunger and project sunshine - where solar kits that run for 10 hours are given out to the community - to deal with electricity challenges (Kamcare, 2020). They also

have a programme that creates and distribute re-usable sanitary materials made with cloth by women in the needlework classes for girls to ensure that during menstrual cycles, they have an affordable option to use due to the socio-economic status of the community members (Kamcare, 2019:3).

1.2.9 Social worker

The International Federation of Social Workers (IFSW) (2021) describes social workers as professionals who work with different communities in order to find positive solutions to the different negative challenges they encounter in their daily lives. They intervene in partnership and collaboration with the communities to help create the types of communities people want through co-production, co-determination, and increasing social responsibility. In the study, social workers refer to professions working as qualified social workers who renders social services to the Kameeldrift community.

1.3 THEORETICAL FRAMEWORK

Female youth that have reached the age of menarche without adequate access to MHM are considered a vulnerable group as they are faced with different challenges as mentioned in the literature review. In order to understand the extent of these challenges and how they impact their lives, Ecological Systems Theory was used.

1.3.1 The Ecological Systems Theory

Teater (2014:3) states that the ecological theory or perspective is mainly concerned with the manner in which an individual or an organism interacts and builds a relationship with its environments in order to adapt or survive. It states that the environment has different layers that are complex and those complexities are involved in the development of a child.

Paquette and Ryan (2001:1), mention that there is communication that occurs between the biological aspects of a developing individual, his/her physical environment and the interaction with family which also involves communication with a larger sphere of society. They also mention that this perspective also focuses on the communication between the active systems in an individual's life, such as their family. They mention that if there is a disturbance affecting the layers of the individuals's environment, effects will flow with the development of the person as they mature and grow. The researcher understood that by using the ecological perspective, there will be a greater understanding on how the relationship between a female youth and the systems that form her environment influence the girl's mental, physical and emotional development as well as the attitude and behaviour around menstruation and MHM.

A microsystem has a close and direct relation with the child. It consists of relationships that are closely related to the child and are present in her immediate space (Paquette & Ryan,

2001:2). These include systems such as family, schools and friends, church, etc.; at this level, these systems have bi-directional influences on with the child. Ebue, Uche and Agha (2017:86) agree and adds that the systems at this level have a strong influence on the child and any negative changes that occurs at this level can result in dysfunctions and difficulty for the child. The participants of the study were directly influenced by their socio-economic status as well as the cultural stance of their families, schools and friends as well as the resources available to them. As they live in an informal settlement, factors such as unemployment, poverty and lack of access to basic human necessities such as water and sanitation affect their menstruation experience negatively.

The mesosystem describes the interaction and relationship of microsystems existing around the child whereas the macrosystem refers to the larger society. The mesosystems include schools, neighbourhoods, or organisations that forms part of those larger communities (macrosystem) (Ebue, Uche & Agha, 2017:89). These include systems that the child is also interacting with in society, while benefiting the child's development even though the child is not directly interacting with the system. Therefore, the developing child is aware of this communication and is affected by it. Lastly the macrosystem is a layer that consists of the values, principles, customs and laws (Paquette & Ryan, 2001:2).

The participants of the study were female youth who belong to different microsystems and therefore developed differently from each other. They held different perceptions about menstruation, and had different access to MHM facilities, which affected them either positively or negatively. Using the ecological systems theory for the study helped in identifying the important systems existing in the lives of the participants, the MHM perceptions, beliefs and attitudes held by these systems. It also increased understanding on how the rules, perceptions and attitudes held by these systems affect the attitude, behaviour and attitudes of the participants who are experiencing menstruation. It enabled the researcher to identify MHM resources available to the participants and how they were utilised.

The present study also provided an understanding of the positive and negative influences or pressures on menstruating females from different systems around them. These influences resulted from the transition from childhood to becoming a young woman which brought new hormonal and physical changes. The generational difference between guardians (teachers, grandparents and parents) also acted as an influence as communication with females who are exposed to the digital era is different. The research study explored and described how the different generational groups understand MHM as well as the communication barriers or limitations in terms of age gaps. In addition to different generational gaps, gender norms,

culture and religion play such an important role in shaping behaviour and attitude towards menstruation. Understanding these attitudes about menstruation held by the family, friends and community as well as society in general (political and economic environment), as well as the resources available to girls in terms of menstrual hygiene practices enabled the researcher to understand more about how adolescent females experience MHM. The findings of the research will increase the understanding of how different microsystems and their influences affect the youth's experience in relation to menstruation and MHM.

1.4 PROBLEM STATEMENT AND RATIONALE

Mukherjee , Lama , Khakurel , Jha , Ajoye , Acharya, Tymes-Wilbekin , Sommer , Jolly , Lhaki and Shrestha (2020:2) believe that menstruation is a natural and biological occurrence that is meant to be perceived as entry into the world of womanhood for the girl child, more importantly a period of developing and gaining maturity. However, in low- and middle-income countries, it is often perceived as taboo and impure as a result of the influence of religion, culture and society. Tan, Haththotuwa and Fraser (2017:122) elaborate more on the role of culture has on how women perceive menstruation. They state that a female's experience of menstruation is largely influenced by the stereotypical beliefs one is socialised into (micro, mezzo and macrosystems) with regards to the traditional role of a female and menstruation, as well as the perception of or image created by society (Tan, Haththotuwa & Fraser, 2017:122).

In some countries, menstruating girls and women are still victims of menstruating restrictions because there are certain myths and taboos that inform certain cultural practices which are still happening in many countries. For example, the act of isolating menstruating women in poorly ventilated menstrual huts in western Nepal is still being practiced (Mukherjee et al, 2020:2). These cultural, religious and societal misconceptions and myths, lack of proper education in school and promotion of non-disclosure in family systems, lack of adequate facilities that promote good menstrual hygiene, such as private toilets and access to sanitary materials, cause females to develop feelings of secrecy, fear, shame and embarrassment. They become self-conscious about themselves and have role confusion as to how they are expected to behave during menarche (Tan et al., 2017:122). The present study was motivated by the researcher's interest to understand and explore how menstruation and MHM is affecting female youth residing at Kameeldrift informal settlement, as well as to identify resources available to them and gaps in service delivery in relation to MHM in order to inform social work practice and policy to fill the identified gaps that have negative results on the female youth.

Insufficient menstrual hygiene management in schools increases the probability of school dropout among girls and strips them off the opportunity to make a better life for themselves

and their families. In a study conducted in Nairobi, Kenya, Girod, Ellis, Andes, Freeman and Caruso (2017:335) found that girls residing in Nairobi's informal settlements experienced menstruation more negatively than the ones residing in the cities. This showed that schools that provided basic sanitary material and facilities, created increased feelings of safety and surety that enable girls to finish school and have a successful future rather than instil fear and confusion (Girod et al., 2017:335). Chatindiara (2019:5) conducted a study concerned with the developmental challenges faced by residents in the city of Tshwane. He argues that the youth in this city, especially in informal settlements, are faced with unemployment, poverty and inequality especially in terms of service delivery. He mentions that most informal settlements in the city of Tshwane are over populated and occupy a small area affecting their standard of living and access to adequate services such as sanitation, privacy and clean water which may have a negative effect on a menstruating female (Chatindiara, 2019:5).

There is limited research done on MHM, specifically in the Kameeldrift area. Therefore the findings of this study might give social workers an understanding of how female youth residing in Kameeldrift experience menstruation, what resources are available to them and which areas are lacking in order to improve policies and services given to them in relation to menstruation. This will ensure that female youth in this community receive adequate support through means of professional support including advocacy for the provision of free or affordable sanitary products, provision and maintenance of MHM facilities.

The research study was focused on answering this research question: **What are the perceptions of female youth regarding menstruation hygiene management in Kameeldrift, Tshwane, Gauteng province?**

1.5 GOAL AND OBJECTIVES

The goal of the study was to explore and describe the perceptions of female youth regarding menstrual hygiene management (MHM) in Kameeldrift, Tshwane.

The research objectives of the study were to:

- 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

A thorough and more in-depth discussion of the research designs and methodologies is discussed in Chapter Three of this research report, however in this section, a brief discussion of the research is given. The research approach selected for the study was the qualitative research approach. This was selected because the study aimed at exploring and describing perceptions and experiences of female youth regarding menstruation by gathering in-depth and rich verbal and visual information from six participants through open-ended questioning.

The research paradigm used in the study was feminism because. Feminism in this research study was used as a lens because menstruation is an issue that affects women who in turn face numerous challenges and religious, cultural and societal exclusion in certain practices. The researcher believed that ideas held by men and women about menstruation influence the societal and cultural beliefs and practices that inform gender norms and roles, most times disadvantaging menstruating females. This was an applied research because it enabled the researcher to explore and describe the experiences of female youth regarding menstruation hygiene management in Kameeldrift, Tshwane, Gauteng province. Phenomenology was used as a research design. In order to get to the overall core of the participant's experiences, psychological phenomenology was used as a sub-design.

The study focused on the female youth who are currently above 18 years and have reached their age of menarche. They are residing in Kameeldrift, Tshwane in Gauteng and they received assistance with re-usable sanitary pads from Kamcare. The sampling approach that was used for this study is the non-probability sampling. The researcher's details were provided to the participants who were on the Kamcare beneficiaries' database to approach the researcher and inform her of their interest to voluntarily participate in the study.

A set of semi-structured interview questions were used to gather the data. This section is discussed in more detail in Chapter 3.

1.7 LIMITATIONS OF THE STUDY

- Most of the participants did not get in touch with the researcher which led the researcher to use snow-balling as a method of recruitment by physically looking for participants door-to door with the help of other participants.
- The initial number of participants required for the study was ten, however, the researcher could only get voluntary participation from six participants.
- There were language barriers with foreign participants.
- There was no set place for the interview to take place, which led to the researcher gathering data in the participant's homes, which, most of the time, had no privacy and was not controlled in terms of loud noises. This affected the researcher's ability to have audible recordings which affected transcribing. In efforts to deal with this, the interviews were conducted in the car with some participants, observing the covid-19 regulations.

1.8 CHAPTER OUTLINE

1.8.1 Chapter One - General introduction and study background

Chapter one focuses on providing a short brief background of the phenomena of menstruation and menstruation hygiene management as well a brief background on the research approach and methodology selected.

1.8.2 Chapter Two – Literature Review

This chapter consist of a full literature review on defining what female reproductive health is and what the process menstruation entails. It also focuses on the different challenges faced by females who are experiencing menstruation by using funnelling, focusing on global challenges and challenges faced in south Africa A discussion of the different types of menstrual hygiene management practices is given and lastly, this chapter focuses on the services available to vulnerable female youth and the role of the social worker in the community.

1.8.3 Chapter Three - Research methods and empirical findings

This chapter focuses on the research design and methodologies used, and the manner in which the participants were recruited using sampling techniques. It also includes how the data was analysed and verifies the one-on-one semi-structured interviews used to gather information, and the thematic analysis was used to analyse the findings. Ethical considerations that were followed when the data was collected are also discussed in this chapter.

1.8.4 Chapter Four- Key findings, conclusions and recommendations

Includes the reporting of findings of the research study as well as recommendations in order to inform social work policy and practice changes to ensure that female youth have a positive experience with menstruation and menstruation hygiene management.

1.9 SUMMARY

In summary, Chapter One of the research report focused on giving a brief overview of the research topic and background of the perceptions and experiences of female youth in Kameeldrift. It provided a background on the theoretical framework used, the rationale and problem statement, the goals and objectives of the study and a brief discussion of the research designs and methodologies used as well as the limitations of the study. Lastly, Chapter One also highlights the timeline of the research study.

The next chapter will focus on the literature review on female reproductive health and menstruation and menstrual hygiene management.

CHAPTER TWO: LITERATURE REVIEW

The perceptions of female youth regarding Menstrual Hygiene Management in Kameeldrift, Tshwane

2.1. Introduction

The challenges with the management of good menstrual hygiene for women across the world depends on the social, economic and cultural environments they are exposed to (Girod et al., 2017:335) . These challenges mostly stem from lack of understanding of what menstruation is and how it affects the female body as well as adequate access to hygiene products and practices that ensure good hygiene management. In order to give context to this research study, the female reproductive health and system is discussed, menstruation and menstrual hygiene management is discussed, and the challenges and the role social workers play in promoting good MHM are discussed below.

This chapter gives an in-depth discussion on what female reproductive health and system is. It also discusses menstruation and menstrual hygiene management in more detail. The different types of menstrual hygiene management types are discussed as well as the challenges faced by female youth in terms of MHM. This chapter also includes challenges faced by women living with a disability as well as different challenges faced by females who work. the impact of menstruation and MHM in the environment is discussed. Lastly, the chapter focuses on the different stakeholder roles, including that of social workers that are necessary in addressing MHM as well as the different interventions that are and can be implemented to respond to MHM challenges.

2.2. Female Reproductive Health

In order to give an in-depth understanding of the perceptions and experiences of female youth in Kameeldrift informal settlement, it is important to start by defining what female reproductive health is, as well as how the female reproductive system works. The World Health Organization (WHO) (2021) defines reproductive health as “a state of complete physical, mental and social wellbeing.” This means that in order for individuals to have good general health, the ability to choose how they want to live their lives as well as autonomy over their own bodies about when and where they want to participate in childbearing activities, is crucial for them to have good reproductive health. The UNDP (2021) mentions that reproductive health in general is linked to the 2023 Sustainable development goals, specifically goal 3 that looks at ensuring healthy lives and promoting well-being for everyone regardless of age. Under this goal, section 3.7 aims are:

“By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.” (UNDP, 2021)

Worku and Gebresillassie (2008:1) mentions that female reproductive health focuses on the totality of the female by putting more emphasis on the physical, mental, emotional, behavioural and socio-economic well-being of females. In addition, Das (2013) agrees that good reproductive health is directly linked to one’s overall health which is affected by many external and internal factors. Therefore, maintaining it from the start is better than treating reproductive disorders at a later stage. This means that when looking at providing good female reproductive health, the availability of the following must be ensured:

- Access to sexual, reproductive and mental healthcare services for females that also give females the right to have a responsible, satisfying and safe sex life.
- Accurate access to physical and sexual information that focuses on issues and disorders affecting females’ health, for example menstruation or gynaecological disorders.
- Access to information about maintaining a good and healthy lifestyle.
- Healthy relationships with significant others, family and friends
- Effective and affordable access to contraceptives
- Supportive services during puberty, pregnancy and menopause (Worku & Gebresillassie, 2008:2) This information was relevant for the present study because good menstrual hygiene management is dependent on how well-informed the participants are on reproductive health as well as their awareness of female reproductive health facilities that are available to them, such as clinics and NGO’s working with female reproductive health issues.

It is also the individual responsibility to ensure that they take good care of themselves in order to maintain good health and this includes eating healthy, getting exercise and abstaining from risky lifestyle behaviours that can affect them (Das, 2013). Lastly, the responsibility includes getting medical attention in events where one is feeling ill and adhering to medication (Das, 2013).

The researcher understands that as a woman goes through different life changes, she is challenged with different female reproductive and sexual health developments and challenges. The Centre for Disease Control and Prevention (2018) name the following as the major concerns for women’s reproductive health: puberty, menstruation, infertility, sexually transmissible infections, chronic health problems (PCOS or endometriosis), uterine fibroids, gynaecological cancers and lastly, menopause. Some of these developmental phases and

associated challenges can affect women's health in a negative way if they are not managed adequately or on time which may lead to women facing difficulties in most sections of their lives (Better Health Channel, 2021).

In addition to that, other factors that may affect women's reproductive health include the lack of access to women's human rights which may include lack of access to basic services (education, employment, health services, provision of food and shelter), unwanted pregnancies, getting sick with gynaecological disorders, cancers or infections and physiological factors that may lead to maternal morbidity and mortality (WHO, 2021). For the present study, only menstruation and menstrual hygiene management was the focused. In understanding what menstruation is, one has to first understand how the female reproductive system is designed as well as the functions it is responsible for carrying out.

2.3 Female Reproductive system

Mini (2021) describes the female reproductive system as a structure that is structured to carry out various functions that facilitate the processes of conception, fertilization, pregnancy and child birth. In order for this process to happen properly, the system is divided into two sections, namely the internal and external reproductive system. These sections and their functions are discussed below.

The Cleveland Clinic (2021) describes the external reproductive system as one that has the main function of protecting the internal organs against infections and diseases as well as allowing sperm to enter the female body during sexual intercourse. The role of vagina in menstruation is a very important one as it facilitates the whole process of menstruation (Cleveland clinic, 2021). Therefore, understanding how it is structured both internally and externally will ensure that females understand how to keep good hygiene and manage menstruation well. It is made up of the:

Labia Majora – Knudtson and Mclaughlin (2019) describe the labia majora as the protector of the external organs which grows hair during puberty. This therefore shows that the female body is developing and is getting ready for menstruation. They also mention that inside the labia majora, there is a part called labia minora which surrounds the opening of the vagina and urethra. Lastly, they speak about the opening of the vagina, also known as the Introitus, which allows blood flow to exit the vagina during menstruation. Although the external vagina has other parts, such as the Bartholin's glands, that produce a fluid secretion and are positioned besides the vaginal opening, and the Clitoris which is a small protrusion covered prepuce (skin) that can erect as it is sensitive to stimulation (Cleveland clinic, 2021), the researcher believed that in relation to menstruation, these two parts were not relevant but only relevant during sexual intercourse.

In terms of menstruation, the internal reproductive system plays a major role in facilitating the cycle. It is made up of the ovaries, fallopian tubes, uterus and vagina (Johnson, 2002). The ovaries are found on both sides of the uterus and are small oval-shaped glands that produce eggs (ovum) and female sex hormones named progesterone and oestrogen (Johnson, 2002). Ovaries are described as two organs located on opposite sides of the pelvic walls that are pearl-coloured, usually the size of a walnut with a main function of releasing the eggs into narrow tubes named fallopian tubes that serve as a pathway for eggs to travel from the ovaries to the uterus as they are connected to the upper part of the uterus (Knudtson & McLaughlin, 2019). In addition to that, Sargis (s.a) states that ovaries are essential as they maintain the health of the reproductive system by secreting two important hormones known as oestrogen and progesterone which starts the menstrual cycle. This is discussed in more detail in the next section.

The eggs are released from the ovaries into the fallopian tubes. Sadiq (2021) states that fallopian tubes are bilateral conduits (tubes) that connect the two ovaries with the uterus and in these tubes, the egg released from the ovaries travel towards the uterus. Fertilization of an egg by a sperm usually occurs here, however, it does not stay but moves to the uterus for implantation (Johnson, 2002).

Ebneshahidi (2006:29) describes the uterus, also known as the womb, as a deep pear-shaped organ where the fertilized egg implants and grows, which becomes the home for the growing foetus throughout the pregnancy. In addition, he states that it is made of three layers of tissue namely, the perimetrium, the myometrium and the endometrium (Ebneshahidi, 2006:29). When looking into menstruation, the endometrium is the most important part because when the body prepares for fertilization, it is thickened by oestrogen and sheds if there is no fertilization. The uterus is divided into two parts, namely, the cervix which is an opening on the lower part of the uterus, and the corpus being the upper part (main body that expands to cater for foetal growth) of the uterus and the cervix (Johnson, 2002). Lastly the vagina (birth canal) is an elastic organ that connects the cervix and the outside of the body and is responsible for transporting menstrual blood out of the uterus (Ebneshahidi, 2006:30).

Each month, the walls of the uterus thicken with blood when an egg is released to prepare for implantation if fertilisation occurs. However, if no fertilization occurs, these walls of the uterus become thin and sheds out the blood which leaves the body through the cervix and vagina as menstruation (Cleveland Clinic, 2021). Identifying if the participants were aware of this knowledge on the female reproductive health was essential for the study as it formed the basis of the understanding there of what menstruation is and how important MHM is. Menstruation is discussed in more detail in the next section.

2.4 Menstruation and Menstruation Hygiene Management (MHM)

2.4.1 Menstruation

As mentioned above, when fertilization does not occur, the blood from the uterus walls exits the body through a menstrual cycle or menstruation. Friedland (2008:17) uses the term periods to describe menstruation and states that it is a monthly cycle that involves the lining of the uterus called the endometrium which thickens with blood and fluid as the ovum moves along the fallopian tubes. Patrick (2019) mentions that this process of menstruation begins when a girl child reaches puberty and continues or stops when one reaches the age menopause or is pregnant as it occurs to prepare the female uterus for possible pregnancy and comfortable plantation of the fertilized ovum.

Ramathuba (2015:1) extends the definition of menstruation to being a natural process for females whereby the body is also being prepared for sexual reproduction. Sommer (2009:384) explains this by mentioning that menstruation is significant as it acknowledges sexual readiness, fertility, and a symbol of the transitioning of a young girl to a young woman which is held by many different cultures. Therefore, it is important that a female youth has a cycle occurring on a monthly basis from the age of menarche until menopause.

When referring to menstruation and menstrual health education, most individuals only focus on the period where they observe shedding of menstrual fluids however, the menstrual cycle is a process in the female body that occurs over a period of 1-28 days, while in some women it can occur from 1-35 days depending on the conditions affecting the female. Kaur, Kaur and Kaur (2018:1) divide menstruation into three phases. The first stage of the cycle, is called the follicular phase which starts from the first day of the cycle and can last for an average of 16 days. Watson (2018) describes this stage as the period where the ovaries produce 5-20 small follicles containing immature eggs that need to develop and mature in order to be released for ovulation. Adewale (2013) mentions that this whole process divides the follicular stage into primary, secondary and tertiary follicular stages.

This phase's length is dependent on how long it takes for one egg to mature. If the eggs develops slower, then the process is longer and vice versa (Adewale, 2013). In addition, the use of birth control and low vitamin D levels may make the follicular phase longer while aging ovaries (sign of menopause) may make the period shorter. Shorter periods in this phase may lead to the release of immature eggs making pregnancy difficult (Watson, 2018). When one egg matures, it gets released into the fallopian tubes in a process called ovulation, which is

the next phase of the menstrual cycle. The other immature eggs get absorbed into the body (Watson, 2018).

Ovulation occurs around day 16 of a normal cycle but lasts only 24 hours. However, Marcin (2018) disagrees with this statement and states that ovulation begins earlier on around day 6 when the body releases a hormone called follicle stimulation hormone which helps the eggs develop in preparation to be released. She also adds that the body releases the luteinizing hormone to trigger the release of an egg. Showell (2021) extends this by mentioning that ovulation can have physical symptoms in some women while showing no symptoms in other and can start showing five days before the actual ovulation occurs. These symptoms can include one having a high sex drive, sore or tender breasts, light blood spotting and lastly, ovary or abdominal cramps on one side of the abdomen (Showell, 2021).

