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

MIRIAM RUTENDO RISINAMHODZI

15249680

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Supervisor Dr. NJ Bila

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“Family is not an important thing but everything” Micheal J Fox

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ABSTRACT

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

CANDIDATE: Miriam Rutendo Risinamhodzi

SUPERVISOR: Dr. N.J. Bila

DEGREE: Master of Social Work-Health Care

DEPARTMENT: Social Work and Criminology

INSTITUTION: University of Pretoria

The majority of the global female population is of reproductive age and yet access to appropriate resources, services and facilities for menstrual hygiene and management remains a neglected need within the global sanitation sector. This is despite, the growing global and local attention to menstruation hygiene and its impact on women and young girls. A majority of African countries (especially those in the sub-Sahara region) are still at a developing stage and by virtue of that, these countries have the potential to lag in certain spheres of development. An example, of such lagging, is seen especially in the access to basic social services, healthcare as well as reproductive hygiene services like menstruation hygiene management (MHM) resources. Therefore, the rationale of the study was to address the identified knowledge gap in the literature by conducting research specifically looking into the perceptions of female youth regarding MHM.

The goal of the study was to explore and describe the perceptions of female youth regarding MHM in Kameeldrift, Tshwane. The study utilized a qualitative approach and employed the phenomenology research design, specifically the psychological subtype to get thick descriptions of the essence of the youths' lived experience of mensuration by combining textual and structural descriptions of the phenomenon. Ten participants were sampled through the snowball sampling method using the following inclusion criteria: the participant had to be a female; must have had a menstruation cycle; needs to be between the age of 18 to 36 years; must reside in Kameeldrift, Tshwane; should provide consent prior to undertaking the study; and be able to converse in either of these official languages Setswana, isiZulu and English. The female youth in the study were interviewed face-to-face guided by a semi-structured interview schedule, which

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allowed for the use of pre-determined and open-ended questions to discuss the perceptions of female youths on MHM.

The findings indicated that the female youth in Kameeldrift possess good knowledge and practice of MHM. The study found out that the participants do not consistently use appropriate sanitary material and opt for unsafe/harmful sanitary material. The study also established that there are inadequate toilets and unavailability of bathroom services to support good menstruation hygiene practices. The findings also indicate that most of the participants were not aware of MHM programmes within the community. The study outlined that there are resources within Kameeldrift that aid women to have better MHM. The youths in the study highlighted that they had not seen Social Workers rendering services in the community concerning MHM. The study further outlined that the major sources of support regarding menstruation and MHM were female relatives and schools.

From the findings of the study, it can be concluded that the female youth in Kameeldrift possess relevant and adequate knowledge pertaining to MHM and the appropriate hygiene practices required for good female reproductive health despite having a poor understanding of the biological aspects of the menstrual cycle. This study further concludes that the gap in social work service provision in Kameeldrift exacerbates poor knowledge, education and lack of MHM services.

Recommendations for young girls starting their periods'; government service delivery; MHM programmes and education as well as social work intervention pertaining to MHM are provided in the study.

KEY WORDS: Menstruation hygiene management, menstruation, perceptions, female, youths, Kameeldrift

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ACRONYMS/ LIST OF ABBREVIATIONS

BMI	Body Mass Index
BSR	Business for Social Responsibility
BV	Bacterial Vaginosis
CAPS	Curriculum Assessment Policy Statements
CSR	Cooperate Social Responsibility
IUD	Intrauterine device
LMIC	Low Medium Income Communities
MHM	Menstruation Hygiene management
ROI	Return on Investment
RTI	Reproductive Tract Infection
SSA	Sub-Saharan Africa
TED	Technology Information and Design
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WASH	Water Sanitation and Hygiene
WHO	World Health Organisation
ZCC	Zion Christian Church

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CHAPTER 1
GENERAL INTRODUCTION AND STUDY BACKGROUND

1.1 INTRODUCTION

Menstruation is a natural biological process that indicates the commencement of reproductive life for a young woman (Vaughn, 2013:34). This process involves the natural shedding of the uterus lining (Sebastian, Hoffmann & Adelman, 2013:136), which results in blood, tissue and other mucosal membranes exiting from the female reproductive anatomy known as the vagina (Sebastian, Hoffmann & Adelman, 2013:136). A variety of materials can be used to absorb or collect the excretion of the above-mentioned residue, such as disposable sanitary towels/pads (Krenz & Strulik, 2019:67). Women in different settings have devised their own personal coping strategies to deal with menstruation. In different regions, the coping strategies with personal preferences, availability of resources, socio-economic status, cultural traditions and beliefs, education level, and knowledge of menstruation and menstruation hygiene management (MHM) (Kaur, Kaur & Kaur, 2017).

