

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

by

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

MSW: HEALTH CARE

in the

Department of Social Work and Criminology

at the

UNIVERSITY OF PRETORIA

FACULTY OF HUMANITIES

Supervisor: Dr N. J. BILA

DECEMBER 2021

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ACKNOWLEDGEMENTS

To my supervisor, Dr Nontembeko Bila, I would like to express my heartfelt gratitude for your support, guidance and mentorship in this research project. It has been a great honour to be under your supervision. You are truly a good mentor.

To my husband Mr Sipho Sibanda, thank you for the support, motivation and encouragement. To my boys, Tinashe and Them bani Sibanda, Mommy loves you so much my boys. Sorry for not spending much time with you. Hopefully, one day you will understand.

A special appreciation goes to Kamcare Organisation for the permission to conduct the research and to all the study participants who volunteered to be part of this study; you are all unique ladies. My gratitude is also extended to my employer, Future Families for granting me study leave and my work colleagues for the encouragement and support.

To my mother, Josephine Guzha a great woman of God, thank you for your prayers and for instilling in me the values of faith, hope, patience, and courage.

A special recognition to the great prophet and prophetess of God, Emmanuel & Ruth Makandiwa, thank you for the covering and spiritual guidance.

Makaita zvenyu. Thank you all. Glory be to God Almighty whose grace and mercy made this study possible.

ABSTRACT

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

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Menstruation hygiene management (MHM) is a multi-faceted phenomenon that plays a pivotal role in the lives of female youth. Female youth experience a lot of challenges in relation to menstruation hygiene management. Menstruation hygiene management needs the availability and access to clean water and soap. When a woman is undergoing a menstrual period, it is essential that she receives privacy to do so.

The goal of the study is to explore and describe the perceptions of female youth regarding menstruation hygiene management. The study utilized a qualitative research approach since it sought to undertake an exploration and description of the perceptions of female youth regarding menstruation hygiene management from the view of the participants. Applied research was the most appropriate type of research for this study.

The study was conducted from phenomenology research design, more specifically the transcendental research design. The population for the study were all female youth from the age of 18-35 residing in Kameeldrift, Tshwane, who are experiencing menstruation. The researcher drew a sample, using non-probability sampling approach, more specifically snowballing sampling. The researcher used interviews as a data collection method. Specifically, one-on-one interviews using an interview guide. Thematic data analysis was used to analyse data generated by this study. To ensure that data quality was not compromised, the researcher made use of data verification constructs.

The findings highlight the participants' knowledge about reproductive health; menstruation experience and challenges; menstruation hygiene management and challenges; resources

and limitations; the need for social work intervention; proposed recommendations for addressing the MHM challenges.

The conclusion is that female youth are less prepared at the onset of menstruation and this makes them experience psychosocial and emotional challenges during menstruation. However, female youth are resilient, finding alternative ways of addressing the MHM challenges.

The recommendation is that social workers should devise programmes aimed at empowering young girls about menstruation hygiene management and that the educational system should be transformed to deliberately and adequately include issues of MHM in the school curriculum, which should be taught right from primary school age.

Key words: Menstruation, Menstruation hygiene management, Perceptions, Female, Youth, Kameeldrift

LIST OF ACRONYMS

MHM	Menstruation hygiene management
WHO	World Health Organisation
UNICEF	United Nation Children's Fund
SDG	Sustainable Development Goals
KZN	KwaZulu Natal
WASH	Water Sanitation and Hygiene

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CHAPTER 1

GENERAL INTRODUCTION AND ORIENTATION OF THE STUDY

1.1. INTRODUCTION

Menstruation hygiene management (MHM) is a multi-faceted phenomenon that plays a pivotal role in the lives of female youth (Chikulo, 2015). More recently the international importance of good health and wellbeing, including menstruation hygiene management was emphasized through its inclusion on Goal Number 3 of the 2030 Agenda for sustainable development (United Nations, 2015).

Menstruation hygiene management needs the availability and access to clean water and soap (Biran, Curtis, Gautam, Greenland, Islam & Schmidt, 2012). When a woman is undergoing a menstrual period, it is essential that she receives privacy to do so. In addition, the tools that she would have used as part of menstruation hygiene management should be properly disposed in a private manner (Vaughn, 2013:93). This is unfortunately not the case for many young women in poor communities, who do not have access to privacy, both in terms of utilisation and disposal of menstruation equipment (WHO, 2013). It is a difficult time for girls when they are on menstruation because they tend to miss out on a lot, not only in terms of their education but also in terms of their social, cultural and religious life (UNICEF, 2015). The participation and psycho-social well-being of female youth during class gets affected when they do not have sanitary wear due to the fear of spoiling their uniforms and consequently being teased, humiliated and embarrassed by peers in class (WHO, 2013).

Given the numerous constrains encountered by female youth, the research study focused on the perceptions of female youth regarding menstruation hygiene management residing in Kameeldrift, Tshwane.

Definition of key concepts

The key concepts relevant to the study are as follows.

- **Menstruation**

Menstruation is a regular phenomenon that occurs in teenage girls and women. As young girls enter into puberty, they start to notice different changes in their body like the flow of blood

through their vagina (menstruation). Menstruation occurs once a month. According to the American Society for Reproductive Medicine (2013), the discharging process of blood lasts about 3 to 8 days and it differs from person to person. In the context of this study, menstruation refers to the monthly vaginal bleeding experienced by female youth who reside in Kameeldrift.

- **Menstruation hygiene management**

Biran Curtis, Gautam, Greenland, Islam and Schmidt (2012:115) define menstruation hygiene management as women and adolescent girls using a clean menstrual management material to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period. Good MHM entails the use of clean sanitary towels, access to soap, clean water, and disposal facilities for menstrual waste (Simavi, 2018). In the study, menstruation hygiene management (MHM) refers to how the female youth in Kameeldrift use reusable and non-reusable sanitary towels to absorb blood during their menstrual period.

- **Perceptions**

Perception refers to a belief or opinion based on how things seem (Merriam Webster Dictionary, 2015). In the context of the present study, perceptions refer to beliefs and opinions of female youth on menstruation hygiene management.

- **Female**

The Merriam Webster dictionary (2015) defines a female as, “An individual of the sex which conceives and brings forth young, which has an ovary and produces ova. In the study, female will refer to young women who are 18 years and above and experiencing menstruation.

- **Youth**

The period of life when a person is young or the state of being young (National Youth Act, 1996). In the study youth refers to a female who is over the age of 18-35 years.

- **Kameeldrift**

Kameeldrift is an informal settlement in Tshwane. It is located about 20 km north of Pretoria Central Business District (Communities Planact, 2020).

1.2. THEORETICAL FRAMEWORK

The ecological systems theory was the most appropriate theoretical framework for this study. It enabled the researcher to comprehend, analyse and describe perceptions of female youth regarding menstruation hygiene management from multiple perspectives and systems. The ecological system theory provided an all-inclusive view on how a female youth interacts with several environmental settings (Berns, 2013:6). From a systems' frame of reference, Howe (2009:114) states that everything and everyone is connected and influences each other. Female youths are thus part of their families, peer groups, schools and communities and as a result of interactions there is mutual influencing. The ecological systems theory views the world as consisting of basic structures which are constantly interacting and mutually influencing each other. Berns (2013:17) identify them as micro, meso, exo, macro and chrono systems. These structures influence the perceptions of female youth regarding menstruation hygiene management as discussed below.

The first environment is the microsystem level which involves the biological, intellectual physical, emotional as well as psychological aspects of the individual's life experiences (Bronfenbrenner, 1979). Thus, the female youth might interact with other systems such as families, peer groups, schools, and the immediate neighbourhoods. On a micro level, female youths' menstruation hygiene management is influenced by the family who might not be able to provide access to clean water and proper absorbent sanitary pads to use, which may result in her not going to school and not being able to interact with her peers.

The meso system level according to Bronfenbrenner (1979:25) is the second structure that might influence a female youth. The meso system is established when more than two systems such as families and schools link and interact, eventually influencing the perceptions of a female youth (Evans, Fourney, Guido, Patton, & Renn, 2010:163). When a linkage between systems is significant, the effects of the influence will also be resoundingly strong (Berns, 2013:20). This is what the study sought to determine regarding the factors influencing the perceptions of female youth regarding menstruation hygiene management.

The exo system is a third basic structure. According to Jack (2012:130), this level pertains to interconnections and linkages between micro-systems and meso-systems. These might be

the workplaces of parents, the extended families or any other socio-economic networks which do not directly involve a female youth as a vigorous member, nonetheless may have an indirect effect on her experience and behaviour (Ambrosino, Heffernan, Shuttlesworth & Ambrosino, 2012:63).

The other system that influences the perceptions of a female youth regarding menstruation hygiene management is the micro-system. This refers to wide-ranging ideologies, belief systems, cultural and social issues that have an influential impact on the female youth (Lewis & Green, 2009:232). The female youth could be influenced by the economic factors where she cannot afford to buy proper sanitary pads to use. Cultural factors can also influence her where she is forbidden to do certain things when she is on her menstruation.

Equally significant, chrono systems might also influence the perceptions of a female youth regarding menstruation hygiene management. Keenan and Evans (2009:37) define a chronosystem as, "The historical context, the life-time experiences and events or changes that a person has been through that influence their development and behaviour". A female youth brings with her a life history and experience (Sigelman & Rider, 2009:23), which could have an eventual bearing on her perceptions of menstruation hygiene management.

The ecological systems theory as a theoretical framework was the best to use for the study as it showed that female youth do not exist in isolation, but function as a portion of a wider system and network (Masoga & Shokane, 2018:4). Systems can be persons, families, groups, organisations and communities. The parts of a system are connected and interact to make a female youth function completely. Furthermore, the ecological systems theory assisted the researcher in interpreting the findings of the study.

1.3. PROBLEM STATEMENT AND RATIONALE

Female youth experience a lot of challenges in relation to menstruation hygiene management. Research reveals that there is lack of knowledge among school girls regarding MHM (Vaughn, 2013). The vulnerability of female youth who are experiencing menstruation compromise their school attendance and immensely affect their social life (WHO, 2013). Therefore, they remain stigmatised, discriminated against and marginalised by the society. They feel anxious and are worried about what will happen if they stain their clothes (Mutunda, 2013). The female youth often find themselves out of school due to menstruation hygiene management challenges.

This is despite a few studies on MHM that has been conducted in South Africa thus far. Kgware conducted a study in KwaZulu Natal in 2015, the study focused on the impact of MHM in school learners (Kgware, 2015). Another study was conducted in the NorthWest Province by Chikulo (2015), it focused on the knowledge, practices and beliefs that the girl learners have regarding MHM. The two aforementioned studies were done in rural areas, and both focused on school learners. So far, in South Africa there are no significant studies that have been done to explore the perceptions of menstruation hygiene management on female youth residing in informal settlements, like Kameeldrift. As such, there is still no resounding solution to the challenges experienced by these female youth.

Against this background, the present study sought to explore menstruation hygiene management perceptions of female youth residing in Kameeldrift, an informal settlement. From a practice level, having research-based knowledge on MHM experiences of female youth will reveal strategies to empower female youth regarding menstruation hygiene management. The study can also pave a way for adequate MHM programmes for female youth.

The study was guided by the following research question: "What are the perceptions of female youth regarding menstruation hygiene management in Kameeldrift, Tshwane?"

The sub-questions that assisted the researcher in answering the research question are as follows:

- What is their understanding of menstrual hygiene management (MHM)?
- What type of support do they receive, or do they want?
- What resources are there in community for female youth regarding menstruation hygiene management?
- What challenges in the environment did they experience in MHM before accessing Kamcare?
- What challenges do they experience regarding MHM?
- Do they have any interaction with/referral to a social worker regarding sex education or reproductive health?

1.4. GOAL AND OBJECTIVES OF THE STUDY

1.4.1. Goal of the study

The goal of the study was as follows:

- To explore and describe the experiences of female youth regarding menstruation hygiene management in Kameeldrift, Tshwane

1.4.2. Objectives of the study

The objectives of the study were as follows:

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

1.5. RESEARCH METHODOLOGY

The study utilised a qualitative research approach since it sought to undertake an exploration and description of the perceptions of female youth regarding menstruation hygiene management from the view of the participants (Babbie, 2011:414). The researcher also sought to answer the “what” questions (Fouché & De Vos, 2011:95). Particularly, what are the experiences of female youth regarding menstruation hygiene management in Kameeldrift, Tshwane? The unstructured nature and flexibility of the qualitative approach enabled the researcher to acquire comprehensive information on the actual perceptions of female youth (Creswell, 2014:38).

Applied research was the most appropriate type of research for this study (Fraser & Galinsky, 2010:453). This is so because the study sought to change a troublesome situation (Fouché & De Vos, 2011:95), namely, a situation of female youth who experience menstruation hygiene management challenges. Moreover, the study will be applied in this nature, as the researcher aims to build knowledge on female youth menstruation hygiene management strategies (Fraser & Galinsky, 2010:453).

The study was conducted from phenomenology research design, more specifically the transcendental research design. A phenomenology design was relevant because it enabled the researcher to explore and describe a phenomenon of menstruation hygiene management by female youth. The researcher was able to describe the real-life experiences of the female youth and have an in-depth understanding of their perceptions regarding menstruation hygiene management (Nieuwenhuis, 2020:86).

The population for the study were all female youth from the age of 18-35 residing in Kameeldrift, Tshwane, who are experiencing menstruation. In this study, inclusion of the population in its entirety will not be feasible. As such, the researcher drew a sample, using non-probability sampling approach, more specifically snowball sampling.

The researcher used interviews as a data collection method. Specifically, one-on-one interviews using an interview guide. Thematic data analysis was used to analyse data generated by this study. To ensure that data quality was not compromised, the researcher made use of data verification constructs, namely credibility, transferability, dependability and confirmability (Nieuwenhuis, 2020:144).

A detailed description of the research methodology, including the research approach, type of research, research design, methodology, measures that were taken to ensure the trustworthiness of the data, as well as the ethical considerations of the study will be discussed in chapter 3.

1.6. CHALLENGES AND LIMITATIONS OF THE STUDY

A few challenges and limitations pertaining to this study are worth mentioning.

Firstly, the study was undertaken in a period when there were strong movements towards the health and wellbeing of female youth and women around different issues. As such, the participants might have been influenced by these open debates, which in turn, could have

influenced the findings, conclusions and recommendations of the study. However, findings still reflect the participants' personal experiences regarding menstruation hygiene management.

Secondly, the sample was too small to produce valid results that warrant generalisation. Such small samples do not represent a diverse and broad range of views, which could have been obtained if the samples had been larger. As a result, this calls for a replication of this study with a larger sample drawn from across the entire country that would involve more female youth.

Lastly, due to the fact that the study was conducted during the covid-19 pandemic. As such, the participants were wearing masks. The researcher could not clearly observe their facial expressions.

Notwithstanding above-mentioned challenges and limitations, the study has produced much insight into the experiences of female youth regarding menstruation hygiene management.

1.7. OVERVIEW OF THE RESEARCH REPORT

The research report is divided into the following four chapters: These are as follows;

Chapter one: Introduction and overview of the study

This chapter consists of an introduction and general overview of the study. This chapter includes a definition of concepts, rationale and justification of the study, research questions, study goal and objectives. In addition, this chapter indicates a theoretical framework relevant to the study and briefly presents a research methodology applicable to the study. Limitations and contents of the research report will be discussed.

Chapter two: Literature review

Chapter two focuses on the literature review. It consists of a contextualization of experiences of female youth regarding menstruation hygiene management from an ecological systemic approach. Furthermore, it provides an exploration of the extent to which inadequate water and sanitation, lack of access to education and societal practices contribute to challenges faced by female youth in attaining effective and efficient menstruation hygiene management practices. The chapter also focuses on the strategies that female youth use for menstruation hygiene management.

Chapter three: Research methodology and empirical study and research findings

This chapter includes a discussion of the research methodology, comprising of an approach, type, research design, research population, sampling and sampling method. The chapter also discusses a method of data collection and a thematic analysis of data, findings, and the pilot study. In addition, a pilot study and ethical aspects relevant to the study are discussed in this chapter. Moreover, chapter three includes a presentation and interpretation of research findings.

Chapter four: Key findings, conclusions and recommendations

The concluding chapter comprises of key findings, conclusions and recommendations from the study. The chapter is then followed by a list of references and appendixes.

The next chapter will focus on the literature review and the challenges experienced by female youth regarding menstruation hygiene management.

CHAPTER 2

LITERATURE REVIEW ON MENSTRUATION HYGIENE MANAGEMENT

2.1. INTRODUCTION

This chapter conceptualizes and contextualizes menstruation hygiene management (MHM), it starts by providing an overview of menstruation, menstruation hygiene management, as well as challenges experienced by female youth undergoing menstruation. In addition, the chapter focuses on services/projects provided specifically for poverty-stricken communities internationally (globally), regionally (Africa) and nationally (South Africa). Lastly, the role social workers can play in menstruation hygiene management will be discussed.

2.2. MENSTRUATION

Menstruation is a natural process that occurs in females during the adolescence phase. It occurs when a lining in the womb sheds through the vagina and this happens approximately every 28 days (UNCIEF, 2019). During the adolescence phase, some changes occur physically, socially, psychologically, and as well as body changes (Louw, Van Ede & Louw, 2014:89). Menstruation signifies the ability of a woman to have a child and also the transition from childhood into adulthood (Kwame & Akpene, 2016). Girls that are in the adolescence stage start to experience and notice changes in their bodies, like developing breasts, growing puberty hair and menstruating. The first menstrual cycle or first bleeding that they experience is called menarche (Lacroix, Gondal & Langaker, 2015). The average age of onset of menarche is 12-13 years (Lacroix et al, 2015). However, this differs from other studies which have shown that menarche can also happen at an early age, with some at the age of 9 years or younger (Jodi, Flaws, Fady, Sharara, 2007).