The last stage of menstrual cycle is known as the luteal phase. This is where the follicles release high levels of oestrogen that are responsible for making the endometrial linings thick to prepare the uterus for implantation if pregnancy occurs (Watson, 2018). The female body maintains pregnancy readiness and there is high presence of progesterone and low levels of oestrogen in this phase. Therefore, if no fertilisation occurs, the uterus sheds two-thirds of the endometrial lining which results in bleeding and a new menstrual cycle (Watson, 2018).

The researcher acknowledges that the understanding of menstruation is also emphasized differently by different social and cultural environments that define it based on the different gender roles and norms that exist within them. The UNHCR (2020) describes gender norms and roles as ideas of how a particular gender is supposed to behave and act in a particular culture, context or society. These ideas are instilled in human beings from birth and groomed throughout one's life. For example, this is shown in most cases when a baby is born and particular colours are then given to represent the baby's gender, pink for girls and blue for boys. Gender norms determine roles, responsibilities, opportunities, privileges and limitations. Gender norms therefore dictate gender roles among humans and assign particular ways of acting, dressing, speaking, eating and general well-being to particular sexes. Tong (2012:399) states that gender roles are expected behaviours exhibited in the private and public domain by men and women influenced by society and culture based on the biological sex of an individual. For example: women are seen as domesticated beings (clean, cook, child carers), they are seen as soft and nurturing beings, while men are seen as financial providers, aggressive and strong beings. It is therefore the researcher's impression that getting a menstrual cycle can place a young female under a lot of pressure from society and culture to perform duties or engage in practices associated with womanhood such as getting married,

having sexual intercourse and bearing children, depending on the social-economic and cultural context a female is in (UNHCR, 2020).

This process of developing into a young woman tends to be a challenging transition in a female youth's life, therefore, having an understanding of the biological, social and emotional changes occurring during this period can be essential in understanding the experiences and challenges they face in relation to MHM.

Menstruation is deeply rooted and dependent on the development of a slow and progressive set of changes called puberty (pubarche and telarche) which begins in the pre-teens years (Friedland, 2008:15). This puberty stage, also known as adolescence, is a three-year process that usually begins when a female child reaches the age of 11 or 12, however, in some cases, it can start as early as nine years old (Friedland, 2008:15).

Tatlilioglu (2018:6), using Erikson's definitions, defines adolescence as "a period of idleness versus personal identity creation." This means that at this stage, adolescent girls are faced with a crisis of creating an identity for themselves in four sectors namely their religion, gender/sexual orientation, goals and career aspirations and political identity. Although identity is intensely formed at this stage, it also continues throughout one's entire life. This developmental stage is applicable to the research study as some of the participants, mainly those who are 18 years, are still trying to achieve this stage (Tatlilioglu, 2018:6).

The Erikson's psychosocial developmental stages as mentioned by Louw & Louw (2012: 145-146) emphasize the importance for human beings to successfully complete the crisis that comes with each developmental life stage in order to gain a sense of competence and a healthy personality. Steinke (2017:7) states that in order to complete the different crisis, individuals negotiate and create identities by having multiple affiliations and disassociations with different social groups. When focusing on adolescents, this entails that, while trying to find what defines them, adolescents take on and let go of different identities that are largely influenced by friends, family, media, politics, culture and religion in order to create one that resonates with who they are and what they want to achieve (Steinke, 2017:7).

Successful completion of this stage results in a strong identity that is kept throughout one's life and an ability to face changes. Unsuccessfully completing this stage makes it difficult for adolescents to have a good sense of self and experience role confusion (Louw & Louw, 2012: 145-146). In addition, the participants also fell within the sixth stage of the developmental phases namely the intimacy vs. isolation stage between 18-40 years old. McLeod (2018) mentions that this is the stage where female youth develop into young adults, putting more effort into establishing intimate relationships with others to form the basis of love. If this stage

is not successfully completed, it can lead one to become lonely, isolated and sometimes lead to a depressive state.

In both stages of development mentioned above, menstruation is an integral part of development as it symbolizes entry into adulthood and a stage where many meaningful changes start occurring in an individual's body. Understanding this phase in development is essential because menstruation is an intimate part of a female's life and how it is managed during the adolescent stage can overlap into adulthood and affect the manner in which female youth create meaningful relationships (McLeod, 2018). This is reflected in body changes, hormonal changes, how society begins to perceive an individual and lastly how meaningful relationships are created. The participants of the study were also exposed to this stage as they are at the stage of creating meaningful relationships with others and experiencing menstruation as an intimate part of their lives.

2.4.2 Menstrual hygiene Management

Janoowalla, Keppler, Asanti, Xie, Negassa, Benfield, Rulisa and Nathan (2020:87) describe menstruation hygiene management as the use of clean menstrual management materials that have adequate blood absorbing properties such as sanitary pads and can be changed when necessary in private. It also includes clean hygienic practices during menstrual cycles such as bathing, washing used or stained clothes, disposing the used sanitary material in proper disposable facilities and managing the menstruation symptoms adequately.

Many years ago, it is believed that women did not have access to pads, adequate wash facilities and toilets. However, due to acquiring understanding and education about different challenges that affect women, menstrual health has also been identified as a field of concern. Hennagan, Dolan, Steinfeld and Montgomery (2017:2) mention that menstruation and its management is a field that has been recognised as a neglected but very important challenge affecting females, especially ones from low- and middle-income household because it is poorly researched and evaluated (Hennagan et al, 2017:2).

In addition, Majahan (2019:60) believes that currently the focus in regards to menstrual health has been put more on providing physical sanitary material for women. In India, the National Family Health Survey reported that access to sanitary pads (including cloth) stands at 57.6% for women between the ages of 15-24 years. This percentage is broken down into 48.2 % of women in rural areas who benefit mostly because of subsidised or freely distributed pads, and 77.5% accounts for women in urban area whose have a greater awareness of sanitary material and have easy access to them (Majahan, 2019:60).

As a result, public and private organisations from different spheres have come together to develop programs and interventions that respond to different menstrual needs such as

developing and distributing reusable sanitary material, providing education on puberty, menstruation and menstruation hygiene in order to improve the livelihood of women (Hennagan et al, 2017:2).

There are different programs implemented, however, few high quality trials are done to evaluate and check effectiveness of these programs (Hennagan et al, 2017:2). It is crucial for research to be done in order to increase knowledge about menstruation from a holistic point of view and to understand the effectiveness and barriers of sanitary materials used to ensure that developed programs address most challenges faced by females (Hennagan et al, 2017:2). In a study done by (Hennagan et al., 2017) in Uganda, it was found that most of the developed programs focused more on improving the biological and physical aspects of menstruation but address the effects of menstruation only to a limited extent and the effect its management has on the psychosocial, dignity and economic well-being, participation in schooling and employment activities (Hennagan et al., 2017:2). The present study seeks to evaluate the effectiveness of such a program developed by Kamcare to evaluate experiences, barriers and effectiveness of using reusable pads in Kameeldrift informal settlement in order to inform social work practice to improve on this.

In order to fully understand and respond to menstrual health and its effects on female, (Majahan, 2019:61) believes that researchers, public and government organisations must fully grasp two aspects of MHM, being hygiene and comfort. The researcher is of the understanding that when looking into hygiene, one must focus on the practical implications of menstruation. This entails understanding the sanitary materials that are available, affordable and easy to manage for females in terms of physical comfort, having appropriate facilities for the disposal of sanitary waste, and having adequate access to hygiene management facilities such as toilets and clean running water.

With the aspect of comfort, one will consider the physical nature of menstruation as well as the psychosocial nature. This includes understanding the emotional, social and environmental factors that influences hygienic or unhygienic behaviour (Majahan, 2019:61). The researcher acknowledges that education and knowledge about menstruation hygiene management and appropriate MHM facilities are mandatory in ensuring that female youth experience menstruation positively. This starts with ensuring that females understand the different types of menstrual absorbents available to them and good menstrual hygiene resources.

2.4.3 Types of menstrual absorbents

The researcher acknowledges that the decision of which type of menstrual absorbent to use is solely determined by what the females deems as comfortable, their economic, social, cultural and psychological status, their education and knowledge also plays a role in choosing

what works for them. There are different types of sanitary materials used during menstruation which can be classified as reusable and non-reusable sanitary material.

i. Reusable sanitary material

- Disposable sanitary pads - The disposal sanitary material is made of three layers. The core layer is made of wood pulp which is a raw material that is compostable. However, the challenge is with the two layers that cover the wood pulp. The top layer is made of a polymer-based fibre, which is necessary for liquid containing, softness and strength, resilience and penetrability while the bottom layer is made of polyethylene to ensure non-penetrability (Majahan, 2019:68). They are not eco-friendly, some are expensive, cannot be used more than once and may contain pesticides because the cotton they are made of is not 100% natural (Majahan, 2019:68). These are the most preferred type of sanitary products used during menstruation.
- Tampons - A plug made of soft cotton (not 100% natural), inserted into the vagina to offer internal protection by absorbing the flow of blood before it leaves the vagina. They are expensive, not eco-friendly and non-reusable (Dictionary.com, 2021).
- Fibre pads - These include pads made of different fibre material such as bamboo or waste from banana tree fibre. These are cost-effective and eco-friendly but cannot be reused (Kaur et al., 2018:4). This types of pads are not used in south Africa yet, however the knowledge and the use of this product can be beneficial to participants who are looking for more eco-friendly, biodegradable products to use.

ii. Re-usable material

- Menstrual cups - Are made up of medical grade silicon rubber that is foldable in order to get inserted into the vagina to collect the menstrual blood. It can be used for a period of 6-12 hours and removed to empty the blood, cleaned and re-used (Scacia, 2019).
- Reusable tampons - Knitted using wool, cotton or hemp and work the same way as disposal tampons. These ones are washable as they are made of natural material and can be reused. However, the FDA (2020) has not cleared the use of reusable tampons as they are believed to carry infectious risks of yeasts and fungal infections.

- Sanitary cloth pads - Pads made of hemp or cotton that work the same way as disposal pads (Kaur et al., 2018:3). All re-usable materials are affordable and they can be used more than once making them environmentally friendly.

Mukwevhu (2019) talks about a study done in Tshikombabi, Limpopo by an NGO called Vhutshilo Mountain School to design and distribute to the women in the area antibacterial reusable sanitary pads to test whether they are durable or not. From the results, it appears that the women who used the sanitary pads considered them as easy to use, comfortable and a better option as opposed to the counterfeit goods that is available to them in spaza shops. The study also revealed that although the re-usable pads are a sustainable option, they also pose challenges of maintaining good hygiene as they require a lot of care to avoid contamination.

For the purpose of this study, a lengthy focus is given on the use of reusable sanitary pads as absorbent material also focusing on the advantages and disadvantages of using reusable pads.

2.4.4 Re-usable sanitary pads

Kumar (2017) describes reusable pads as pads that are not made out of plastic but multiple layers of cloth that has cotton or hemp. These cloths absorb blood and, depending on how heavy one's menstrual flow is, they can be used for four to five hours, washed and reused several times. These are used as alternatives to disposal pads in the same line as tampons and menstrual cups (Kumar, 2017).

The use of cloth during menstruation is not a new phenomenon but an old practice that has been used for centuries. Most females in rural areas and low income households would and some still continue using clean cloth from different household goods such as face-cloths, small sheets cut from big bed sheets or cloths, old clothes, multiple underwear and unwanted rags although some of these have been deemed unreliable. This is done because some females from disadvantaged backgrounds cannot financially afford disposal pads (Hennagan et al, 2017:2).

There has been a misconception that using cloth as a blood absorbent is not hygienic. The hygienic nature of the using a cloth during menstruation depends on the availability of other hygiene management practices. The use of clean cotton cloth is considered to be the best available option as it allows for high absorption, holding the blood and air flow. It is also a sustainable option as it is cost effective, easily available and friendly towards the environment.

Although re-using sanitary wear is considered the best option because of the reasons stated above, Nair (2018) disagrees and mentions that there are certain factors that make cloth use

unhygienic. Due to their nature of being cloth, their proper maintenance is very high as they need to be properly washed daily and boiled once in a while to make sure that there is no residual bacteria on them (Nair, 2018). The author also mentions that the cloth pads are mostly manufactured from recycled cloth and there is no guarantee that these were washed and disinfected adequately before they were used as pads. Mndende (2021) is also in support of this by stating that girls end up using dirty materials during their menstruation due to not having access to adequate menstrual hygiene facilities.

The researcher understands that menstrual hygiene also requires access to adequate MHM facilities which include but are not limited to:

- Clean changing facilities such as toilets, availability of soap, washing basins, access to clean water and drying facilities.
- Adequate sanitary waste disposal or storage facilities (for those using re-usable material).

However, most female youth in informal settlements or rural areas do not have access to these facilities which results in them experiencing MHM negatively. This is also prominent amongst the target group of the present research study who are residing in an informal settlement of Kameeldrift. The researcher understands that negative experiences of MHM are influenced not only by limited or no access to adequate MHM facilities but also by the limited knowledge female youth have in relation to what menstruation is and how it should be managed.

In a study conducted in Kwazulu-Natal in 2016, Kgware (2016:13) found that one in three girls between the ages of 13-20 years, did not have any knowledge about menstruation before menarche. Of these girls, 63% are found in rural and informal settlements. The findings of this study also suggests that access to MHM facilities differs between urban girls and rural/informal settlements girls, which can be caused by unequal income in the household (Kgware, 2016:18). The researcher is able to link this study with the present study because the participants of this study have similar characteristic and are facing similar socio-economic challenges.

It is evident that menstrual hygiene management has a huge negative impact on females if adequate resources are not accessed making it also important to understand the bio-psychosocial and economic effects or challenges menstruation and its management has on females, and the environment. These are discussed below.

2.5 Challenges of menstruation hygiene management

2.5.1 Physiological and psychological effects on the female body

Farage, Neille and MacLean (2009:58) mentions that menstruation is governed by a body of fluctuating hormones, namely estrogen and progesterone, that influence a variety of bodily feelings and emotional turmoil affecting physical, emotional and mental health. These bodily changes can last for a number of days depending on how long one has a menstrual cycle. Even though this a natural process, women and girls can perceive menstruation as an illness due to the negative effects attached to it (Jarrah & Kamel, 2012:308).

Menstrual cycle comes with physical symptoms ranging from muscle pains, experiencing headaches, getting constipation and bloating, fluid retention leading to weight gain, sore breasts and fatigue. These symptoms can start any time from the week before getting the menstrual cycle and last a couple of days after. Menstrual cycles also come with emotional and behavioural changes such as mood swings, increased appetite and food cravings, insomnia, tension, anxiety, etc. It was found that 75 to 90% of menstruating females experience these symptoms (Jarrah & Kamel, 2012:308).

Zareen, Rehman, Noor, Nisa, Yasmin, Bahadar, Ali, Iqbal, Shoaib, Humyun, Ullah and Rehman (2016:1126) conducted a study in Parkistan in the year 2016 to evaluate the relationship between physical and mental activity and the extent these symptoms are experienced across female youth in different occupations. They found that a female in a more stress-related occupation such as teaching, paramedics and social work, or ones that requires more physical effort, can experience more symptoms than ones with less physical and mental activity. This suggests that there is a direct link between the physical and mental activities done during periods and the symptoms experienced.

The researcher is aware that understanding the physiological and mental challenges faced during menstruation is important for the research as the management of MHM is also affected by the manner in which these symptoms are managed. For example, a female can use pain killers to try and reduce back and abdominal pain which might thin her blood and increase the menstrual blood flow affecting the type of material used. In addition, females who are aware of the emotional and hormonal changes in their body are able to track when their next period will come making it easy to prepare for menstruation. This information is relevant to the study as finding out if the females targeted by the researcher know about the physical and emotional effects will inform the type of menstrual hygiene management education necessary for them and that can inform social work practice.

2.5.2 Access to sanitary materials and keeping clean menstrual practices.

Kabira (2020) states that girls in slums, also known as informal settlements, still have limited access to and difficulties in accessing adequate menstrual facilities as a result of reduction in

economic activities that affect service delivery and parent's income generating activities for families in these areas, especially during the COVID-19 pandemic.

While most of the females that are menstruating are using sanitary pads, some are forced to use cloths, newspaper, or hand towels (Ramathuba, 2015:2). The changing and bathing frequency varies from twice to four times a day which is solely dependent on the absorption capacities of the material and access to bathing facilities (Kgwane, 2016:20). Bathing varies from one to three times a day and disposal methods include pit toilets, refuse bags, bins and flushing in the toilets. In terms of underwear, some wash it and some do not, instead they hide it (Ramathuba, 2015:2).

(Majahan, 2019:64) mentions that the overuse of disposal sanitary pads is also a challenge that can lead to females developing a bad odour during menstruation as well as reproductive health infections. Janelle (2016) also adds that prolonged use of a sanitary pads leads to the accumulation of *staphylococcus aureous* bacteria also known as toxic shock syndrome which can eventually lead one to getting cancer, having infertility challenges as well as causing irritation and yeast.

The researcher acknowledges that overuse of pads is caused by several factors, especially ones focused on a lack of access to MHM facilities available. In addition, Schmitt, Clatworthy, Ratnayake, Klaesener-Metzner, Roesch, Wheeler and Sommer (2017:4) state that the ability to afford through personal funds, and affordability of sanitary pads, plays a huge role in MHM and overuse because females who cannot afford sanitary material end up using one pad for longer periods of time varying from 12 hours or more. This is made worse by media and manufacturers of disposal sanitary pads who mostly advertise longer durability of the pads instead of instilling in their purchasers that in order to maintain good menstrual hygiene, sanitary pads must be changed every four to six hours (Majahan, 2019:64).

Education

UNICEF (2005) states that one in ten girls in developing countries do not participate in education activities such as school, university or college, during menstruation and drop out because of limited MHM practices such as private and clean sanitation facilities. However, in western countries, girls who have reached the age of menarche are able to freely participate in educational activities because they have adequate resource that promote good and clean hygiene. These include access to proper functioning toilets in their homes, public spaces and schools, they have access to clean drinking and bathing water, and can afford to purchase sanitary materials. They are exposed to more information about puberty, menstruation and hygiene via more credible sources of information (Ramathuba, 2015:2).

The women's UN Report (2014) mentions that more than 20% of females in Sierra Leone miss school when they are on their periods, and the percentage varies across cultures with 30% in Nepal and Afghanistan. This is a sign that menstruation affects access to education globally but is also dependant on the beliefs held by particular structures. Haberer (2021) mentions that participation in education activities for youth in less developed communities in South Africa is not easy. This is because they account for the minority of girls who use cloths, newspapers and hand towels during their monthly cycle instead of pads as a result of not being able to afford it. Some of them miss school for a maximum of five days per month when menstruating.

In addition, UNESCO, as cited by Rueckert (2018), mentions that 100 million girls who are of high school going age are not attending school. Although this can be blamed on the different cultural practices that value the male child over the female and forces girls to stay home while their male counterparts attend school, it is mainly due to menstruation (Rueckert, 2018). In addition to that, the infrastructure of most of these countries is less developed and access to these resources is challenging because there are no proper MHM facilities such as toilets, water, and disposal facilities at schools and in their homes (Schmitt et al, 2017:1). Lacking a toilet facility means that the girls in school have no privacy for changing their materials of choice therefore have to be absent from school (Rueckert, 2018).

It is estimated that in developing countries, access to toilets is minimal, for example, in Nigeria, one school toilet services 600 students (The Women's UN Report, 2014). This causes a lot of problems as girls and boys are supposed to use the same toilet and this limits privacy (The women's UN Report, 2014). Crankshaw, Strauss and Gumede (2020:2) did a study across Eastern and Southern Africa, and found that most girls miss school during menses because of their inability to manage their menstruation while at school due to the lack of adequate MHM facilities at school. The target group resides in an informal settlement that has limited access to sanitation facilities and proper WASH facilities that manage menstruation. This may interfere with their schooling activities as some on the participants may still be in school. Although most college facilities are well equipped with MHM facilities most females who live in informal settlements rarely further their studies after high school due to affordability which can also affect their livelihoods in terms of affording adequate MHM facilities.

Socio-economic life

The hygiene management practice is also largely influenced by the socio-economic background of the African child who reside in low-middle income families as the majority of breadwinners in the households are mothers (41%) and fathers (31%) who occupy low paying jobs such a cleaning and security guard jobs (Kgware, 2016:10). Furthermore, (Schmitt et al.,

2017:7) found that in most black households in informal settlements, extended families are staying together and sharing small spaces without any wall divisions. They have limited privacy to bath and change sanitary pads as well as dispose of the menstrual material.

During the menstruation cycle, females have to wake up very early or stay up late in the evening in order to bathe and wash their menstrual clothing to secure privacy (Schmitt et al., 2017:7). In addition, they sometimes hide menstrual clothing instead of washing it, or instead of drying it sometimes due to lack of privacy. Unhygienic menstrual practices such as not washing the genital area constantly can increase the chances of getting sick from diseases such as cervical cancer and pelvic inflammatory diseases. (Ramathuba, 2015:2).

The researcher believes that the socio-economic status of females affects the MHM as it is reflected in the type of houses that they live in, the type of access to WASH facilities they have and what they can afford as menstrual hygiene products. In a study done across eight countries, namely, DRC, Kenya, Ethiopia, Nigeria, Ghana, Indonesia, Uganda and India, Rossouw and Ross (2021:2571) found that more women in the DRC (57%) and Ethiopia reported that they have high level of a lack of privacy (DRC 57% and Ethiopia 31%) and safety (DRC 35% and Ethiopia 51%), and in their homes less than 20% of the respondents identified. In all the countries, less than 20% of women reported that their spaces are unclean except for Ethiopia, which had a high percentage at 51%. In all countries more women reported to have lack of soap and water (Rossouw et al., 2021:2571). This is an indication that social and economic factors have a major role on MHM. As the participants live in an informal settlement, they are exposed to small living spaces, lack of privacy, lack of individual toilet facilities and low income which may affect how they experience menstruation and menstrual hygiene management.

2.5.3 Lack of information and preparation for menstruation and MHM

Coast, Lattof and Strong (2018:297) mention that educating girls about puberty is an essential part necessary for females to develop well. In many low to middle income countries, specific national guidelines are put in place that stress the importance of gaining an understanding about puberty and menstruation in a manner that is age appropriate, using new and relevant information for both females and males (Coast et al., 2018:297).

Dlomo (2019) states that in South Africa, 8-10% of all deliveries were a result of teenage pregnancy which entails that in 2018, a million deliveries were teenagers. This may be a result of a lack or absence of communication about sexual reproductive health. For example, in African families, there are designated people who are given the responsibility of discussing menstrual issues with girls. This has made it more difficult for adolescent girls to confide in their parents who are not responsible for this (Dlomo, 2019).