Approximately, 52 percent of the global female population is of reproductive age (Vaughn, 2013) with the African continent making about 13 percent of that quota (Krenz & Strulik, 2019). Access to appropriate resources, services and facilities for MHM is considered a neglected need within the global sanitation sector (Sebastian, Hoffmann & Adelman, 2013:136). Despite the growing global and local attention to menstrual hygiene and its impact on women and young girls, significant gaps still exist in terms of knowledge, resources and facilities, particularly in low to medium income households in developing countries. The majority of African countries, especially in the sub-Sahara region, are still lagging behind in certain spheres of development. An example of such lagging can be seen especially in the poor or lack of access to basic social services, healthcare, as well as reproductive hygiene services like MHM. (Sommer, 2019)

Data emerging from countries such as Zambia, India, Malawi and Zimbabwe have indicated that MHM is a challenging process for women in these countries as they tend to use poor sanitary materials that include, but are not limited to new or old linen cloths, cotton wool, tissue paper, sponges, leaves or in some cases nothing at all (Krenz &

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Strulik, 2019). This is disheartening considering the negative health effects that these materials have on the reproductive health and overall functioning of these women, such as, reproductive tract infections, symptoms of bacterial vaginosis, rashes and bad odour (Vaughn, 2013). In addition, Sommer (2019) asserts that women also have the added challenge of dealing with the overall lack of family and community support with resources such as water, toilets and soap necessary for proper MHM. Women also tend to lack proper MHM education. In addition, the rigid patriarchal society that they live in also makes it difficult for women to manage the process of menarche as it is considered to be something to be ashamed of Sommer (2019).

When conducting a literature review through the SABINET search, the researcher noted that a knowledge gap exist in literature regarding perceptions of youth on MHM, particularly in the South African context. Therefore, it is within this context that the researcher embarked on the study to describe and explore female youth perceptions regarding menstruation hygiene management in Kameeldrift, Tshwane.

1.2 DEFINITION OF KEY CONCEPTS

For the present study, the following terms are defined as follows:

a) Youth

Youth is defined "as individuals who are between the ages of 14 and 35 years" (South Africa National Youth Commission Act, 1996). Within the context of the present study, youth refer to the female youth population from the age of 18 to 35 Specifically, it looked at the female youths who reside in Kameeldrift, Tshwane.

b) Perceptions

Perceptions refer to the way in which something is regarded, understood or interpreted (Given, 2008). Within the context of this study, perceptions described the way in which female youth in Kameeldrift Tshwane understand/ interpret MHM.

c) Female

A female is described as "a person bearing two X chromosomes in the cell nuclei and normally having a vagina, a uterus and ovaries, and developing at puberty a relatively

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rounded body and enlarged breasts, and retaining a beardless face (William, 2001). The same definition was used in the context of the study. However, the females in this study were from the ages of 18 to 35 years.

d) Menstruation

Menstruation is defined as "a biological process in woman of discharging blood and other material from the lining of the uterus at intervals of about one lunar month from puberty until the menopause, except during pregnancy" (Bancroft, 2015). In the context of this study, the inclusion criteria for participants were all girls and women between the age of 18 and 36 who are in their menstrual phase.

e) Menstruation hygiene management

Menstruation hygiene management (MHM) is defined 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 during the duration of the menstruation period using soap and water for washing the body as required and having access to facilities to dispose of used menstrual management materials'' (World Health Organisation, 2008). In the study, MHM referred to women utilizing clean menstrual management materials to absorb blood that can be changed in privacy as much as possible necessary for the timeframe of the menstruation period, washing their bodies as needed with soap and water, and having access to facilities to dispose of used menstrual management materials.

f) Kameeldrift

Kameeldrift is a suburb/farming area in Pretoria which is located 20 km northeast of Pretoria Central. In the context of this study, Kameeldrift referred to an informal settlement which is part of a suburb located 20 km northeast of Pretoria CBD.