Laurie and Ray (2018) postulate that earlier initiation of menarche is attributed to the diet and nutrition of adolescents. Menarche can occur early, late or it can be delayed, if it occurs before the age of 9 it is considered early and if it occurs at or after 15 years of age it is considered late (Lacroix et al., 2015). It is referred to as delayed if there is more than a 5-year lapse between the onsets of the first menstruation cycle and the next cycle (Lacroix et al., 2015). Another study that was conducted in Ghana also held similar views that the age of menarche differs from one person to another (Kwame & Akpene, 2016). It was revealed that menarche was mainly influenced by socio-economic status, where females who lived in urban areas, experienced early menarche compared to those from rural and lower income situations (Kwame & Akpene, 2016).

2.3. MENSTRUATION CYCLE

Menstruation follows a cycle that consists of four phases (Watson, 2018). The first phase is the menstrual phase; this is when the lining of the uterus sheds through the vagina because the process of fertilization did not occur. Blood, mucus, and old tissues are then released from the uterus (Laurie & Ray, 2018). UNICEF (2019) mentions that menstrual bleeding usually lasts 3 to 5 days and is heavy in the first 2 days. The blood that is lost during each period is about 5-12 teaspoons in total (Watson, 2018). However, this can vary from person to person due to heredity and environmental reasons (UNICEF, 2019). Watson (2018) mentions that during this phase girls experience symptoms that includes tender breasts, bloating, mood swings, irritability, headaches and low back pain. This phase is followed by the follicular phase, which starts on the first day of the menstrual period and ends when ovulation begins (Laurie & Ray, 2018). During this phase, a signal is sent to release the hormones which stimulate the ovaries to produce eggs. Watson (2018) mentions that women have two eggs that mature and if they do not mature, they will be reabsorbed into the body.

The third phase is the ovulation, where a hormone called luteinizing hormone is released and this is when the process of ovulation starts (Laurie & Ray, 2018). Ovulation occurs when an ovary releases a mature egg, then the egg travels down the fallopian tube to be fertilized by a sperm. The symptoms of ovulating include a slight rise in body temperature and a thicker discharge and this process occurs around day 14 and lasts about 24 hours (Lacroix et al. 2015) Luteal phase is the final phase, where hormones are released helping to keep the uterus lining thick and ready for a fertilised egg. If a person gets pregnant, she will experience symptoms that include bloating, breast swelling, mood changes, headache, weight gain and cravings (Watson, 2018). Laurie and Ray (2018) mention that this phase last about 14 days and it is relatively the same for all women.

The above discussions regarding what menstruation is and how the menstruation cycle occurs is pivotal for this study. This is because it enables the researcher to understand the biological aspects of menstruation and what the female youths experience in this regard. It is also important to understand menstruation in adolescence; with this discussion is as follows.

2.4. MENSTRUATION IN ADOLESCENCE

Menstruation occurs in females during adolescence. During this phase, the female adolescent goes through a series of changes (Louw, Van Ede & Louw, 2014: 89). Spano (2004) states three different stages of adolescence namely early, middle and late adolescence or youth. These stages of adolescence are accompanied by different cognitive, physical, psychological, emotional and social changes. These will be discussed below.

2.4.1. Middle Adolescence (aged 14 to 18)

The middle adolescence stage is characterised by maturity, introspective and self-conscious behaviour (Spano, 2004). Rice and Dolgin (2004) name this stage a peer-oriented stage, as young people are easily influenced by their friends. Young people start forming steady relationships and dating, they also start to notice physical changes (puberty) in their body (McNeely, 2017). During puberty, different hormonal changes bring changes in body structure and functioning (Louw, Van Ede & Louw, 2014). In girls, some of these changes include gaining weight, maturation of sexual organs, development of breasts and growing pubic hair and the commencement of menarche (Rice & Dolgin, 2004).

Also, cognitive change is experienced, when the adolescence begins to develop abstract and logical reasoning (Spano, 2004). The use of logical reason can lead the adolescence to question and challenge some of the views and beliefs of their parents and adults, instead of accepting them.

2.4.2. Late adolescence / youth (aged 18 to 24)

Spano (2004) mentions that this stage is characterised by 'settling down as the young person becomes more focused on different tasks such careers and relationships. They begin to need intimacy and some will marry at this stage and they are no longer worried about puberty or body changes (Kgware, 2006). More so, some adolescents start looking for jobs and others advance their schooling to tertiary education. UNICEF (2019) states that this phase comes with socio-emotional needs and responsibility that are key for human development. Mutunda (2013) mentions that most youths in South Africa experience poverty as it is passed from one generation to another. Studies conducted in Kwa-Zulu-Natal (KZN) found that 72% of youth were born under conditions of poverty (Richter et al., 2005). However, some youth's economic condition improved, while others reported that their condition worsened compared to when they were younger (Richter et al., 2005; Kgware, 2015, Mutunda, 2013). Another contributing factor of poverty in youths is the scarcity of jobs and the economic hardships in this 21st century. These can cause female youths to practise poor menstruation hygiene management because of lack of resources and poor living conditions.

2.5. MENSTRUATION HYGIENE MANAGEMENT

Menstrual Hygiene Management (MHM) is defined as using a clean material to collect blood and using soap and clean water for washing the body (Biran et al., 2012:113). The World Health Organization (WHO:2013) and the United Nations Children's Foundation

(UNICEF:2019) both states that good MHM entails the use of clean sanitary towels, access to soap, clean water, and disposal facilities for menstrual waste (Simavi, 2018). On the other hand, poor menstruation hygiene management includes the unavailability of clean menstrual absorbents and the lack of proper facilities for the disposal of used sanitary waste. The researcher is of the view that if there is a lack of accessibility to clean water and other resources it will be a challenge for young girls and women from informal settlement or poor communities to practise good MHM.

The materials used as absorbents during menstruation varies from reusable towels (cloth torn from dresses of women) to disposable sanitary pads. Biran et al. (2012:115) postulate that the types of absorbents used and hygienic practices during menstruation are associated with negative psychosocial outcomes and ill health. Women and female youth in rural areas are disadvantaged because they do not have access to proper sanitary products, or they know very little about the types and method of using them (Karungu, 2020). Furthermore, female youths who are not financially stable might also struggle to afford the different disposable products. The researcher thinks that this has caused such women to rely on reusable cloth which they wash and can use again.

Water and sanitation are some of the needs that are required by female youth for good menstruation practices and the management of it. Women who do not have access to this, encounter many challenges during their menstruation cycle. This can also be the case in Kameeldrift since it is an informal settlement. Hara, Ncube and Sibanda (2015) mention that in informal settlements people often struggle to have access to water and sanitation services. It has been reported that informal settlements are under serviced, with water and sanitation services are not extended to informal settlements. This is mainly because the municipalities do not feel obligated to do so (Hara, Ncube, & Sibanda, 2015). However, in some informal settlements, the few resources and facilities available to the community are often misused and vandalized by the community members (Karungu, 2020). All these infrastructural challenges can have an effect on how the female youth manage their menstruation.

Education on menstruation hygiene management is pivotal in ensuring that female youths formulate positive views regarding menstruation. The United Nations Children's Fund (2019) and the World Health Organization (2013:16) stipulate that good MHM requires access to essential services, facilities, resources and education for women. This indicates that effective MHM is vital in terms of respecting the fundamental human rights of women and female. The researcher is of the view that if young girls do not receive proper education on MHM and support they may experience fear, worry and shame.

Menstruation hygiene management is hindered by many social, cultural, and religious restrictions that surround menstruation and menstruation practices (Vaughn, 2013). Many studies have shown that most girls, especially in rural areas and developing countries, are not prepared for menstruation. Some are unaware about menstruation causing them to face many problems and challenges at home, schools and workplaces (Chikulo, 2015). Not only social, cultural or religious practices hampers MHM, but also other factors come into consideration. Kaur, Kaur and Kaur (2018) are of the view that inadequate, incorrect or the lack of knowledge about menstruation is a huge hindrance. This lack of knowledge can also cause reproductive tract infections due to poor personal hygiene during the menstruation period. A study that was conducted by Vaughn (2013) has shown that there is a close link between urinary tract infection such as candida albicans and poor MHM. It was further reported that unhygienic practices create a moist condition in the vaginal area which promotes opportunistic infections (Vaughn, 2013).

2.6. TYPES OF ABSORBENTS DURING MENSTRUATION

There are several types of sanitary products. The choice of selecting the sanitary wear to use is based on personal preferences, cultural acceptability, economic status, and availability in the local market (Kaur, Kaur & Kaur, 2018). This view is also held by Vaughn (2013:13) who mentions that the choice of absorbents is different among rural and urban women and female youth. Ndlovu (2019) further states that in rural areas, women mostly prefer to use reusable cloth pads and in urban areas, women prefer to use commercial or disposable sanitary pads.

The different menstrual absorbents are discussed below:

➤ Reusable Pads

The reusable pad is sustainable sanitary that needs to be washed regularly and dried in the sunlight (Kgware, 2016). The sun sterilises and dries the cloths/cloth pads for future use. Re-usable pads are cost-effective and easily available. They require clean and dry storage for reuse to avoid contamination (Kaur, Kaur & Kaur, 2018).

➤ Disposal Sanitary Pads

Disposal sanitary pads are easily available and are sold in many shops. They are expensive, compared to non-reusable, and not very environment-friendly (Kaur, Kaur & Kaur, 2018). Kgware (2016) mentions that the cotton used in their making is not 100% natural and may contain pesticides. Disposable sanitary pads cater for all the

changes of blood flow from heavy flows to little flows. The main disadvantage of using sanitary pads is that it does not allow one to swim wearing it.

➤ Tampons

Tampons are inserted into the vagina to absorb menstrual blood. They provide internal protection before the blood leaves the uterus. Kaur, Kaur and Kaur (2018) mention that they are expensive and not very environmentally friendly. However, unlike disposable pads, tampons allow one to swim without worrying of its visibility.

➤ Reusable Tampons

These are washable tampons made up of natural materials like bamboo, wool, cotton, or hemp (Kaur, Kaur & Kaur, 2018). Reusable tampons are inserted into the vagina to absorb menstrual blood similar to disposable tampons.

➤ Menstrual Cups

Kaur, Kaur and Kaur (2018) state that menstrual cups are a new technology that disadvantaged women and girls can opt for, and they are an alternative to sanitary pads and tampons. Menstrual cups are made up of silicone rubber which makes the cup easy to fold and get inserted into the vagina to collect menstrual blood (Lahme, Stern & Cooper, 2018.). Kaur, Kaur and Kaur (2018) state that menstrual cups can be worn for about 6–12 hours depending on the menstrual flow, thus needing to be removed and emptied less frequently. Tellier and Hyttel (2019) state that menstrual cups are reusable, environment-friendly, sustainable, and cost-effective. The researcher holds the view that young girls or even female youth may struggle to insert the menstrual cup into the vagina and therefore proper guidance education will be required.

2.7. MENSTRUAL WASTE DISPOSAL

Kaur, Kaur and Kaur (2018) mention that many countries in the world are still lacking a proper system of the disposal of menstrual waste. This view is also supported by Garba, Rabiou and Abubakaar (2018) that state that most women dispose of their sanitary pads or other menstrual waste into garbage bins. This is because of the lack of a proper menstruation waste disposal system. Women in urban areas that use disposable sanitary pads dispose of them by flushing down in toilets and some throw them in dustbins wrapped or unwrapped (Garbab et al, 2018). However, this leads to the blockage of sewage systems. Elledge, Muralidharan, Parker and Ravndal (2018) mention that sewage systems are intended to carry water and sewer matter,

discarding solid waste such as pads and cloth in toilets can block sewage pipes and it can be a threat for waste water treatment plants. Chikulo (2015:1980) also states that blockage of the sewage system is a worldwide problem and the main contributing factor is the flushing of menstrual products in toilets. This poses severe health hazardous conditions, where toilets are blocked out and raw sewer wastes flow in the streets. Not only does it pose a threat to the environment, but also to people who come into contact with the raw sewer, causing them to be sick and have gastrointestinal problems. In toilets facilities, hygiene bins with lids, are not always available that do not have dustbins, causing some women to leave the soiled pads wrapped or unwrapped in the toilet corners of the toilet cubicles (Kaur, Kaur & Kaur, 2018). This makes the toilet areas dirty, a breeding area for flies and it becomes unhygienic for other toilet users. Therefore, it is important to have hygiene bins that are regularly emptied to avoid flies, and bad odours and an unhygienic environment in public toilets.

Vaughn (2013) mentions that the menstrual material is disposed of according to the type of product and the area where women lives, resulting in women burying, burning or throwing waste into pit latrines. In informal settlements and slum areas, women generally dispose of their menstrual waste into pit latrines, as burning and burial are difficult due to limited privacy space (Chikulo, 2015). The researcher believes that besides space, cultural factors also play a pivotal role. Some women believe that the blood is sacred and one can be bewitched if their menstrual waste lays or is thrown anywhere. Therefore, they prefer to burn or hide the waste from witches (Vaughn, 2013).

For female youth, lack of proper disposal of menstrual waste and privacy pose a huge challenge. Vaughn (2013) states that many school girls became absent from school because there is no proper disposal system, no running water and there is no privacy, because of broken doors or locks in the toilet facilities. A study that was conducted in Malawi found that girls who use sanitary pads found it difficult and awkward to dispose of used pads in the absence of hygiene bins or incinerators. This has caused them to keep their used pads or cloth on them or in their bags and only dispose of them when they get home (Elledge, Muralidharan, Parker & Ravndal, 2018). However, Kaur, Kaur and Kaur (2018) are of the view that in some schools, although incinerators or hygiene bins are available for disposing of menstrual waste material, but some girls might be shy or are afraid of being seen by others, thus desist from using them. Therefore, the researcher is of the view that to address this challenge, school toilets must have adequate space for washing stained uniforms and changing. Also, that if incinerators and hygiene bins are available, they should be positioned where the girls have privacy, example in the cubicle and not just a place to wash stained uniforms.

To ensure healthy MHM, Also, the availability of water, toilet paper, hygiene bins, and a sink or basin to wash is necessary. Another huge problem for female youth to dispose of the waste in an informal settlement like Kameeldrift is the poor waste collection service delivery. Haywood, Kapwata, Breetzke & Wright (2021) mention that the South Africa national standard of waste collection provide ineffective and irregular waste collection services in low-income settlements. Due to this, female youth may find it difficult to dispose their sanitary pads in a proper way. Haywood et al. (2021) mention that it is the responsibility of municipalities to remove, transport and to dispose the final waste.

2.8. CHALLENGES TO MENSTRUATION HYGIENE MANAGEMENT

Several challenges are faced by female youth when it comes to issues of menstruation hygiene management. These challenges relate to lack of information, school absenteeism, affected psychological and social life and lack of access to clean water. These challenges are discussed below.

2.8.1. Lack of information

Lack of knowledge about menstruation and their bodies is a major challenge that female youth experience. Research from several African countries reveals a lack of information and education amongst school girls concerning issues of menstruation (Vaughn, 2013:89). Girls get information from their friends, the internet, teachers, sisters and mothers and sometimes this information is incorrect or incomplete, because they do not feel comfortable discussing it with adults. UNICEF (2019) reports that in Ethiopia 67% of girls reported that they had not received education on menstruation at school.

It is important that girls are well informed and educated about the changes in their body and this subject should be included in the school curriculum, as this knowledge will play an important role in their development. Also, that education should link with the right to health education that includes having "access to health-related education, and information that includes sexual and reproductive health" (Tellier & Hyttel 2019). However, Vaughn (2013) confirms that even though schools are mandated to have curriculums that teach about puberty and menstruation, many schools do not teach these lessons. This might be because of a lack of educational resources surrounding menstruation (Chikulo, 2015).

A formative study was conducted in Zimbabwe and it revealed that some girls receive information on menstruation at school but that the information was cited as inadequate (UNICEF, 2019:106). As a result of this, there are so many myths and taboos about menstruation (Mutanda, 2013). This in turn, can sometimes instill fear into young women. If the topic of menstruation is taboo at home and cannot be discussed at schools, girls are left without any correct information about why they have a menstruation cycle and how to manage it. Some studies in Ethiopia, Kenya, Malawi and Uganda have shown that mothers and teachers experience difficulties and discomfort when talking about menstruation to their children (Chandra-Mouli et al. 2017). The researcher is of the view that this will likely promote further misconceptions and myths, because all the correct information required, is not given.

Male teachers are not comfortable teaching or talking about sexual and reproductive topics and likewise, girls are not comfortable talking to male teachers about menstruation (Chikulo, 2015). The gender of the school teacher also influences who the girls can talk to about menstruation. Some girls experience challenges with male teachers who lack understanding about menstruation. Kirk & Sommer (2006) state that some male teachers do not permit girls to go to the bathroom when they need to change their sanitary materials, and they are only allowing them to go at the end of the class. Lack of information about menstruation also applies to the male gender. House, Mahon and Sue (2012:257) indicate that men and boys know less about MHM and this becomes a hindrance when required to support to their wives, sisters, peers and colleagues. In a study that was conducted in Masvingo District of Zimbabwe, boys revealed that parents were not eager to talk to them about menstruation and they only gave that information to girls in the family (UNICEF, 2019:38). They further revealed that they got the information from their not so well-informed peers (UNICEF, 2019:38). As such, the researcher is of the view that men and young boys must be actively included in menstruation discussions both at home and at school.

On the other hand, Davids (2015), in the study of MHM in Cambodia, found that teachers were generally supportive to girls during their time of menstruation. The school girls reported that teachers would sometimes provide sanitary pads, advice and instruct how to use them, and even allowing girls to care for their MHM needs during lessons. Similarly, Kgware (2016) found that female teachers are seen as supportive and easier to engage with during menstruation.