It is important for parents to talk to their children about menstruation as this comes with a lot of uncertain feelings of happiness and at the same time fear. However, Janoowalla, Keppler, Asanti, Xie, Negassa, Benfield, Rulisa, and Nathan (2020:87) mention that parents, especially mothers, find it difficult to communicate or teach their girl children about it. This may be caused in general by their own upbringing and attitudes held as females in regards to menstruation as well the overwhelming and embarrassing feeling they experience when they have to talk about reproductive organs names, and sex, as a topic. This leaves females who experience menstruation for the first time with unresolved questions about the changes that are happening to their bodies, they find it difficult to disclose and ask for assistance from loved ones ending up hiding that they have started their first period, they also lack adequate knowledge of how to carry oneself during this as result creating a negative foundation for menstruation. (Janoowalla et al., 2020:87)

By conducting this research, the researcher will be able to assess effectiveness of sources of information of the participants, assess their level of awareness about what menstruation is and therefore assist with filling gaps left by different systems with the responsibility to educate the girl about menstruation.

2.5.4 Misconceptions and myths

Due to a lack of proper information, and unfounded cultural and religious beliefs, menstruations is seen through many lenses (Janoowalla et al., 2020:87). Sahay (2020:155) states that different cultures and religions sometimes render this natural process as a taboo and impure which affects all aspects of an individual's life. Young females find themselves having to leave what they know as childhood and take on the responsibilities of adulthood (Sahay, 2020:155). The gender roles of women in society, more especially in African countries, is that a woman's job is limited to domestic and child-bearing activities, therefore the reaching of menarche for female youth becomes a big challenge as it's perceived as she is ready to be a wife and bear children (Janoowalla et al., 2020:87).

The researcher recognises that the meaning and ideas placed on menstruation influences the manner in which menstruation is handled, which can either be harmful or promote health. These taboos and misconceptions extend to affect daily life for females across all important spheres such as education, work, participation in home activities, as they come with restrictions such as attending church services, being in school or even being home with their families. Cohut (2019) mentions that in Nepal, females who are menstruating are restricted to do certain activities including entering their homes for a period of 11 days forcing them to live in menstrual huts for the duration of their menstrual cycle. South Africa as a country also faces certain misconceptions and restrictions when coming to menstruation. Although there is limited research done in South Africa about the misconceptions held by different churches

especially, black churches, Bhartiya (2013:523-524) believes that the main religious practice in south Africa is that of Christianity. In this faith system, however not all, women who are menstruating are perceived as dirty and, therefore, not allowed to participate in church or healing activities.

The myths and misconceptions about menstruation also extend beyond culture and religion into societal misconceptions (Cohut, 2019). Most females believe that it is unsafe to use birth control pills to suppress menstruation, however, gynaecologists state that it is safe to use birth control as it sometimes reduces the symptoms that come with menstrual periods. While some contraceptives stop menstruation completely, some do not, instead they make it easier for females to manage their cycle and prepare for it in advance (Cohut, 2019). This is applicable to the study as some females in the study may be using contraceptives, the researcher will understand how use of contraceptives affects their MHM.

2.5.5 Menstruation in the workplace

In order to decrease the rate of poverty among low to middle income households, women have to be introduced into the workspace. This requires them to always be there therefore requiring adequate MHM facilities. Sommer, Chandrarartna, Cavil, Mahon and Phillips-Howard (2016:2) describe the different challenges experienced by menstruating women in different working settings. They mention that 60% of women working in Sub-Saharan Africa and Asia are employed in the informal sectors which includes low to middle class and rural area employment (Sommer et al., 2016:2). In these settings most employers are not forced to comply with any occupational safety and standards to ensure that women MHM needs are catered for. These include a lack of private, clean toilets that have running water to wash and/or dispose their used material. Most of these women have to share toilets with men and may be embarrassed to use them during this time. It is mostly difficult for women working as street vendors, or in rural setting who have to work remotely and far from toilets (Sommer et al., 2016:2). Women who find themselves in urban areas are mostly employed in formal and crowded environments that sometimes do not comply to WASH needs for their female employees as menstruation needs are mostly overlooked (Sommer et al., 2016:2).

Kulshrestha (2020) adds that a menstrual cycle is something that can affect a woman's level of concentration and efficiency at performing her duties at work because of the mental and physical symptoms associated with it. At least 20% of a female's daily functioning are completely disrupted during the menstrual cycle as some females have severe pain (dysmenorrhea) (Kulshrestha, 2020). Johnstone (2020) also adds that it is also difficult for females to openly disclose when they are having menstrual hygiene management struggles in the workplace because this is something that is still highly stigmatized in the workplace as women on their periods are seen as weak and irrational due to the hormonal nature of it.

However, both authors agree that this is something that is not accommodated in workplace policy and practice and should be revised.

In accommodating menstruation and its management in the workplace, both authors agree that employers need to develop and implement a workplace “menstrual policy” that will ensure that male and female employees are educated about menstruation and its management. This will encourage openness about menstruation to reduce stigmatization, for example, putting sanitary material in female bathrooms and creating flexible hours or menstrual leave for women on their periods (Kulshrestha, 2020; Johnstone, 2020).

Although this will apply to the study, it may apply to only the participants who are formally employed but will leave a big gap for participants who are self-employed such as vendors, farm/rural workers, etc. Therefore the research sought to understand how their workplaces can be changed to suit their menstrual hygiene needs.

2.5.6 Environmental effect of MHM

The use of disposal sanitary pads as a method of MHM also plays a huge negative role on the environment. This is based on the manner in which the sanitary pads are disposed. Due to the chemicals and products used when creating sanitary pads and tampons, which are not degradable, on average, it takes up to 800-900 years for a sanitary pad to fully decompose (Majahan, 2019:68). Villalonga and Abella (2021) mention that the disposal of sanitary material has taken a back seat in many countries while more focus is put on the disposal of household, faecal and urinary disposal. As a result, women have no correct or prescribed way of disposing of their used sanitary products. This has led them to either dispose MHM products with household waste or wrapping them in toilet paper or plastic and throwing them on the roads, pit toilets or rivers. In a study done in Tanzania’s cities in the year 2018, it was found that 95% of households in Arusha, and 69% of households in Shinyanga, resorted to unsafe disposal practises when disposing of used MHM products (Villalonga & Abella, 2021). This raises a challenge in terms of land and air pollution in most rural areas, as disposable sanitary materials are thrown in rivers or open fields and, in the more urban areas, they are mostly burnt resulting in the emission of hazardous dioxins and furans. Sanitary material should be wrapped and marked as bio-hazardous waste and disposed of separately from dry and wet waste. The research sought to understand whether the females in Kameeldrift had adequate sanitary disposal facilities that do not affect their physical and environment health in order to inform social work practice and improve services given to them.

2.6 Services Rendered to respond to MHM challenges in South Africa

The 28th of May is considered Menstruation Hygiene Day where public, private and media sector stakeholders come together to promote good healthy menstrual hygiene and break the

existing stigmas that affect women who are going through menstruation (Department of Women, youth and persons with disabilities, 2019). On this day, the South African government creates and encourages partnerships among different sectors (private and public) in order to respond to the factors that contribute negatively to women and girls and that may place them at risk during their menstrual cycle (Department of Women, Youth and Persons with Disabilities, 2019).

These partnerships between private and public sectors have seen the following measures being implemented in order to ensure that women and girls develop properly and go through their menstrual cycle with ease and safety:

- Provision of R157 million for free sanitary products to school girls in public schools by the Minister of Finance.
- The development of the National Sanitary Implementation Framework (SDIF) provides the minimum standards for free sanitary products for indigent women and children in order to promote sanitary dignity, social justice and basic human rights (Department of Women, youth and persons with disabilities, 2019).

There are a number of organisations in South Africa that aim at assisting vulnerable female youth with managing menstrual hygiene (Butler, 2016). Happy Days is an organization founded in 2013 by Ramona Kasavan and Phumzile Sithole who have distributed 420 000 pads to female youth in South Africa as well as educated them on the physical and emotional effects of menstruation (Butler, 2016). Dignity dreams is also an NGO that provides Dignity Dream Packs consisting of re-usable and re-washable pads and bags to female youth in order to make it easier for them to go to school and work which can be used for five years. In addition, they have educational programs that help address different stigmas and myths about menstruation as well as teach young girls about personal development and menstruation (Butler, 2020).

The study focused on identifying services in the community that are accessible to the participants in order to make menstrual hygiene management easier and accessible as well as to identify other organizations in the community that can increase awareness and access for the participants.

2.7 The Role of society in addressing MHM challenges.

Kaur, Kaur and Kaur (2018:4) mention that society has a huge educational role in addressing and limiting the effects menstruation has on females. Many social and cultural challenges that females experience in relation to MHM are influenced by the male perception of MHM as well as gender inequality and measures to protect the male human species from negatively

experiencing it and placing the female in a vulnerable position (Kaur et al., 2018:4). Mahon, Tripathy and Singh (2015:8) agree that in order to curb the inequality related to menstruation, the first role, apart from educating females about menstrual hygiene management, includes educating males and boys about their role in menstrual hygiene management.

Men in society hold very important roles as either husbands, brothers, fathers, work partners etc. that are essential to female development and management of menstrual hygiene (Mahon et al.,2015:8). They mention that in Nigeria and Malawi, females stated that men do not discuss menstruation challenges with them as well as do not buy menstrual products for them. The extent of knowledge that men and boys hold can ensure a better MHM experience for females. Bhowmick (2021) believes that men should not be excluded from discussions in school, work environments, at home and community engagement programmes that focus on MHM. This will make women feel free to discuss their MHM challenges including the physical and emotional support they need during menstrual cycles. This will also ensure that they get correct and complete information about the process of menstruation, its effects on females as well as the support required during this time. Fathers, as providers, need to ensure that their daughters and wives have enough sanitary facilities including giving them money for sanitary pads, and providing shelter that has adequate facilities and also privacy (Kaur et al., 2018:5).

Men as policymakers, teachers and community leaders need to ensure that they gather enough knowledge about the challenges in order to create safe spaces for females in communities (Kaur et al., 2018:5).

Another important part of society that plays a role in addressing MHM is the education sector. Rios (2019) states that the biggest barrier to achieving proper MHM is based more on the lack of menstrual education among society. She mentions that in 2017, one in seven girls knew what menstruation was and what was happening to them when they got their menses. The role of education, whether in high school or college, is to ensure that there is growth and development among individuals by equipping them with life skills that will assist them to overcome daily challenges and achieve personal goals. In order to ensure that menstruation is achieved and experienced positively, sex education should be included in the education curriculum and should focus on teaching the youth about sexual identity, menstruation and puberty, family planning and avoiding HIV and STI's (Kaur et al. 2018:5)

This, however, is taking a backseat in the education sector. The researcher believes that this might be caused by the different cultural and societal beliefs and misconceptions about menstruation labelling it as taboo and not appropriate to discuss it in a class setting. Teachers in schools shy away from addressing this because they feel uncomfortable to teach words such as 'vagina', 'penis' or 'sex,' as well as because of the misconception that talking about

menstruation or sex education in general may lead to the youth engaging and experimenting with sex, resulting in more unprepared pregnancies or a rise in infections (Kaur et al. 2018:5). Whereas this is caused by the fact that a lot of female youth have to learn about sex education from social media or friends who also come with inaccurate information that is not complete or factual (Kaur et al. 2018:5).

2.8 The role of the social worker in MHM

Sustainable Development Goal (SDG) 6.2 aims to ensure that everyone has adequate and equitable sanitation and hygiene (Department of Economic and Social Affairs, 2020). The above-mentioned goal places more emphasis on individuals who find themselves in vulnerable situations especially the hygiene needs of women and girls. Despite the progress that has been done to ensure access to water and sanitation, 2.2 billion people still do not have access to safe drinking water while 4.2 billion people lack safely managed sanitation (Department of Economic and Social Affairs, 2020).

This is seen as a challenge because in order to promote good hygiene when menstruating, access to good water and sanitation facilities is important. However, this is still a challenge in some parts of the world, more especially African counties that are not developing (Girod et al, 2017:336). Although residents staying in the informal settlements of Nairobi have access to a toilet, 83% of those access it through use of public and shared toilets (Girod et al, 2017:336). Some residents use open defecation or use plastic bags and 28% of these houses have access to running water in the house and the remaining has to get water from communal taps or buying from private companies (Girod et al, 2017:336).

With the emergence of Covid-19, household incomes have been negatively affected as many employees were released of their duties or small business have suffered a great deal. This has increased the number of parents who cannot afford to buy their girl children menstrual pads (Kgware, 2017:10). With strict regulations during this period, being under lockdown in their homes has been difficult for girls sharing small spaces with family in terms of having privacy during menstruation (Department of Economic and Social Affairs, 2020). Getting access to clean running water and not sharing community toilets is essential. However, young girls have to share over-populated spaces in order to keep good menstrual hygiene which has also increased the likelihood of contracting the covid-19 (Department of Economic and Social Affairs, 2020).

Nandhini (2017:53348) mentions that the nature of the social work discipline permits social workers to work in different social settings which includes primary health care in order to improve the lives of individuals, their families and the community at large. This enables them to work in collaboration with multidisciplinary teams in the primary health care sector to

advocate for the needs and the rights of females with regards to menstruation and menstrual hygiene management. These needs include ensuring that female youth have access to clean running water, toilet facilities, products that absorb menses without staining and medical ways to suppress the physical and mental symptoms of menstruation (Girod et al, 2017:336).

In addition, they also have to ensure that these facilities are brought closer to the youth as in most informal settlements, toilet and water facilities are far, leaving young girls vulnerable to crime and sexual violence. Social workers also have a responsibility to advocate for the physical needs of the girls by informing practice and policy in order to improve the hygiene needs of the females that have reached the age of menarche (Girod et al, 2017:336).

Lastly, it is the social workers responsibility to ensure that females, especially young girls are taught about menstruation before and after they have reached the age of menarche. This is also extended to their families in order to break generational stigmas and misconceptions that impact on the females' experience of menstruation and, therefore, affects their social functioning in their daily lives (Nandhini, 2017:53348)

2.9 SUMMARY

In summary, menstruation is a very important phase in a female's life as it symbolises entry into being an adult as well as creating their sense of being as well as the ability to bear children and have a health sexual life. However, menstruation comes with a lot of challenges that range from dealing with the physical, psychological and behavioural changes. Although bodily effects vary across borders, females in informal settlements, including ones living with a disability, are faced with additional challenges of not having access to menstruation hygiene management facilities which leads to them experiencing menstruation negatively. The study sought to explore and describe the participant's perceptions, challenges and experiences on menstruation and its management as well as the effectiveness of the re-usable pad among participants in order to identify gaps and find solutions to cover them. The following chapter will focus on the research designs, methods used in when the study was conducted as well as the empirical findings of the research.

CHAPTER THREE RESEARCH METHODOLOGY AND EMPIRICAL FINDINGS

3.1 INTRODUCTION

This section of the report goes into more detail on the research methodology that were used to conduct the study. The main goal of this research study was to explore and describe the perceptions of female youth regarding menstrual hygiene management (MHM) in Kameeldrift, Tshwane. This was done by focusing on the following objectives of conceptualising and contextualising female reproductive health, the menstrual cycle and menstruation hygiene management. Also, by exploring and describing the source and experience of sexual reproductive health education among female youth in Kameeldrift. The research study aimed at exploring and describing the experiences, challenges and resources available to female youth regarding their menstruation in Kameeldrift in order to suggest social work intervention strategies for menstrual hygiene management for female youth.

Initially, the researcher was supposed to interview ten participants, however, due to the limitations provided in Chapter One, only seven were interviewed with one recording not being audible, and, therefore, not included in the research. The researcher highlights three sections in this chapter being the research methodology used, the ethical considerations that guided the research and a discussion of the findings.

3.2 SECTION A: RESEARCH APPROACH, RESEARCH PARADIGM, TYPE AND DESIGN

3.2.1 RESEARCH APPROACH

The research approach selected for the study was the qualitative research approach. Goberman-hill (2011:321) describes the qualitative research approach as an approach that does not focus on collecting numerical data but rather to gain in-depth information about a phenomenon that is personal to the participants. The present study aimed at exploring and describing perceptions and experiences of female youth regarding menstruation by gathering in-depth and rich verbal from ten participants through open-ended questioning, however only seven were interviewed. It was effective in giving the researcher an opportunity to understand these experiences from the participants' point of view in a setting that is natural while taking into account the socio-economic and cultural factors of the participants and how these influence them as individuals (Maree, 2020:59).

The researcher was also aware that using this research approach was time consuming, and the information gathered was specific to the study context but still provides valuable information to the general phenomenon of menstruation (Maree, 2020:59).

3.2.2 RESEARCH PARADIGM

The research paradigm for this study was feminism because menstruation as a theme is an issue that affects women. According to Dubriwny and Dubriwny (2012:15) Feminism as a research paradigm seeks to understand, challenge and transform the cultural, socio-economic and political factors that affect women's lives. Rose (2018) adds that the goal of feminism is equality between women and men, not to belittle men, which is achieved through dismantling factors such as gender roles, race, economics, ability and sexuality that disadvantage women in general. It's focus is to understand the under-represented challenges women encounter in society that most times affects their physical and psychosocial well-being in a negative manner. Feminism also attempts to give back autonomy to women by seeing them as frontlines in their own experiences and lives and not as subjects. Therefore, feminism acknowledges that women experience situations differently from men and must not be judged based on a patriarchal system that gives an advantage to men (Dubriwny & Dubriwny, 2012:15).

Burrows and Johnson (2005) believe that menstruation and MHM is a feminist issue because men and women hold different ideas about menstruation and how it affects females. Menstruation is still perceived as an 'illness' that is embarrassing and shameful, and must be kept secret as it is not pure. This also extends to the cultural role confusion a female youth experiences when she has her first cycle, for example, one can be seen as a woman who can give birth which can promote forced childhood marriages while society, on the other hand, still perceives the girl as a child whose body is not physically ready for childbirth (Burrows & Johnson, 2005).

The researcher believed that these ideas held by men and women influence the societal and cultural beliefs and practices that inform gender norms and roles, most times disadvantaging females. Due to the lack of information sharing at home and in schools about menstruation, the socio-economic status of families residing in informal settlements and the negative cultural and social meaning attached to menstruation, females may find themselves unprepared for menstruation and therefore experience it as a problem.

3.2.3 TYPE OF RESEARCH

The type of research appropriate for this study was applied research. Baimyrzeava (2018:6) describes applied research as research that uses sound evidence and thinking to answer and understand a specific question, phenomenon or a problem in order to find solutions that improve policy and practice already given in a natural context. In addition, Sarantakos (2005:10) agrees with the above mentioned author and states that applied research also has

it's focus on helping practitioners accomplish tasks because the main objective of applied research is to improve human life and conditions. The researcher acknowledges that the main objective of applied research is to gather information about a phenomenon that already exists and is a challenge faced by people in real life in order to find ways to improve it by informing policy by informing the work of practitioners who are specifically working on that particular topic.

Applied research enabled the researcher to explore and understand the experiences and challenges faced by female youth in relation to menstruation in order to come up with solutions that will improve the type of services already rendered and inform policy around menstrual hygiene management to improve the quality of their lives. The purpose of the research was to explore and describe the experiences of female youth regarding menstruation hygiene management in Kameeldrift, Tshwane, Gauteng province.

3.2.4 RESEARCH DESIGN

The research design implemented in this study was phenomenology. Scwandt (2007) mentions that phenomenology was started from the work of Alfred Schutz who sought to explain how everyday life is developed and experienced by people living it, as well as what meaning is attached to these experiences. The main objective of phenomenology is to understand the important meaning participants attach to their lived experiences (Maree, 2019:84). This is done through gathering the lived experiences of several participants in order to generate a common understanding of what the experience is and what it means to the participants without imposing one's own personal judgment (Maree, 2019:84).

In order to get to the overall core of the participant's experiences, psychological phenomenology was used as a sub-design. Psychological phenomenology focuses on gathering textural description (understanding what the participant's experience is) and structural description (understanding how they experience them) appropriate to understand the whole meaning attached to the experiences (Maree, 2019:85). The present study gathered in-depth information about what participants understood about menstruation, what challenges and experiences they have faced as a result of getting a menstrual cycle and the physical, psychological and emotional effects these experiences had on them.

3.2.5 RESEARCH METHODS

3.2.5.1 STUDY POPULATION

Bhaandari (2020) defines a research population is defined as a large collection of individuals or objects that one wants to draw a conclusion about. The research study focused on female youth who were above 18 years and have reached their age of menarche. They currently

reside in Kameeldrift, Tshwane in Gauteng and received assistance with re-usable sanitary pads from Kamcare two years ago.

3.2.5.2 SAMPLING

The sampling approach used for the study was non-probability sampling. Showkat and Parveen (2017:7) states that non-probability sampling usually selects a sample based on the subjective judgment of the researcher and with this, participants are chosen based on the ease and convenience of their availability. Although findings found in the study cannot be applied to the general population, using this sampling method saves time and money and allows a small sample, representing the research population, to be used. The purposive sampling method was selected for this study. Using this method ensured that participants who were relevant and fit for the purpose of the research were selected guaranteeing that rich and relevant information was gathered (Showkat & Parveen, 2017:8). Strydom (2011:223) describes snowballing as a sampling technique that is used when there is limited appropriate access to the target group or when there is no information about the target sample. This technique involves approaching a potential participant who is relevant to the study topic on a one-on-one basis, then this participant will refer the researcher to another potential participant who will also refer another. This continues until the number of participants required is gathered or there is data saturation. For this study, due to the limited access to participants, snowballing was used.

Kamcare Non-Profit Organization used its beneficiary database to look for participants for the research study, however snowballing was used by the researcher as participants provided for by Kamcare did not contact the researcher. The sample of participants included seven participants who voluntarily accepted to participate. The findings of the research study are only applicable sample and not generalised. Only female youth who have reached the age of menarche were used for the study as the goal of the study is to explore the experiences of menstruation hygiene management.

The participants needed to meet the following selection inclusion criteria:

Participants had to:

- Be a female youth above 18 years
- Have experienced their first menstrual cycle
- Reside in Kameeldrift, City of Tshwane, Gauteng Province
- Were able to give informed assent or have a guardian give consent
- Had an understanding of what the research sought to explore and were able to express themselves freely.