1.3 THEORETICAL FRAMEWORK

The study was underpinned by the ecological systems theory developed by Urie Bronfenbrenner. The underlying assumption is that the behaviour and experiences of individuals are influenced by various spheres of the environment within which they reside (Ettekal & Mahoney, 2017:293; Strayhorn, 2015:34). Figure 1.1 shows the main components and elements of the theory:

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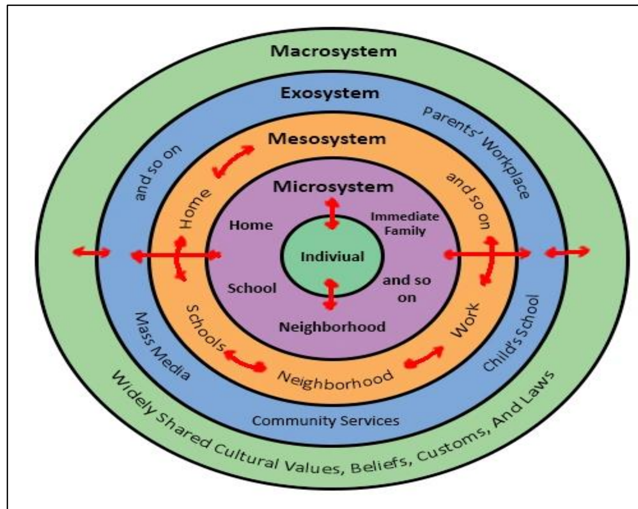

Figure 1.1: Ecological System Model (Ettekal & Mahoney, 2017:293).

The theory further explains how the development of humans is affected by numerous types of ecological systems and suggests that change happens over time as part of a multifaceted process linking system of interactions within the individual and between the individual and the environmental context of which he/she is part of (Ettekal & Mahoney, 2017:293). Furthermore, the theory posits that four interconnected categories of environmental systems exist (micro, meso, exo, macro and chrono systems) representing minor proximal environments' whereby the individuals directly cooperate to larger distal settings that indirectly influence development (Ettekal & Mahoney, 2017:293-294).

1.3.1 Micro system

The microsystem in the theory of ecological systems is the individual's immediate environment. This circle is made up of a pattern of activities, interactions, roles, and interpersonal relations that the developing person has with their immediate surroundings in a given setting that has specific physical and material characteristics (Zhang, 2018:1765; Strayhorn, 2015:32-33). This system focuses on the ways in which these networks influence behaviour (McLaren & Hawe, 2005). Microsystems represent social connections within one's immediate family, as well as among friends and colleagues (McLeroy, Bibeau, Stekler & Glanz, 2000). Therefore, this approach

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helped the researcher to explore and understand how these direct interactions that the youths have contribute to their overall perception of MHM.

1.3.2 Meso system

The meso-system encompasses the interactions of various settings within a microsystem (Strayhorn, 2015:32-33). The mesosystem also refers to the interdependence of several settings in which the individual is embedded (McLeroy *et al.*, 2000). This system was utilized to enquire about the influence of interactions between micro systems, such as the neighbourhood and home on the individual's perception of MHM.

1.3.3 Exo system

The exo-system incorporates institutions in which the individual does not directly participate but may indirectly influence the individual (McLaren & Hawe, 2005). With regards to MHM, the exo-system consists of policies, legislation and other events in the wider healthcare field that indirectly affect youths in Kameeldrift. It is evident from the literature that the pricing of sanitary products by the relevant stakeholders has a great impact on the youth's ability to afford these materials. Therefore, this component of the theory helped the researcher to explore, obtain rich data and make sense of how such interactions contribute and have a bearing on the overall youth perception regarding MHM. In doing so, the theory managed to influence the design of the data collection instrument to focus its enquiry on the social structures and institutional support dynamics for the youths as may be defined in the exo system level towards the provision of resources for MHM.

1.3.4 Macro-system

The macro-system represents the individual's interactions with cultural norms, believes, values and expectations (Strayhorn, 2015:32-33). The macro-system is composed of influences that are outside of the determination of the female youths in Kameeldrift such as socio-economic status, poverty and religious and cultural norms. The macro system component gave the researcher an insight into how various

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influences that are beyond the youth in Kameeldrift affect them and influence their overall perception regarding MHM.

Viewed together, the four systems represent a nested network of interactions reflecting an individual's ecology (Strayhorn, 2015:30). In a nutshell, ecological systems theory suggests that an individual is at the centre with increasingly complex spheres of influence around them (Strayhorn, 2015:34). Overall, the theory permitted the researcher to take into consideration the multiple interconnected and interdependent factors directly or indirectly related to the youths, which may be influencing their perceptions. For instance, using this theory the youths was considered as the centre being influenced by the different contexts (for example, family, community, organisations, policies, etc.) which all contribute to the whole; which is the perception that the researcher is sought to explore.

1.4 PROBLEM STATEMENT AND RATIONALE

The study aimed to describe and explore the perceptions of female youth regarding MHM in Kameeldrift, Tshwane. Available evidence from studies conducted regionally, for example, in Zambia, Botswana Malawi and Swaziland demonstrate that there is a significant dearth of knowledge and education on menstruation and MHM, as well as, facilities and materials for MHM (Kgware, 2016). The few studies that have been conducted within the South African context focused on both urban and rural school girls. The findings from these studies indicate that girls experience embarrassment and school absenteeism due to menstrual pain and lack of MHM materials (Chikulo, 2012). In-spite of the few studies that have been conducted in South Africa, there is still a lack of studies that have been conducted to describe the perceptions of female youth regarding MHM particularly those in the out-of-school environment. These studies have profiled the problems that menstruating girls experience in the school environment and the out-of-school environment is yet to be explored.