These are just a few of the menstrual obstacles that girls face every month. It is necessary to understand how lack of information contributes to MHM challenges experienced by female youth to devise an appropriate intervention. From the above discussion, it is clear that there is a huge gap in the literature of MHM regarding lack of information on MHM for the female

youth, and that the information available on the topic pertains to girls only. There is insufficient knowledge on the female youth having adequate information on MHM.

2.8.2. School Absenteeism

Every child has the right to obtain a safe, formal, quality education and access to lifelong learning (UN, 2015). However, due to different reasons, many girls are forced to drop out of school, while others never have the opportunity to go in the first place. Mutunda (2013) stipulates that poor menstruation hygiene management has contributed to school absenteeism and reduced performance at school of female youth. In most societies, the beginning of menarche is associated with different myths and taboos, putting young girls under pressure to marry and bear children, as a result they drop out of school (Ndlovu, 2019). United Nations Children Fund (2015) reports that in Zambia, girls do not attend school for days and at times completely drop out of school, due to inadequate provision for menstruation hygiene management. Most girls are not comfortable to attend school during their menstrual period. SDG goal 4 aims to “ensure inclusive and equitable quality education and promote lifelong learning opportunities for all” (UN, 2015). Promoting and providing education to all is one of the most significant investments a country can make for its people and the future generation (UN, 2015).

More so, it is one of the main ways of empowering a girl child. Women that are educated have a greater chance of fighting against poverty, have a healthier and more productive life and mostly raising the standard of living for their children, families and communities (Mutanda, 2013). So, this means that all measures must be put in place to address any challenges that a girl child should experience on her way to attain quality and best education.

One of the challenges that female youth can experience during menstruation is that they might lack money to purchase proper sanitary pads, causing them to experience different kinds of emotions, and this often tends to affect their school performance. UNICEF (2015) reports that fear and shame are experienced by female pupils during their periods, these feelings are manifested by a change in their classroom behaviour. They feel anxious and are worried about what will happen if they stain their uniforms. The staining of clothes embarrasses female youth and attracts teasing and laughter from peers, especially boys (Mutunda, 2013). Another reason why female youth miss school during menstruation is because of health-related problems that they experience, for example, they experience severe abdominal cramps and back pains. Netherlands Development Organisation (2013:6) mentions that in Zimbabwe, 54% of girls had experienced mocking or stigmatisation in schools, 26% reported the isolation and 13% reported that boys call them names during menstruation. All these negative experiences

led to girls opting not to go to school during their menstruation. Studies that were conducted in East and Southern African showed a link between menstruation and educational outcomes (Chirwa et al., 2019). A study that was carried out in Masvingo in Zimbabwe, found that insufficient MHM led to poor school performance and absenteeism of girls (Ndlovu, 2019).

Some schools do not support schoolgirls and female teachers in ensuring that they practise good menstruation hygiene management (Mutunda, 2013). Failure to provide adequate clean water and sanitation facilities means that a girl child will be worried and uncomfortable if they stain their clothes. In Kenya, many schoolgirls stated that they are not focused on schoolwork as they feared staining their clothes, laughed at and being marginalised by their classmates (McMahon, 2011). A number of studies found that in Africa menstruation has a negative impact on schoolgirls (Hennegan & Montgomery, 2016). In Malawi, 90% of schoolgirls reported missing school at least once during menstruation (Chikulo, 2015). In Kenya, 50.2% of schoolgirls reported that they missed school during their menstrual cycle (Wilson et al., 2012).

Menstrual-related absenteeism at school has a harmful impact on girls' education since they fail to complete the curriculum on time (Mwenumuru, 2013). It is difficult for them to catch up with the work that they miss if they are absent for 3 to 5 days while on their menstruation cycle (McMahon, 2011). In addition, some schoolgirls fail to reach their potential because they cannot concentrate in class. This is because their uniform may become stained and the teachers expect them to participate in the classroom by standing up or writing an answer on the board (Kirk & Sommer, 2006:8). All this indicates that it is important to have good sanitation facilities in schools that allows girls to wash or change, subsequently reducing the challenges that girls experience at school.

To address challenges faced by female youth during menstruation, many civil society organisations in Africa, including South Africa started projects that are aimed at empowering female youth to improve their confidence, self-respect and in so doing prevent school absenteeism. An example of such a project is the Teenage Health programme, which was launched by Transnet Foundation, in South Africa. The programme provides education, awareness and female hygiene products to the poorest communities, mainly in rural areas (Chikulo, 2015).

Burrows and Johnson (2005) mentions that studies that were conducted on menstruation hygiene management in some sub-Saharan African schools found that most schools provided sanitary materials. Mwenemeru (2013), also found similar results in her study in Kenya, on the effects of menstruation on girls' school attendance. She found that most girls remained in

school during menstruation because they received assistance in the form of pads. Burrows and Johnson (2005) state that, when a girl starts menstruating at school and they do not have sanitary pads, they ask for some at the school office. Similar connotations are echoed by Rosenberg (2015) and Mweneremu (2013). This indicates the crucial role that some schools play in the provision of sanitary pads and supporting girls during menstruation.

2.8.3. Affected social life

It is not only the academic life of young girls and female youths that gets affected by menstruation. Their social life has been immensely affected because they are restricted to go out or move around when they are on menstruation. This is because of myths, misconceptions, superstitions, religious and cultural beliefs, that regards females not to be clean during menstruation (Mutunda, 2013). Chirwa (2020) mentions that girls around the world suffer from the stigma of menstruation that comes from cultural taboos, discrimination, and not be able to afford sanitary products. Numerous studies have identified menstruation stigma as an issue among women that infringes human rights, equality, bodily integrity, health and privacy (Mutunda, 2013). Menstrual blood and its management have been perceived as polluting and taboo in some cultures. Certain practises in some cultures have encouraged a set of beliefs that affects how women perceive the development of their bodies (Basyal, 2016). In some cultures, if girls are menstruating they are not allowed to play with boys, they are even not allowed to touch pots to cook since it is feared that they will contaminate the food (Mutunda, 2013). Not only are there cultural restrictions, but there are also religious restrictions, where some women are not allowed to go to some churches during the period of menstruation as they are regarded as unclean (Chikulo, 2015). UNICEF, (2015) in Senegal, menstruating women who enter a holy place are liable to divine punishment Mutunda (2013) observed that girls and women in rural areas of Zambia are not allowed to wear their church uniform during menstruation. Instead of equipping girls with proper and adequate information to effectively manage menstruation, the afore-mentioned cultural and religious practices leave them with further restrictions in their lives.

Chirwa (2020) states that women in countries such as Tanzania, Mali, Nepal and India are forced to remain isolated in a menstrual hut during their menstrual cycle. In Nepal, it was reported that a 15-year-old girl died due to smoke inhalation as she was required to remain in the menstrual hut (Tellier & Hyttel, 2019). Young girls are often left isolated, stigmatized and discouraged because of the beliefs and taboos that surround menstruation (Vaughn, 2013: 9). Studies that were conducted in most sub-Saharan African countries illustrated that several beliefs and cultural practices about menstruation are common (Vaugh, 2013). In Ghana,

Kenya and Malawi, some communities believe that menstrual blood is dirty and burning menstrual cloths will cause itchiness all over the body or even for the body to change its colour (Vaugh, 2013). In Nigeria, it is believed that menstrual blood is toxic to sperm and it can cause both partners to become infertile (Basyal, 2016).

In some countries, it is believed that menstruation indicates that a girl is ready for marriage particularly for girls from poor households (Tellier & Hyttel 2019). This belief is similar to what Vaughn (2013) reported on, that in Ghana some traditional customs and cultures claim that once a girl has begun menses a man can have sexual intercourse with her and seek her hand in marriage. Studies that were done in Malawi, South Africa and Zimbabwe established that early menarche may have a negative impact on girls sexual and reproductive health, as it was associated with the early sexual debut, early marriage, early pregnancy and increased risk of STIs and HIV (Ndlovu, 2019). The above discussion revealed that different cultures have divergent views and beliefs about menstruation. Due to this, it is important in the researcher's study to reveal the perceptions and beliefs of female youth in Kameeldrift, regarding menstruation.

2.8.4. Inaccessibility of clean water

Inaccessibility of clean water has contributed to challenges that female youth experience when they are on menstruation. Research has found that several girls do not bathe during menstruation due to lack of access to water (Sadiq & Salih, 2013). Menstrual hygiene requires clean water for washing clothes and bathing to avoid bad odours, that may result in avoidance of closeness, and isolation and thus to cause self-stigma. Good hygiene, water and sanitation are the most important ingredients of menstruation hygiene management and must be provided sustainably and affordably (Khaweka, 2018). Although different menstruation absorbents are used, for example, sanitary pads, cloth, re-usable pads and tampons, clean water is still needed. It is required for bathing and to wash the re-useable sanitary materials, thus avoiding infections and bad odours. Practising poor menstruation hygiene management may cause fungal infections and urinary tract infections (Nandhini, 2017). Girls in rural areas mostly use reusable cloth pads because they are cheap and easily available than disposable pads (Kaur, Kaur & Kaur, 2018). After every use, the cloth needs to be washed with clean water and dried outside where there is sunlight. This can be a challenge because there is no privacy with the cloth being exposed while drying. Inaccessibility of clean water and inadequate facilities is a huge challenge that female youth in informal settlement experience during their menstrual cycle.

Access to clean water is crucial for effective menstruation hygiene management. Water, Sanitation, and Hygiene (WASH) are important aspects of any community, but these resources are severely lacking in informal settlements (Winter, Barchi & Dzombo, 2018). The informal settlement is known with the greywater channel of sewage waste which breeds bacteria and causes illnesses (Muanda, Goldin & Haldenwang, 2020). Sanitation is also a crucial component that is lacking in informal settlements. Lagardien, Muanda and Benjamin (2012) mention that toilet facilities are poorly managed and unclean making people not want to use them. The lack of basic resources proves to be a challenge for female youth who resides in informal settlements to manage their menstruation. Muanda, Goldin and Haldenwang (2020) mention that in South Africa, people are scared to use communal toilets at night because of safety concerns and instead, they end up using buckets, plastic containers or other alternatives instead. So, this again, will negatively affect women and young girls who are menstruating as they will not have access to privacy and toilets. This information is relevant to the study of menstruation hygiene in Kameeldrift as it is an informal settlement, it is likely that they experience the same challenges of lack of resources, creating a negative effect on women and girls who are menstruating.

2.8.5. Challenge of MHM in the Work Place

It is evident that menstruation has a negative impact on all women, from adolescents in schools, youths and the elderly, but there appears to be a limited amount of literature on menstruation hygiene management in the workplace. Sommer (2016) is of the view that the effects of MHM on work attendance is a neglected issue, as most studies focus on adolescent girls and the impact of MHM on school attendance. Female youth who are employed in the formal or informal sector still need to be able to practise good MHM at their workplace. Every human being must have the "right to fair and favourable working conditions which include the right to safe and healthy conditions" (Human Rights Watch, 2017:13). The right to safe and healthy working conditions must be accompanied by having access to clean water and sanitary and disposal facilities in the workplace.

It is particularly important to note that labour standards that require employers to provide a safe, healthy working environment and the needs of women during menstruation should be adhered to. The risk of vaginal infections may increase if female youths do not practise good MHM (Chirwa, 2020). Female youth who are self-employed and selling in the streets or markets experience the challenge of cleaning or changing their sanitary towels frequently because of lack of privacy (UNCIEF 2013). Hence, this might influence female youth to stay

at home when they are menstruating and negatively impact their ability to earn an income, which will increase poverty in their families.

However, employers can intervene and ensure that women can work effectively in a conducive environment. Some countries around the world have introduced a policy called 'menstrual leave' which ensures that women may take paid or unpaid leave if she is menstruating and suffering from dysmenorrhea and is unable to go to work (Jesse, 2018). Women in India, Japan, Korea, and a few other Asian countries are allowed to request days off from work. However, some have deemed menstrual leave as controversial, due to it being seen as a criticism of women's work efficiency or as sexism (Jesse, 2018). Other countries like South Africa are yet to adapt to this policy. In South Africa, women who suffer from severe menstrual pain can only get paid leave when they produce a sick note from the doctors and the days are deducted from the available sick leave days (USAID, 2019).

As seen above, it is without a doubt that female youth who are working, face difficulties with managing their menstruation. Despite these various challenges, and the lack of there is still little literature regarding this topic, Therefore, the study will try to determine how working female youth in Kameeldrift experience menstruation in their workplace.

To address challenges experienced by women in the workplace, a HER project was formed in 2007 and it was implemented in many countries in Asia and Africa mainly in Kenya. The project was aimed at educating female employees about hygiene, menstrual hygiene, reproductive health, sexually transmitted infections, family planning, and gender-based violence (USAID, 2019:14). In some countries, the HER project provided pads to female who works in factories, in the agriculture sector and in mines (Jesse, 2011). Also, the program was aimed at addressing female workers who were absent while menstruating or making errors at work. When the project was evaluated they found that it was successful, because there was reduced absenteeism at work reported, reduced early leave request and improved workforce production (USAID, 2019). Not only was there a positive outcome in production, but also women were empowered with knowledge about MHM and their body (USAID, 2019). The researcher believes that this was a great initiative which needs to be replicated across the world.

2.8.6. MHM during COVID19 Pandemic

The global COVID-19 pandemic affected all facets of life including the lives of women and young girls who menstruate. A report that was published by Sommer, Kamowa and Mahon (2020) indicate that globally, an estimate of 500 million women did not have the resources needed to manage their menstruation during the covid-19 lockdown. For women to manage their menstruation with dignity, they need to have access to clean water, soap, sanitation facilities and menstrual materials. This can be a challenge for female youths and women who are in quarantine centres for COVID-19 that may lack access to these essentials (UNICEF, 2020). Also, some reports show that there was a disruption in the production and distribution of sanitary pads globally. This delay was caused by some factories that were forced to close down and some had a shortage of staff because they wanted to maintain a safe distance (UNCICEF, 2020). A study that was done in Tanzania revealed that 30% of girls struggled to find menstrual products in the shops, with some shops in the rural areas running empty of sanitary products (Plan International, 2020).

Furthermore, the lockdown that was imposed and the closure of the school meant that the provision of sanitary pads to young girls in school was disrupted (UNICEF, 2020). This means that many girls who depended on the school for provisions were left without any sanitary wear. This has caused young girls to start using other types of menstrual materials such as old cloth or tissues because they cannot afford to buy disposable pads due to the high price (Gordhon, 2020).

As mentioned previously, access to clean water is essential to practise good menstruation hygiene management, it is essential to have access to clean water. It was a huge challenge for women who were already struggling to have access to clean water prior to the COVID-19 lockdown. The lockdown restricted movement which required young girls to walk for a long distance to collect water for the household. This was reported by girls in Zimbabwe, who mentioned that they are no longer able to go out to collect water because of the restriction and curfew times (Plan International, 2020:9). Clearly, the different studies have shown that youth are struggling to practicing healthy MHM during lockdown which is likely to lead to the use of poor menstrual products and obtaining clean water. As such, the study will reveal how the female youths in Kameeldrift are managing their menstruation during the Covid-19 pandemic.

2.9. MENSTRUATION PROJECTS / SERVICES PROVIDED TO POVERTY-STRICKEN COMMUNITIES

Menstruation is one of the topics that people do not openly talk about or discuss, mainly because it is treated as a taboo and others treat it as a women issue. In South Africa, this issue was not even discussed by the government until January 2011, when President Zuma vowed to support the provision of free sanitary towels to the vulnerable women across the country (Matlala & Mabuza, 2014). This has led the government, in 2017, to draft a sanitary dignity policy framework which required the provision of sanitary products to poor women, to ensure that they practise good menstruation hygiene management like any other women. The Draft Sanitary Dignity Policy Framework (2017) states, “All human beings need to manage menstruation in an informed, safe and dignified manner”. This policy gave birth to different projects and campaigns in the country, and it is reported that millions of rand were put in a project in KZN to provide disposable pads to pupils in schools (Amoateng, Heaton, & Sabiti, 2007). However, there were some shortcomings in some of the projects in terms of budgets and corruption (Ndlovu, 2019). Some reports were made that the pads were over-distributed and some were of poor quality (Geismar, 2018).

Another project that provided sanitary product to females was formed by Sue Barns in KZN South Africa. This project was aiming to reduce school absenteeism among adolescent girls. The sanitary products were issued to 150 schools around KZN, the “subz pack” as it is known was handed out to grade 8 to 12, and it consisted of panties and reusable or washable pads (Geismar, 2018).

Menstruation hygiene programs are also found across the world. In Ghana, the World Bank provided sanitation facilities and health and hygiene education in over 260 schools (World Bank, 2019). The projects were formed after the World Bank found that Ghana had inadequate facilities, lack of proper sanitation, cultural restrictions and norms that were decreasing girls' attendance at schools. In India, projects of MHM are geared towards men and boys in a bid to break the taboo around menstruation. Men are involved in the planning of the projects, in creating awareness and in handing out sanitary pads (Geismar, 2018). The researcher thinks that by having men and boys participating in these projects, they become more informed about menstruation.

The World Bank collaborated with governments from different countries, organisation and different institutions in making 28 May a menstrual hygiene day to have an impact across the

world. They want this day to break the silence and build awareness that will enable women and girls to reach their full potential during their menstruation cycle (World Bank, 2018).

Some sanitary wear, such as pads and tampons are out of financial reach for female youth from low income communities, due to the exorbitant prices. As such, women end up using cloths, paper and tissue to manage their menstrual cycle. Unfortunately, these products endanger their health. To curb the high prices of sanitary wear, governments in many countries including, South Africa, UK and USA have introduced a reduction in VAT percentage on sanitary wear (Tennant, 2018). This means that the price of sanitary products will be reduced, making them more affordable to young girls and vulnerable women who were not affording to. More so, this ensures that women will be able to manage their menstruation with good hygiene practice and dignity. The researcher was interested in finding out if female youths in Kameeldrift have benefited from such projects and initiatives by the government to reduce the VAT percentage on sanitary wear. There is a project in Kameeldrift that was initiated by Kamcare, which provides reusable pads to the vulnerable women in the community (Kamcare, 2015).