The initial sample consisted of ten participants who were referred to the researcher by Kamcare. Kamcare is a non-profit organization based in Kameeldrift East offering social and training services. Under its community development program, it runs a sewing project that is equipping women with the skills to create re-usable sanitary pads that are distributed to the female youth in the community as a sustainable measure. Saunders, Sim, Kingstone, Baker, Waterfield, Bartla, Burroughs and Jinks (2017:1894) define data saturation as “a criterion for discontinuing data collection and/or analysis”. This means terminating the process of gathering data due to the same data being received or due to no new information being collected. The sampling technique for the research study was used until the research had reached data saturation

3.2.5.3 RECRUITMENT

Recruitment is a very essential part of sampling and it is defined as the manner or way of identifying, contacting and seeking permission to potential participants to take part in the research study. This involves creating a strategy of how the research study will be advertised and made attractive to potential participants, contacting them and asking them to take part in the study (Quirkos, 2016). While conducting the study, due to the fact that participants had not given consent or permission yet for their participation, Kamcare provided the researcher's contact details to potential participants who were supposed to contact the researcher if they were interested in participating in the study. However, due to no participants contacting the researcher, this led to the researcher physically going to Kameeldrift to look for participants using snowballing techniques. The researcher provided an explanation of the objectives and goals of the study, the manner of data collection and analysis as well as how the findings will be recorded.

3.2.6 Data collection

In order to achieve the objective of the study, the researcher used interviews as the data collection method. One-on-one interviews consist of the interviewer and participant who are physically present in a specific secure area and have a face-to-face verbal conversation. Ryan, Coughlan and Cronin (2009:310) mention that they are esteemed because they allow the researcher to gain more insight on the experience and perception of the participant in relation to the topic as one can analyse both the verbal and non-verbal communication, focusing on body language of the participant, which allows the researcher to use probing to gather more information.

There are different advantages of using one-on-one interviews which are: they cater for all the different personalities that participants have, they are more flexible and it is easier to control

the focus of the topic, they ensure that responses from participants are not influenced by others and they assure confidentiality (Prevue, 2015). The disadvantage of using one-on-one interviews is that they may be time consuming and do not offer anonymity for the participant. This is due to the fact that the gathering of data is conducted on a face-to-face level and the researcher is able to link the information which the participants. The researcher made use of an interview schedule containing a list of prepared semi-structured questions that were used in order to guide the interview process and collect information from participants. The interviews were voice recorded for the purpose of data analysis. The length of the interview session with each participant took a minimum of 45 minutes to one hour. The amount of time was allocated in case the participants experienced any challenges or delays that may hinder the process of data capturing. These challenges included time taken to establish a rapport with the client as well as giving the participants enough time to fully express their knowledge and emotions in relation to the topic. The data collection process took place in the participant's home.

In order to ensure that the research study was not affected by the anticipated third wave of the COVID-19 pandemic, the researcher worked together with Kamcare, the gatekeeper of the study, to ensure that the COVID-19 safety regulations were adhered to by both the researcher and participants. As the interviews were conducted in the participants homes, the setting up of spaces was done in a manner that promoted social distancing, sanitization and wearing of masks during the interview. The researcher also prepared technology devices such as tablets and laptops in case physical interviews were not possible and the researcher would have to resort to virtual interviews. Virtual interviews may have involved video chat rooms such as Whatsapp video calling and Zoom video calling. These two platforms were easily accessible to people and they were not costly in terms of data usage. However, data collection was done face-to-face while adhering to Covid-19 regulations.

3.2.7 DATA ANALYSIS

The researcher used the thematic data analysis process as described by Nowell, Norris, White and Moules (2017:2). Thematic analysis, as a process, provides an essential and detailed account of data and handles this data in a well-organised structured way. It is flexible allowing it to adapt to the needs of any research study. It enables the researcher to examine differences and similarities between participants as well as their different views. Smith (2020) also describes thematic analysis as "a process of collecting, arranging and analysing raw information in order to identify necessary information relevant to the study." For this research study, the researcher used the data analysis guidelines as set out by Clarke, Braun and Hayfield (2015:231) of analysing data using thematic analysis which takes the following steps: Familiarization, coding, searching for themes, reviewing themes, defining and naming themes,

and writing a report. These six steps rely on each other as one sets the foundation for the other and together they place the analysed data in an organized and structured manner.

3.2.7.1 STEP 1: FAMILIARISATION

In qualitative research, the researcher has to familiarise herself with the data collected. This includes prior knowledge and the experience of the researcher, data collected in forms of field notes, voice or video recordings, manuscripts, and documents. Familiarisation involves getting familiar with the data collected by going through it and transcribing recorded material or audio material in a manner that is readable and easier to analyse (Smith, 2020).

Familiarisation includes spending time with the information, going over and over it again in a manner that is curious and questioning which also depends on the type of device used to gather the data (Clarke et al., 2015:232). Using this step, the researcher documented the knowledge acquired during the data collection period to understand the findings and check for differences and similarities among the experiences of participants during the process of data collection and analysis. This enabled the researcher to ensure that in-depth and relevant information is collected to the point of whereby the data collection process was not producing any new information. The data was collected using a recording device. With this step the researcher listened to the recording over and over again while transcribing the interviews with participants. This allowed the researcher to go back to the recordings to ensure that what was recorded is exactly what was transcribed.

3.2.7.2 STEP 2: CODING

Coding is a process of categorising data to make it simpler by paying attention to the characteristics of the data that stand out but capture the essence of the phenomenon (Clarke et al, 2015: 234). It gives researchers the platform to generate ideas about what the data collected is saying in order to re-organise it in a structured manner under a specific category. This phase is very important for theme development as it requires one to systematically organise the data collected (Clarke et al, 2015: 234). When coding the data, the researcher printed out all the transcripts into hard copies and used seven different envelopes to put all the cut data that had similarities in one envelope. When all the transcripts were cut and in envelopes, the researcher revisited and re-familiarised herself with the data and used a table with labels of pre-developed codes to categorise of information (Nowell et al., 2017:6).

3.2.7.3 STEP 3: SEARCHING FOR THEMES

Braun and Clarke (2012:7) mention that after categorising the data, the researcher searches for themes under each category. A theme is a binding force that captures important aspects in the data collected that has significance in answering the research questions (Braun &

Clarke, 2012:7). This is an active process of generating and constructing themes and bringing together the information that would be seen as useless on its own. This involves reviewing the codes constructed to look at similarities in information as well as overlapping codes (Braun & Clarke, 2012:7). The researcher used deductive reasoning to analyse the data by applying known facts to the data, and made use of her own judgment to determine the themes by sorting the information that address the same issue with regards to menstruation together. In this step, the researcher revisited each envelope to search for a word or theme that was common to all cut pieces of data put in. From that, the researcher developed eight themes that stood out namely:

- Biographical information
- Knowledge about reproductive health
- Menstruation
- Challenges and experiences
- Affordability
- Resources and limitations
- Knowledge about Kamcare and social work services
- Recommendations

3.2.7.4 STEP 4: REVIEWING THEMES

This step involves refining the developed themes to check their validity to ensure that chosen themes capture the whole meaning of information that is required for the research. It occurs through two stages, firstly by focusing on the individual themes developed and secondly focusing on the entire data to ensure that the themes created capture the meaning of the code or they need to be revised. The researcher reviewed the themes and sub-themes identified to ensure that they captured the essence of the goal and objectives of the research study. With the first part of reviewing themes, the themes were individually reviewed to determine whether they are relevant in capturing the essence of the data required. This was done by checking if the themes cover all the necessary data collected in order to determine if more information must be collected. This also included focusing the themes and not generalizing them in order to ensure that themes are not too diverse but are focused on specific information (Nowell et al., 2017:8).

Through the step, the researcher revisited the themes in each envelope and found that some of the themes developed could be made into one or turned to sub-themes as they had similar characteristics and some were not relevant to the study. With this said, after the reviewing of themes, four themes were left. With the latter part, the researcher checked if the whole data

collected answered the entire research question to ensure that no information was outstanding.

3.2.7.5 STEP 5: DEFINING AND NAMING THEMES

This step consists of determining the main characteristics (what stands out and is specific about each theme) captured by the theme and answering why that characteristic is interesting in answering the research question (Braun & Clarke, 2012:9). This involves writing and describing themes in a manner that is clear, have a singular focus, are related to previous themes and do not overlap with each other (Braun & Clarke, 2012:9). The researcher used this step to critically analyse what the important aspects of the theme were in order to tell a story about the experiences of female youth in relation to menstruation. This was done by looking at what stood out most about the four themes identified and looking for the main concepts that gave meaning and answered the research question. These were then formed into four themes with subthemes as mentioned in Section C of Chapter Three.

3.2.7.6 STEP 6: WRITING A REPORT.

The written report should provide brief, accurate and logical information that is not repetitive and must highlight the important credible parts of the collected data. When the findings of the study were analysed, the researcher used the information collected from the participants to write a mini-thesis that clearly showed the findings of the data collected in a manner that was easy to understand but stressed the importance of the experiences of female youth with regards to menstruation hygiene management (Nowell et al., 2017:11).

3.2.8 DATA QUALITY

Anney (2015:276) states that the quality of data is determined by proving the four criteria of trustworthiness namely: the credibility, transferability, confirmability and dependability of the information collected.

3.2.8.1 Credibility

Credibility focuses on the truthfulness of the responses shared by participants and on the correct interpretation of these responses. Korstjens and Moser (2018:121) mention that in order to check credibility, one may use one or more of the four credibility strategies. These are prolonged engagement, participant observation, and triangulation and member checks. Prolonged engagement occurs when the interviewer holds long interviews with the participants to gather information; persistent observation happens through identifying elements that are most relevant to the theme being studied; triangulation happens when data is collected on different days, settings or times, and member checks entails giving the participants feedback

on the data collected to ensure validity. (Anney,2015:276) also mentions that credibility strategies include understanding the environment intended for the research study by familiarising oneself with the potential participant community in order to understand the cultural and social context that participants come from, using a research methodology (research paradigm, approach and design) that responds to the research question as well as the goals and the objectives. With maintaining credibility, the researcher had to use two strategies that were relevant to this study, which were prolonged engagement through long interviews; and member checks by giving feedback on the information shared to the participants to ensure the findings are a true reflection of what the participants shared without researcher's bias thoughts and beliefs.

3.2.8.2 Transferability

Transferability refers to the ability of the findings to be generalised to other contexts with other participants. Although qualitative research rejects generalisations, transferability is achieved in qualitative research if sampling is done purposefully and a thick description of the data is provided (Korstjen & Moser, 2018:122). The researcher has the responsibility of giving a full description of who the participants are and what the findings are to make it easier for the person reading to assess whether or not the findings can be applied to similar contexts (Korstjen & Moser, 2018:122). The research study used purposive sampling to select participants in order to give a thick description of the experiences of female youth regarding MHM (Anney,2015:278). For this research, thick description was used as a strategy whereby the researcher gave a full description of who the participants are, their social contexts, focusing more on their economic, political, physical, emotional and social status, as well as a thick description of the findings.

3.2.8.3 Dependability

Schurink, Fouche and de Vos (2011:420) state that when it comes to dependability, one has to check if the research process is well documented, logical and audited which is related to how reliable and consistent the research process is. This involves the evaluation of findings, interpretation and recommendations of the study by participants to check if it is supported by them ensuring its stability for a period of time. Dependability strategies include using an audit trail, code-recode strategy, stepwise replication, triangulation and peer examinations (Anney, 2015:278). The research findings were taken back to the participants to check if the findings are accurate. When the research data was analysed, the findings were taken back to the participants in order for them to check if the meaning of the data is still the same and the data was peer reviewed by fellow research colleagues to check if the necessary data was captured.

The researcher evaluated the research process and used audit trails to ensure that the information was kept safe and recorded, however, the research could not be peer reviewed.

3.2.8.4 Confirmability

Confirmability refers to the extent in which findings can be supported and confirmed by other researchers. Korstjens and Moser (2018:122) mention that confirmability's main objective is to assess the neutrality of the analysis process and assessing if the whole research process was done in a manner that upholds the standards of the chosen research design. This ensures that the researcher does not create her own findings and ensures that the findings are deeply rooted only in the data collected. The research process of the study, which included detailed information about how the data was collected, recorded and analysed, together with the findings, was assessed by an expert in the field of research and menstrual hygiene management to ensure the transparency of the data. The researcher used audit trails to ensure that there is transparency in the steps that were taken when the research was conducted.

3.2.9 PILOT STUDY

Conducting a pilot study is important in the research as it tests and validates the appropriateness and adequacy of the research methodology selected (Strydom in [De Vos et al.], 2011: 237). It is conducted with a small sample, who will not participate in the larger inquiry, however has similar characteristics to the intended study sample.

The advantage of conducting a pilot study is that it helps assess the appropriateness of the chosen research tools and gives upfront warnings of areas where the research study may encounter challenges or fail. It also gives the researcher a chance to see if the procedures followed by the researcher are within the ethical considerations giving him or her a chance to re-evaluate the tools and methods of conducting research (van Teijlingen & Hundley, 2001:1).

In determining the feasibility of the study, the researcher conducted a pilot study in order to test if the selected methods were adequate and to test the questions prepared for revision. This was done with one female who fit the criteria of participation and has started their menstruation and is a resident of Kameeldrift. The findings of the pilot study formed part of the overall findings of the study because the information was valuable as the pilot study was conducted with an individual that fit the sample criteria and the information gathered answered the research question Strydom (in de Vos et al., 2011: 237).

3.3 SECTION B: ETHICAL CONSIDERATIONS

Govil (2013:18) states that ethics are considered to be the moral principles that are put in place to guide conduct of a particular profession to ensure that the dignity and human rights of participants and fellow researchers are upheld, and to ensure that the area in which research is being done, as well as the findings, are treated with respect and reported adequately.

3.3.1 Voluntary participation

All participants had the right to agree or disagree to the involvement in the research study without being forced. This was attributed to the fact that participating in research adds disruptions into an individual's normal way of life. Sharing experiences about menstruation may introduce a certain level of uncertainty and lack of comfort as it may be perceived as an intrusion. Babbie (2017:63) links this to the fact that research requires participants to disclose personal information that is sometimes unknown and kept secret from family, friends and strangers.

3.3.2 Informed consent

Marshall (2007:23), mentions that informed consent is an important element of social research which is based on the principle of respect for the individuals participating in the research. This is a process of ensuring that the goals and objectives, the risks and benefits, and process of gathering data is fully understood by participants who voluntarily accept to take part in the study (Marshall, 2007:23). The researcher had the responsibility of ensuring that the participants fully understood who the researcher was and which organization was being represented, the goal and objectives of the study, the duration of the study, description of the study, and are aware of the level of involvement required from them in terms of the information they disclose. Lastly, they were fully aware of the risks that may affect them as well as the benefits, specifically no compensation, they will get from the study.

Informed consent was written and communication and permission was directed to the participants as they were not under age and could legally give consent. Informed consent was also sourced from Kamcare as a gatekeeper, for all the participants of the research. The written consent also sought permission to use recording devices for later analysis and informed the participants that during the data collection period, the findings will be kept confidential with the researcher's personal storage devices (recording transcribing devices) and the final findings of the research study will be kept and stored at the University of Pretoria Archives for 15 years.

3.3.3 No harm to participants

Babbie (2007:27) as cited by Strydom (2011:115) is of the opinion that the researcher has an ethical responsibility to ensure that the participants do not experience any form of negativity that may affect their well-being as a result of participating in the research study. Yopyop (2014) mentions that harm can come in a range of ways, not only physical, but can also include psychological harm where participants feel uncomfortable, legal harm, in cases where participants share illegal activities they engage in, and social harm, where it is the responsibility of the researcher to protect and understand the social context of the participant. Therefore, the present study put measures in place to ensure that no physical, emotional and psychological, legal or social harm befalls the participants. This entailed maintaining confidentiality and anonymity as required, ensuring that the research study space is safe and comfortable, making sure that re-traumatizing or undermining of participants does not occur, and that participants received debriefing and referrals to relevant stakeholders for further emotional assistance when needed. No participants were referred to the social worker as none of the participant experienced the research negatively.

3.3.4 Confidentiality and anonymity

Due to cultural, religious and societal beliefs and misconceptions on MHM as well as the negative emotions attached to it, the issue of confidentiality and anonymity was taken into account. Laerd (2012) mentions that participants will only be willing to share their private information if they are aware that it will be kept confidential and anonymous. Confidentiality involves making a promise to the participant that information shared will be kept private and not shared with unauthorized people as information can link back to the participants (Morris, 2006:246 as cited by Strydom, 2011:119)

The information collected from the participants was kept safe and confidential by the researcher. This meant that the participants were informed that information will only be shared with authorized personnel. Anonymity could not be assured, however, pseudonyms were used to ensure that the information could not be paired with an individual's real identity. This also involved translating the information in a manner that does not change the core of the information but makes it hard for readers to tell who the participant was (in cases where readers may know participants).

3.3.5 Deception

Struwig and Stead (2001:69) define deception as an unethical and deliberate act of misleading people by withholding important information, or falsifying facts in order to foster participation. However, it can be argued that in some cases, being open about one's identity can jeopardize the progress of the research study as well as the findings (Babbie, 2017:69). Therefore, the

researcher was always truthful about who she is, what study she was doing and why she was engaging in the study.

3.3.6 Analysing and reporting

Researchers have an ethical responsibility towards the research community to adequately analyse and report information whether it is positive or negative. This includes writing a report that has a detailed account of every step taken when conducting the research and findings that were discovered in a manner that is clear, structural and logical (Strydom, 2011:126). The report has to ensure that the reader gets an answer to the research question as this may form the foundation for other studies that may be done. This also entails not plagiarizing any reports as this may mislead researchers reading the report and misguide the research done in that field (Strydom, 2011:126). Some information may disagree with the expected results and not speak to the purpose, however it is important to also share these findings. The researcher did not omit or change any information from the findings (Babbie, 2017:69).

3.3.7 Debriefing

Mcburney (2001:60) as cited by Strydom (2011:123), states that debriefing sessions are necessary as they give participants an opportunity to express and work through the after effects and any negative experience they might have had while the study was being conducted. This process must occur as the need arises as well as immediately after the study ends. As the researcher could not conduct counselling services while and after conducting the study, the participants were referred to a registered social worker from Jesuit Refugee Services under the livelihoods department. The services were provided free of charge.

3.3.8 Research Ethics Committee

Barker (2003:148) explains that facilities conducting research such as universities, welfare organizations and research institutions have ethics committees that are known as Institutional Ethics Committees (IEC) and Institutional Review Boards (IRB). The responsibility of these boards is to review research proposals before the research is conducted using strict guidelines to ensure that safety and human rights are not violated especially when vulnerable groups are concerned. In order to make certain that the research study did not violate the human rights of participants, a research proposal was submitted to the Institutional Ethics Committee the University of Pretoria's ethical committee before the study was conducted as it is the responsibility of the IEC to ensure that there is less or no risk to participants by making sure that research study does not violate the laws put in place to guide it (Babbie, 2017:69). The ethical committee granted permission for the study to be conducted,

3.3.9 Professional code of ethics (SACSSP)

A code of ethics refers to the minimum standards set by governing bodies in order to govern the professional behaviour of researchers in the social science fields. This codes of ethics

mandates researchers to behave in a certain manner when conducting research in an ethical manner that promotes human dignity. These minimum standards do not only work in isolation but are also motivated by an individual's morals, values and characteristics (Morris, 2006:247). They ensure that behaviour is appropriate. The researcher followed the minimum standards of behaviour when conducting the research. The research study was guided by the minimum standards set by the South African Council of Social Services Professions which regulated professional ethics for conducting social research (Babbie, 2017:69).

3.3.10 Positionality

Vannors (2015:3) believes that Positionality is essential to research because it is the social and political stance of the researcher. This encompasses of the personal opinions, beliefs, social background, and values of the researcher that affects how the research is designed and conducted and how the findings are analysed. Gray and Holmes (2020:1) also add that Positionality also occurs when researchers adopt social and political standpoints based on their assumptions of how people interact with their environment. They state that Positionality influences the manner in which research is conducted, the research outcomes as well as the research results. The researcher is a social worker by profession and has worked with people from informal settlements. She believed that this background assisted her in understanding the social and political context of the participants and was able to add value to the findings.

3.3.11 Gatekeeping

Erzikova (2018:1) describes gatekeeping as decision making or passing judgement about the type of information that can be collected and eventually shared either with the public or specific sectors. In addition, Lavrakas (2018) also describes a gatekeeper as "a person who stands between the data collector and the potential respondent." These individuals act as mediators between participants and researcher and facilitate their interaction as they are seen as guardians of a certain institution who have to grant access to the participants first. When conducting the research, the researcher identified gatekeepers in the Kamcare organization and liaised with them in order to gain access to the female youth under their care, however, due to participants not contacting the researcher, the researcher used participants who volunteered while using snowballing as a sampling technique to assist with access to other participants .

3.4 SECTION C: EMPIRICAL FINDINGS

The following section of the report focusses on the findings of the research data collected with six female youths between the ages of 18 and above. Firstly, the researcher will outline the biographical information of the participants. In order to maintain confidentiality and anonymity, the researcher referred to participants alphabetically, for example, Participant A to F. Secondly, information gathered about their understanding and knowledge about the female

reproductive health, the menstrual cycle and menstruation hygiene management is discussed. This section also details the identified sources of information and experience of sexual reproductive health education among female youth in Kameeldrift. A discussion of the challenges, experiences, resources and support that are available in relation to menstrual hygiene management is discussed. Lastly, exposure to social work and social work services among the community is debated. The researcher will divide the following into themes.

3.4.1 PART ONE: BIOGRAPHICAL INFORMATION

Table 1.1 biographical information of participants.

| Participant | A | B | C | D | E |
|-----------------------|-----------|---------------------|---------------------|-----------|----------------------------|
| Nationality | RSA | ZIM | ZIM | ZIM | RSA |
| Age | 32 | 18 | 23 | 24 | 23 |
| Gender | Female | Female | Female | Female | Female |
| Marital status | Widow | Single | Single | married | Single |
| Number of children | 4 | 0 | 0 | 2 | 1 |
| Disability | None | None | None | none | None |
| Religion | Christian | Christian | Christian | Christian | Christian |
| Home Language | Tshivenda | Shona | Shona | Shona | Sepedi |
| Highest qualification | Grade 11 | Completing Grade 12 | O' level (grade 12) | Grade 9 | Grade 11 (failed grade 12) |

The table above represents the five participants who agreed to participate in the research study on a voluntary basis. Using snowballing, the researcher went door to door explaining what the research is about with the help of some of the participants and fellow researchers. This table is explained in more detail below.