The definition of youth as stipulated by the National Youth Development policy (2019), are people between the ages of 14 and 35 years. In South Africa, youth between the ages of 14 and 20years are presumed to be attending school (Department of Basic

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Education, 2010). It is important to take note that not all the youth in this category in school for the following reasons: teen pregnancies and motherhood; illness; peer pressure; and lack of parental support, which accounts for 15% of all enrolled learners each year in South Africa. This study gave an opportunity for the exploration of perceptions on MHM among out-of-school youth who have no access to sexual reproductive health education which is available to school going youth. Furthermore, outside of being out-of-school, the study allowed other youth in different circumstances to describe their own experiences of MHM.

The study has numerous implications for social work practice including recommending that global, regional and national stakeholders take action in improving the basic living and environmental conditions for young women to promote proper MHM. Understanding the perceptions of young women from low-medium income households with regard to MHM may assist in identifying existing gaps in the school curriculum, organisational policies, family structures and practices, cultural norms, beliefs and taboos. Addressing these gaps can have the potential to increase the number of competent social work practitioners willing and capable of offering optimal care and support to these young women.

The research question for the study is:

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

1.5 GOALS AND OBJECTIVES

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

The research objectives of the study are:

1. To conceptualise and contextualise female reproductive health, the menstrual cycle and menstruation hygiene management.
2. To explore and describe the source and experience of sexual reproductive health education among female youth in Kameeldrift.

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3. To explore and describe the experiences of female youth regarding their menstruation in Kameeldrift.
4. To explore and describe the challenges of female youth regarding menstruation hygiene management in Kameeldrift
5. To explore and describe resources and support available for female youth related to menstruation hygiene management in Kameeldrift.
6. To suggest social work intervention strategies for menstrual hygiene management for female youth.

1.6 OVERVIEW OF RESEARCH METHODOLOGY

The research employed a qualitative research approach. Teherani, Martimianakis, Stenfors-Hayes, Wadhwa and Varpio (2015:669) describe qualitative research as a systematic inquiry into a social phenomenon in its natural settings. This approach was found to be suitable for the study because there is little known about the phenomenon of female youth perceptions regarding MHM within the South African context (De Vos, 2011:64). The research was applied in nature because it is field-based and designed to find potential solutions to existing problems (Brodsky & Welsh, 2012:2). The researcher collected data for the study through face-to-face interviews guided by semi-structured interview schedule. The semi-structured interview schedule consisted of open-ended questions which enabled female youth to express and discuss their perceptions of MHM in detail (Nieuwenhuis, 2016:93). The semi-structured interviews further allowed an opportunity for the interviewer to probe the participants to get clarification on a response or follow up a line of inquiry introduced by the interviewee (Nieuwenhuis, 2016:93; Firmin, 2012:907). The interview guide also assisted the researcher to avoid losing focus on the goal of the study; at the same time being open-minded to emerging views that were not anticipated (Kumar, 2014). A digital recorder was used to record interviews with permission of the participants. The recorded interviews were later transcribed in preparation for analysis.

The phenomenology research design was employed for the study through utilisation of psychological case study subtype. This was utilised in order to allow for the researcher to make an inquiry and describe the individual's lived experience about MHM in their own context (Creswell, 2014:14). The study sample comprised of youth from the age of 18 to 35 experiencing menstruation who reside in Kameeldrift, City of

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Tshwane. The researcher utilised, snowball sampling, also known as chain-referral sampling, which is a non-probability sampling approach used when the sample potential participants are hard to find (Babbie & Rubin, 2012:55). This type of sampling entails individuals suggesting other prospective participants with relevant knowledge and experiences that can enrich the study (Babbie, 2017:99). The research methodology along with ethical considerations will be unpacked in detail in Chapter 3.

1.7 LIMITATIONS OF THE STUDY

This section discusses the limitations of the study. The study utilised a qualitative research approach with a sample size of 10 participants. As such, the study findings cannot be generalised to the broader population. This is because qualitative studies are developed based on the specific context of the study(Cresswell, 2014). Another limitation was the difficulty experienced in reaching research participants which led to the adoption of the snow-balling sampling method.