2.10. ROLE OF A SOCIAL WORKER IN MENSTRUATION HYGIENE MANAGEMENT

There is limited literature on the roles that social workers can play regarding menstruation hygiene management. However, it is imperative to note that social workers have a pivotal role to play in menstruation hygiene management. Some of the roles that social worker can play in menstruation hygiene management are discussed as follows:

2.10.1. Community sensitisation and awareness

Communities are characterised by a lack of information about menstruation hygiene management (Doctors without Borders, 2018). More so, most people are not aware of the support and services available. As such, social workers can conduct awareness campaigns in communities, schools, and health facilities to provide correct information about menstruation. In addition, they can address the stigma, myths and misconceptions that surround menstruation hygiene management. Also, social workers can educate female youth on the safe disposal of sanitary products.

Through the sensitisation of the communities, female youth can be empowered to have access to formal services that seek to address their menstruation needs (Baferani, 2015). When

female youth are empowered and educated they can challenge and have a voice against political, social and cultural views that undermine their ability to implement effective menstruation hygiene management practices.

2.10.2. Linking female youth to resources

Social workers can serve as data managers for the female youth since they have the knowledge of the various resources in the community that are needed to address the varying needs of the female youth. According to Jewitt and Rylel, (2013), social workers can inform the services users of resources, clarify the available resources and advocate on their behalf to ensure that their material needs are adequately met.

2.10.3. Advocacy

Social workers can play the role of an advocate, where they can lobby the government to actively provide menstruation hygiene management services and equipment to female youth (Jewitt & Rylel, 2013). Social workers can also participate in the formation of policies and laws that promote the dignity and empowerment of women. One such policy is the Sanitary Dignity Framework Policy, which aims to promote social justice and the basic human rights of all women. Social workers can ensure that this policy is actively implemented in all communities. Social workers can also influence policies on sanitation, education, and health (Jewitt & Rylel, 2013). These policies will ensure that children are learning in a conducive environment and have access to all their basic needs.

2.10.4. Counselling

Social workers are there to provide therapy, counselling and emotional support to female youth and their families and also in ensuring that the menstruation needs of female youth are met. Psycho-social and emotional support will assist clients to recover and adapt to their situation. The social worker can assist the young girls and females who are facing challenges as a result of menstruation hygiene management. Noreau (2002) state that most clients have a number of concerns when they are facing hygiene, health, cultural and societal challenges. These may range from practical matters to physical, psychological and emotional problems. The social worker should identify the needs of the female youth and their families and address them according to their order of priority. Fears and worries do not disappear overnight, hence the social worker has to deal with them on a constant basis, as well as monitoring the progress and assisting them.

2.11. SUMMARY

It can be concluded that female youth encounter menstruation hygiene management challenges concerning lack of access to education, school and work absenteeism, inadequate water and sanitation arrangements. These aspects directly affect women of different age groups in all spheres of life (educationally, socially and economically). More so, literature has revealed that socio economic status contributes to how women manage their menstruation, which leads to women who stay in urban areas having good menstruation management, because they have access to essential resources such as water and sanitation. Whereas women who stay in rural areas and informal settlements where there is a lack of resources, experience a lot of challenges regarding menstruation hygiene management. It is also evident that there is little literature regarding the roles that social workers can play in menstruation hygiene management.

The next chapter focuses on the research methodology and empirical findings of the study.

CHAPTER THREE

RESEARCH METHODOLOGY AND EMPIRICAL FINDINGS

3.1. INTRODUCTION

This chapter presents a description of the research methodology and empirical findings. The chapter starts with a discussion of the research approach, followed by type of research, research design, study population and sampling. The discussion continues with data collection and data analysis methods, including issues of trustworthiness, credibility, validity and reliability of data. Thereafter, a pilot study and ethical aspects relevant to the study are discussed.

The chapter then proceeds to present and discuss the findings of the study, starting with a presentation of participants' demographic information. Thereafter, the researcher presents and discusses the empirical findings according to themes and sub-themes, as informed by the direct quotes from participants. Findings are substantiated with literature. Finally, the chapter concludes with a summary.

3.2. RESEARCH APPROACH

The study utilised a qualitative research approach since it sought to undertake an exploration and description of the perceptions of female youth regarding menstruation hygiene management from the view of the participants (Babbie, 2011:414). The researcher also sought to answer “what” questions, particularly, what are the experiences of female youth regarding menstruation hygiene management in Kameeldrift, Tshwane, (Fouché & De Vos, 2011:95). The semi-structured nature and flexibility of the qualitative approach enabled the researcher to acquire comprehensive information on the actual perceptions of female youth (Creswell, 2014:38). Moreover, the researcher wanted to gain an understanding of the challenges and not to explain them, which was best fulfilled within a qualitative approach (Fouché & Delport, 2011:65).

The study was exploratory in nature due to the fact that very few research studies have been done on menstruation hygiene and the coping mechanisms of the female youth thereto (Rubin & Babbie, 2017:141). As such the study wanted to explore the experiences of the female youth

regarding menstruation hygiene management and to understand and have a deeper meaning of the experiences (Rubin & Babbie, 2017:141).

Feminism as research paradigm was used for the study. This is because the study seeks to give a voice to women and to correct predominant male-oriented perspectives (De Vos, Strydom, Schulze & Patel, and 2011:9). Feminism focuses on the issues that affect women, their experiences and how they are discriminated against in the communities. The feminism paradigm analyses societal structures that influence women negatively and give men an unfair advantage over them (De Vos, Strydom, Schulze & Patel, 2011:9). In the study, the perceptions of female youth on menstruation management were explored and how it has disadvantaged them not to fully function in the society.

3.3. TYPE OF RESEARCH

Applied research was utilised as it was deemed to be the most appropriate type of research for the study (Fraser & Galinsky, 2010:453). This is so because the study sought to change a troublesome situation (Fouché & De Vos, 2011:95), namely, a situation of female youth who experience menstruation hygiene management challenges. Moreover, the study was applied in nature since the researcher aimed to build knowledge on female youth menstruation hygiene management strategies (Fraser & Galinsky, 2010:453). Building such a knowledge-base will add value to social work as a profession since it will minimise and address challenges faced by practitioners in the female youth and the menstruation hygiene management sector (Babbie, 2011:362-363).

3.4. RESEARCH DESIGN

The phenomenology research design, more specifically the psychological research design was utilised in the study. A phenomenology design was relevant because it enabled the researcher to focus on exploring and describing a phenomenon of menstruation hygiene management by female youth. The researcher was able to describe the real-life experiences of the female youth and to have an in-depth understanding of their perceptions regarding menstruation hygiene management (Nieuwenhuis, 2020:86). The psychological design also enabled the researcher to collect data from several female youths who have experienced the phenomenon of MHM, paying more attention to how they describe their perceptions of the phenomenon. The design required that the researcher to put aside her own experiences and take a fresh perspective towards the phenomena of menstruation hygiene management (Nieuwenhuis, 2020:86).

3.5. STUDY POPULATION AND SAMPLING

This section of the chapter will cover the study population, sample and sampling method.

3.5.1. Study population

Rubin and Babbie (2011:356) stated, “The concept population denotes individuals in the universe who have specific characteristics such that they can be called a sampling frame”.

The population for the study was all female youth from the age of 18-to-35 residing in Kameeldrift, Tshwane, who are experiencing menstruation. In this study, inclusion of the population in its entirety was not feasible (Strydom 2011:224). As such, the researcher drew a sample, as discussed below.

3.5.2. Sampling and Sampling method

As part of the recruitment process, the researcher first negotiated access with Kamcare, a non-governmental organisation that renders services in Kameeldrift, Tshwane. Kamcare served as a gate-keeper. According to Makofane and Shirindi (2018:37), a researcher can access potential participants through a gate keeper who controls access to the fieldwork site. Upon gaining access, the researcher engaged appropriate structures in identifying the female youth who are experiencing menstruation hygiene management.

Once permission was granted and potential participants were identified, the researcher approached the participants and gave them all relevant information regarding the study (Creswell, 2014:154). The researcher applied a snowball sampling technique by approaching a female youth who resides in Kameeldrift and who had received services from Kamcare organisation, in order to gain information on other similar female youths. Snowball sampling is normally used when there is no knowledge of the sampling frame and limited access to appropriate population for the intended study (Maree 2020:220). This one female youth then referred the researcher to another female youth, who in turn referred the researcher to another female youth. This strategy continued until the researcher had reached 10 participants. Data was collected until it reached the point of saturation, this is when the researcher realising that there was no new information coming from the participants (Greeff, 2011:367). Upon identifying the participants that were interested in the study, the researcher gave them consent forms to sign.

The inclusion criteria that participants had to meet was as follows:

- Be a female youth residing in Kameeldrift, Tshwane.
- Have experienced menstruation.
- Have used some form of menstruation hygiene management practice.
- Be between the ages of 18-35.
- Provide informed consent.

3.6. DATA COLLECTION METHOD

In order to extract in-depth information from the 10 female youths in Kameeldrift who are experiencing MHM, the researcher made use of one-on-one interviews using an interview guide. One-on-one interviews were used to gather data since they are a main method of gathering data in qualitative studies (Nieuwenhuis, 2020:108). Semi-structured interviews yielded rich data by permitting the researcher to probe more and seek clarification in areas of interest that arose throughout the interview.

When conducting one-on-one interviews, the researcher ensured that COVID 19 regulations and health protocols were observed. The researcher and participants were sanitized with alcohol-based sanitizers before and after the interviews. In addition, both the researcher and participants correctly wore cloth face masks at all times. A social distance of 1,5m between the researcher and participants was maintained at all times as per the stipulations of the Disaster Management Act, (2020).

The researcher utilised open-ended questions in the interview guide to explore the perceptions of female youth regarding menstruation hygiene management. Open ended questions are an effective method of obtaining information required for describing opinions, thoughts and feelings of people (Hesse-Biber & Leavy, 2011:94).

A semi-structured interview guide was produced prior to the interview and was created in a way that allowed flexibility and fluidity of aspects to be covered during the interview (Nieuwenhuis, 2020:108). The data collected aided the researcher to comprehend issues of MHM from the female youths' construction of knowledge and social reality (Nieuwenhuis, 2020:108).

Interviewing skills that were used by the researcher included probing, reflecting, summarising and active listening. The researcher also used non-verbal communication skills.

Collecting data by means of a semi-structured interview guide availed opportunities for the researcher to make follow-ups on aspects viewed essential. Furthermore, it regarded the participants as the experts, hence were accorded adequate time to explain their views in detail (Greeff, 2011:351). Furthermore, the advantage of using interviews in this study was that interviews are less expensive and generate quick results (Rubin & Babbie, 2011:467). Though interviews are often viewed as lacking “objective data”, Fouché and De Vos (2011:348) view them as having a “positive aspect of being discursive, focused and help to determine individual’s opinions, perceptions, facts and forecasts.” However, the disadvantage of using interviews was that huge and less organised data was generated, that was not easy to analyse (Creswell, 2014:192). The researcher counteracted this challenge by carefully adhering to the facets of qualitative data analysis.

3.7. DATA ANALYSIS

Thematic data analysis was used to analyse data generated by the study. In analyzing data, the researcher used a method of thematic data analysis. In line with the views of Clarke, Braun and Hayfield (2015), the researcher utilised the following steps: familiarization, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and writing a report, as discussed below:

➤ Familiarization

The researcher familiarized herself with data by repeatedly listening to the audio recordings and transcribing the data. She also noted down casual observation as mentioned by Clarke et al., (2015:230). Thereafter, she read through the transcripts in view of getting a broader sense of the collected data. In order to become familiar with data, the researcher read the entire data numerous times as stipulated by (Schurink, Fouché & De Vos, 2011:399). By using this method, the researcher was able to get an outline and understand the data.

➤ Generating initial codes/coding

Once the researcher became in possession of voluminous data, she then compressed the data by generating categories, key themes and salient themes that appeared and reappeared among the participants (Schurink, Fouché & De Vos, 2011:410). She then organised the collected data by making use of codes. Codes denote brief phrases that captures the essence of why one thinks particular bits of data are useful (Braun & Clarke, 2013: 207). Coding entailed putting paragraphs and sentences into categories and then labelling them as themes. Schematic colour coding was employed by the researcher, which involved highlighting similar

information with the same colour (code). The researcher aimed to come up with descriptive codes as suggested Schurink et al., (2011:410). Thereafter, the researcher set parameters to each code so as to screen her data.

➤ **Searching for Themes**

On completing the process of coding, themes and sub-themes that appeared and reappeared were noted. Similar themes and sub-themes were grouped together. Furthermore, the researcher provided specific illustrations and quotations of the perspectives of participants. A colour coding scheme was used to highlight all similar categories and patterns using one colour (Rubin & Babbie, 2011:480). Then, the researcher interpreted data and finally presented and discussed it using a hierarchical tree diagram that depicted all themes accordingly.

➤ **Reviewing themes**

The researcher then advanced to how the research findings and themes will be described and presented in the qualitative narrative (Creswell, 2014:200). During this phase, the researcher appraised coded data excerpts for respective themes, to ponder on whether they seemed to form comprehensible patterns (Nowell, 2017:9).

➤ **Defining and naming themes**

As a final step to analyse data qualitatively, the researcher interpreted the data. In this stage the researcher's interpretation and her understanding of the collected data was presented. This further entailed a comparison of the literature review and the information gathered. During this phase the researcher determined data aspects captured by the respective themes and interrogated themes that appear to be of interest to her (Nowell, 2017:10).

➤ **Writing a report**

Upon deducing the meaning of analysed data, the researcher presented research findings in the form of a report (Clarke et al., 2015). She also utilised direct quotations from the analysed data to support the themes.

3.8. METHODS OF ENHANCING DATA QUALITY

Qualitative research is flexible and changes might occur after the study has commenced (Bless, Smith & Sithole, and 2013:239). Therefore, it was important for the researcher to ensure that the quality of data was not compromised. To do so, the researcher made use of data verification constructs. Bulpit and Martin (2010:7) regard data verification as an activity for determining whether conclusions derived by the researcher are accurate. As a way of establishing trustworthiness of data, qualitative researchers advocate for constructs that increase data credibility, transferability, dependability and confirmability (Nieuwenhuis, 2020:144). The manner in which the researcher attended to these constructs is discussed below:

➤ **Credibility**

To ensure data credibility, the researcher checked for data accuracy (Creswell, 2014:190). Furthermore, the researcher ensured credibility by making sure that she chose an adequate representation of female youth by having an objective and clearly defined selection criterion (Schurink, Fouché & De Vos, 2011:419). The researcher strived to increase data credibility through continuing with interview sessions until data got saturated (Creswell, 2014:192). Furthermore, the researcher interrogated and analysed the transcribed interviews several times until she captured a precise description of the perceptions of female youth regarding menstruation hygiene management in Kameeldrift. In addition, participant validation was the most essential technique for instituting credibility. The researcher can ensure participant validation by asking participants to confirm whether the data was correctly interpreted (Creswell, 2014:201).

➤ **Dependability**

Dependability speaks to how stable and reliable data is (Creswell, 2014). The researcher enhanced dependability of data by utilizing an independent coder. Data from the independent coder was compared with the findings that were made by the researcher to see whether similar results was achieved.

In addition, the researcher ensured dependability of data by making sure that the process followed in the study is adequately documented and logical, as suggested by Schurink, Fouché & De Vos (2011:420). Another strategy that the researcher used to guarantee dependability of data was retaining uniformity in her approach, across different research aspects (Creswell, 2014:190).

➤ **Confirmability**

The researcher strived to increase confirmability of data by ensuring that the study happened in a real-life setting; and selecting a representative sample (Leedy & Ormrod, 2013:101). The researcher ensured data confirmability by being objective throughout the study of the perceptions of female youth regarding menstruation hygiene management in Kameeldrift (Schurink et al, 2011:421). The researcher made sure that data was recorded well, in detail and that it was a correct reflection of the views of participants. The researcher was neutral and averted any form of bias (Niuwenhuis, 2020:144). The researcher also sought an opinion of a colleague to ascertain whether she agreed or disagreed with the analysis and interpretation of the researcher (Anney, 2017:277). The researcher also kept an audit trail which shows the entire research process, including how data was collected, analysed and interpreted (Anney, 2017:277).

➤ **Transferability**

To ensure data transferability, the researcher strived to avail descriptive information of the research setting (context) and processes followed in the study (Rubin & Babbie, 2011:450). The researcher was able to generate thick descriptions by using multiple sources for literature in order to support the primary data collected and, as a result, the perception of female youth was described in depth. More so, thick descriptions used in the study ensures that the study findings and recommendations can be replicated in similar contexts (Anney, 2017).

3.9. PILOT STUDY

A pilot study refers to pre-testing of research instruments in preparation for their use in a research study (Makofane & Shirindi 2018:41). The researcher conducted a pilot study to assess the viability and feasibility of the study.

Using the same criteria for recruiting participants for the study, the researcher did a pilot study with 2 participants. The information obtained from participants used in the pilot test was used in the main study. Doing a pilot study was advantageous in that it gave the researcher a taste and feel of what the real study was going to be like. Moreover, it enlightened the researcher on the feasibility of the study in terms of financial resources, time and willingness of participants to participate in the study (Strydom & Delpont, 2011:395). The one-on-one interviews appeared to be suitable during the pilot study. As such, it was not necessary to consider another procedure for collecting data (Strydom, 2011a:243). The participants in the pilot study signed informed consent letters.