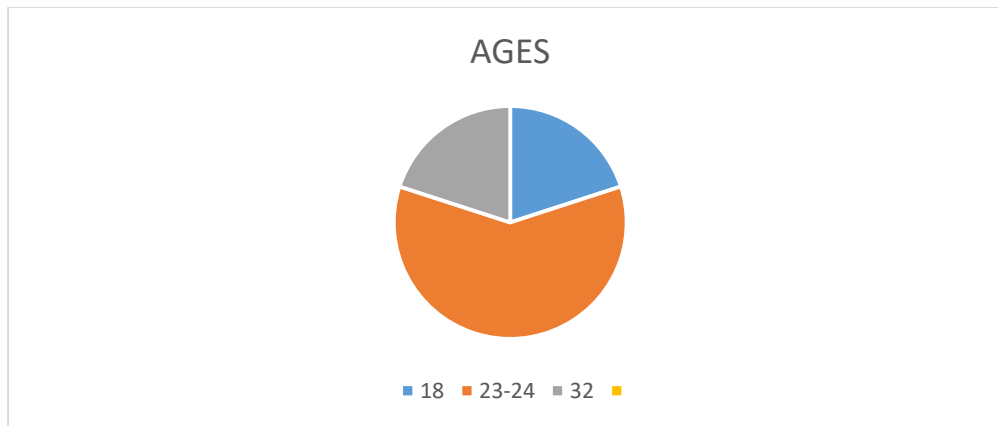


Figure 1.1 Age groups

The figure above represents that ages of the six participants who participated in the study. The study targeted female youth participants who were above the age of 18 and were able to give consent on their own. Three of the participants were between the ages of 23-24, one participant was 18 years old, and one participant was 32 years old.

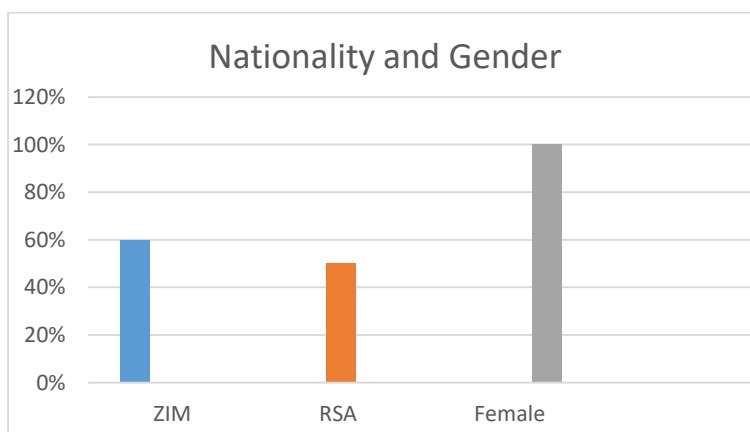


Figure 1.2 nationality and gender

The figure above represents the nationality of the participants, two participants were from South Africa and three participants were from Zimbabwe. All participants of the study were females.

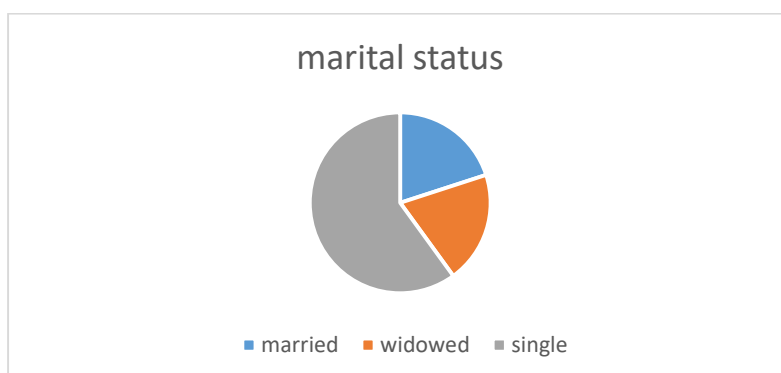


Figure 1.3 marital status

The above pie chart shows the marital status of the participants. Three were single, one was married and one was a widow. None of the participants were living with a disability and all participants were Christians.

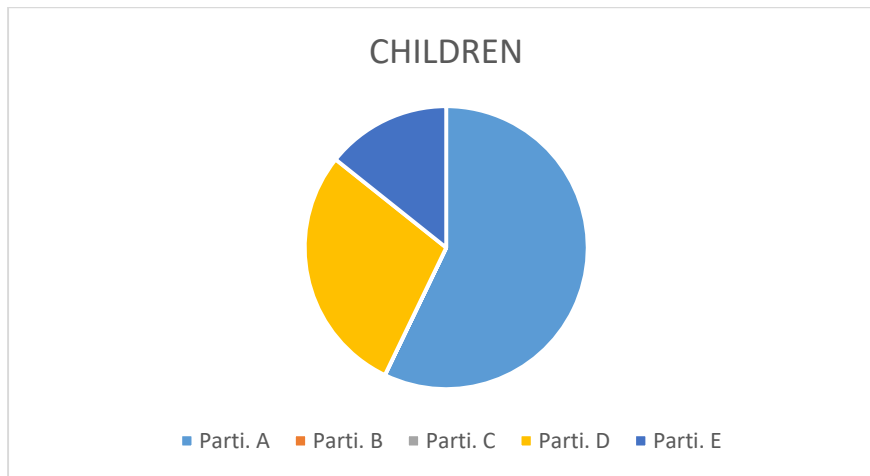


Figure 1.4 Number of children

Figure 1.4 represents the number of children the participants have. Participant A has four children, participant B and C do not have any children. Participant D has two children and lastly participant E has one child.

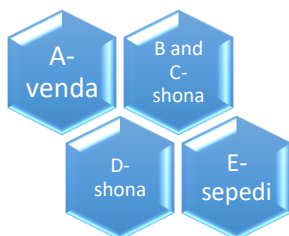


Figure 1.5 Participant A to E Languages

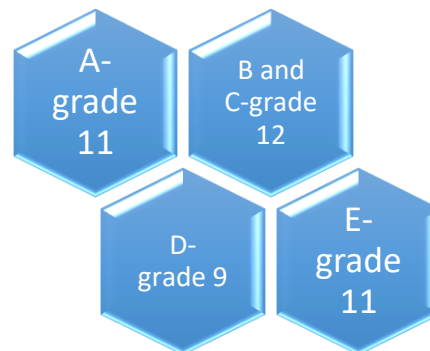


Figure 1.6 Highest level passed

Although some of the interviews were done in English, Figure 1.5 represents the different home languages the participants spoke. Three participants spoke Shona from Zimbabwe as a home language, one spoke Sepedi and one spoke Tshivenda from Limpopo. However all participants were in Kameeldrift at the time of the interview. Figure 1.6 also demonstrates the level of education found among the participants; two participants finished grade 12, one failed grade 12 therefore making grade 11 her highest level passed and the last one ended school in grade 9.

3.4.2 PART TWO: THEMATIC ANALYSIS

Crosley (2021) states that thematic analysis is an exploratory process of familiarising oneself with key aspects found in the collected data that answer or relate to the research question. This entails studying the data to identify patterns or themes that have meaning in relation to what the goal and the objectives of the study are trying to find. The researcher used thematic analysis as a data analysis technique to explore and describe the perceptions of female youth regarding menstrual hygiene management (MHM) in Kameeldrift, Tshwane. The data was analysed and categorized under one code: Menstruation as the main theme of the research study. However, there are themes and sub-themes under each theme. The table below gives an outline of the themes in table format.

| CODE: MENSTRUATION | |
|---|---|
| Theme 1: Conceptualisation and contextualisation of female reproductive health, the menstrual cycle and menstruation hygiene management | Sub-theme 1.1: An understanding of female reproductive health Sub-theme 1.2: Sources of information with regards to female reproductive health education. Sub-theme 1.3: Description of menstruation and the menstrual cycle Sub-theme 1.4: Religious and cultural beliefs about menstruation hygiene management |
| Theme 2: The experiences of female youth regarding their menstruation in Kameeldrift | Sub-theme 2.1: Participants first experience with menstruation Sub-theme 2.2: MHM products and facilities available Subtheme 2.3: Physical, Emotional and Mental experiences and challenges faced by female youth regarding menstruation hygiene management Sub-theme 2.4: Social and economic challenges with regards to menstrual hygiene management |

| | |
|---|--|
| | |
| Theme 3: Available service delivery resources and support structures for female youth regarding menstrual hygiene management in Kameeldrift | Subtheme 3.1 Kamcare visibility in the informal settlement Subtheme 3.2: Social work services availability . |
| Theme 4: Social work intervention strategies for menstrual hygiene management for female | Sub-theme 4.1: Program recommendations that improve the experience and perception of menstruation in Kameeldrift |

3.4.2.1 DISCUSSION OF THE EMPIRICAL FINDINGS

3.4.2.1.1 THEME 1: conceptualisation and contextualisation of female reproductive health, the menstrual cycle and menstruation hygiene management

The main focus of the first theme is to provide information gathered from participants on their understanding of what female reproductive health is, if they have been taught about it in schools through sex education, their understanding of the menstrual cycle, and menstrual hygiene management practices. Lastly, this theme focuses on the restrictions that are based on menstrual misconceptions that religions and culture put on menstruation. This theme is discussed and divided into four subthemes.

3.4.2.1.1 Sub-theme 1.1: An understanding of female reproductive health

Female reproductive health and sex education form the foundation on knowledge about menstruation and menstruation hygiene management. The participants could not define in broad terms what female reproductive health is and mentioned that this is a topic that is avoided often, especially when they were young. Some of the younger participants knew about the female reproductive system when the researcher explained what the female reproductive system is. When asked about sex education and female reproductive health, these are the responses received from participants:

Participant A: *You know, actually on that time, no, there was there was no time. So ne ba sa re ruti ka yona (there was no time to teach it), so ne bas a re ruti (they didn't teach us)*

Participant B: *ya I Know*

Participant E: *When I'm still at school*

While doing a qualitative research study on infertility in Cape Town in the year 2002, Dyer, Abrahams, Hoffman and van der Spuy (2002:1661) found that most women lack understanding and basic knowledge about human reproductive health in general. This is evident with the participants as when asked about what reproductive health is, they could not give an answer. Salam, Faggah, Sajjad, Lassi, Das, Kaufman and Bhutta (2016) believe that the lack of sexual and reproductive health knowledge is linked to social stigmas, laws and policies, as well as judgmental attitudes around reproductive health which leaves the needs of adolescents and females unmet. The researcher believes that this may be attributed to lack of openness to discuss things that are related to sex in homes and households as well as in school, especially in previous decades.

The ecological perspective focuses on how individuals connect with their different levels of the environment and how these interactions shape the growing child in different stages of life. When looking at these findings, the importance of the interaction between the individual and the microsystem is highlighted. The microsystem has close proximity to the growing female and thus becomes the first point of education and this includes the home, church, friends and school setting. The theoretical perspective mentions that if there is a disturbance in the interaction between the biological interactions with this system, the developing child may be negatively affected as they mature into adulthood. The participants mostly share a lack of openness about reproductive health from their home, and school, and therefore relied mostly on friends to learn about reproductive health which, in turn, limited their access to accurate and safe knowledge about what reproductive health is. This currently affects their perception of reproductive health as adults and may limit their access to getting good reproductive health services.

3.4.2.1.2 Sub-theme 1.2: Sources of information with regards to female reproductive health education

The older participants had to learn on their own through friends as it was not included in the school curriculum while they were younger, on the other hand the younger participants learnt about it in school. When asked where they learned about sex education, these were some of the responses:

Participant A: *you know friends*

Researcher: *Okay, so they never taught it to you, Like in school, like where they teach like, the reproductive system, what are ovaries?*

Participant B: *ya I Know,*

Participant C: *Yah at school*

Participant E: *Aowa (no) there was no limit*

Mturi and Bechechike (2019:135) add that the new school curriculum is a regulated body that can effectively teach about sexuality because it is more flexible and more informative as it allows for a holistic and factual standpoint. In South African schools, sexuality education is taught through a subject known as Life Orientation (LO) which is a compulsory subject from grade 10-12 (Mturi & Bechechike, 2019:135). Although the subject focuses on different elements of sexuality from the lower grades, in these grades (10-12) it focuses on educating learners on the personal and physical development, emotional and spiritual aspects, and mental and social aspects that will enable females to make informed decisions about their interaction with society and relationships when it comes to their sexuality (Mturi & Bechechike, 2019:135). However, Bhana, Crewe and Aggleton (2019:361) believe that in order for young people to be equipped with the knowledge and information to address the challenges they face with regards to sexual and reproductive health, they need to be provided with quality sexual education – a topic where the LO subject is restrictive and limited.

This sub-theme is also linked to microsystem as school and home settings have the responsibility of ensuring that accurate knowledge is passed on to growing females. However, it also extends to the macrosystem, which also includes higher institutions that create the information around reproductive health whether it is through policy development of what is deemed correct to teach in schools, the curriculums or the study material set, and how external organizations contribute to the information sharing on reproductive health. With these findings, it is evident that the participants interaction with school and the larger community was limited as they grew up in rural areas and informal settlements where most of the services were limited, therefore limiting the engagement of participants with this knowledge. In the much younger participants, it shows that there was an improvement with the interaction with schools and curriculum makers, who saw it fit to include reproductive health, although limited, in the new school curriculum.

3.4.2.1.3 Sub-theme 1.3: Description of menstruation and the menstrual cycle

When giving the definition of what menstruation is and the menstrual cycle, participants gave different answers, although with the same overall meaning. When asked about their understanding of what menstruation is, this is what they said:

Participant B: *it's getting your period over... over several... after three months, after one month, after one month.*

Participant C: *Menstruation I know... It's a cycle whereby people... Yah, were by their eggs, they burst, and they bleed and I know it normally takes place maybe after 25 days.*

Participant E: *What I understand is menstruation is the menstruation, there's nothing I can do about it and its nature*

The participants' understanding on menstruation is supported by (Friedland, 2008:17), who describes menstruation as a process where the body releases blood which occurs on a monthly basis. Each cycle takes up to 28 days then a new cycle begins. However, in an article written by the United Nations Population Fund (2018), it was discovered that girls around the world have limited knowledge about female reproductive health. This affects their knowledge about menstruation and why it has to happen. Although the participants understood what menstruation is, their responses were limited. The limited information was shown in a participant who stated that menstruation is when the body takes the toxins out of the body. The microsystem plays a huge role in educating females about menstruation. It is the responsibility of families, schools and churches, as well as the macrosystem to educate growing girls about menstruation and the menstrual cycle. With the differences in age amongst participants, different generations are highlighted. However, when it comes to knowledge about what menstruation is, the information sharing from the home and school settings becomes visible and showed that there was a level of openness about what menstruation is, which made it easier for the participants to manage it. Participants showed a level of understanding of what the menstrual cycle is.

3.4.2.1.4 Sub-theme 1.4: Religious and cultural beliefs about menstruation hygiene management

All of the participants were Christians, however, from different churches with different cultural and religious practices. Certain participants did not have challenges with their day-to-day activities and church however, some churches had restrictions. Their responses are captured below.

Participant A: *like for rona ne, he o menstruater, ha wa tshwanela like ho apeyela Nkgono. (Like for us neh, you are not supposed to cook for your grandmother when you are menstruating)... yeah, hee bona ba no re ha ke right like... ha ke tse... he o ba o menstruater ba o botsa, le he o le motswetsi, o ska apeyela batho b aba golo. (No*

they just say I'm not well, if you are menstruating or even after giving birth, you not supposed to cook for the elderly),

Participant B: *seventh day Adventist... Yeah, you're allowed to but you're not allowed, like, it's not like you're not allowed yeh but, according to you, you can see that. Okay they say that if you're on your period, you can't go in the front of the church. And maybe let's say you're giving a sermon, or you're preaching, no, you can't do that. Because you'd be dirty in front of the Lord,*

Participant C: *I go to the apostles. You know masowe. They just say you don't have to wear garments, you don't have to participate. Yes, we don't have to participate in church, you just to remain seated and response to what others do. But yourself you will not be participating. They... they explained that you will be not you will be unclean to God.*

Participant D: *I don't know... even when we growing up our mother and our grandma we were always told that if you go on period, you cannot come with us to the church so it's something that we grew up but we didn't ask why.*

Participant E: *Eya wa gona go ya ko kereng, e no ba nna he ke le mo di menstruation ha ke ye kerekeng, ka dula (yes you can go to church, it's just that I don't go to church when Im menstruating, I stay).*

The findings are supported by (Bhartiya,2013:523) as she states that all religions are in some ways restrictive when it comes to women who are menstruating. These restrictions are mostly based on traditional beliefs that made people believe menstruation is impure. Crichton et al.,2008) also mentions that in a study they did in Nairobi in the year 2008, they found that menstrual blood, or menses, were perceived as dirty, unclean and, to some extent, harmful by society. These stigmas may also be caused by the way people interpret what they read in the Bible as written in Leviticus 15:19 and 24: "If a woman has an emission, and her emission in her flesh is blood, she shall be seven days in her (menstrual) separation, and anyone who touches her shall be tamei (interpreted as ritually unclean commonly by people) until evening...And if any man lie with her at all and her (menstrual) separation will be upon him, he will be tamei for seven days...". (Bhartiya, 2013:523). This links with the influence the microsystem has on developing girls. Church plays a huge role in developing values, laws and attitudes which influence behaviour towards menstruation from home, school and in church. In this research study, evidence of inaccurate beliefs about menstruation in churches was shown. Participants share a belief that menstruation is impure due to the beliefs held by the different churches which limits their interaction with church when they are menstruating. This

affects their self-perception as they might view themselves as dirty and impure during menses and, therefore, not deserving of being in church during this time.

3.4.2.2 THEME 2: THE EXPERIENCES OF FEMALE YOUTH REGARDING THEIR MENSTRUATION IN KAMEELDRIFT

As a natural occurrence in life, female's experiences of menstruation differ. This is either based on their ability to access menstrual products, manage their menstrual hygiene and also the stigmas that revolve around menstruation. This theme focuses on the first experiences participants had with menstruation, their preferred menstrual hygiene management practices, and manners of disposing of used menstrual products. This theme also focuses on physical, emotional and mental challenges associated with menstruation and how it is handled by female youth. Lastly, the theme focuses on the economic challenges encountered by female youth when managing their menstruation.

3.4.2.2.1 Sub-theme 2.1: Participants first experience with menstruation

Participants experienced their first menstrual cycle differently at different ages. The age of menarche describes the first menstrual experience a female has. The expected age of menarche starts from the age of 11-15. However it can also start before 11 and after 16 years. These were their responses when asked about their age of menarche:

Participant A: *nna (I), I was 15 years.*

Participant B: *hmmm I was 14*

Participant C: *I was 15... Yah 15 I was about to turn 15 Let me say I was 15*

Participant D: *I think I start my period when I was 16*

Participant E: *Let me see... mmh 16*

Adereyko (2020) defines the age of menarche as the start of the girl's first menstrual cycle which shows a great development as girls enter a stage of being a women. She mentions that the average age of menarche is between the ages of 11 and 15, however some girl do experience early menarche which is before the age of 11, and late menarche which is after the age of 16. Mertinez (2020:2) also adds that the average age of menarche changed from 12.1% in 1995 to 11.9% from the years 2013-2017. When looking at the findings of the present study, it reflects that most of the participants started their first period within the average age expected.

Moreover, participants indicated that they each had different experiences in terms of physical and emotional symptoms experienced when they got their first period.

These were their responses when asked about the symptoms they experienced:

Participant A: *ei... That time when it started neh, I didn't understand why because the day I started menstruation, I get like, tired. I fall asleep like. I think it was two or three hours. When I wake up. I was like, full of blood everywhere.*

Participant B: *Okay it was... I've got my. I saw that I was in period in the morning. So it was like I got into my period at night, so I didn't experience anything. I didn't feel anything. The only thing I did is was to just wake up and see the blood,*

Participant C: *For the first time there was no sign*

Participant D: *I just feel like I don't want to eat, like I just feel like maybe I bored for something you know...Because when that day comes, most time, when most people told me that when you going to periods the first time you cannot imagine it... Like hah you guys you are just... but that day I realised it like oh my God... how did I not feel anything? Why... I don't know... I was just shocked*

Participant E: *The p... Period pain and then I told her so I had period pain and to me to go to the shop and get some pads because I'm going to be spoiled at school.*

When going through their first experience of menstruation, girls are expected to experience the first signs of periods. These include having odourless thick liquid like vaginal fluids, sore breasts and period pains (Adereyko, 2020). However, this was different for the participants as their first periods came as a shock to them without experiencing any symptoms. This may be attributed to their limited knowledge of menstruation and the female reproductive system which might have led to them not taking note of the physical changes occurring.

Most of the participants got their first menstruation at home, one participant was at church and one was at school. The ones who got their periods at home felt safe and told their loved ones who offered them support and advice, however, the ones who experienced it outside the home setting were left embarrassed by the incident. When asked who they shared the incident with, the participants said:

Participant A: *my older sister, Yo, I called her and she started telling me you know what, right now if you, go and wash, and then ka hlapa (I washed)after that, she gave me some pads, her pads because she was, nale motswetsi (she had just given birth).*

Participant B: *My mom only*

Participant C: *It started at home, and I told my mom that I'm kind of urinating reddish...*

Participant D: *I didn't know anything, and I get up in confidence. And I go straight to the toilet. And I saw my grandmother following me, and I say hey grandma, why are you following me. You know we had an exchange to say no I want to go to the toilet too. And I said why, and we just talk. But when we get in the toilet she told me like ... hey, you went to the period and I was like "what"*

Participant E: *I was so traumatised... but I told my mother and she told me to don't worry, go to the shop and get some pads,*

Okamoto (2018) felt like she was dying when she first experienced her menstrual cycle. In an article she wrote for teen vogue, she mentions the traumatic experience of not understanding what was happening to her as she believed she was dying. She first shared it with her mom who told her excitingly that she was a woman now. Mead (2020) mentions that over 60% of females are not prepared for their first period. The most common places where they get these periods are mostly at home and school and the closest people, usually family and friends, are there ones who are told first because of the feelings or confusion, embarrassment and nervousness experienced during this time. The researcher understands that menstruation comes with a lot of trauma especially if one does not understand what is going on. Depending on where it starts, the people, especially close family members, are the first people who are told about the incident and who in return, give advice. The microsystem plays a huge role in the manner in which menstruation is experienced for the first time. This involves the easiness of these systems to communicate what menstruation is, mitigate the challenges faced during this period and turn it into a positive or negative experience. Some of the participants experienced their first menstrual cycles in safe spaces while others were exposed at school and church. However, all participants had a safe haven who was there to calm their trauma down and allow them to experience menstruation as a normal and natural process. These included mothers, grandmothers, teachers and friends who the participants were close to.