During the interviews, some participants had difficulties in understanding the terms used for example, menstruation hygiene management. As a result, the researcher had to simplify the jargon to terms that they could be easily understood by the participants. Menstruation is frequently perceived as something to be kept private, so people are reluctant to discuss it openly. It was difficult to get the participants to open up and share their experiences with MHM. Some of the youths were hesitant to participate in the study. This is due to the discomfort of sharing one's menstrual management experience with a stranger.

Lastly, adherence to COVID-19 protocols, such as the wearing of masks hindered the observation of non-verbal cues such as murmuring, sighs and voice tones during data collection. However, the use of the recording device helped to ascertain some non-verbal cues such as sighs, murmurs and voice tones from participants in the recorded interviews to better understand and interpret the meanings of the answers from the open-ended enquiries that they were subjected to.

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1.8 CHAPTER OUTLINE

The dissertation is organised in four chapters. The rest of dissertation is outlined as follows:

Chapter 2: Literature Review- outlines the literature review and theoretical framework in relation to the perception of female youth regarding MHM.

Chapter 3: Research methods, findings and interpretation. This chapter outlines and discusses the research methods used in the study. The ethical considerations observed and the challenges encountered during the study are also discussed in this chapter. The empirical findings and interpretations from literature perspective are also presented and discussed.

Chapter 4: Conclusions and Recommendations. This is the final chapter dedicated to discussing the extent to which the goal and objectives of the study were achieved and highlighting the key findings. Based on the key findings, conclusions are drawn and recommendations proffered.

1.9 SUMMARY

This chapter gave an overview of the study by describing the background to the study, research methodology, goals and objective of the study, study limitations and chapter outline.

The next chapter presents the literature review regarding MHM among women.

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CHAPTER 2

LITERATURE REVIEW ON YOUTH'S PERCEPTION OF MENSTRUATION HYGIENE MANAGEMENT

2.1 INTRODUCTION

Limited evidence of MHM in humanitarian settings remains a prominent aspect in most low-medium income communities (Budhathoki, Bhatachaan & Sharma, 2018). Girls and women around the world, especially in low to medium income communities continue to experience a lack of resources and knowledge for good MHM practice. This is coupled with the stigma and shame associated with menstruation, which affects the normal day-to-day functioning of women during menstrual days. This chapter provides insight into the existing literature on the following: menstruation as a phenomenon; MHM; and women perceptions of MHM; projects for poverty-stricken communities; and the role of social workers with regards to MHM.

2.2 MENSTRUATION

Historical studies world have documented societies around the world that culturally celebrate and acknowledge menarche as a rite of passage of all girls entering womanhood (Sommer, 2010). Menarche typically occurs between the ages of 9 and 15, around two years after puberty begins (World Health Organisation, 2008). The determinants for sooner or later menarche are diet, other than heredity, which can influence when a woman's menstruation begins (Lloyd & Mensch, 2008). People with a high Body Mass Index (BMI) are more likely to attain menarche earlier in life (Lloyd & Mensch, 2008). People who eat more animal protein and drink more caffeinated and/or sugary drinks, such as energy drinks and soda, experience early menstruation (Hennegan & Montgomery, 2016). Menarche at a young age can have a negative impact on health later in life, which is why it is critical to eat healthy food keep a balanced BMI (Dasgupta & Sarkar, 2008). Therefore, it is evident from the foregoing discussion that the average age at which menarche starts is between the 9 and 15 years. However, there are other determining factors such as diet, genes and BMI that contribute to the age at which menarche occurs. The study sought information from participants on the average age of menarche. However, the timing and the factors determining the onset of menstruation are beyond the scope of this study.

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Menarche is marked by physiological and psychological development. Physically this period is marked by the development of the vulva, pubic hair, breast and nipples getting bigger (Hennegan & Montgomery, 2016). In terms of psychological changes, the teenager is examining goals, values, and dreams to build a sense of self-identity (Reid & Bruce, 2013). Sommer and Sahin (2013) found a link between menarche and gender identity in their study on menstruation. As a result, young girls must be given a positive and comprehensive education on menstruation to avoid menstruation from becoming a barrier to gender equality (Hennegan & Montgomery, 2016). The study looked at whether the participants have received any form of education prior-menarche and the impact the education had on their view of menstruation as a phenomenon.

The menstrual cycle has four phases namely menstrual, follicular, ovulation, luteal and secretory phase (UNICEF, 2010). Menstruation is the process of removing the thicker uterine lining (endometrium) from the body through the vaginal canal (Better Health, 2017). Blood cells from the uterine lining (endometrial cells) and mucus are all found in menstrual fluid. Menstruation usually lasts between three and seven days (Better Health, 2017). Women around the world have devised different methods to manage the menstrual phase through the use of reusable and non-reusable sanitary pads, menstrual cups, and cloths to collect the menstrual waste (Sommer & Sahin, 2013:56). The interval between the first day of menstruation and ovulation is known as the follicular phase (UNICEF, 2010). As an egg prepares to be released, estrogen levels increase. In normal cycles, the follicular phase lasts from the first day of a period to ovulation, which can last anywhere from 1 to 3 weeks. The proliferative phase occurs after the period, when the uterine lining regenerates (Better Health, 2017).