Pilot testing enlightened the researcher with regards to the appropriateness of her interviewing skills, feasibility of the study with regards to time, resources, availability and readiness of participants to form part of the study. Thus, a pilot study ensured that methods proposed for the main study would work in practice (Johnson & Brooks, 2010:395).

3.10. ETHICAL CONSIDERATION

Ethics in general denotes what is right and wrong; what is acceptable and not acceptable (Strydom, 2011:57). Ethical consideration is about methods that are taken to make sure that the researcher conducts the study in an acceptable, professional and moral manner. The researcher paid attention to ethical considerations explained below.

3.10.1. Informed consent

The researcher adhered to the principle of informed consent by providing adequate and all possible information to female youth selected for the study on the goal and objectives of the study, the procedures to be followed during the one on one interview sessions, the possible advantages and disadvantages of the study as well as the credibility of the researcher (Strydom, 2011b:117). After all the above-mentioned information regarding the study had been disseminated, the participants were in a position to choose to participate or not to participate in the study (Taylor, 2000:7). The researcher never coerced any female youth into participating in the study; she adhered to the principle of voluntary participation (Babbie, 2001:470). The researcher asked each participant to sign a consent letter (see Appendix D). Key information regarding the informed consent form was repeated at the beginning of every interview session and the researcher clarified any uncertainties to the participants. The participants gave the researcher permission to store recorded data and transcripts of interviews for a period of 15 years at the University of Pretoria, Department of Social Work and Criminology.

3.10.2. Avoidance of harm

Since the goal of the study was to explore and describe the perceptions of female youth regarding MHM there was bound to be some emotional issues at play. According to Strydom (2011:115), a study should not inflict harm to participants. The researcher took adequate precautions to ensure that participants did not get psychologically distressed by the study. This was achieved by informing female youths about possible effects of the study and allowing them to pull away from the study at any time if they so wished. Furthermore, the autonomy of

participants was ensured and the promotion of non-maleficence and beneficence was promoted (Maree, 2020:48).

3.10.3. Debriefing of participants

The researcher was prepared to immediately debrief participants that would have been affected by the study and required debriefing sessions, however, there were no participants that required such debriefing sessions. The researcher however informed the participants that should they need any require services later, they will be referred to a social worker from Future Families for counselling and debriefing sessions which are free of charge. No participants contacted the researcher to request such services.

3.10.4. Deception of participants

No form of deliberate deception was inflicted on the participants of this study (Strydom, 2011b:118). No information was withheld from participants (Struwig & Stead, 2001: 69). There was no hidden agenda in this study and every participant was given adequate and correct information (Taylor, 2000:9).

3.10.5. Anonymity and confidentiality

The researcher ensured anonymity of participants by dissociating the names of participants from their responses through the use of pseudonym (Creswell, 2014:99). According to Strydom (2011:119), participants have a right to anonymity and confidentiality with regards to the information that they would have shared. Although pseudo names were used, the researcher could not fully guarantee the anonymity of participants because data was gathered through face to face interview sessions.

The information gathered from the female youth was kept as confidential as possible, it was not divulged to any other person (Maree, 2020:48). In a bid to ensure confidentiality, the researcher put a confidentiality clause in the consent form. The participants were also made aware of the fact that that the researcher will write a report on the study and submit it to the University of Pretoria in partial fulfilment of the MSW-healthcare programme. They were also informed of a possible publication of a journal article. However, they were assured that their names and identity will not be revealed and that no information that might identify them would be included in the research report and journal article.

3.10.6. Compensation

No monetary incentives were offered to the female youth for their involvement in the study. The one-on-one interviews were held in Kameeldrift, Tshwane and the participants did not need travelling reimbursement because they stay in Kameeldrift. The researcher did not pay Kamcare to utilise its clients (female youth) (Greeff, 2011:371).

3.10.7. Actions and competency of researcher

The researcher was competent to undertake the study because she has research experience gained from undergraduate studies. She has also successfully completed a research methodology module as part of her post-graduate course work. With regard to conducting one-on-one interview, she is well versed in interviewing skills, and possesses the necessary communication skills (Greeff, 2011:368).

3.10.8. Publication of findings

The researcher reported the findings of the study in the form of a research report. In this research report, the researcher did not manipulate the findings. The research report was professionally edited to make everything clear to the readers. Moreover, it was presented in an unambiguous and ethical manner to ensure that no one is deceived of the findings (Strydom, 2011:126). All authors, sources and authorities used by the researcher were properly acknowledged to avoid plagiarism. Lastly, shortcomings, challenges and limitations of the study were stated clearly in the research report.

3.11. EMPIRICAL FINDINGS

Below, the biographic details of participants will first be presented in a narrative format, and where applicable, followed by a graphical illustration of the findings. The findings will be discussed by means of themes and sub-themes, which will also be presented in a hierarchical tree diagram. The discussion and analysis of data will be supplemented by the voices of the participants by means of direct quotes.

3.11.1. Biographic Profile

The biographic profiles were drawn from the information of the participants' gender; race; age; marital status; number of children; religion; home language; highest qualification.

3.11.1.1. *Gender of participants*

All the participants that participated in the study were female since the study was on the perceptions of female youth regarding menstruation hygiene management in Kameeldrift.

3.11.1.2. *Race of participants*

All the participants in the study were black. This is due to the fact that the research cite is a predominantly black informal settlement.

3.11.1.3. *Age of participants*

The age of participants is presented in figure 3.1

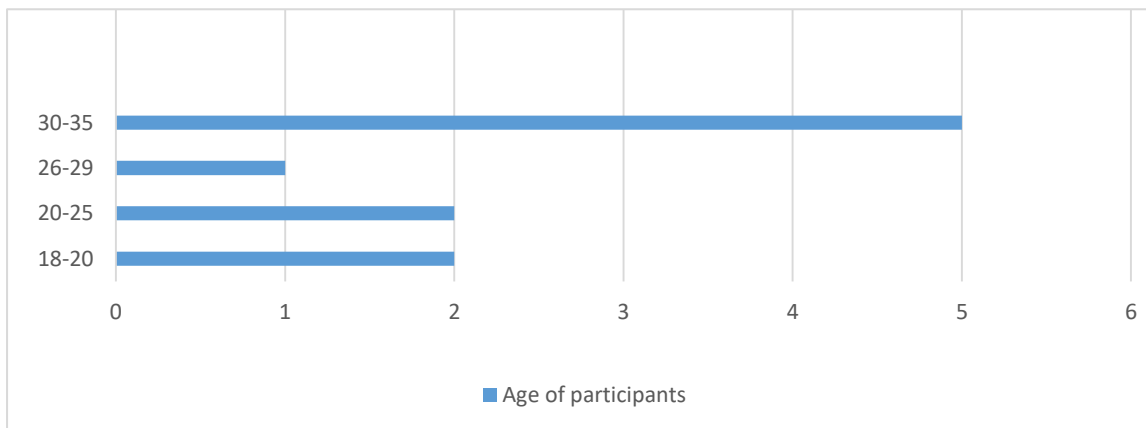


Figure 3.1: Age of participants

Findings show that two participants were below the age of 20 and another two were in the age group of 20 - 25 years. The category that forms the least of the age group represented in the sample of the study of female youth was the age group of 26-29 years which had one participant. The highest age group representation was the age group of 30-35 years which had five participants.

3.11.1.4. *Marital Status*

The marital status of participants is presented in figure 3.2.

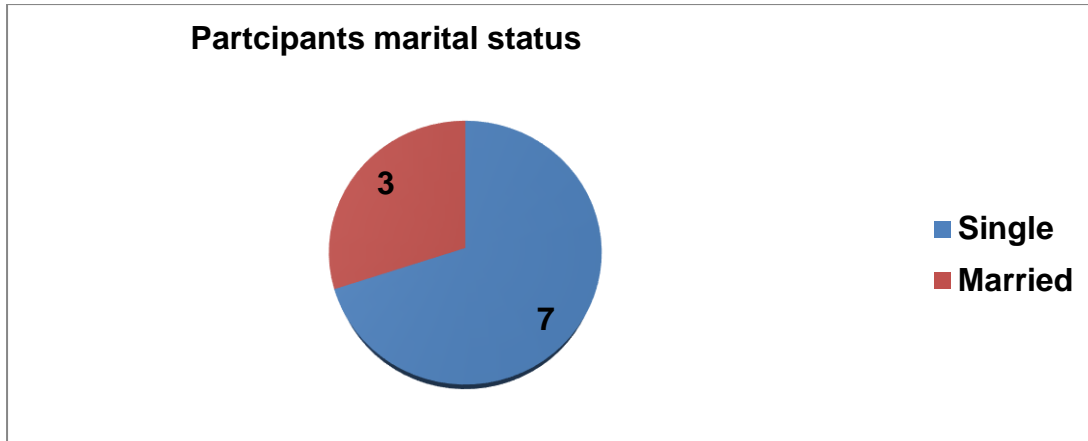


Figure 3.2: Marital Status

Findings show that seven participants were single, three participants were married.

3.11.1.5. *Number of Children*

All, except two participants, have children. One participant has one child, four participants have two children and three participants have three children. This can be seen in figure 3.3.

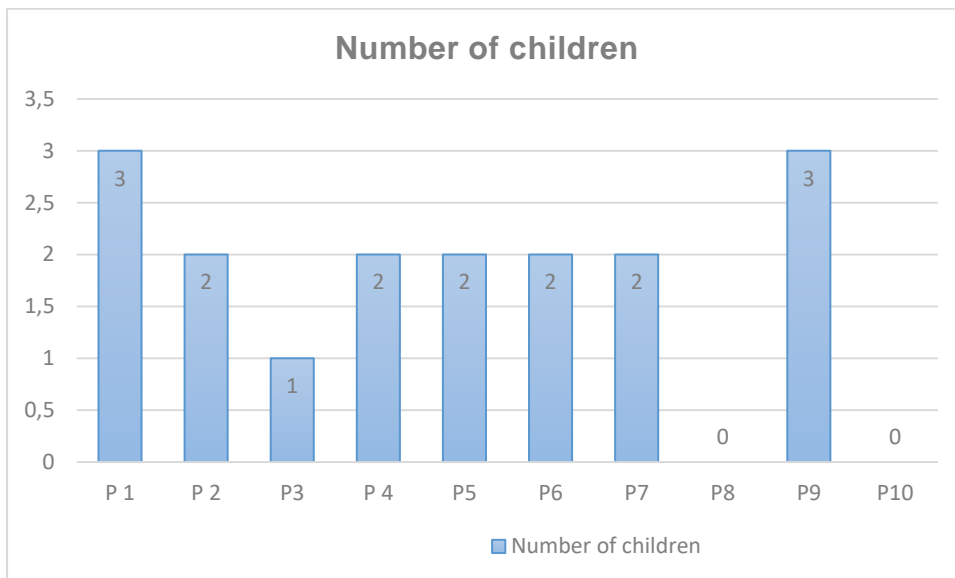


Figure 3.3: Number of children

3.11.1.6. *Religion*

Nine participants in the sample revealed that their religion is Christianity and that they are all affiliated to different church denominations. Whereas, one participant mentioned that she is from an African tradition religion, as presented in the figure 3.4.

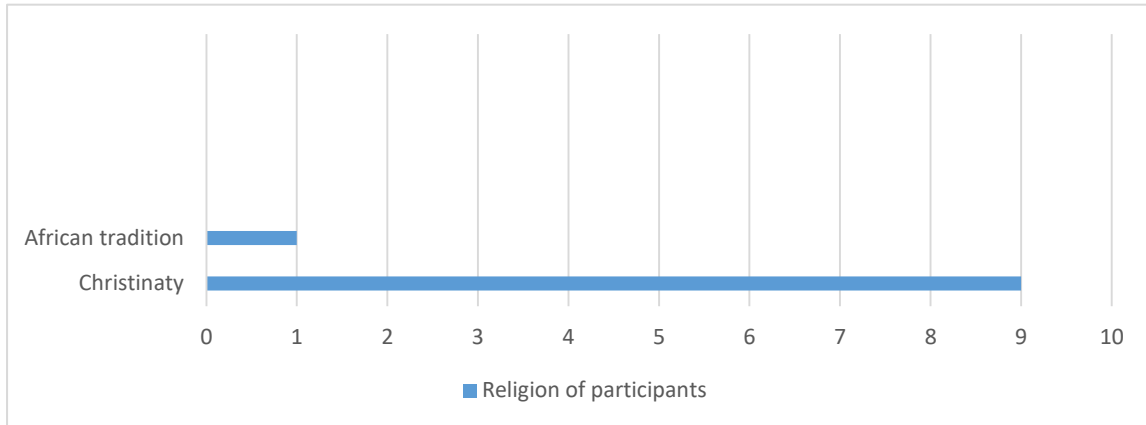


Figure 3.4: Religion

3.11.1.7. Home language

The home language of participants is depicted in the following pie-chart in Figure 3.5

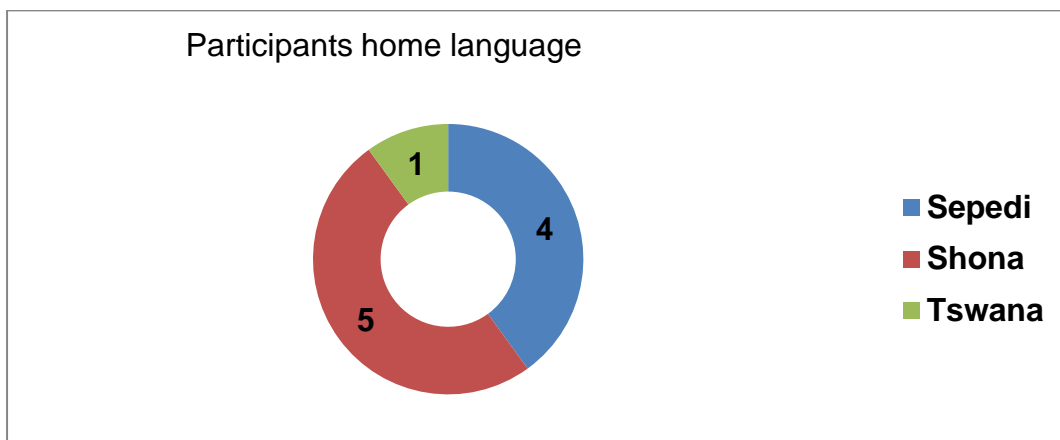


Figure 3.5: Home language

The pie-chart above shows the diverse languages of the participants that participated in the study. Five (5) participants were Shona speaking, four (4) participants were Sepedi speaking and one (1) participant spoke Tswana. This indicates that an informal settlement is a habitat of people from different countries who speaks different languages.

3.11.1.8. Highest Qualification

The findings show that five participants' highest education is form four (grade 12) which they completed in Zimbabwe. One participant has reached grade 10 and three have obtained National Senior certificates as their highest level of education. One participant is still in school, doing Grade 12. Most studies on menstruation hygiene management that have been conducted focused on girls that are still going to school. For example, a study that was done in KZN focused on the young girls between the ages of 15-18 who are still going to school (Geismar, 2018) and some of these studies were conducted in school settings. However, this differs from this study, which focuses on female youth in an informal settlement, irrespective of their educational qualification.

3.11.2. Research findings and interpretation

There were recurrent themes and sub-themes that emerged from the participants when the data was being processed and analysed. Also, there were specific trends and patterns that appeared. Direct quotations will be used to give voice to the views of participants and to support the findings. The findings will be highlighted, discussed and substantiated with literature.

Table 3.1: Themes and sub-themes

The researcher identified the following themes and sub-themes from the transcripts:

THEMES	SUBTHEMES
1. Knowledge about reproductive health	1.1 Learning about reproductive health 1.2 General understanding of menstruation or menstruation cycle.
2. Menstruation experience and challenges	2.1 Age on menstruation onset 2.2 Experience on onset of menstruation 2.3 Preparation and support on onset 2.4 First person told of onset and advice given of menstruation 2.5 Teasing about menstruation 2.6 Support during menstruation 2.7 Social Challenges 2.8 Cultural beliefs

3. Menstruation hygiene management and challenges.	3.1. Understanding of menstrual hygiene management. 3.2. Source of menstruation hygiene management 3.3. Type of sanitary products used 3.4. Menstrual waste disposal 3.5. Challenges regarding MHM 3.5.1 Lack of sanitary pads 3.5.2. Lack of privacy and inadequate toilet facilities 3.6. Copying strategies devised for MHM
4. Resources and limitations	4.1. Resources for MHM Available 4.2. Limitations for MHM 4.3. Lack of social work interventions
5. Recommendations	5.1 Inclusion of MHM in the educational curriculum 5.2 Community based programs

3.11.2.1. Theme.1: Knowledge about reproductive health

The participants shared information on their knowledge about reproductive health. Two sub-themes that emanated from this theme relate to where they learnt about reproductive health and their understanding of menstruation and menstruation hygiene management. These subthemes are discussed below:

Subtheme 1.1: Learning about reproductive health

Most of participants mentioned that they learnt about reproductive health in high school. However, the level in high school which they learnt about it varies, with some acquiring the information during their first year in high school and some at a later grade. One participant got the information in primary school when she was in grade 7. Most participants learnt about sex education in Life Orientation and Integrated Science subjects at school. However, school was not the only source of information for the female youth where they learnt about female reproductive health. Few participants mentioned that they learnt about it from their friends. The views of participants regarding where they learnt about reproductive health is reflected in the following quotations:

Participant 5: *I learnt at school when I was in form 1 in Integrated Science subject.*

Participant 10: *I first learnt about it when I was in grade 7 in primary school, also when I was grade 10, 11, 12 in high school.*

Participant 8: *My friend told me about menstruation, that when girls are in puberty stage they start menstruating and it's normal and she also shows me what to use and not to do.*

Participant 2: *I learnt it when I was in grade 10 and also from my friends. They told me everything about menstruation.*

The findings are confirmed in literature by the United Nations (2014:100) which states that the education sector is responsible for contributing to the healthy development of its learners. Tellier and Hyttel (2019) have similar view that it is important that girls are educated about the changes in their body and the information must be included in the school curriculums as this information will help them. Moreso, Mutunda (2010) holds the same opinions that girls need to be taught about reproductive health at school as this will help them to understand themselves, and to deal with the physical changes that they are experiencing. The female youth were taught about reproductive health when there were on different levels or grades at school. This is similar to what was mentioned in UN (2014) that sex education and reproductive health is a key aspect of adolescent development and to be effective it should be age-appropriate and culturally appropriate. In line with the ecological system, it can be posited that the interaction of the young girls and the school where she gets education on the meso level will have an influence on the behaviour of the young girls.