3.4.2.2.2 Sub-theme 2.2: MHM products and facilities available

There are different types of sanitary products available for the participants to use and they have their preferred type. When asked which sanitary products they used, the participants responded by saying:

Participant B: *I use pads,*

Participant C: *Okay, I just change the pads like a cortex, Always. Yeah... all those*

Participant D: *I use, I use pads like always*

Participant E: *I always have pads in my bag*

Only one of the participants received the reusable pads two years ago when they were distributed. However, she is not using them but uses normal pads. When asked why she was not using it, this was her response:

Participant A: *like for nna neh, ne e se comfortable like, for nna, ka o re sale ka berekisa socks (for me, it wasn't comfortable because I once used a sock)*

In a study conducted by the Teddy Bear Clinic in 2016 to check how menstruation is managed and introduce a form of reusable product in the city of Johannesburg in eight schools, (Haberer , 2021) reports that 85% of the study control group mentioned disposable sanitary wear as their preferred menstrual product. Ekokotu (2019) also shares that females may prefer to use disposable sanitary pads because of the comfort they provide as they come in different lengths and thicknesses. They are also safer to use as they do not require one to physically insert it into the vaginal canal and they offer less itchiness and irritation if they are used correctly. This may also be attributed to the fact that reusable pads are still new and being introduced and females are already used to the comfort and easiness of using a disposable pad. With this feedback, the participant's first interaction with menstruation influenced their preferred product. This is shown by the participant who was forced to use a sock due to financial constraints and had a negative experience with it. The findings also show that all levels of the environment influence the decision made on which type of menstrual product is good. The interaction between a girl and her family, friends, the type of education given at school directly influences that decision. Also media plays a huge role as different organisations and brands advertise and sell their products.

Changing activities for participants depended on their affordability to buy pads and where they find themselves, whether its home, at school or at work. When asked about their changing behaviour during menstruation, they responded by saying:

Participant A: *nna fo nna neh... the minute ke utlwa o kare ke thapile...like I bath... I hate smell.. Ke se hloile so he o le mmerekong e ba difficult hore o hlape (so for me, the minute I feel wet, I bath because I hate smell, so when you are at work, it's difficult to bath)*

ya nna the minute ke utlwa o kare ha I sale... ya ka ntsha ka hlapa (so the minute I feel like it's not okay anymore, I take it out).

pad maybe he o ka ilokela Voor, around 10am key a remover ka hlapa (if I put a pad on in the morning, around 10 I remove it and bath),

Participant B: *Let's say for instance, I woke up, I slept wearing it, and so I woke up a change it. I bath then I change it... then yah when I come home again I will also change it. Again I will go to sleep... yah it depends on how the blood is coming out, sometimes it doesn't come out like you know, like fast, but sometimes it's slow just a drop drop drop. So the pad will not be full. So I... I thought of not changing it because I see you know it's a waste... you can't just change a pad after... yah.*

Participant C: *I bleed much blood so maybe Yeah... Yah I change a lot, maybe five times a day. I bath twice.*

Participant D: *I wear... when I wake up I bath and I take my pad, at 12 I take another bath Almost 3 3... I take another one. When I was here at home I can bath but if I was somewhere or I went to shopping, I can't bath, I just put my pads on plastic and I put in bin and I take another one.*

Participant E: *Hmmm he ele hore etletse, ka I ntsha ka apara engwe le ke tshela ka mo potleng (if I get it full, I change it and put the one in my pocket)*

Ke lahlela mo toilet.. ke ntsha, ka mo potleng ke ntsha e scoon (I throw it in the toilet, I take a clean one out of the pocket).

Sayeri(2018) explains that keeping good menstrual hygiene is important as it protects females from getting infections and harmful reproductive health conditions. She gives tips on keeping good hygiene which include: pads are not supposed to be used for more than two hours a day. When changing the pads, females are supposed to bath well, especially the vaginal area without soap, but using intimate wash products. However, the number of hours a pad has to be used differs from authors. Hirsch (2018) states that no matter how heavy one's flow is, pads should be changed after three to four hours. Although there is a difference in changing times, both authors agree that keeping a pad on for too long can cause leaks, bad odours and infections. As mentioned above, most participant's changing habits are good but some are not as pads are kept on for too long which may lead to them getting bad odours.

The majority of the participants used a similar way of disposing of sanitary material which was through the bin, however, one participant had a different way. When asked how they dispose of their sanitary wear, they said:

Participant A: *like mole mo rena, ke kgona ho lokela ka hara plastic, ka bofa, ka re dustbin (like there by us, I am able to remove it, put it in the plastic bag, tie it and throw in the Dustbin)*

Participant B: *Mostly I do me dig a hole. And then I throw it there, then I close it. Yeah.*

Participant C: *I throw in the bin.*

Participant D: *Here me I can take pads here and put on my bin*

Steps to Health (2018) supports the manner in which participants are disposing of their used menstrual pads. It is said that one should wrap or fold her used menstrual pad in a plastic and place it in the packaging of a new pad. These should be placed in waste bins not flushed because sanitary pads are considered harmful to the environment because they do not disintegrate into the environment. Macharia (2019) also believes that these type of disposal techniques has a negative impact on the environment because sanitary pads take many years to disintegrate. They should not be disposed as though they are normal waste with household waste but should be seen as biomedical waste because they contain hazardous chemicals that can affect human beings and the environment negatively. This also supports the findings that the participant who is currently digging holes as a disposal technique is in fact harming her own environment. Based on the ecological systems theory, the researcher acknowledges that there is an interaction that exists between the individual and the larger community. There are measures put in place to ensure that participants are provided with waste bins which are collected on a weekly basis to ensure that their environment is kept safe and clean. Although there is still a conflict with the manner in which this is handled as it is deemed a non-safe way of disposing.

3.4.2.2.3 Subtheme 2.3: Physical, Emotional and Mental experiences and challenges faced female youth regarding menstruation hygiene management.

Participants experienced physical, emotional and mental challenges when they have their periods. When looking at the physical challenges, the researcher focused on the space, symptoms and convenience or easiness of managing menstruation. Participants do experience physical challenges such as physical and emotional symptoms when they menstruate. When participants were asked if they experience physical and emotional symptoms before or during their menstruation, they replied:

Participant A: *Yah like di y aba teng, (yes I get them)*

Participant B: *Okay, I feel pain ahh under the, under my Abdomen, yah, I feel much pain is too painful. And then after I go to my period maybe I will have, I will have a sign that Im going to my period the day before.*

Participant C: *Pimples, stomach pains, then my skin I turn blackish... I turn blackish*

Participant D: *Now if like me it's like even someone touch me like want to have sex... I feel like I don't have feelings. It's like... and I realised that this time something it can*

happen. Yah it's like I don't want to have sex like yah like today... if I want to go to period tomorrow... I doesn't feel like to have sex

Participant E: *Ha ke no lumwa ke mala feela (I get stomach aches). Ha bereka.. a no loma feela, ho loma nje .. ka tseba gore ha loma so a se bereke ho ra hore (sometimes its runny sometimes its just achy then it means there is)*

Participant F: *Ae nou go better than nako ela kgale, and then akere morago nyana ge ntse ke gola, ke ile ka thoma goba le di period pain. Ge eke thoma ke mensa tshwanetse ke utlwe botlhoko ke robale pele ka dikobo and then ga ketlare ke ba better, tshwanetse ke nwe grand-pa pele, namile kege ketlo thoma goya matsatsing (Ai now it's better than long ago, and I started getting period pains when I was growing, when I start menstruating I must feel pain that puts me in bed, but after I drink grandpa, Im fine and then I start my period).*

In confirming the findings, Weatherspoon (2019) mentions that more than 90% of females may start to experience physical symptoms from five days before their actual period starts and this is known as premenstrual syndrome (PMS). These symptoms can be physical, emotional and also have different levels from mild to severe, which are all based on individual experiences. She mentions that these symptoms range from abdominal cramps, heavy bleeding, skin condition, such as getting pimples, getting sore breasts, feeling tired and bloated, having headaches and mood swings, food cravings and diarrhoea. Davis (2021) mentions that the treatment of these symptoms depends on the cause. These may be influenced by different things such as their lifestyle including diet, use of birth control pills, or getting heavy or prolonged periods. However, they can be treated by aspirin and pain killers. Some of the symptoms mentioned by Weatherspoon are some of the symptoms experienced by the participants. Using the ecological systems perspective, the biological aspects of a female play a huge role in how they experience menstruation. These are also influenced by the type of lifestyle the individual lives which is reflected in the food they eat, the environment in which they grow up in and the influence of family and friends. Based on this perspective, it is also evident that participants have found ways of managing their physical symptoms as they have access to the clinic nearby if they need treatment for PMS.

3.4.2.2.4 Sub-theme 2.4: economic challenges with regards to menstrual hygiene management

Although the participants are able to manage their menstruation well, they are challenged by the cost of sanitary products because of unemployment and dependency on other people. Some participants are able to afford sanitary products as they have a source of income while

others struggle to afford even the basics. When asked about affordability in terms of buying sanitary menstrual pads, they replied:

Participant A: *like nna ke nale tuck-shop (I have a tuck-shop)*

Participant B: *It's my mom.*

Participant C: *Uh now I'm depending on the piece jobs. Like washing, ironing, Yah all those because I'm trying fortunes to find the work that suits me. But unfortunately I'm not getting them.*

Participant D: *Like my husband when he get money he gives me R1000 for buying food stuff for the house. So when I go to shop... I buy my food stuff and I make sure there's a pad as well.*

Participant E: *Mara if ke tlhoka ya go reka tsele tsa always ya R20 e le ke hore nka se gone go I reka (but if I cant buy the always pads for R20 it means I wont that).*

Tull (2019: 2) mentions that due to “period poverty”, which is defined as having a lack of access to sanitary products due to financial constraints, many women, especially in rural and informal settlements, suffer financially when it comes to their menstruation. Mundell (2019) also states that two of three women who are poor have difficulties accessing menstrual hygiene products on a monthly basis and some have to make a decision between buying food or sanitary ware. It also affects their experience with managing menstruation as not having an income, or having a low income makes it difficult to access menstrual products as seen by some of the participants who do not have an income and rely on others. It also makes it difficult to have access to WASH facilities that are necessary for good hygiene, and it has a negative impact on the dignity of females as they use products for long, or use products that do not absorb blood well leading to spoiling and embarrassment or shame. Using the ecological systems perspective, it is evident that the family system at this point ensures that there is access to sanitary products as economic activities, even though they are minimal, ensure that there is provision made for pads during menstruation. There is an even larger collaboration with society to ensure that there is adequate access to WASH facilities that ensure that females’ experience of menstruation is positive. These also includes measures taken by social welfare organisations such as Kamcare to ensure that there is a provision of reusable sanitary pads for those who cannot afford.

3.4.2.3 THEME 3: AVAILABLE SERVICE DELIVERY RESOURCES AND SUPPORT STRUCTURES FOR FEMALE YOUTH REGARDING MENSTRUAL HYGIENE MANAGEMENT IN KAMEELDRIFT

Theme 3 focuses on the availability of menstrual hygiene management resources available to female youth in order to ensure that they are managing their menstruation well. It will focus on the visibility of the nearby NGO, Kamcare, as well as the involvement of social workers in the community.

3.4.2.3.1 Subtheme 3.1 Kamcare visibility in the informal settlement

Most of participants of the study did not have any knowledge about what Kamcare is or what it does in their community. This was illustrated in the verbal responses when asked about the involvement of Kamcare. However, some of the participants acknowledge that a certain organization came two years ago to distribute re-usable pads but they could not say if it was Kamcare or not. This gives the researcher the impression that the visibility of the organization in that area is poor. When asked if they know about Kamcare, some of the responses received were as follows:

Participant A: *nna since sale ka ba bona ho la mona a ke tse hore maybe ba dirang he a ba e tla na (I only saw them there I don't know what they do when they come).*

Participant B: *oh okay... I once uhm there during Corona neh there were some people I don't know.*

Participant D: *No*

One participant however, knows Kamcare and recalls going to their offices for assistance and baking classes and notes that even some of the Kamcare does projects but the community members themselves are not interested in participating. When she was asked about Kamcare, this was her response:

Misselhorn (2010) mentions that the involvement of NGO's in informal settlements is crucial because people living in these kinds of settings are faced with various challenges that include gaining access to basic services like sanitation, water, solid waste removal, safety and security, and other health challenges. Their involvement is necessary as it will help build and develop these communities and improve people's lives. Although Kamcare as an NGO is set to improve the lives of individuals living in Kameeldrift, their visibility is limited. This is supported by a statement made by Misselhorn (2010) to say that, although there are measures put in place such as breaking new ground policies, most government and non-government initiatives are still facing hardships with addressing the challenges faced in informal settlements due to the high demand of people in need and fewer resources at hand. Based

on the ecological systems perspective, the larger community has put measures in place to ensure that there is adequate resources like the police station, clinic, library and community hall which help improve the challenges faced by the participants and their families. Although access is limited, Kamcare tries to bring initiatives to the community that can improve economic activity and improve lives, such as bringing vocational skills classes such as baking and sewing.

3.4.2.3.2 Subtheme 3.2: Social work services availability

Of the six participants, only one participant had made use of social work services when they were available. She noted that there was one social worker who used to come before, but has since stopped. The other participants mentioned that they never saw a social worker before and one stated that in addition to their absence, she chose not to make use of their services. When participants were asked if they have seen or made use of social workers before, these their responses were:

Participants A: *go nale o moione ka kwa, ke sa itse gore now o sale teng na (theres one that side, not sure if she still comes)*

Participant B: *no*

Participant D: *No, I didn't*

Simpson (2001:203) mentions that social workers are perceived “as daughters of the government” because of the important role they play in the informal settlements to give individual and family, group counselling and help with accessing basic human rights, and create programs that uplift the community. Khumalo (2009) states that there is a shortage of social workers in South Africa which affects the government’s ability to meet the social service needs of vulnerable groups, especially the ones found in poor communities such as informal settlements. This is evident in Kameeldrift as the research participants mentioned that there are no social workers working in the area which affects them as they have no one to assist them with their challenges. Social workers form part of the macrosystem as they form part of larger governmental and non-governmental organizations that are supposed to offer welfare services in communities. When using the theoretical framework, the researcher noticed that there is limited interaction between the participants and social workers and social work related services. This may in turn disadvantage the participants, their families and the community as there is limited access of practitioners in the social services profession.

3.4.2.3.3 Sub-theme 3.3: Basic human needs services provided to the community of Kameeldrift

The participants mentioned that their informal settlement has access to basic human services such as water, sanitation, and shelter that has adequate space allocated to them. Their dustbins are fetched every Tuesday, which makes the disposing of their used sanitary products easier. Although the facilities are there, most of these are shared with others, such as community toilets and community taps. However, the participants do not see it as a challenge as they still manage their menstrual cycle adequately. Their responses are as follows:

Participant A: *yah ande ba dustbin ba tjeya on Tuesday (yes and the dustbins are taken every Tuesday).*

Participant C: *Yah I just wrap in the plastic then throw in the bin.*

Participant D: Here me I can take pads here and put on my bin

They have facilities such as water and toilets that make it easier to manage their menstruation adequately. Only one participant used a hole to dispose of her sanitary pads.

These findings are made important by (Tull, 2019:4) who states that in order to manage menstruation well, women need to have access to adequate safe and convenient facilities to dispose of used menstrual products such as toilets, water and waste management facilities. The South African Department of Human Settlements (2021) states that in South Africa, most parts of the country that are informal settlements, and did not have access to basic services, are slowly changing as these areas are getting upgraded in order to ensure that people have access to decent accommodation or shelter, access to water, electricity, schools, clinics and other amenities. In this community, the clinic and library act as a source of information about women's health and menstruation. The community also has access to basic services as mentioned by the Department of Human Settlement. Based on the ecological systems theory, there is proof that there is a good interaction between the individuals and their families with the government at the macro level. Although these are shared among members of the community, the Kameeldrift informal settlement has access to clean running water, shared toilets that are regularly cleaned and waste disposal facilities. They have adequate yard space that ensures privacy for families as well as access to municipality projects that allow them to engage in economic activities.

3.4.2.4 THEME 4: SOCIAL WORK INTERVENTION STRATEGIES FOR MENSTRUAL HYGIENE MANAGEMENT FOR FEMALE

The last theme, Theme 4, looks at the programs the participants believe will be beneficial for the female youth in the area to ensure that their well-being and experience of menstruation is a positive one.

3.4.2.4.1 Sub-theme 4.1: Program recommendations that improve the experience and perception of menstruation in Kameeldrift.

The participants of the study had different views on the types of programs that can be brought to the community to ensure that the female youth do not only benefit in terms of MHM, but in also acquiring soft skills that will help them grow. When asked what programmes could be brought to the community for female youth, these were the participants' different views.

Participant A: *waitsi for basadi bam o neh.. nna ke nahana hore ho needer somebody a ka buang le bona. How to have time le ban aba bona ba banyana, (you know the women here right, I think they need someone to speak to them to make time for their children, especially girls).*

Because he nka sheba basadi ba bantshi ha ban a nako le banyan aba bona.. ba endapa ko di tarvening at night, le bona ba koo (because if you look at most women here, they don't have time for their girl children. You find both mother and daughter in taverns at night).

Participant B: *okay... since I'm from Zimbabwe, I actually, I see people of my age... you know... the things that they do... they are not good. Some of them they drink beer, they go to taverns, you know... they don't have a bright future, a bright mind future. You know so actually I think it's a big challenge that if someone maybe like you could organise a meeting about uhm those ages you know and then encourage them to go to school, not getting pregnant at school, you know .. Yah.*

Participant E: *E ya ruta ka tsona ra gona go I tirela tsona (yes to teach us how to do the reusable pads on our own)*

Participant D: *Like even like you brought some... what kind of project do you think... because even now you, you working because you get up in the morning and you make sure everything, and you take you plan and the your books which means you working. So everything you do, its work. So what do you think project can brought them pads so they cannot work?*

Kiefer (2015) supports the statement that menstruation is still one of the most pressing matters that affects billions of women on a monthly basis, more especially in developing countries. This includes women's health, education, and participation in daily activities, dignity and

finances. The physical, emotional and economic challenges associated with menstruation still affects people in many countries. A lot of women are still discriminated against when they menstruate because of the illusion created by misinformation, cultural and religious misconceptions still held about what menstruation is and how to perceive menstruating women.

It has also engendered norms that place most women in the household while men work. Putting programmes in place that address these challenges is essential for the management of menstruation as it will empower women to start fighting for their menstrual rights and participation in social and economic activities during their menstrual cycle. For example, the African Health Organisation (2020) talks about an international plan where local governments, NGO's and schools collaborate to train teachers, volunteers, parents and health care workers on how to educate young females about menstruation in a manner that prohibits shame and embarrassment. This international plan also includes distributing sanitary products and materials to schools in order to educate young females on how to manage their menstrual cycles better. Kamcare, as a welfare organisation at a macro level, has ensured that menstruating girls have access to reusable sanitary pads in order to ensure that this need is always provided for. In addition, the organisation tries to bring vocational projects that increase income-generating activities in the community. However, there is less interest in these activities by community members, which also affects the visibility and effect that Kamcare has on the community.

3.5 SUMMARY

In Chapter Three of the study, the research methodologies used when conducting the study were discussed. This included revisiting the main goals and objectives of the study and finding appropriate research methods applicable to this study. This section focused on the ethical considerations relevant to the study as well as how they were used to ensure that the study was ethical and morally aligned to social work principles. Thematic analysis also was discussed as the technique used to analyse the data. Through using the steps of thematic analysis, the researcher analysed the transcripts from the interviews with the participants and put the gathered information into themes and sub-themes. This data was then discussed and meaning placed on them by providing supportive literature. Four themes were discovered with sub-themes and each theme and its sub-theme was discussed with quotes from the data collected from the participants given in verbal format. The next chapter, Chapter Four, will look at key findings, conclusions and recommendations.

CHAPTER FOUR: KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

In chapter three, a discussion on the findings of the study, the data collected and the research approaches that were chosen for the study were given. Therefore this chapter highlights the key finding of the goals and objectives of the study as well as gives conclusions based on the empirical data gathered.

4.2 SUMMARY

The summary of this chapter focuses on whether or not the goals and objectives of the study were achieved and how they were achieved.

4.3 THE GOAL OF THE PRESENT STUDY

The goal of this research study was to explore and describe the perceptions of female youth regarding menstrual hygiene management (MHM) in Kameeldrift, Tshwane. This was done through gathering information on what the participants thought about menstruation as a whole. This was managed by following a set of objectives for the study in a manner that allowed participants to give their personal insight as well as allowing the researcher to expand her knowledge about menstruation and menstrual hygiene management through making use of the literature review.

4.4 THE RESEARCH OBJECTIVES OF THE STUDY WERE TO:

4.4.1 To conceptualise and contextualize female reproductive health, the menstrual cycle and menstruation hygiene management.

In order to conceptualise and contextualise female reproductive health, the researcher gathered literature on reproductive health and the female reproductive system. This was shown in Chapter 2 of this report, specifically Section 2.2 and 2.3 and Chapter 3, Theme 1 as the researcher gave a global and local context of the understanding of what female reproductive health is and how the female reproductive system functions. In these sections, the World Health Organisation (2021) gives a definition of what female reproductive health is through defining it as “a state of complete physical, mental and social well-being” which includes having good health in general, being able to exercise autonomy over one’s life decisions, especially when it comes to making decisions about one’s sexual activities and child bearing activities. The contextualisation of reproductive health is also understood through the 2030 Sustainable Development Goals 3 as mentioned by the UNDP (2021) whereby section 3.7 of this goal focuses on ensuring that by 2030, there is universal access to sexual and reproductive healthcare services which includes access to education, information and family planning.

This objective was also met in Chapter Two Section 2.4 where a description of menstruation and the menstrual cycle is given. Friedland (2008:17) looked at menstruation in its biological form and described it as a natural process that occurs on a monthly basis in order to prepare the body for pregnancy. When there is no pregnancy, the blood from the uterus walls sheds and exits the body through a menstrual cycle or menstruation. Patrick (2019) mentions that this process of menstruation begins when a girl child reaches puberty and stops at menopause or pregnancy.

Sommer (2009:384), however explains menstruation by stating the importance of menstruation is that it symbolises the entry of a young girl into adulthood which is held by many different cultures. This enables her to differentiate between the process of menstruation and the sex education. Good health for females is part of the sustainable development goals, therefore in order to ensure that females have access to good health, this knowledge must be passed on to others. During the interviews, the researcher also shared some of the knowledge gathered with participants.