Ovulation is the mid-cycle discharge of the egg from the ovary. Oestrogen increases right before the event and then declines quickly (Better Health, 2017). The luteal phase is when the body prepares for a prospective pregnancy between ovulation and the start of menstruation. Progesterone is released and peaks and then gradually decreases. The secretory phase occurs when the uterine lining generates substances that either assist an early pregnancy or prepare the lining to break down and shed if pregnancy does not occur (Better Health, 2017). However, the menstrual cycle differs from one woman to another as there are many transitions from age 20, 30, and 40 and

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one's cycle is typically an indicator of the health status of an individual (Journal of Community Health Nursing, 2010). For example, during peri-menopause, the level of oestrogen, the major female hormone in your body increases and falls unevenly (Mayo clinic, 2017). Therefore, the menstrual cycles may lengthen or shorten, and an individual may experience a period during which one's ovaries do not release an egg (ovulate).

The above discussion regarding menstruation and phases of the menstrual cycle is pivotal for this study as it enabled the researcher to understand the biological aspect of menstruation and what the female youth experience in this regard. Furthermore, understanding menstruation helped the researcher to assess the extent to which the female youths in Kameeldrift know about the phenomena.

2.3 REPRODUCTIVE HEALTH

Bhatia and Cleland (2008) refer to reproductive health as a state of complete physical, mental, and social well-being in all aspects of the reproductive system. Wasserheit, Harris, Chakraborty, Kay and Mason (2006) postulate that in order to maintain good sexual reproductive health individuals must have access to accurate information and resources, as well as the safe, effective, affordable, and acceptable contraception method of their choice. A strong and consistent link has been identified between good MHM practices and good sexual reproductive health (Desai & Patel, 2006).

A study by Ami, Sali and Kuwaja (2012) found that women who used reusable absorbent pads had a higher risk of Candida infection and Bacterial Vaginosis (BV) and secondary infertility than women who used disposable pads. Furthermore, the study indicated that the place where women normally change their absorbent material was also linked to BV. Changing inside a toilet facility was found to be protective for these infections. Another community-level study conducted in Odisha found that Reproductive Tract Infection (RTI) (self-reported symptoms) were less common in women who used a latrine for defecation rather than open defecation (Crots & Fisher, 2012). Different studies have shown that reproductive health education on issues such as, nutrition, sexually transmitted infections, menstruation, MHM, and contraceptives improve women's ability to prevent disease and use health services effectively (Desai & Patel, 2006). A lower risk of BV was associated with more frequent changing of

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absorbents and regular body washing during menstruation. Poor MHM practices can lead to abnormally moist conditions in the vulva-vaginal area, which can promote opportunistic infections like Candida (Bhatti & Fikree, 2011). In the absence of adequate cleaning and drying, it may be difficult to remove Candida from clothes once infected. In summary it is evident from literature that there is a direct link between reproductive health and MHM. This link was also observed in the study.

2.4 MENSTRUATION HYGIENE MANAGEMENT AND CHALLENGES EXPERIENCED BY WOMEN

Proper MHM entails the availability of clean and easily accessible menstruation management materials, resources, and sanitation that allows for the collection of menstruation residue, changing of these materials, and proper disposal. It is emphasized that proper disposal of menstrual residue promotes good reproductive health of young girls and women and elevates their dignity and worth (Van Eijk, Sivakama, Thakkar, Bauman, Laserson, Coates & Philip-Howard, 2015).

Adequate MHM is described by the WHO and UNICEF as “women and adolescent girls using clean menstrual management material to absorb and collect blood that can be changed in privacy as often and as necessary for the duration of the menstrual period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials (WHO, 2012 cited by Krenz & Strulik, 2019). Therefore, understanding MHM helped the researcher to explore if the female youth in Kameeldrift have access to water, sanitation and hygiene (WASH), which are key factors to good MHM. Studies on MHM have found that millions of women and young girls of menstruating age around the world still lack access to proper MHM facilities (Sommer & Sahin, 2013; World Bank, 2018; Van der Walle &, Remme, 2001; Mahon & Fernandes, 2010; Herz & Sperling, 2004) particularly in low-income communities. These findings are key to the study because Kameeldrift community is a low-income community with lack of access to resources to aid young women in having better MHM.