The finding that it is not only schools that provide female youth information on reproduction health is consistent with what was mentioned by Kirk and Sommer (2016) , that girls get information from their friends, the internet and sisters and sometimes this information is incorrect or incomplete, because they do not feel comfortable discussing it with adults. Young girls acquire information from their friends because they regard them as knowledgeable about menstruation because they started menstruating before them. Therefore, this interaction with the peers on the micro level system can influence the young girls on their growth and development (Jack 2012:130). From a systems' frame of reference, Howe (2009:114) states that everything and everyone is connected and influences each other.

Subtheme 1.2 Understanding of menstruation and menstruation cycle

All the participants seem to understand what menstruation or menstruation cycle is. They all gave various responses regarding their understanding of menstruation. This is reflected in the following quotations

Participant 1: *its nature as a woman you are supposed to have it a very month.*

Participant 8: *It is when ovulation occurs when the egg breaks then you experience menstrual bleeding.*

Participant 10: *It's when an ovum is released from a woman's body. It happens after 14 days of the cycle.*

Even though the female youth seems to understand what menstruation is or the menstruation cycle is, they were unable to define it in biological terms. This finding is similar to what Vaughn (2010) mentioned that a study was conducted and it revealed that some girls struggle to describe menstruation in biological terms. From the above narratives, it is clear that the female youth seems to be knowledgeable about menstruation, based on information from either school or friends. They got the information through engaging or conversing this way. However, as mentioned by Mutanda (2015) that this information is mostly inadequate or incorrect and it does not properly equip and prepare young girls. The interaction between the female youth with school and peers can be explained through the microsystem (Berns, 2013:18). This interaction can influence the understanding that the female youth have about menstruation (Howe, 2009:114)

3.11.2.2. Theme 2: Menstruation experience and challenges

The participants provided information on their experiences of menstruation and the challenges they faced thereto. They shared their experiences on the onset of menstruation and of current menstruation. The participants provided information on the age at which they started menstruating, their experiences, the preparation and support they received and the first person who they told. They further explained the advice they received and how beneficial it was to them. These aspects regarding their menstruation are discussed below:

Subtheme 2.1. Age on the onset of menstruation

Participants started menstruating at different ages. Some started at the age of 12. Whilst others started menstruating at the ages of 13 and 14 respectively.

Participant 7: *I was 14 years old when I first saw my menstrual blood.*

Participant 4: *I was 13 years when I went for my period.*

Participant 5: *I was 12 years old doing grade 6.*

This finding is consistent with the findings of a study by Atieno (2007) and Burrows & Johnson (2005) which indicated that girls start menarche at different age groups. Laurie and Ray (2018) attributes this to diet and nutrition, whereas, Kwame and Akpene (2016) attributes it to socio-economic states, this then means that females who live in urban areas, experienced early menarche than those from rural and lower income areas. This can be linked to the exosystem level where extended family or other social support indirectly influence that individual's development by not providing the required menstrual products (Berns, 2013:17)

Subtheme 2.2. Experience on the onset of menstruation

Participants reported having different feelings regarding the onset of menstruation, some were shocked, scared, troubled and confused, as reflected in the following sentiments:

Participant 2: *I was having a lot of pains and feeling dizzy. I was so shocked because I had never seen anything like that in my life. It took some time, for me to understand because I thought I was hurt inside.*

Participant 4: *I was shocked, then I asked my friend if she had also experienced something like that. I thought it was just things that I learnt from school knowing that this will happen one day.*

Participant 9: *I was at school then I started to feel stomach pains. I was worried thinking that I'm going to be sick. I went to the toilet and I saw blood I cried a lot, I thought I was injured.*

Participant 10: *It was a mess, I was home alone and I did not know how to use pads and I was having a period pain.*

The finding shows that menarche brings different emotions such as embarrassment, shyness, and fear. Some participants reported that when they saw blood, they had many questions and were afraid. Some thought they were injured and they were sick. This narrative is confirmed by Vaughn (2013) who said that many girls experience negative feelings such as shame, embarrassment, fear, pain, weakness, anxiety, and discomfort. Marvan and Abolnik (2012) had similar views that the different negative feelings experienced can be as a result of being unaware of menstruation or lack of preparation. Also, these feelings can be attributed to the fact that the participants were not prepared or supported on the onset of menstruation. Some participants mentioned that they were neither prepared nor supported during the onset of menstruation. The feelings that the female youth experienced of not being supported can be explained on the microsystem level, whereby the biological, physical, intellectual, psychological as well as emotional aspects affect an individual's life experiences (Bronfenbrenner, 1979:22).

Sub-theme 2.3. Preparation on the onset

Most participants felt that they were not prepared and supported on the onset of menstruation, as reflected in the following quotations.

Participant 1: *I was not prepared at all, at school they were teaching us but I did not understand anything. At home, no one spoke to me about those things.*

Participant 2: *Yes, I was told at school that you will have something like this but I was not prepared because I was not expecting it at that age.*

Participant 6: *I grew up with my grandmother and she never told me anything. Maybe she saw that I was still young and not yet mature that's why she was not having that conversation with me.*

Participant 10: *No one prepared me for this, I was still young, but I used to see my sister doing it at home wearing pads.*

This finding is confirmed by Tiwari (2018), who states that although girls seem to be knowledgeable about menstruation before the onset, however, most of them feel unprepared

for menarche. Sapkota, Sharma, Budhathoki (2018) also confirm this finding that young girls who are less prepared for menstruation suffer from fear and anxiety. More so, Gabba (2016) supported this opinion and states that if girls are unprepared, they will experience these negative feelings and are likely to have unwanted pregnancies or any sexually transmitted disease because they are not using protection. Therefore, girls need to be well informed and educated about the changes in the body and the consequences of having unprotected sex when they reach puberty stage. This view is also supported by Amann and Gainotti (2014) who reveals that girls who are not prepared are frightened, confused, and feel embarrassed by menarche are likely to develop negative attitudes towards menstruation. On the microsystem level, these feelings result from the interaction of the female youth and the environment which is the family who did not provide adequate preparation during the onset of the menstruation (Howe, 2009:114).

Sub-theme 2.4: First person told on the onset and advice given on menstruation

The participants were asked the question of who was the first person they told on the onset and what was their advice. Most participants female youths reported that they told their immediate family members especially, their mother, sister or grandmother.

Participant 2: My sister, she was surprised she told me that I must not worry and it's going to happen every month, as a lady I must experience this and she gave me pads then she taught me how to use them.

Participant 5: I told my mother what had happened and she said its fine it's part of growing up and she told me that I must not have unprotected sex because I will be pregnant unless I use a condom.

Participant 8: I ran and told my mother she told me that I'm going to experience this every month she said if I have unprotected sex I will fell pregnant so I have to be very careful.

Participant 9: I told my mother, and she said this thing happen its part of growing up, she told me that I must always be clean and that the cycle is different, the days are different so I must always have a pad with me. She also advised me not to have unprotected sex otherwise I can become pregnant.

This finding is consistent with what Chikulono (2017) mentions that mothers are an important source of information on menstruation. Similarly, Vaughn (2010) mentions that most girls confide to their mothers, sisters and friends. Some participants mentioned that they told their older sister or grandmother, this is likely because they regard them as older and well informed about such issues. Mwenemeru (2013) has similar views that girls report their first experience of menstruation to their mother. This proves they are traditional beliefs and roles that mothers or older female relatives have regarding the passing down of instructions to girls and related issues on sexual reproduction issues. (Kaur, 2013).

However, Kaiser (2005) argues that information from the mothers, sisters or grandmother is often incomplete or incorrect and it is usually based on cultural beliefs, misconceptions and myths. A study was conducted by (Olinga, 2019) and it revealed similar views that mothers do not know enough correct information about menstruation to transmit to their daughter.

In addition, none of the girls mentioned that they told their fathers or male relative when they started menstruation. This relates to what was mentioned by House, Mahon and Sue (2012:257), who indicate that men and boys know less about MHM and this hinders them to provide support to their wives, sisters, peers and colleagues.

A few female youths mentioned that they told a friend at school or a neighbour because they did not feel comfortable talking to their mothers about menarche.

Participant 1: My friend at school and she told me to go and tell the teachers so that they can give me pads, when I got home I was not comfortable to tell my grandmother.

Participant 10: I told a lady who stayed next to us because I was alone at home and did not know what to do.

This finding is similar to what Vaughn (2010) states that some girls do not discuss menarche with their relatives as they feel embarrassed or ashamed. They feel uncomfortable and avoid this conversation completely. This is likely to cause the girls to talk to someone to who they are not related to, such as a peer or a stranger. Also, in some cultures, it is regarded as a taboo for a parent to educate a child about sex (Chikulo, 2015). As girls become adolescence, they rely less on their parents or siblings, and rather depend and spend more time with their peers (Knudsen, 2017). It is probably through this friendship that they support each other before and after the onset of menstruation. Also, through these friendships, they get to hear

more about menstruation and there will be no need to consult or get more information from their mothers.

The frequency and quality of the interaction that the female youth have with their peers may influence their development and the knowledge that they have on a meso system. Berns (2013:20) is of the view that when the linkage between the micro and meso system is strong, the effects will also be intense.

Sub-theme 2.5: Teasing about menstruation

Few participants mentioned that they were teased at schools, mostly by boys, due to the staining of the uniform. These participants reported feelings of shame, unhappiness and embarrassment because other learners will know that they are on their periods, as reflected in the following quotations.

Participant 4: Yes, they teased me, I was not happy, I was embarrassed because the stain was so big and everyone in class saw it. The boys screamed and said hahaha but other girls helped me because they knew about this.

Participant 6: Yes, I was teased when I spoil my uniform and the chair where I was sitting. I will never forget that day all the boys laughed and I felt ashamed of myself it was really bad.

Participant 8: yes, I was so sad that day. Everyone looked at me, I felt like I was naked in front of the whole class. I was so embarrassed, I cried that day and my teacher told me to go home.

This finding agrees with a study by Pravin and Keirti (2011) which shows that menstruation has often been related to some degree of distresses and embarrassment. This indicates that teasing is common among girls and is caused by menstrual leaks. This is a result of a lack of preparation by not carrying a spare sanitary pad to change. Or sometimes the girls do not know their cycle and when the menstruation starts they are not prepared.

Staining uniforms is a humiliating experience that brings shame, embarrassment, and humiliation. The female youth reported that boys made fun and laughs at them more than other girls. Through the involvement and the interaction with the boys where they shame the girls, can cause them to have low self-esteem. Mutanda (2015) argues that boys are not well

informed about menstruation and reproductive health. From an ecological systems perspective, the interconnections and linkages between micro-systems and meso-systems have a direct effect on the experiences and behaviour of female youth (Ambrosino, Heffernan, Shuttlesworth & Ambrosino, 2012:63).

Subtheme 2.6: Support during menstruation

The participants were asked if they received support during menstruation and the majority of them alluded that no one supported them. Only a few participants that are still going to school mentioned that they get support from the school where they are issued with sanitary pads every month. Some participants mentioned that although their partner tries to support them they lack information about the matter. Those who lack the financial resources to purchase sanitary pads end up making an alternative of using reusable clothes.

Participants 7: No one supports me, I do everything alone if I don't have money to buy sanitary pads I end up using small clothes.

Participant 9: I don't get support from anyone, sometimes things are really difficult for me but there is nothing I can do.

Participants 5: My partner tries to support me but you can see that he knows nothing about menstruation.

Participant 10: At school, my teacher gives us sanitary pads every month, so it helps me and I don't struggle with that.

The finding revealed that most female youths do not receive any support regarding menstruation hygiene management. This finding is consistent with what is stated by House, Mahon and Suen (2012:257), that men and boys know less about menstruation and this hinders them to provide support to their wives, sisters, peers and colleagues. Kaur (2018), noted similar sentiments that women do not receive any support from men regarding menstruation hygiene and that they do not discuss menstrual issues with their wives and daughters or even provide them with money to buy menstrual products such as disposable sanitary pads. So, this causes female youth to rely on small reusable cloth pads which they have to wash, dry, and use again.

For the participants who are still going to school they get support of being supplied sanitary pads from the school. This finding is similar to the views of Geismar (2018) and Kwgare (2017) that most schools are issuing sanitary pads to reduce school absenteeism among adolescent girls, some teachers provide sanitary pads, and they are supportive and easier to engage with during menstruation. The ecological systems approach views support from other systems, especially the family which falls under the micro-system as essential for every human being (Bronfenbrenner, 1979).

Subtheme 2.7: Social challenges

When the participants were asked if menstruation affects their social life, few participants mentioned that when they are menstruating they are not able to travel because they experience severe period pain and heavy bleeding. One participant stated that she becomes distressed every month when she menstruates because her partner becomes unhappy since he will not be able to have sexual intercourse with her. Whilst some participants stated that they cannot go to church due to the menstrual cycle.

Participant 5: I can't travel freely when I'm having heavy flow, so sometimes I end up cancelling my journey.

Participant 4: Sometimes my husband becomes angry if I go for my period month because he will not be able to have sex with me and I end up controlling my menses with the family planning pills so that I do not menstruate every month.

Participant 3: I can't participate in church; I'm not allowed at church to sing in the choir. So when I am menstruating I just sit at the bench until I am done.

The findings agree with what was mentioned by Chikulo (2015) that menstruation hygiene management immensely affect girls because they are restricted to go out or moving around when they are on menstruation. Mutunda, (2013) postulate that the restrictions are caused by myths, misconceptions, superstitions, religious and cultural beliefs that regard females not to be clean during menstruation. Chirwa (2020) made similar opinions that girls around the world suffer from the stigma of menstruation that comes from cultural taboos, discrimination, and not being able to afford sanitary products. Chikulo (2015) observed that some women are not allowed to go to some churches during the period of menstruation as they are regarded as

unclean. These beliefs certainly made a negative impact on how women perceive the development of their bodies (Basyal, 2016). From an ecological systems theory, beliefs systems, values and ideologies have a great impact and it can influence how female youth behave according to these beliefs (Lewis & Green, 2009).

Subtheme 2.8: Cultural Beliefs

Most participants mentioned some cultural beliefs and practices that they seem to have regarding menstruation. These are reflected in the following quotations:

Participant 2: I must not cook for anybody when I'm on my period and I must not go to church.

Participant 4: I don't dispose it anywhere, I must always wrap it and through it safely otherwise someone can bewitch me if they see the blood and you become barren.

Participant 6: I was told not to drink coke, eat cheese and to add salt in the pot or plate when I'm cooking.

Participant 10: I was told not to burn the menstrual products because I will be burning human blood and if I do so my body will be itchy.

Vaughn (2010) states that menstrual blood and its management have been perceived as polluting and taboo in some cultures. This is related to the finding of this study; the female youth mentioned the different beliefs and taboos that they know of and how they restrict or negatively affect them. Chirwa (2020) mentions that girls around the world suffer from the stigma of menstruation that comes from cultural taboos and discrimination. The female youth feel stigmatised and isolated by some of these beliefs. On the macro system level, female youth can be influenced by the social and cultural issues, which can have a direct and powerful impact on their lives and causes them to view menstruation hygiene management in a specific way (Jack, 2012:130).

3.11.2.3. Theme 3. Menstruation hygiene management and challenges

The participants provided information regarding their menstruation hygiene management and challenges. Five subthemes emerged from this theme. They started by stating their source of understanding of MHM, types of sanitary products used, menstrual waste disposal challenges experienced during menstruation and coping strategies devised for menstruation hygiene management. These five subthemes are presented below.

Subtheme 3.1: Source of understanding of menstruation hygiene management

Most participants stated that their source of menstruation hygiene management is coming from a sister, friends, their mother and from the school. Only a few participants mentioned that no one told them about menstruation hygiene management, stating that they naturally became aware of what they were supposed to do. This is reflected in the following quotations;

Participant 1: My sister told me about hygiene that I have to be clean all the time and to change the pads all the time so that I do not smell she also told me that before I throw away the pads I have to wrap them with a tissue first.

Participant 10: At school in life orientation subject we were taught that you need to bath and be clean all the times and also my mother told me that I have to bath and wash my underwear and the pad before I threw it away.

Participant 8: My mother told me that I must bathe in the morning and during the day when I changes my pad and also at night before I sleep to avoid that bad odour.

Participant 5: My mother told me that I have to bathe each time I change my pads and wash my underwear and clothes because at that time I was having a heavy period that spoils my clothes a lot.

The findings show that the mother and siblings are the major sources of information on menstruation hygiene management. This is similar to the findings of a study by Adinma and Reddy (2011), which found that mothers were the most common source of information about MHM. This indicates the pivotal role played by the family in training and teaching children about hygiene (Baferani, 2015). Good personal hygiene is vital as it boosts the self-esteem and confidence of females when they are menstruating (Rodrigues, Pires & Pittet, 2010). This

is in line with the ecological systems theory which states that the manner in which an individual interacts with the environment and significant others has a significant bearing on their personal and social experiences (Masoga & Shokane, 2018:4).