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

In order to gather knowledge of what the participants know about female reproductive health education, the researcher asked the participants to share with her their understanding of what female reproductive health is, and find out where they gathered this knowledge of female reproductive health using the guide of semi-structured open questions. This objective was achieved through Chapter 2, section 2.5.3 where Dlomo (2019) mentions that there is a lack

or absence of communication about sexual reproductive health, especially in African families where there are designated people with the responsibility of discussing menstrual issues with girls which has made it more difficult for adolescent girls to confide in their parents who are not responsible for this (Dlomo, 2019). (Janoowalla et al., 2020:87), adds that it is important for parents to talk to their children about menstruation as this comes with a lot of uncertain feelings of happiness and at the same time fear. However, parents, especially mothers, find it difficult to communicate or teach their girl children about it. This may be caused by their own upbringing and attitudes held as females in regards to menstruation as well the overwhelming and embarrassing feeling they experience when they have to talk about reproductive organs names and sex as a topic. This objective is also achieved in Chapter Three of the report, under sub-theme 1.3 where participants give their own sources of information with relation to menstruation.

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

This objective was met through Chapter 2, section 2.5 and Chapter 3 Theme 2, sub-theme 2.1 where the experiences of the participants are given. The literature by (Jarrah & Kamel, 2012:308).who state that a menstrual cycle comes with physical symptoms ranging from getting muscle pains, experiencing headaches, getting constipation and bloating, fluid retention causing weight gain, sore breasts and fatigue. These symptoms can start anytime from the week before getting the menstrual cycle and the last a couple of days after. Menstrual cycles also come with emotional and behavioural changes such mood swings, increased appetite and food cravings, insomnia, tension, anxiety, etc.; 75% to 90% of menstruating females experience these symptoms (Jarrah & Kamel, 2012:308).

The researcher used semi-structured questions to ask the understanding and experience of participants with regards to menstruation. When focussing on the experience of menstruation, the researcher focussed on asking question that consisted of experiences when they started their first menstruation and looking at the physical, emotional and mental experiences.

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

This objective was met by giving a lengthy discussion in Chapter Two, section 2.5 on the different challenges faced by female youth in relation to menstruation focusing on different aspects such as access to adequate menstrual hygiene management facilities in different setting such is at home, school, and at the work place. For example, in section 2.5.2, Kabira (2020) states that girls in slums, also known as informal settlements, still have limited and

difficulties in accessing adequate menstrual facilities as a result of a reduction in economic activities that affect service delivery and parents' income generating activities for families in these areas, especially during the COVID-19 pandemic.

Kgware (2016:10), also mentions that the socio-economic background of individuals especially in Africa, influences to a large extent how menstruation is managed by mentioning that the majority of breadwinners in the households are mothers (41%) and fathers (31%) who occupy low paying jobs such a cleaning and security guard jobs. Furthermore, (Schmitt et al., 2017:7) found that in most black households in informal settlements, there is a lack of privacy for females to change their used sanitary wear because of crowed homes with extended family members in small spaces. In Chapter Three, sub-theme 2.2, 2.3, and 2.4 the researcher focused on asking open-ended questions that were related to the challenges they faced in childhood as well as the challenges they are currently facing. With this objective, the researcher focused on the management of physical and emotional symptoms, access to menstrual hygiene management facilities looking at how easy is it for these facilities to be accessible, adequate and affordable.

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

This objective was achieved in Chapter Two, 2.6 where the role of society in relation to menstruation is highlighted. It is also achieved in Chapter Three Theme 3: sub-theme 3.1, 3.2 and 3.3 where the available service delivery resources and support structures for female youth regarding menstrual hygiene management in Kameeldrift are discussed. Literature shows that that society has a huge educational role in addressing and limiting the effects that menstruation has on females (Kaur et al., 2018:4). Many social and cultural challenges that females experience in relation to MHM are influenced by the different spheres of the society such as the male perception of MHM, gender inequality and measures to protect the male human species from negatively experiencing it by placing the female in a vulnerable position (Kaur et al., 2018:4). Rios (2019) also adds that the biggest barrier to achieving proper MHM is more based on the lack of menstrual education in society. Therefore, it is the responsibility of the micro- and macrosystem to ensure adequate access to information about menstruation and menstruation hygiene management.

In addressing this objective, the researcher also mapped out organisations and government facilities available for the female youth that make it easier to manage menstruation. These included determining whether there are accurate MHM facilities in Kameeldrift such as such as clinics, police stations, community halls, libraries and active NGO's that assists members of the community, not only with menstruation but other bio-psychosocial aspects that can

affect female reproductive health. With this objective, the researcher also assessed the involvement of social workers and NGO's such as Kamcare in the community in order to recommend intervention strategies that can benefit female youth in Kameeldrift.

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

The last objective was achieved through Chapter Two, section 2.7 where the role of social workers are defined as well as Chapter Three, Theme 4, sub-theme 4.1. Nandhini (2017:53348) in this section mentions social workers are able to work in different settings due to the nature of the social work discipline. These setting include the primary healthcare sector, legal and social services to ensure that the lives of individuals, their families and the community at large are improved. Social workers are able to work in multidisciplinary teams in primary health care to advocate for the needs and the rights of females with regards to menstruation and menstrual hygiene management (Girod et al, 2017:336). In Chapter Three, Theme 4, the researcher did a needs assessments by asking participants for ideas for programmes that can be implemented in the community to address their social and economic needs as well ensure that females have a better experience with menstrual hygiene management.

4.5 THE RESEARCH QUESTION

The research study was focused on answering this research question: **What are the perceptions of female youth regarding menstruation hygiene management in Kameeldrift, Tshwane?**

With the information gathered from the participants, the researcher concludes that the participants of the study perceive and experience menstruation as a normal and natural process that opens the door for young girls to become women. They understand the challenges that are associated with menstruation such as the physical symptoms, emotional symptoms and mental symptoms associated with the menstrual cycle. Their first experiences of menstruation was different with some experiencing humiliation and embarrassment, however that did not affect the manner in which they are managing their menstruation now.

Certain aspects affect their understanding of menstruation in relation to culture and religion because some cultural and religious belief are under the assumption that a female is dirty in front of the Lord or adults when she is experiencing her period. This affects them negatively as they are then limited from doing certain activities like going to church or socialising with others.

4.6 KEY FINDINGS AND CONCLUSIONS

In this section, the researcher will highlight and explain the key findings, conclusions and make recommendations of the study based on the gathered information. This will be done by focusing on each of the four themes identified in Chapter Three.

4.6.1 THEME 1: CONCEPTUALISATION AND CONTEXTUALISATION OF FEMALE REPRODUCTIVE HEALTH, THE MENSTRUAL CYCLE AND MENSTRUATION HYGIENE MANAGEMENT

The purpose of this theme was to gain an understanding of what female reproductive health is, how the menstrual cycle occurs and what menstrual hygiene is. With the information gathered, the overall key findings for this are stated below.

4.6.1.1 Sub-theme 1.1: An understanding of female reproductive health

Key findings

The study findings revealed that there was a lack of knowledge about female Reproductive health among the female youth in Kameeldrift. This was revealed when all participants' were unable to answer the question on what female reproductive health is. In terms of this theme, the research also highlighted that the older participants did not get a chance to learn formally about female reproductive health when they were young as this was considered taboo and teachers in school were scared to discuss it. This led to them teaching themselves about the topic from friends. On the other hand, the younger participants did learn about it in school, however the terminology used in school or in the curriculum might be different to the terminology used by the researcher. This was visible with one participant who did not understand female reproductive health, but did understand the term ovaries.

Conclusion

In conclusion, the researcher concludes that there is a lack of knowledge about female reproductive health among the female youth in Kameeldrift. The knowledge of the broader definition of female reproductive health is unknown in full by participants. This may affect the manner in which their reproductive health is managed in terms of checking for ailments that affect females such as polycystic ovarian syndrome and fibroids, or endometriosis which can affect them negatively during menstruation.

Recommendation

Social workers working in the area of Kameeldrift have to provide programs for young females that focus on educating them about female reproductive health holistically including the physical, emotional and mental positives and negatives that may affects them and not only the biological aspect of it. This will enable female youth to better understand they physical anatomy and the challenges they may face as young females.

4.6.1.2 Sub-theme 1.2: Sources of information with regards to female reproductive health education.

Key findings

The study revealed that with the younger generation, the formal school curriculum covers a certain portion of reproductive health education as it focuses on the biological aspect of the female reproductive system. On the other hand, the study revealed in previous decades, it was considered bad to talk about female reproductive health. Therefore the older participants had to teach themselves from home and friends on what female reproductive health is.

Conclusion

In conclusion, the knowledge that participants have on female reproductive health is limited and may affect what they teach their female children on what this is. This also extends to the manner in which this topic is being taught in school which may be affected by the uncomfortableness of the topic as most teachers may think discussing it promotes sexual behaviour.

Recommendation

It is recommended that social workers need to work in collaboration with schools, clinics and the NGO's to increase knowledge about what reproductive health is and how it can be accessed. This can be done through workshops and modules in schools that educate families and children about this topic.

4.6.1.3 Sub-theme 1.3: Description of menstruation and the menstrual cycle

Key findings

The study showed that the participants had knowledge about what menstruation is as they were able to give a description of what menstruation is and how it occurs; although they were using different ways to explain it. However, the study also revealed that some participants' ideas of menstruation is not accurate as it stems from religious and cultural myths of menstruation being dirty which limits participation in social activities.

Conclusion

It can be concluded that even though there is a basic understanding of the process of menstruation and how it should occur, there are still misguided ideas about what menstruation is. This stems from the different cultural and religious beliefs of menstruation being unclean before God. In turn, this affects many social activities especially ones that involve culture and religion.

Recommendation

Social workers need to work to develop programmes that teach about menstruation and menstrual hygiene management. These must be developed in a manner that is age

appropriate for different age groups and in languages they understand. These can be conducted as workshops or support groups for the different age groups.

4.6.1.4 Sub-theme 1.4: Religious and cultural beliefs about menstruation hygiene management

Key findings

The study revealed that some cultures and religions still perceive menstruation as taboo and something that is impure and therefore dirty. This limits them in terms of practising some of their daily functions such as cooking, going to church, etc.

Conclusion

In conclusion, there is evidence that religion and culture plays a significant role in the definition and understanding of menstruation for the participants and its management. This is based on the unexplained misconceptions held by the leaders and followers' from different churches attended by participants which mislead and discriminates against females during menstruation by making them believe they are dirty and therefore unclean in the eyes of God.

Recommendation

There must be forums created where men, religious leaders and community leaders engage in discussions that can help change the mind-set that people have, especially men, in relation to menstruation.

4.6.2 THEME 2: THE EXPERIENCES OF FEMALE YOUTH REGARDING THEIR MENSTRUATION IN KAMEELDRIFT

The main aim of this theme was to identify the different challenges faced by participants in relation to menstruation and menstrual hygiene management. This included looking at how they experienced their first menstrual cycle and comparing it to how they are experiencing it now. This section also focuses on the menstrual hygiene management patterns which includes changing and disposing behaviour which may affect their well-being.

4.6.2.1 Sub-theme 2.1: Participants first experience with menstruation

Key finding

The research revealed that participants started their menstruation at different ages ranging from 14-17 years. The research also revealed that the experience was different for each of them, most of them did not experience any physical and emotional symptoms before and just saw blood. This may be attributed to the fact that they might have not known what the symptoms of menstruation were at that point in order to identify them or they did not have symptoms. Only two participants got their first period outside and the home setting and that made them feel embarrassed and humiliated as they were not prepared for it and were seen by most people, also because, at the time that they got their first menstrual cycle, there was

still a negative stigma attached to menstruation. Mothers were the go-to people for the first experience which gave participants a bit of comfort.

Conclusion

It can be concluded that experiencing menstruation for the first time can be very traumatic for females, especially ones with limited information as they are not aware of what is happening to them and need support. This entails that a female's background on menstruation in terms of their experiences with menstruation, may affect them either positively or negatively in their lifetime. With the participants, they experienced their first menstruation positively as they had support from their grandmother, mothers and sister which made them handle the experience with ease. This has led them to grow with a positive outlook of menstruation as a positive and natural process that must occur to acknowledge their growth and development. However for those who experienced it out of the home setting, this influenced them to learn more about menstruation so that they can manage it correctly throughout their lives although they were traumatized and embarrassed at the time.

Recommendation

In working together with sub-theme 1.3, social workers need to implement programmes that prepare females for their first menstrual cycle. This can include looking for donations for emergency care packs with sanitary products needed that females can carry in their bags wherever they are. This can also include a pamphlet on what the first signs of menstruation are, and what to do when you get your first menstrual cycle to minimize the shock and trauma of periods.

4.6.2.2 Sub-theme 2.2: MHM products and facilities available

Key finding

The study revealed that the participants preferred to use a disposal pad during menstrual periods as they are deemed as comfortable, hard to stain and can be used longer. With the reusable pads, the study showed that only one participant received it and used it once but did not prefer it as she did not feel comfortable with it. Some participants with heavy menstrual flow made alternatives of using baby nappies as they are bigger and designed to cover them from back to front making sure that there is no leaking or staining.

The study also found that changing patterns differed among participants. Some changed and bathed two to three times a day. This was based on how heavy their flow was and how many packs of pads they could afford. The study revealed that only one of the participants changed a pad twice a day, meaning she stayed longer with a pad.

In relation to disposing of used material, the study found that participants used dustbins to throw their used pads wrapped with plastic or newspapers. These are then collected weekly on Tuesdays. It was shown in the findings of the study that one of the participants digs holes to dispose of her used menstrual pads. Because disposal pads take time to decompose, this can be a negative practice as it might lead to odours and germs around her environment.

Conclusion

It can be concluded that most female youth prefer using disposable pads as compared to re-usable sanitary wear because of its comfort, easiness to use and change as well as minimal leakage. Changing patterns also differ based on individual biological experience of menstruation and their access to MHM facilities. In relation to disposing, it is concluded that participants have access to the necessary equipment needed to facilitate menstruation adequately even though they are living in an informal settlement.

Recommendation

A program that will teach youth how to sew re-usable pads that will be re-distributed to the younger females in order to always have access to sanitary pads, must be provided. This must be done in collaboration with an education program that will teach them what re-usable sanitary materials are, how to use them effectively and the advantages and disadvantages of using them.

In addition to that, distribution of the disposable pads must also be provided for the community members who prefer using that option as some will deem it more comfortable than the re-usable pad

4.6.2.3 Subtheme 2.3: Physical, Emotional and Mental experiences and challenges faced female youth regarding menstruation hygiene management

Key findings

The study revealed there are different physical and emotional challenges experienced by the female participants when it came to menstruation. Some of the participants had underlying female reproductive health conditions that make their experience a little bit difficult but not to a point whereby they are unable to participate in daily activities. These symptoms include period pains, stomach aches, pimples, changes in mood and tiredness. The study also revealed that participants have found a way of managing their symptoms medically.

Conclusion

It is therefore concluded that female youth experience different symptoms when they are menstruating which are also deemed as normal symptoms associated with menstruation as mentioned in Chapter Two of the report. It is also concluded that participants are able to deal and manage the symptoms with rest and medication to ensure that they are not affected and limited from doing their daily activities.

Recommendation

It is the responsibility of social workers to conduct further research on what challenges female youth experience in order to come up with solutions to these challenges. It is therefore recommended that social workers implement programmes that offer educational and materialistic facilities by linking the informal settlements with companies that offer services in relation to giving services on the physical, mental and emotional challenges. Social workers can also offer individual, or group counselling to females who are struggling with this who can help each other find solutions to overcome their challenges.

4.6.2.4 Sub-theme 2.4: Social and economic challenges with regards to menstrual hygiene management.

Key finding

The study revealed that all participants are not formally employed and either depend on husbands, parents and self-employment to ensure that there is enough food in their homes. It also revealed that the challenges faced by female youth regarding menstruation hygiene management in Kameeldrift is more linked with finances. However, the study found that most of participants had means of getting income for example:

- one of the participants owns a tuckshop
- one has piece jobs
- one has a working husband
- one is renting out a backroom
- two are depending on parents who are self-employed

The study found that the income the participants are getting is low, however when it comes to getting pads, the participants find a way to get them even though it is difficult. The study also revealed that most youth, especially females in Kameeldrift are employed.

Conclusion

It is concluded that female youth in Kameeldrift that formed part of the study have a way of ensuring that their MHM products are always available as they have income generating activities that give them income. It is also concluded that the income received is low therefore affording menstrual products is difficult. In addition, from the recorded interviews with the participants, it was mentioned that most of the young and youth females in the community are unemployed which affects their livelihoods as they have to miss school many times. One of the participants believed that the unemployment rate of this community is so high, not because there are no job opportunities, but rather due to lack of interest for working for the community members themselves

Recommendation

Different income generation and work programmes need to be implemented in this community as community members need to be motivated to work. These programmes need to promote employment and provide work readiness workshops. This will ensure that community members find a way of generating income, whether through self-employment or being formally employed. This will also allow illegal members in the community to get legalised in order to get jobs.

4.6.3 THEME 3: AVAILABLE SERVICE DELIVERY RESOURCES AND SUPPORT STRUCTURES FOR FEMALE YOUTH REGARDING MENSTRUAL HYGIENE MANAGEMENT IN KAMEELDRIFT

4.6.3.1 Subtheme 3.1 Kamcare visibility in the informal settlement

Key Findings

Through the research study, it was revealed the visibility and participation of Kamcare as an organization is limited in the informal settlement. The study also revealed that when Kamcare brings projects to the community, there is lack of interest from the community members to participate in them.

Conclusion

It is therefore concluded that Kamcare's visibility in the community is not enough as most participants do not know what Kamcare is and what they do. It is also concluded that the community members lack interest in the activities brought on by Kamcare because most of their activities required community members to leave the informal settlement and walk to them for participation which acts as a deterrence.

Recommendation

Kamcare needs to increase their visibility in this community. They need to bring the projects closer to the beneficiaries for them to participate regularly and also make sure that there is regular contact between Kamcare social workers and the community to ensure that the needs of the community members are met holistically, not only in relation to menstruation but other challenges that may affect the female reproductive health.

4.6.3.2 Subtheme 3.2: Social work services availability

Key findings

Through the study, it was discovered that there was no link between NGO's, social workers and the community of Kameeldrift. The study also revealed that some members of the participants did not know what social workers are or what they do. However, the study

revealed that there are some participants who have made use of social work services before but are currently not in contact due to their absence.

Conclusion

It is therefore concluded that social workers and their services are not present in this community. The Kamcare social workers visibility in the community is limited and therefore participants do not know what social workers are and what they are supposed to do.

Recommendation

Social workers need to advertise their services in the community and have an office nearby where they will be physically nearer to the community to help them with their everyday challenges.

4.6.3.3 Sub-theme 3.3: Basic human needs services provided to the community of Kameeldrift.

Key finding

The study revealed that the informal settlement has access to basic human services such as water, sanitation, and shelter that has adequate space allocated to participants. The study revealed that dustbins are fetched every Tuesday, which makes disposing of their used sanitary products easier. Although the facilities are there, the study revealed that most of these are shared with others, such as community toilets and community taps. The research study also found that participants have access to health care services when needed for their female reproductive health-related issues.

Conclusion

It is therefore concluded that, with regards to resources and support available for female youth related to menstruation hygiene management in Kameeldrift, even though there are resources and support available, they are limited. There is only a clinic and one police station in the area, one small library and no schools nearby. These cater for the informal settlements found in Kameeldrift and its whole population. It is also concluded that participants and female youth have access to health care services by using the clinic for their female reproductive health-related issues. However, there are limited social work services available to them. In conclusion, although Kameeldrift is an informal settlement, the community has access to the basic human services necessary.

Recommendation

Although the community has access to running water and toilets, these are community taps and toilets not individual ones. This poses a number of challenges for females who are

menstruating as it might be uncomfortable. Therefore social workers need to advocate for the rights of proper sanitation and water supply for each house hold.

4.6.4 THEME 4: SOCIAL WORK INTERVENTION STRATEGIES FOR MENSTRUAL HYGIENE MANAGEMENT FOR FEMALE

4.6.4.1 Sub-theme 4.1: Program recommendations that improve the experience and perception of menstruation in Kameeldrift

Key findings

When looking at social work interventions strategies for menstrual hygiene management for female youth, the research study found that according to the participants, there is no contact between social work related activities in the community. In relation to menstrual hygiene management, the participants mentioned that the only social work related activity was done two years ago when re-usable sanitary wear was distributed

Conclusion

It is therefore concluded that the presence of social work related activities is limited in the informal settlement and this may affect the livelihoods of the community members. It is also concluded that a holistic approach to MHM is necessary in the community to ensure proper coverage.

Recommendation

Social workers need to provide soft skills workshops in the community that focus on parenting skills to ensure that parents know how to deal and talk to their young ones who are menstruating, set up programmes that promote employment or self-employment through linking them with organisations that provide free vocational skills for them to gain skills in order to be employable or be able to make their own employment. Social workers also need to conduct research about the other challenges and needs of people living in Kameeldrift in order to come up with solutions that will better their lives.

4.6.4.2 Recommendation for future research

For future research, there is need for more research to be conducted in relation to the challenges that the residents of Kameeldrift encounter as well as the relationship this community has with the larger community such as non-governmental and governmental organisation focusing specifically on the provision of for their basic needs such as water, electricity and decent shelter as this is the mandate of the Department of Human Settlement. These include more access to basic human rights services that affect their employability.

4.8 OVERALL SUMMARY

The last chapter of the report focused on answering the research question: What are the perceptions of female youth regarding menstruation hygiene management in Kameeldrift,

Tshwane? This question was answered through ensuring that the main goal and objectives of the study were represented in the data collected and had key findings, conclusions and recommendations which were discussed in the last section of the report.

REFERENCES

- African Health Organisation. 2020. *Menstruation and period program*.
<https://www.aho.org/programmes/menstruation-and-periods-programmel> Accessed on: 5/11/2021
- Aderoyko, O. 2020. *Menarche: Key facts about your daughters first period*.
<https://flo.health/menstrual-cycle/health/period/menarche> Accessed on: 12/11/2021
- Anney, V.N. 2015. Ensuring the Quality of the Findings of Qualitative Research: Looking at Trustworthiness Criteria. *Journal of Emerging Trends in Educational Research and Policy Studies*, 5(2):272-281.
- Babbie, E. 2017. *The basics of social research*. 7th ed. Boston MA: Cengage Learning.
- Baimyrzaeva, M. 2018. *Beginners' Guide for Applied Research Process: what is it, and why and how to Do It?*. Occasional paper, University of Central Asia, Kyrgyz Republic.
<https://www.ucentralasia.org/content.Downloads/UCA-IPPA-OP4-Beginners%20Guide%20for%20Applied%20Research%20Process-Eng.pdf> Accessed on: 03/05/2020
- Barker, R.L. 2003. *The social work dictionary*. 5th ed. Washington, DC:NASW Press.
- Better Health Channel. 2021. *Women's sexual and reproductive health*.
<https://www.betterhealth.vic.gov.au/womens-sexual-and-reproductive-health> Accessed on: 21/05/2021
- Braun, V & Clarke, V. 2012. Thematic Analysis. In Cooper, H, Camic, P.M, Long, D.L, Panter, A.T, Rindskopf, D & Sher, K.J. (Eds). *APA handbook of research methods in psychology, Vol 2: Research designs: Quantitative, qualitative, neuropsychological and biological*. pp: 57-71. Washington, DC: American Psychological Association.