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2.4.1 Inadequate water sanitation and hygiene facilities in schools and communities

Numerous factors prohibit the experience of good and proper MHM among young school-going girls, especially those found in low medium-income communities. These include poor water, sanitation, and hygiene facilities in schools and communities (Hennegan & Montgomery, 2016). A qualitative study conducted by Chinyama and Chipungu (2019) on knowledge and experience of MHM among schoolgirls in rural schools in Zambia established that there was an insufficient supply of sanitary materials and water. In addition, poor hygiene and sanitation in schools were observed; precisely toilets had no hand washing soap and waste disposal facilities. Another survey on MHM undertaken by Water Aid in a rural area in India (2013) showed that 86.7% of school girls indicated that lack of running water, proper sanitary material and lack of privacy in toilets made them feel ashamed to attend school. The consensus among these authors is that lack of resources such as water, proper sanitary disposal resources, and toilets contributes to poor menstruation hygiene and affects young girls.

Moreover, there tends to be a lack of safe space in low-income schools and communities for young women to change, wash and safely dispose of used sanitary materials a situation that exposes them to certain health hazards (Kaur, Kaur & Kaur, 2018:2). The majority of schools in low-income countries lack sufficient toilets and latrines for young girls and where these exist, they are frequently in a dire state of uncleanliness, limited in number, and a life-threatening health hazard (House, Mahon & Cavill, 2012:257). Inadequate water, sanitation and hygiene continue to render young school girls vulnerable during the menstrual period in their menstruation cycle. Studies suggest that in the African continent, young girls' school performance tends to steadily decline as these young women attain menarche (Chinyama, Chipungu, Rudd, Mwale, Verstraete, Sikamo, Mutale, Chilengi & Sharma, 2019:2).

According to a study by Kaur (2015) in on MHM among girls in India, it was revealed that toilet design often fails to cater to the woman's physical and psychological needs. This finding raises the need for appropriate latrine design to include gender-separate toilets and locks on toilets with the inclusion of areas for changing and discretely discarding of absorbents (Dolan, Ryus, Dopson, Montgomery and Scott, 2013).

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Therefore, the researcher ultimately find that poor hygiene and sanitation are major components that contribute to poor MHM in communities and schools.

However, in a study by Deshpande, Patil and Durgawell (2016) on MHM among adolescent girls from an urban slum area, it was reported that the girls practised good MHM, such as handwashing with soap, proper disposal facilities, and washing of genital areas and they also had access to toilets. The same results were reported in preliminary tests carried out in North-Western Nigeria in an urban area. The results showed that 95% of 15–49-year-old females had access to adequate resources and facilities during menstruation. For example, clean absorbents, pain medication, adequate disposal of used materials, and clean wash water (Vlassoff, 2007). A comparative study on MHM among rural and urban adolescents' girls of West Bengal by Paria, Bhattacharyya, and Das (2009) reported that hygienic practices during menstruation was unsatisfactory among rural girls due to lack of resources such as water to bath and proper sanitary material compared to urban girls. Therefore, these findings reveal that women in urban areas tend to have better MHM practices compared to those that reside in rural areas. The researcher is of the notion that this could be because urban areas are serviced better than rural areas. Based on these findings, the researcher was interested in the findings of the study to confirm whether the participants for this study had better MHM considering that they reside in an informal urban settlement.

Furthermore, adequate and proper MHM is a crucial component that is essential to meeting the Sustainable Development Goals (SDGs) for gender equality, good health, equitable and quality education for all as well as sustainable water and sanitation for all (Sommer, Caruso, Torondel, Warren, Yamakoshi, Haver, Long, Mahon, Nalinponguit, Okwaro & Philips-Howard, 2021). Unfortunately, the reality is that the majority of developing countries still lag behind in their quest to accomplish the above goals as water sanitation and hygiene interventions in both schools and communities continue to be contentious issues (Das *et al.*, 2015:231). The United Nations Children Education Fund (UNICEF) (2010) estimates that every 1 in 10 school-age African girls absconds from school during menstruation or drops out at puberty due to lack of good MHM facilities with far reaching implications. The availability of adequate clean and safe water and hygiene in schools is essential for nearly all the sustainable

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development goals especially in the areas of universal primary education, reduction of child mortality, and promotion of gender equality (Vashisht, Pathak, Agarwalla, Patavegar & Panda, 2018:165).