Participants were able to mention what entails MHM, they viewed this as pertaining to the use of clean sanitary towels, access to soap, and clean water and disposal facilities for menstrual waste, as reflected in the following quotes:

Participant 3: MHM means you are supposed to bathe several times after changing the pads, using soap to wash your vagina, underwear and your hands.

Participant 5: It means bathing your vagina with clean water and soap, washing your underwear when you spoil and changing the pads frequently.

Participant 6: To be clean all the time. Bath more than three times a day or even more depending on your flow to avoid the bad smell. Also using proper sanitary pads and disposing of them correctly.

Participant 8: It means to be clean when you are on period by bathing, washing and changing your pad always”.

The findings are in line with the views of Birian (2012), who defines MHM as using a clean material to collect blood and using soap and clean water for washing the body. This finding is similar to the views of the female youth and their understanding of MHM. Shanbhal (2012) had similar findings that menstruation hygiene management is perceived as the use of water, bathing more than once a day, using soap, sanitary pads and properly disposing of the used sanitary products. From an ecological systems perspective, these practices and knowledge are influenced by social norms and the information that they receive from their mothers, grandmothers or friends (Lewis & Green, 2009:232).

Subtheme 3.2. Type of sanitary products used

Participants indicated that they are currently using different types of sanitary products such as disposable pads, reusable products, and pieces of cloth, small towels and cotton wool. These are the same products they used on the onset of their menstruation. However, the choice of

the exact type of sanitary products used vary from month to month depending on the availability of resources. The sentiments of the participants regarding sanitary product used are indicated below:

Participant 1: *When I started I used cloth because my mother could not afford to buy pads for me then now I use disposable pads”.*

Participant 2: I used cotton wool and sometimes pieces of clothes when I started and now it depends if I have money I buy disposable pad then if not I use a cloth.

Participant 3: My mother could not afford to buy pads for me back then so I was using pieces of cloth but now I’m using disposable pads only.

The participants used different types of absorbents depending on the availability of the resources. The most common type that they use is pieces of cloth which is more affordable for them, than the disposable pads. This finding is similar to the view of (Karungu, 2020) who postulate that women in rural areas and informal settlement are disadvantaged because they do not have access to proper sanitary products. Biran et al. (2012:115) postulate that the types of absorbents used and hygienic practices during menstruation are associated with negative psychosocial outcomes and ill health. From an ecological systems theory, the preference of sanitary protection material is based on personal choice, cultural acceptability, economic status, and availability in local markets (Sigelman & Rider, 2009:23; Kaur, 2018).

Subtheme 3.3. Menstrual waste disposal

Most of the participants dispose of the menstrual waste product in the communal toilet, few female youths wrap the menstrual waste product with a tissue and threw it in the garbage bin outside the house. This is reflected by the following quotations:

Participant 2: *I through it inside the toilet then when the toilet is full the municipality comes and empty them.*

Participant 4: *I wrap it with a tissue or a paper then I put it inside the main bin outside the gate, the municipality comes and collect every week.*

Participant 7: *I first put it in small plastic then, I through it in the black big bin outside before the municipality comes to collect it.*

This finding is consistent with what Garba, Rabi and Abubakaar (2018) state that most women dispose of their sanitary pads or other menstrual waste into garbage bins because of a lack of a proper menstruation waste disposal system. Vaughn (2013) has the same views that menstrual material is disposed of according to the type of product and the area where women lives. This has resulted into the most female youth to throw their sanitary pad into the toilets. In informal settlements and slum areas, women dispose of their menstrual waste into pit toilets, as burning and burial are difficult due to limited privacy space (Chikulo, 2015). Haywood, Kapwata, Breetzke & Wright (2021) mention that the South Africa national standard of waste collection provides ineffective and irregular waste collection services in low-income settlements. As such, participants may find it difficult to dispose of their sanitary pads properly. In schools, due to lack of sanitary facilities, girls throw their pads into the toilets. In some cases, girls threw away their used menstrual clothes without washing them due to lack of proper and adequate facilities (Kaur, 2018). From an ecological systems framework, the happenings in the environment influences the behaviour of individuals who exist in that specific system (Berns, 2013:20).

Subtheme 3.4. Challenges regarding MHM

Several challenges faced by participants when it comes to issues of menstruation hygiene management relate to lack of sanitary pads, lack of privacy and inadequate proper toilet facilities. These challenges are discussed below.

➤ Lack of sanitary pads

Most participants mentioned that sometimes they cannot afford to buy disposable pads so they end up using other types of disposable towels such as cloth, towel and cotton pads, as reflected in the following quotations.

Participant 3: *The only challenge that I have is that sometimes I don't have money to buy pads so some months I end up using a cloth.*

Participant 2: *Some months I don't have money to buy pads, covid affected our small business so sometimes things are really tough for me.*

Participant 4: *I'm not working at the moment and to buy pads every month I don't afford, so end up using a cloth or small towel or even cotton wool because it is affordable.*

This finding corresponds to what Karungu (2020) mentions that women and female youth in informal settlements are disadvantaged because they do not have access to proper sanitary products. Similar findings were found by Amartya Sen (2013) who mentions that women in poor communities lack the basic functioning because they cannot afford such things as sanitary materials. Hara, Ncube & Sibanda (2015) mention that in informal settlements people often struggle to have access to sanitary towels, water and sanitation services that are vital for menstruation hygiene practices. Female youth who are not financially stable struggle to purchase disposable pads and as a result, they chose alternative sanitary products that contribute to poor MHM. On a micro level system, female youths' menstruation hygiene management is influenced by the family who might not be able to provide proper absorbent sanitary pads to use, which may result in her not being able to interact well with others (Bronfenbrenner, 1979).

➤ ***Lack of privacy and inadequate toilet facilities***

Most participants indicated that lack of privacy in the communal toilets is a huge challenge for them. They explained that many toilets in the community are not lockable and they feel uncomfortable using them. More so, the participants struggle to share a toilet with many people when they are menstruating. They mentioned that the toilet is used by many people and most of the time they found the toilet unclean or the door not closing properly. They stated that the toilet does not have a bathroom, therefore they bath using a bowl, inside their shacks. This proves to be a challenge for female youth to bath often because they share the shack with other family members. Also, when they bath using a bowl, it means they sit or stand inside the bowl with dirty water containing blood. These views regarding lack of privacy and inadequate toilet facilities are reflected in the following quotations.

Participant 3: *As women, we struggle a lot when we all share this one toilet sometimes you are scared that someone might just come and open the door when you a changing your pad or wiping.*

Participant 5: *It's so difficult to go to the toilet every time you want to change your pad or a cloth because everyone will be looking at you going so many times to the toilet in a day*

Participant 7: *The door of this toilet is not working properly so how do I change my pad or even use the toilet that is why many people go and*

to the bush and for us women when you are on the period you cannot do that.

Participant 10: *You cannot take a bath in this toilet so it's a challenge when you want to bath or wipe after changing your pad. You will be forced to do it inside the house and sometimes there are people in the house.*

The lack of privacy due to inadequate toilets in the community proves to be a challenge deterring female youth from managing their menstruation properly with dignity. The female youth feels uncomfortable changing a pad or visiting the toilet when menstruating. This finding corresponds to what Lagardien, Muanda and Benjamin (2012) found that toilet facilities are poorly managed and unclean, making people not want to use them. Muanda, Goldin and Haldenwang (2020) also have a similar view that in South Africa, people are scared to use communal toilets at night because of safety concerns and they end up using buckets, plastic or other alternatives instead. It is important to note that privacy is a crucial aspect that ensures good menstruation hygiene management.

However, the participants seem to have some of the important aspects of MHM, like clean water and soap. This is contrary to what was stated by Winter, Barchi & Dzombo (2018) that informal settlements people often struggle to have access to water and sanitation services. It has been reported that informal settlements are under-serviced, water and sanitation services are not extended to informal settlements mainly because the municipalities do not feel obligated to do such (Town Project Centre, 2015), but this proved to be a different at the community of Kameeldrift. From an ecological systems theory, it is evident that the environment in which an individual resides and interacts with has a significant influence on their individual experiences and personal well-being (Evans, Fourney, Guido, Patton, & Renn, 2010:163).

Subtheme 3.5 Coping strategies devised for MHM

To address the above-mentioned challenges, participants use different strategies to effectively manage menstruation hygiene management. Some participants use cloth, cotton wool and reusable pads because they are cheap and easily available when they cannot afford to buy a disposable sanitary pad. To address the challenge of lack of inadequate toilet facilities, female

youth use buckets and bowls to bath and they then dispose of the dirty water with blood content somewhere far from their home, where other people or children cannot see it. The voices of participants regarding their coping strategies are reflected in the following quotations:

Participant 1: *When that month I don't have pads I end up using a cloth of cotton material and after using it I wash it and I use it again until it's worn off.*

Participant 4: *Sometimes when I don't have money to buy pads I use cotton wool because it's cheaper and before I used to use reusable pads repeatedly for months.*

Participant 7: *Since we cannot use our toilet to bath, I bath in a dish then I pour that dirty water with blood in a 20litre jug before I through the water in a bush far from people houses.*

Participant 8: *I use a small towel if I don't have pads that month then after I wash it and use it again.*

The finding revealed that as a coping strategy some female youth use small pieces of cloth, reusable pads which they wash and use again. Some participants who are still attending school counteract this challenge by getting free sanitary pads from school. They mentioned that the school issues a packet of sanitary pads every month. This finding is consistent with findings from a study by Rosenberg (2015), who found that most of the schoolgirls get disposable pads free from school.

The finding regarding the use of buckets and bowls to bath and disposing of the dirty water with blood somewhere far where other people or children cannot see, agrees with what Muanda, Goldin and Haldenwang (2020) mention, that in South Africa most people end up using buckets, plastic or other alternatives instead of communal toilets. The ecological systems theory views the individual, who is part of the micro system as having the potential to change the happenings within the macro and meso-systems (Jack, 2012:130).

3.11.2.4. Theme 4. Resources and Limitations

The participants highlighted a number of menstruation hygiene management resources available in the community resources within the community of Kameeldrift. These pertain to

the availability of water, toilet facilities, garbage bins and non-profit organisation, like Kamcare, that issue reusable pads. However, they also mentioned several limitations regarding menstruation hygiene management which includes lack of privacy since a lot of people share one communal toilet and the lack of sanitary pads. The two sub-themes that emanated from the theme on resources and limitations are discussed below.

Subtheme 4.1 Resources for MHM Available

Most participants stated that they have access to water, there are communal water taps in the community where they fetch water for household use. Refuse collection is another resource that was mentioned by the female youths that is available in the community, bins are collected regularly every week. In addition, the community has toilet facilities (although inadequate).

The views of participants regarding the MHM resources available in the community are reflected as follows:

Participant 1: *In this place, we don't have a problem with water, water is always available.*

Participant 2: *Water is available, there is a tap close by, you just fill your buckets and store in your house and when it finishes you go and fetch more.*

Participant 4: *Water is not a problem at all it's always available and also the municipality comes to collect bins every Thursday.*

Participant 5: *In this area we have water, toilets and dust bins are collected every week so we are privileged we have all the resources.*

From the above narratives, it is clear that water is available and is easily accessible in the community of Kameeldrift. This finding is consistent to what Ojo (2018) mentions that some informal settlement have reliable water sources from underground water and this has caused the local residents to live in unfavourable conditions. This has caused the female youth to exercise good MHM and to experience it with dignity as it is one of the essential components of MHM. Jiusto (2015) also found that through the WASH programme, there are projects that are aimed at upgrading informal settlements throughout South Africa by addressing water, sanitation, and hygiene issues and ensuring that people have access to these basic needs. The availability and accessibility of water has caused female youth to wash their

clothes, wash their hands after changing their pads and to bath frequently. They dispose their menstrual products in the outside garbage bin and the municipality vehicle collect the bins every Thursday. From an ecological systems theory, the strengths within the environment such as good hygiene, water and sanitation has an influence on how the individual experiences the environment (Berns, 2013:6). According to Khaweka (2018), water and sanitation are the most important ingredients of menstruation hygiene management that must be provided in a sustainable and affordable manner.

Subtheme 4.2. Limitations for MHM

The participants highlighted a number of MHM limitations in the community. These include lack of privacy, since a lot of people share one communal toilet, and lack of proper sanitary pads. Most female youths are unaware of organisations in the community that render services to women. These limitations are reflected in the quotations below.

Participant 1: *umm I don't know any organisation that helps women here in Kameeldrift.*

Participant 2: *There are no organisations in this community that help women with sanitary pads.*

Participant 3: *I don't know Kamcare organisation and I have heard of it.*

Participant 4: *Here in the community there are no organisations that give women pads.*

The finding that female youths were not able to identify organisations that assist women regarding the issue of menstruation hygiene management in their community is confirmed in literature by Kumar (2002) who states that lack of awareness of community resources results in essential services within the community not being used. Similarly, Dunn (2017) also supports this and mentions that people are unaware of opportunities in the community because they never had an experience and are unfamiliar with what to be expected of them. Even though Kamcare is operating in the community and gives women sanitary pads, most of the female participants are unaware of that. This shows that most people are not aware of the resources in their community. The lack of information and knowledge about the services and resources is a result of poor communication between the organisations and the community members and often lead to a lack of community participation in the development of such projects (Kumar, 2002). From an ecological systems theory, linkages between the individual

and the systems in the environment are essential for the well-being of the individual (Ambrosino, Heffernan, Shuttlesworth & Ambrosino, 2012:63).

Subtheme 4.3. Lack of social work interventions

Most participants stated that they never had any interaction with a social worker regarding sex education and menstruation hygiene management. This is reflected in the following quotations:

Participants 5: *No I have never spoken to any social worker about this, you are the first one that I'm talking too.*

Participants 4: *I don't know any social worker and I have never talked to anyone about reproductive issues.*

Participants 6: *I have only spoken to the nurses at the clinic, not social workers.*

Participant 8: *They were teaching us at the clinic but I don't think it was the social workers it was the nurses.*

This finding shows that despite the roles that social work can play regarding sex education and reproductive health, social workers are not visible in the community and their roles are not known by community members. Social workers can conduct awareness campaigns in communities, schools, and health facilities to provide correct information about reproductive health that includes menstruation. In addition, they can address the stigma, myths and misconceptions that surround menstruation hygiene management. Through the sensitisation of the communities, female youth can be empowered to have access to formal services that seek to address the needs of reproductive health (Kiboro, Gakuru & Misaro, 2014:87). Social workers can play the role of an advocate, where they can lobby the government to actively provide menstruation hygiene management services and equipment to female youth (Jewitt & Rylel, 2013). From an ecological systems theory, social workers form part of the exo system and can participate in the formulation of policies, legislation and laws that promote the dignity and empowerment of women in the meso and macro-systems (Lewis & Green, 2009:232).

3.11.2.5. Theme 5: Recommendation for MHM

The participants highlighted recommendations for MHM. Two subthemes emerged from this theme and these pertain to the inclusion of MHM in the curriculum in order to teach and advise young girls earlier about menstruation and having more community-based programs aimed at assisting female youth with sanitary pads. These recommendations are reflected in the discussions below:

Subtheme 5.1: Inclusion of MHM on the educational curriculum

A number of participants stated that the educational system should be transformed to deliberately and adequately include issues of MHM in the school curriculum, which should be taught right from primary school level and from a very young age. Such a curriculum will play an advisory role to female youth. Most participants stated that it is of paramount importance that young girls are advised about menstruation hygiene management, including how often they should bath and how to dispose of the material waste. The link between pregnancy and commencing of menses was another point that participants mentioned will be critical on advising female youth on. These views are reflected in the quotations below:

Participant 1: *Nowadays girls are starting menstruation at an early age when they are in primary so they must be taught about this early not when they are in high school.*

Participant 10: *Young girls must get the information when they are still young in primary school not to wait until they are in high school.*

Participant 3: *I will tell the young girls that they need to bath more often and stay clean all the time so that they don't smell.*

Participant 7: *I will tell them that they need to bath always and that they must dispose of their pads anyway but they must wash it first then wrap with a paper before they dispose of it.*

The findings are in line with the views of the United Nations Children's Fund (2019) and the World Health Organization (2012:16) who stipulate that good MHM requires access to essential information, advice and education for women. Education about menstruation hygiene management should be included in the school curriculum. The children must be taught at an early age maybe in primary school and not wait for when they are in high school, because nowadays girls are starting their menses at an early age. This is similar to what, Kaur

(2017) states that menstrual hygiene management should be an integral part of the education curriculum as it plays an important role in child's growth and development by allowing them to cope with changes and challenges they are facing in life. Sommer, Schmitt and Clatworthy (2017) also supports the provision of MHM and puberty information to young girls of menstruating age in schools as of paramount importance and states that such would enable them to manage menstruation with dignity, safety and comfort. From an ecological systems theory, information transfer from macro, chrono and exo systems have an influence on the experiences of individuals at micro and meso systems (Sigelman & Rider, 2009:23).

Subtheme 5.2: Community-based programs aimed at assisting female youth

Most participants recommended that community-based programs that assist female youth with sanitary pads need to be introduced. They also wish that such programs, in partnership with the government also focus on building more toilets in the community.

Participant 4: Organisations that give people pads must come to this community and help us women who are struggling. We need help from such organisations.

Participant 7: The government must build more toilets for us and every house must have its own toilet and bathroom.

Participant 9: The government must provide free sanitary pads for all the women who cannot afford to buy them every month.