Budhathoki, S.S., Bhattachan, M., Castro-Sanchez, E, Sagtani, R.A., Rayamajhi,R.B., Pai, P & Sharma,G. 2018. Menstrual hygiene management among women and adolescent girls in the aftermath of the earthquake in Nepal. *BMC Women;s Health*. 18(33):1-8.

Butler, L. 2016. *5 ways to provide sanitary products for girls in need*.<https://www.news24.com/w24/selfcare/wellness/body/5-ways-to-provide-sanitary-products-for-qirls-in-need-201605> Accessed on: 20/03/2021

Chatindiara, K. 2019. *The challenges of poverty, inequality and youth unemployment in the city of Tshwane*. <http://www.researchgate.net/publication/337893768> Accessed on: 05/03/2021

Clarke, V., Braun, V. & Hayfield, N. 2015. Thematic analysis. *Qualitative Psychology*. <https://psych.auckland.ac.za/thematicanalysis> Assessed on: 22/11/2021

Coast, E., Lattof, S.R. & Strong, J. 2019. Puberty and menstruation knowledge among young adolescents in low- and middle-income countries: a scoping review. *International Journal of Public Health*, 64(1):293–304.

Crankshaw, T.L., Strauss, M. & Gumede, B. 2020. Menstrual health management and schooling experience amongst female learners in Gauteng, South Africa: a mixed method study. *Reproductive*, 17(48):1-15.

Csikszentmihalyi, M. 2020. *Adolescence*. *Encyclopaedia Britannica*. www.britannica.com/science/adolescence Accessed on: 05/05/2020

Davis, C.P. 2019. *Menstruation (Menstrual Cycle, Period)*. <https://www.medicinenet.com/menstruation/article.htm> Accessed on: 04/03/2020

Department of human settlements. 2021. *Access to basic services for informal settlements*. www.dhs.gov.za/content/access-basic-services-informal-settlements Accessed on: 22/11/2021

Department of women, youth & persons with disability. 2019. *The sanitary- Dignity Framework*. www.women.gov.za/images/Sanitary-Dignity-Framework---June-2019-9-07-2019-without-highlights.pdf Accessed on: 08/05/2020

Department of women, youth & persons with disability. 2019. *Department of women on Menstrual Hygiene Day- Menstrual Hygiene day seeks to end more than just period of poverty*. <https://www.gov.za/speeches/department-women-menstrual-hygiene-day-28-may-2019-0000> Accessed on: 08/05/2020

De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L. 2011. *Research at grass roots for the social sciences and human service professions*. 4th ed. Pretoria: Van Schaik Publishers.

Dictionary.com. 2021. *Perception*. www.dictionary.com/browse/perception Accessed on: 05/05/2021

Dlomo, S. 2019. *Yes, teenagers account for 10% of deliveries in South Africa, but not half the maternal deaths*. <https://africacheck.org/reports/yes-teenagers-account-for-10-of-deliveries-in-south-africa-but-not-half-the-maternal-deaths> Accessed on: 18/04/2020

Dubriwny, T.N. & Dubriwny, T. 2012. 'Theorizing Postfeminist Health- Risk and the Postfeminist Subject'. *The Vulnerable Empowered Woman: Feminism, Postfeminism, and Women's Health*. Rutgers University Press, pp: 13-32.

Dyer, S.J., Abrahas, N., Hoffman, M., & van der Spuy, Z.M. 2002. Infertility in South Africa: women's reproductive health knowledge and treatment-seeking behaviour for involuntary childlessness. *Human Reproduction*, 17(6):1657-1662.

Ebue, M., Uche, O. & Agha, A. 2017. Levels of intervention in social work. In Okoye, U., Chukwu, N. & Agwu, P. (Eds.). *Social work in Nigeria: Book of readings* (pp 84–92). Nsukka: University of Nigeria Press Ltd.

Ekokotu, E. 2019. Sanitary pads: history, types, benefits and dangers. <https://healthtian.com/sanitary-pads/> Accessed on: 22/11/2021

Erzikova, E. 2018.

Gatekeeping. https://www.researchgate.net/publication/327879416_Gatekeeping Accessed on: 21/11/2021

Farage, M.A., Neill, S. & MacLean, A.B. 2009. Physiological Changes Associated with the Menstrual Cycle: A Review. *Obstetrical and Gynecological survey*, 2nd (ed.) 64(1): 58-72.

Friedland, L. 2008. *Ultimate guide to women's Health*. Cape Town: NB Publishers.

Frith, A. 2011. *Kameeldrift*. <https://census2011.adrianfrith.com/place/799043> Accessed on: 11/05/2020

Girod, C., Ellis, A., Andes, K.L., Freeman, M.C. & Caruso, B.A. 2017. Physical, Social, and Political Inequities Constraining Girls' Menstrual Management at Schools in Informal Settlements of Nairobi, Kenya. *J Urban Health*, 94(1): 835–846.

Haberer, L. 2021. *Menstruation and school girls in South Africa: An Intervention study*. <https://crownschool.uchicago.edu/menstruation-and-school-girls-south-africa-intervention-study> Accessed on: 04/03/2021

Hirsch, L. 2018. *Can I wear the same pad all day?* <https://kidshealth.org/en/changing-pads.prt-en-htm> Accessed on 15/11/2021

Hornby, A.S. 2010. *Oxford Advanced learner's Dictionary: international student edition*. Oxford University Press.

International Federation of Social Workers. 2021. *What is Social Work?* <https://www.ifsw.org/what-is-social-work/> Accessed on: 19/11/2021

Janelle, T. 2016. *Sanitary pads: 5 reasons why sanitary Napkins are dangerous*. www.anigan.com/blogs/blog-post/5-reasons-why-sanitary-pads-are-dangerous Accessed on: 22/11/2021

Jarrah S.S. & Kamel A.A. 2012. Attitudes and practices of school-aged girls towards menstruation. *International Journal of Nursing Practice*, 18(1): 308–315.

Johnson, T.C. 2002. *Your guide to the female reproductive system*. <https://www.webmd.com/sex-relationships/guide/your-guide-female-reproductive-system> Accessed on: 26/05/2021

Kabira, C. 2020. *Periods in a pandemic: women and girls in low income settlements need more support*. [Periods in a pandemic: women and girls in low-income settlements need more support \(theconversation.com\)](https://www.theconversation.com/periods-in-a-pandemic-women-and-girls-in-low-income-settlements-need-more-support) Accessed on: 04/03/2021

Kamcare. 2021. *Community development*. [Community development \(kamcare.org\)](https://www.kamcare.org/community-development) Accessed on: 04/03/2021

Kamcare social and training services. 2019. *Newsletter*. <http://www.kamcare.org/resources/Newsletter%20July%202019.pdf> Accessed on: 10/05/2020

Kaur, R., Kaur, K. & Kaur, R. 2018. Menstrual hygiene, Management and waste disposal: Practices and challenges faced by girls/women of developing Countries. *Journal of Environmental and public health*, 2018(1): 1-9.

Keppler, H., Asanti, D., Xie, X., Negassa, A., Benfield, n., Rulisa, S. & Nathan, L.M. 2020. The impact of menstrual hygiene management on adolescent health: The effect of Go! pads on rate of urinary tract infection in adolescent females in Kibogora, Rwanda. *International Federation of Gynecology and Obstetrics*, 148(1): 87–95.

Kgware, M. 2016. *Menstruation and menstrual hygiene management in selected Kwazulu Natal Schools*. Oxford: Durban, South Africa.

- Khumalo, G. SA faces shortage of social workers. <https://www.sanews.gov.za/south-africa/sa-faces-shortage-social-workers> Accessed on 22/11/2021
- Kiefer, T. 2015. *Five innovative projects promoting menstrual hygiene around the world*. <https://www.positive.news/lifestyle/health/five-innovative-projects-promoting-menstrual-hygiene-around-world/> Accessed on: 22/11/2021
- Korstjens, I. & Moser, A. 2018. Series: practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice*, 24(1):120-124.
- Kumar, S.S. 2017. What are reusable pads? Here is everything you wanted know about reusable cloth pads. [What are reusable menstrual pads? Here is everything you wanted know about reusable cloth pads! | India.com](https://www.india.com/health/what-are-reusable-menstrual-pads-here-is-everything-you-wanted-know-about-reusable-cloth-pads/) Accessed on: 25/06/2021
- Laerd. 2012. Principles of research ethics. <https://dissertation.laerd.com/principles-of-research-ethics.php#third> Accessed on: 19/11/2021
- Lavrakas, P.J. 2008. *Gatekeepers*. <https://methods.sagepub.com/reference/encyclopedia-of-survey-research-methods/n200.xml> Accessed on: 27/01/2021
- Louw, D. & Louw, A. 2012. *Adult development and Ageing*. Psychology Publications.
- Macharia, J. 2019. *Sanitary waste disposal woes in urban households*. <https://africasustainablymatters.com/sanitary-waste-disposal-woes-in-urban-households> Accessed on: 22/11/2021
- Maree, K. (Ed.) 2020. *First steps in research*. 3rd ed. Pretoria: Van Schaik Publishers.
- Marcin, A. 2018. *What is ovulation? 16 things to know about your menstrual cycle*. <https://www.healthline.com/health/womens-health/what-is-ovulation#ovulation-tracker> Accessed on: 02/07/2021
- Marshall. P.A. 2007. *Ethical Challenges in Study Design and informed consent for Health Research in Resources-poor settings*. World Health Organization.
- McLeod, S. 2018. *Erik Erikson's Stages of Psychosocial Development*. www.simplypsychology.org/Erik-Erikson.html#:~:text=Erik%20Erikson%27s%20Stages%20of%20Psychosocial%20Development%201%20Erik,Stagnation.%20...%208%20Ego%20Integrity%20vs.%20Despair.%20 Accessed on: 05/05/2021
- Mead, L. 2020. *What's your first period story?* <https://blog.mylola.com/menstrual-health/first-period-story/> Accessed 22/11/2021

Misselhorn, M. 2010. *A new response to informal settlements*. www.ngopulse/node/13699

Accessed on: 15/11/2021

Mndende, A. 2021. *Lack of sanitary pads force girls to use unhygienic materials: health expert on ending period poverty*. <https://www.news24.com/parent/family/parenting/lack-of-sanitary-pads-force-girls-to-use-unhygienic-materials-health-expert-on-ending-period-poverty-20210602> Accessed 22/11/2021

Mturi, A.J & Bechuke, A.L. 2019. Challenges of Including Sex Education in the Life Orientation Programme Offered by Schools: The Case of Mahikeng, North West Province, South Africa. *African Journal of Reproductive Health* September, 23 (3):134-148

Mukherjee, A., Lama, M., Khakurel, U., Jha, A.N., Ajose, F., Acharya, S., Tymes-Wilbekin, K., Sommer M., Jolly, P.E. , Lhaki, P. & Shrestha, S. 2020. Perception and practices of menstruation restrictions among urban adolescent girls and women in Nepal: a cross-sectional survey. *Reproductive health*. 17(81):1-10. <https://reproductive-health-journal.biomedcentral.com/track/pdf/10.1186/s12978-020-00935-6.pdf> Accessed on: 04/03/2020

Mundell, E.J. 2019. *Study: Many poor women can't afford Tampons, Pads*. <https://www.webmed.com/women/news/20190116/study-many-poor-women-cant-afford-tampons-pads> Accessed on: 23/11/2021

Nair, S. 2018. Are reusable cloth sanitary pads safe to use or are they unhygienic. <https://edtimes.in/are-reusable-cloth-sanitary-pads-safe-to-use-or-are-they-unhygienic/> Accessed on 22/11/2021

Nowell, L.S., Norris, J.M., White, D.E. & Moules, N.J. 2017. Thematic Analysis: Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative Methods*, 16 (1): 1–13.

Okamoto, N. 2018. *My first menstruation experience*. <https://www.teenvogue.com/story/my-first-period-nydya-okamoto> Accessed on: 12/11/2021

Paquette, D. & Ryan, J. 2001. *Bronfenbrenner's Ecological Systems Theory*. http://dropoutprevention.org/wp-content/uploads/2015/07/paquetteryanwebquest_20091110.pdf Accessed on: 05/05/2020

Prevue. 2015. *Group interviews vs 1-on-1 interviews*. <https://www.prevuehr.com/resources/insights/group-interviews-vs-1-on-1-interviews/> Accessed on: 03/05/2020

- Quirkos. 2016. *A recruitment strategy for qualitative research projects*.
<http://www.quirkos.com/blog/post/designing-a-qualitative-recruitment-strategy> Accessed on: 20/03/2021
- Ramathuba, D.U. 2015. Menstrual knowledge and practices of female adolescents in Vhembe district, Limpopo Province, South Africa. *Curationis*, 38(1): 1-6.
- Rios, G.R. 2019. *The importance of menstrual health management education*.
www.girlsglobe.org/2019/05/28/importance-menstrual-health-education/?doing_wp_cion=1637400676.3653850555419921875000 Accessed 19/11/2021
- Rueckert, P. 2018. *Why Periods are keeping girls out of school & how you can help*.
<https://www.globalcitizen.org/en/content/menstrual-hygiene-day-education/> Accessed on: 03/03/2020
- Ryan, F., Coughlan, M. & Cronin, P. 2009. Interviewing in qualitative research: the one-to-one interview- Research Methodology Series. *International Journal of Therapy and rehabilitation*. 16(6):309-314. <https://doi.org/10.12968/ijtr.2009.16.6.42433> Accessed on: 03/03/2021
- Sahay, N. 2020. Myths and Misconceptions about Menstruation: A Study of Adolescent School Girls of Delhi. *J Women's Health Dev*, 3 (3): 154-169
- Salam, R.A., Faggah, A., Sajjad, N., Lassi, Z.S., Das, J.K., Kaufman, M. & Bhutta, Z.A. 2016. Improving adolescent sexual and reproductive health: a systematic Review of potential interventions. *The Journal of adolescent health*.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5026684/> Accessed on: 21/11/2021
- Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H. and Jinks, C. 2018. Saturation in qualitative research: exploring its conceptualization and operationalization. *Springer*, 52(1):1893–1907.
- Sayeri Diary. 2018. *Use sanitary pads- importance of menstrual hygiene*.
<https://sayeridiary.com/2018/02/06/use-sanitary-pads-importance-menstrual-hygiene>
 Accessed on: 12/11/2021
- Schmitt, M.L., Clatworthy, D., Ratnayake, R., Klaesener-Metzner, N., Roesch, E., Wheeler, E. & Sommer, M. 2017. Understanding the menstrual hygiene management challenges facing displaced girls and women: findings from qualitative assessments in Myanmar and Lebanon. *Conflict and Health*. 11(19)
<https://conflictandhealth.biomedcentral.com/track/pdf/10.1186/s13031-017-0121-1.pdf>
 accessed on: 29/02/2021

- Showkat, N. & Parveen, H. 2017. Non-probability and probability sampling. *Media and communication studies*.https://www.researchgate.net/profile/nayeem_Showkat/publication/319066480_Non-probability-and-probability-sampling.pdf?origin=publication-detail Accessed on: 26/04/2020
- Simpson, B. 2001. *Social work in informal settlements in the Durban metro region*.
https://researchspace.ukzn.ac.za/bitstream/handle/10413/7721/simpson_Barbara_2001.pdf?sequence=1&isAllowed=y Accessed on: 12/11/2021
- Smith, T. 2020. *What is a Thematic Analysis, and how to do it?*
<https://www.totalassignmenthelp.com/blog/themtic-analysis/> Accessed on: 20/03/2021
- Sommer, M. 2009. Ideologies of sexuality, menstruation and risk: girls' experiences of puberty and schooling in northern Tanzania. *Culture, Health & Sexuality*, 11(4): 383–398.
- South Africa National youth Commission Act 19 of 1996. Republic Of South Africa.
http://www.saflii.org/za/legis/num_act/nyca1996302 Accessed on: 15/04/2020
- Steinke, J. 2017. Adolescent Girls' STEM Identity Formation and Media Images of STEM Professionals: considering the influence of Contextual Cues. *Frontiers of Psychology*, 8(716):1-15.
- Step to health. 2018. *How often should I change my pads during my periods*.
<https://steptohealth.com/how-often-should-i-change-my-pad-during-my-period/> Accessed on: 12/11/2021
- Tatlilloglu, K. 2018. "According to Erik Erikson's psycho-social development theory concept identity and identity confusion in adolescence". *Identity in Psychological dimensions of communities and Professions*.24-24 April, Bingöl, Ukraine.
<http://www.researchgate.net/publication/333661688> Accessed on: 05/03/2021
- Teater, B. 2014. Social work practice from an ecological perspective. In C.W. LeCroy (Ed.), *Case studies in social work practice* (3rd ed.). Belmont, CA: Brooks/Cole.
- Tong, R. 2012. Gender Roles. *Encyclopedia of Applied Ethics* (2nd ed.) pp: 399-406
- Tull, K. 2019. Period poverty impact on the economic empowerment of women. *knowledge, evidence and learning for development*.<https://assests.publishing.services.gov.uk/media/5c6e87b8ed915d4a32cf063a/period.pdf> Accessed on: 15/11/2021
- Vanner, C. 2015. 'Positionality at the Center: Constructing an Epistemological and Methodological Approach for a Western Feminist Doctoral Candidate Conducting Research

in the Postcolonial. *International Journal of Qualitative Methods*.1-12

doi: [10.1177/1609406915618094](https://doi.org/10.1177/1609406915618094).

Van Teijlingen, E.R. & Hundley, V. 2001. Social Research Update: the importance of pilot studies. 1(3):1-4. [SRU 35 Winter 2001 \(surrey.ac.uk\)](#) accessed on: 27/01/2021

Weatherspoon, D.2019. *10 signs your period is about to start*.

<https://healthline.com/health/womens-health/periods-signs> Accessed on: 12/11/2021

World Health Organisation. 2021. Sustainable Development Goal 3: Health.

<https://www.who.int/topics/sustainable-development-goals/targets/en/> Accessed on: 21/05/2021

Worku, F. & Gebresilassie, S. 2008. Reproductive Health for health science students. *Associate Professor of Gynecology and Obstetrics*. University of Gondar, Ethiopia.

Yopyop, H.J. 2014. Research ethics, Avoiding harm.

<https://www.slideshare.net/hannajemimayopyop/avoiding-harm-in-research-final> Accessed on: 19/11/2021



Faculty of Humanities

Fakulteit Geesteswetenskappe
Lefapha la Bomotheo



ANNEXURE A: ETHICAL CLEARANCE

23 June 2021

Dear Ms TR Masuku

Project Title: The perceptions of female youth regarding Menstrual Hygiene Management in Kameeldrift, Tshwane

Researcher: Ms TR Masuku

Supervisor(s): Dr NJ Bila

Department: Social Work and Criminology

Reference number: 11055911 (HUM014/0521)

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,

A handwritten signature in black ink, appearing to be 'KH'.

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 Pikirayi (Deputy Dean); Prof KL Harris; Mr A Bizos; Dr A-M de Beer; Dr A dos Santos; Ms KT Govinder; Andrew; Dr P Gutura; Dr E Johnson; Prof D Maree; Mr A Mohamed; Dr I Noomá; Dr C Puttergill; Prof D Reyburn; Prof M Soer; Prof E Taljard; Prof V Thebe; Ms B Tsebe; Ms D Mokalapa



· **ANNEXURE B- PERMISSION LETTER FROM KAMCARE**

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 THERAPIST

Jesuit Refugee Service South Africa
13, 5th Street, La Rochelle, 2190
Tel: +27 (0)11 614 9380
Fax: +27 (0)11 614 9360
www.jrs.net
NPO 006-739

RE: DEBRIEFING SESSIONS WITH PARTICIPANTS OF A RESEARCH STUDY

Dear Dr Bila and Thato Refiloe Masuku

With this letter, I am giving permission for my services a registered social worker with practice number 10-38687 to conduct debriefing sessions with participants of the research study conducted by a Master's Degree Social work student from University of Pretoria. Please note that these services will be offered free of charge.

If you need more information, please do not hesitate to contact me on the telephone number above or on 0746920076.

Kind regards,

Beata Sebakwiye

Social worker

SACSSP reg. no: 10-38687

ANNEXURE D: LETTER OF INFORMED CONSENT FOR PARTICIPANTS

Date: 03 June 2021

Name: Thato Refiloe Masuku
Email: masukuthato3@gmail.com
Cellphone No: 064 903 2684

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, the way the research will be done and the rights you have as a participant. Please go through the form before you make a decision 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 interviews 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 individual 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 one 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

Room 10-5 HSB Building
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 Bomo

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 it 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?

ANNEXURE F: CERTIFICATE FROM EDITOR

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

THATO REFILOE MASUKU

EDITOR

S PRETORIUS
(stfn.pretorius@gmail.com)

DATE ISSUED

2 DECEMBER 2021

CERTIFICATE NUMBER

AC2021432

ANNEXURE G: TURNIT IN REPORT

The perceptions of female youth regarding Menstrual Hygiene Management in Kameeldrift, Tshwane

ORIGINALITY REPORT

| | | | |
|-------------------------------|-------------------------------|---------------------------|----------------------------|
| 9% SIMILARITY INDEX | 9% INTERNET SOURCES | 2% PUBLICATIONS | % STUDENT PAPERS |
|-------------------------------|-------------------------------|---------------------------|----------------------------|

PRIMARY SOURCES

| | | |
|----------|--|---------------|
| 1 | repository.up.ac.za Internet Source | 4% |
| 2 | Repository.up.ac.za Internet Source | 1% |
| 3 | ujcontent.uj.ac.za Internet Source | <1% |
| 4 | uir.unisa.ac.za Internet Source | <1% |
| 5 | dspace.nwu.ac.za Internet Source | <1% |
| 6 | etd.uwc.ac.za Internet Source | <1% |
| 7 | "Gender Equality", Springer Science and Business Media LLC, 2021 Publication | <1% |
| 8 | repository.nwu.ac.za Internet Source | <1% |

vital.seals.ac.za:8080