The findings above show the participants have ideas regarding addressing MHM concerns in Kameeldrift. Participants want a community program to be introduced to tackle issues of lack of sanitary pads in the community. The recommendation of having more toilet facilities in the community would address the issue of having a lot of people sharing one toilet. All the toilets should all be in good working order, with the doors that can lock in order to provide privacy. Muanda, Goldin and Haldenwang (2020) mention that in South Africa, people are scared to use communal toilets at night because of safety concerns and they end up using buckets, plastic or other alternatives instead. Similarly, Lagardien, Muanda and Benjamin (2012) is of the view that toilet facilities that are poorly managed and unclean make people not want to use them. As such, women and young girls who are menstruating would not like to use poorly planned and poorly designed toilet facilities since they lack hygiene, privacy and safety. For toilets to be user friendly and conducive, they must have bathing facilities so that female youth

do not have to bath in a bowl inside the shack. From an ecological systems theory, the availability of adequate resources at a macro level benefits the individuals at a micro-level (Lewis & Green, 2009:232).

3.12. SUMMARY

The chapter has provided the biographic details of participants, which were first presented in a narrative formant, and where applicable, followed by a graphical illustration of the findings. The findings were discussed by means of themes and sub-themes, which was also presented in the table. The discussion and analysis of data was supplemented by the voices of the participations by means of direct quotes.

The following chapter provides key findings, conclusions and recommendations of the study.

CHAPTER FOUR

KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

4.1. INTRODUCTION

The focus of this chapter is to discuss how the goal and objectives of the study were reached. Furthermore, the key findings of the study will be presented, followed by the conclusions derived from the findings. Finally, recommendations will be drawn from the conclusions.

4.2. GOAL AND OBJECTIVES OF THE STUDY

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

Objective 1: To conceptualise and contextualise female reproductive health, the menstrual cycle and menstruation hygiene management

This objective was achieved in a thorough discussion in chapter 2 (sub-sections 2.2 to 2.4) of literature review. These sections focused on the biological aspect of menstruation that is the different phases of the menstruation cycle and on what entails menstruation hygiene management. In addition, this objective was also addressed in the empirical study findings in chapter 3 (sub-section 3.1), where participants shared information on their knowledge about reproductive health. This included where they learnt about reproductive health and their understanding of menstruation and menstruation hygiene management.

Objective 2: To explore and describe the source and experience of sexual reproductive health education among female youth in Kameeldrift

This objective has been addressed in chapter 3 (3.1.sub-section), where the majority of the participants stated that they learnt about sexual reproductive health education in school from grade 7 to Grade 12.

Objective 3: To explore and describe the experiences of female youth regarding their menstruation in Kameeldrift.

This objective has been accomplished in chapter 2 (sub-sections 2.7. to 2.7.6) as part of the literature study, where it is stated that female youth experience socio-emotional and psychological challenges related to menstruation. Moreover, it was achieved in the empirical study in Chapter 3 (sub-sections 2.1.2 to 2.3), where participants provided information on their experiences of menstruation and the challenges they faced thereto. They shared their experiences on the onset of menstruation and of current menstruation.

Objective 4: To explore and describe the challenges of female youth regarding menstruation hygiene management in Kameeldrift.

This objective was realised in chapter 2 (sub-section 2.7) as part of the literature study, where various MHM challenges affecting the female youth are documented. Moreover, it was achieved in the empirical study in chapter 3 (sub-section 3.3), where different challenges that the female youth experience were reported as lack of privacy, lack of sanitary pads and physical pain.

Objective 5: To explore and describe resources and support available for female youth related to menstruation hygiene management in Kameeldrift.

The resources and support available regarding MHM was addressed in chapter 2.2.4 which focused on resources necessary for MHM and in chapter 3 (sub-section 3.7), as part of the empirical findings where the different MHM resources were identified as water, toilets, soap and sanitary pads.

Objective 6: To suggest social work intervention strategies for menstrual hygiene management for female youth.

This objective was achieved in chapter 2 (sub-section 2.9), which addresses the roles of social workers in MHM such as community sensitisation and awareness, linking female youth to resources, counselling and doing advocacy work. In addition, this objective was achieved in chapter 3 (subsection 3.6), as part of empirical findings, where participants indicated that social workers should advise and teach young girls earlier about menstruation and having more community-based programs aimed at assisting female youth with sanitary pads.

4.3. RESEARCH QUESTION

The researcher intended to answer the following research question:

- What are the perceptions of female youth regarding menstruation hygiene management in Kameeldrift, Tshwane?

The research questions have been answered in in various sections of the research report which have adequately explored the perceptions of female youth regarding menstruation hygiene management in Kameeldrift, Tshwane.

4.4. KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

The findings highlight the participants' knowledge about reproductive health; menstruation experience and challenges; menstruation hygiene management and challenges; resources and limitations; the need for social work intervention; proposed recommendations for addressing the MMH challenges. The key findings, conclusions and recommendations of the study are presented as follows:

4.4.1. Knowledge about reproductive health

- **Key findings**

The key findings regarding participants' knowledge about reproductive health are as follows:

- Participants understand what menstruation and menstruation cycle is.
- Most participants learnt about reproductive health and menstruation in different levels in high school, a few of them learnt about it in primary school.
- Participants learnt about sex education in Life Orientation and Integrated Science subjects at school.
- Some participants learnt about reproductive health from their friends.

- **Conclusions**

It can be concluded that:

- Participants' understanding of issues of menstruation and menstruation cycle provides an opportunity for them to be engaged on issues of MHM.
- Both primary and secondary schools are sources of knowledge on reproductive health.
- Life Orientation and Integrated Science subjects at school expose female youth to sex education.
- Schools are not the only source of sex education, friends also play a huge influence.

- **Recommendations**

The researcher makes the following recommendations:

- MHM strategies for female youth must be integrated with issues of menstruation and menstruation cycle in education.
- Primary and secondary school must continue to provide female youth with knowledge on reproductive health.
- Life Orientation and Integrated Science subjects at school should be prioritised since they expose female youth to sex education.
- Peer pressure intervention must focus on sex education since friends are a significant source of influence in how female youth acquire information regarding sex education.

4.4.2. Menstruation experience and challenges

- **Key findings**

The key findings regarding participants' menstruation experience and challenges are as follows:

- Participants experienced their first menstruation at different ages. The age ranged from 12 to 14 years.
- Participants reported having different feelings regarding the onset of menstruation, some were shocked, scared, troubled and, confused.
- The first person that participants told about the onset of menstruation was their mothers, grandmother and sisters.
- During onset, participants were teased at school when they spoiled their uniforms and they felt embarrassed, ashamed, and unhappy.
- The participants were not adequately supported during menstruation.
- Menstruation affected the social life of participants in religious and dating spheres.

- **Conclusions**

It can be concluded that:

- The onset of menstruation was experienced early by some participants.
- Participants were shocked, scared, troubled, and confused at the onset of menstruation mainly because they were neither prepared nor supported for the onset of menstruation.
- Family members were the first people that participants told about the onset of menstruation
- Participants were less prepared at the onset of menstruation, and this made them experience difficulties in accepting and adjusting to the fact that they are now menstruating.

- Teasing and bullying that participants experienced at school made them feel embarrassed, ashamed, and unhappy
- Participants experienced psychosocial, relationship and religious challenges during menstruations.

- **Recommendations**

The researcher makes the following recommendations:

- Female youth should be exposed early to MHM and sex education since menstruation now starts very early in children.
- Female youth should be prepared and supported for the onset of menstruation so that they do not feel shocked, scared, troubled, and confused at the onset of menstruation.
- Family members should be encouraged to have open conversations with female youth regarding issues of menstruation hygiene management.
- Social work strategies and programmes should be put in place to prepare and sensitise female youth about menstruation hygiene management.
- Schools should introduce anti-bullying and anti-teasing policies to curb the embarrassment and unhappiness experienced by female youth on the onset of their menstruation.
- Psychosocial support programmes should be put in place to support female youth on relationship and religious challenges they encounter during menstruation.

4.4.3. Menstruation hygiene management and challenges

- **Key findings**

The key findings regarding participants' menstruation experience and challenges are as follows:

- Participants view MHM as pertaining to the use of clean sanitary towels, access to soap, clean water and disposal facilities for menstrual waste.
- Participants are currently using different types of sanitary products such as disposable pads, reusable products, and pieces of cloth, small towels, and cotton wool.
- The choice of the exact type of sanitary products used vary from month to month depending on the availability of resources.
- Several challenges faced by participants when it comes to issues of menstruation hygiene management relate to lack of sanitary pads, lack of privacy and inadequate proper toilet facilities.

- **Conclusions**

It can be concluded that:

- Participants are aware of menstruation hygiene management practices. However, the various challenges related to MHM deters them from effectively practicing MHM.
- Female youth use different types of sanitary products such as disposable pads, reusable products, and pieces of cloth, small towels and cotton wool.
- Availability of resource influence the choice of sanitary products used on a month to month.
- Female youth face challenges related to lack of sanitary pads, lack of privacy and inadequate toilet facilities.

- **Recommendations**

The researcher makes the following recommendations:

- Effective MHM strategies need to be out in place to address various MHM challenges faced by female youth.
- The use of reusable sanitary products by female youth should be encouraged and promoted.
- Resources should be available to enable female youth to purchase sanitary wear on a month-to-month basis.
- Issues regarding the lack of sanitary pads, lack of privacy and inadequate toilet facilities should be addressed.

4.4.4. Coping strategies devised for MHM

- **Key findings**

The key findings regarding participants' coping strategies devised for MHM are as follows:

- Participants use different strategies for effective menstruation hygiene management.
- Participants use cloth, cotton wool and reusable pads because they are cheap and easily available when they cannot afford to buy a disposable sanitary pad.
- To address the challenge of lack of inadequate toilet facilities, female youth use buckets and bowls to bath and they dispose the dirty water with blood somewhere far where other people or children cannot see.

- **Conclusions**

It can be concluded that:

- Female youth are resilient, they find alternative ways of addressing their MHM challenges.

- Reusable pads and cloth are a sustainable way of addressing MHM challenges faced by participants.
- The participants are adequately addressing the challenge of inadequate toilet facilities by making use of buckets and bowls.

- **Recommendations**

The researcher makes the following recommendations:

- Social providers in Kameeldrift and the Department of Health should put intensive efforts in place to address the MHM challenges faced by female youth.
- Community-based programs that assist female youth with reusable sanitary pads need to be introduced. Such programs, in partnership with the government, should also focus on building more toilets for the community.

4.4.5. Resources and Limitations

- **Key findings**

The key findings regarding MHM resources and limitations for female youth in Kameeldrift are as follows:

- The participants have access to water, there are communal water taps in the community where they fetch water for household use.
- Refuse collection is another resource that is available in the community, bins are emptied regularly every week.
- The availability of a non-profit organisation, like Kamcare, in Kameeldrift is a resource
- Limitations regarding MHM for participants include the lack of privacy, since a lot of people share one communal toilet
- Participants are not aware of organisations like Kamcare that work in the area of Kameeldrift.
- Participants never had any interaction with social workers regarding sex education and menstruation hygiene management.

- **Conclusions**

It can be concluded that:

- The MHM resources in Kameeldrift are more than the limitations experienced.
- Access to water through communal water taps avails an opportunity for female youth to practice adequate MHM.
- Weekly refuse collection in the community enables female youth to properly dispose sanitary wear, which is an essential ingredient of good MHM.
- Kamcare as a non-profit organisation, operating in Kameeldrift, is a huge resource that can be utilised to address challenges faced by female youth in the community.
- Although communal toilets are available in Kameeldrift, they are however inappropriate for adequate MHM, since they lack privacy
- The lack of knowledge by female youth regarding the presence and services of non-profit organisations like Kamcare rendering services in Kameeldrift poses a huge limitation and threat to adequate good MHM.
- The unavailability of social workers in the community to interact with female youth regarding issues of sex education and menstruation hygiene management is caused by the lack of social work interventions in the community

- **Recommendations**

The researcher makes the following recommendations:

- The strengths and opportunities presented by the resources within the community of Kameeldrift should be harnessed to address MHM challenges faced by female youth
- The female youth should have further empowerment to have in them a spirit of continued resilience and improvisation. This will enable them to adequately address MHM challenges that they are faced with on a daily basis.
- The Department of Public Works should be engaged to devise strategies for building proper sanitary and toilet facilities in Kameeldrift.

- Kamcare and other non-governmental organisations should conduct a social marketing exercise, where they inform and make the community of Kameeldrift aware of the services that they offer to the community.
- More social work interventions should be put in place in the community of Kameeldrift to increase the availability of social workers to interact with female youth regarding MHM

4.5. RECOMMENDATION OF FURTHER RESEARCH

The recommendations for further research are as follows:

- Further research studies in the field of MHM should be undertaken to devise more ways of ensuring that female youth in informal settlements are holistically empowered with MHM strategies.
- Studies aimed at designing programmes for empowering young girls about menstruation hygiene management, including how often they should bath and how to dispose of the material waste should be undertaken.
- A study on the interdisciplinary and inter departmental collaborative nature of MHM should be undertaken.
- A study focusing on the perceptions of female youth regarding the utilisation of MHM programmes and resources in the community should be undertaken.

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APPENDICES

Appendix A: Permission letter from Kamcare Organisation.



2 September 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 and conduct interviews 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

Office: +27 12 756 4223 * C/o Kameeldrift- and Sinagoge Roads, Kameeldrift East, 0035 * email:
info@kamcare.org * Website: <http://kamcare.org>

Appendix B: Ethical Clearance Letter



Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotheo



23 June 2021

Dear Ms C Madziwanzira

Project Title: The perceptions of female youth regarding menstruation hygiene management in Kameeldrift, Tshwane
Researcher: Ms C Madziwanzira
Supervisor(s): Dr NJ Bila
Department: Social Work and Criminology
Reference number: 20709723 (HUM013/0521)
Degree: Masters

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

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

We wish you success with the project.

Sincerely,

Prof Innocent Pikirayi
Deputy Dean: Postgraduate Studies and Research Ethics
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 Govender; Andrew; Dr P Gutu; Dr E Johnson; Prof D Maree; Mr A Mohamed; Dr I Nkomo; Dr C Ruttergill; Prof D Reyburn; Prof M Soer; Prof E Taljard; Prof V Thebe; Ms B Tsebe; Ms D Mokalapa

Appendix C: Data collection 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?
- What strategies do you implement to address these challenges?
- What do you need to manage your period properly?
- What MHM products have you used from your first period onwards?
- What type of MHM product are you currently using?
- What do you do to stay hygienic during your period?
- Explain what do you do with your used menstruation products?
- What do you think could improve your MHM?

5. Resources and limitations

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

6. Social work intervention

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

7. Recommendations

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

Appendix D: Letter of Informed consent

Date: 03/03/2021

Name: Caroline Madziwanzira

Email: cmadziwanzira@yahoo.co.za

Cell phone No: 073 043 8924

LETTER OF INFORMED CONSENT

SECTION A: RESEARCH INFORMATION

Research Information

This letter serves to invite you to participate in a study of the experiences of female youth regarding menstruation hygiene management in Kameeldrift, Tshwane. The informed consent gives a brief explanation of the purpose and procedure of the research and the rights of participation. Please go through the form before you make an informed decision regarding your participation.

Title of the study

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

Purpose of the study

The purpose of the study to explore and describe experiences of female youth regarding menstruation hygiene management in Kameeldrift, Tshwane,.

Procedures

You have been informed of the study and provided your contact details for researcher to contact you to partake in the study. The researcher will be responsible for conducting a face to face interview in order to collect data. Once you sign this letter, you agree to take part in the study. The researcher will arrange to conduct an individual interview with you when it suits you best. The interview will be recorded, with your permission, to ensure that all the information you are sharing is captured for research purposes. A semi-structured interview schedule will be used during the interview to guide the interviewing process. Please note that

the recording will only be used for the purpose of data analysis of the research and will be kept confidential.

Risks and discomforts

Please note that the researcher does not intend to put you under any risk or discomfort with the information you will share. There is a possibility of emotional harm related to the sharing and exploration of the experiences of menstruation hygiene management. The researcher will debrief you after the interview is concluded and should you experience a need for counselling, you will be referred to a professional counsellor for intervention. You are free not to answer any question that will make you feel uncomfortable during the interview.

Benefits

You will not receive any form of remuneration/ compensation/ incentives for participating in the study. The study is however about improving mental health services and lessening the burden of care for the caregivers of mental health care users, by formulating intervention strategies aimed at aiding caregivers in their caring role. The findings of this study can also help professionals to better understand the experiences of caregivers.

Participants' rights

Your participation in the study is entirely voluntary and you may withdraw from participation at any time and without negative consequences to you or your family members. Should you wish to withdraw from the study, all data gathered in respect of your interview will be destroyed.

Confidentiality

The information shared during the interview will be kept confidential and will be used for the purpose of the study only. The researcher will also not identify you by name during the report, using only pseudonyms to protect your identity. The only people who will have access to the data, will be the researcher and the supervisor.

Data usage and storage

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

Access to the researcher

You may contact the researcher using the contact details provided above for the duration of the study, should there be any questions or uncertainties regarding the study and your participation. It must be clearly stated, that the role of the researcher is to do research and not to provide counseling or therapeutic services.

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

Yours sincerely,

..... (Researcher)

SECTION B: INFORMED CONSENT OF PARTICIPANT

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

Participant:

Date:

Signature:

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

Researcher:

Date:

Signature:

Appendix E: Letter from the editor

07 December 2021

Dr Nontembeko Bila
Senior Lecturer: Social Work
Department of Social Work & Criminology
Faculty of Humanities
University of Pretoria

Dear Dr Bila

RE: Confirmation of editing

I hereby confirm that I performed the editing of the thesis titled: **“The perceptions of female youth regarding menstruation hygiene management In Kameeldrift, Tshwane”** written by Caroline Madziwanzira for her MA Social Work in Health Care.

Yours truly



Ms KJ Jooste (B.Tech: Post School)
Email: karen.j.jooste@gmail.com
Contact number: 079 897 6470

Appendix F: Originality Report

FINAL RESERACH REPORT			
ORIGINALITY REPORT			
8%	8%	2%	%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS
PRIMARY SOURCES			
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