More so, the findings obtained from other studies on the lack of resources for MHM are similar to a study conducted by United Nations Population Fund (UNFPA) (2020) on girls from Cofimvaba informal settlement in the Eastern Cape. According to the study, the major contributions to poor MHM were: inaccessibility to running water, lack of hygienic conditions, such as toilets which are shared between ten to fifteen households and poor waste disposal within the settlement. The dire effects of water shortages made the girls abandon their reusable cloth as they could not wash them (UNFPA, 2020). Likewise, Kameeldrift is an informal settlement, which increases the likelihood that young girls and women are exposed to the same challenges. Thus, this study explored the resources within Kameeldrift that the youth utilize to manage their menstruation.

2.4.2 Lack of affordable and hygienic menstrual materials and disposals

Access to hygienic menstrual absorbents/materials at affordable cost is another important determinant of acceptable MHM and practice (Vashisht *et al.*, 2018:162). However, the reality is that accessibility to clean, safe, and affordable menstrual absorbents for girls and women remains a major challenge, specifically in low-income households (Sommer & Sahin, 2013). Disposal of sanitary/menstrual absorbents tend to be bracketed for tax purposes and in so doing makes these products expensive to purchase, thus limiting the access of a basic commodity to a massive number of young women in need (Sinha & Paul, 2018:72). On the contrary, the cheap option of using reusable absorbent materials poses the threat and burden of sickness as they are not often sanitized properly due to lack of soap and clean water (Mason, Nyothach, Alexander, Odhiambo, Eleveld, Vulule, Laserson, Mohammed & Philips-Howard, 2013:3). More so, lack of awareness and menstrual cultural beliefs restrict women from drying these materials in the sun for effective disinfection and forces them to opt for indoor dying, which makes these absorbent materials susceptible to bacteria that can lead to infections (House *et al.*,, 2013:258).

In Sub-Saharan Africa, sanitary pads are rarely used (Sumpter & Torondel, 2013). The most prevalent MHM among Tanzanian women is the usage of cloths for

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menstruation protection, while toilet paper and cotton wool have also been observed to be used (Baisley & Bryman, 2009). In a study conducted in Cape town in a sub-urban area by Montgomery, Ryus, Dolan, Dopson, and Scott (2012) on young girls on MHM findings showed that 85% of the girls improvised with old rags/cloths, papers, and disposable diapers. The use of these materials caused anxiety due to fear of staining clothes, high probability of leaks, and foul smell if the material is unclean. The Netherlands Development Organisation and International water Sanitation Centre (2013) states that such instances could lead to stereotypes and stigmatization from other learners which cause absenteeism from school. Overall, studies suggest that poor MHM among girls is due to a lack of proper sanitary materials such as sanitary pads and tampons, which causes the individual to resort to using old rags, toilet paper, and cotton wool (Chaaban & Cunningham, 2011; Lloyd & Mensch, 2008; Oster & Thornton, 2011; 2012; Rihani, 2006:88).

A qualitative study conducted by Murye and Mamba (2017) on practices of menstrual hygiene by girls in public boarding school in the Hhohho region of Swaziland, it was reported that women could not afford modern menstrual products which made them use old clothes and cotton wool to absorb menstrual blood. In addition, the findings revealed that the use of these menstrual products was highly linked to urinary tract infections, bacterial vaginosis, and higher anaemia and infertility. Similar findings were also reported by Parajapati and Patel (2015) in their study on MHM among adolescents' girls in the Gandhinagar community. It was reported that 17% of the girls who were using cloth as menstrual materials developed thrush and yeast infections. It is evident from these studies that poor MHM is attributed to lack of proper sanitary material and this, in turn, has negative effects on women's reproductive health.

Therefore, the common findings across studies is that there is a lack of access to hygienic menstrual absorbents/materials due to exorbitant prices which most youths from low-income communities cannot afford. As a result, young girls and women in different settings have devised other methods to manage their menstruation. For example, they have resorted to using cloths, reusable cloth, rags and toilet paper which have yielded negative effects on their reproductive health. The community under study is a low-income community with 80% of the community members being unemployed and 99% of those that work are employed in the informal sector

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(Breytenbach, 2020). The study revealed the type of menstrual absorbents being used by the participants which confirmed the premises of existing literature that youths from low-income communities use other forms of menstrual absorbents due to affordability issues.

2.4.3 School and work absenteeism

Educating the girl child has a direct long-term positive impact on personal welfare and health as well as economic and social development, especially in low-income households (Hennegan & Montgomery, 2016:3). Schools therefore tend to provide some semblance of a haven for the girl child as this environment protects young women from life-altering events, such as early marriages, teenage pregnancy, and other reproductive and sexual harms (Ul Alam, Luby, Halder, Islam, Opel, Shoab, Ghosh, Rahman, Mahon & Unicomb, 2016:4). The majority of the above-mentioned harms and burdens are usually witnessed in low-income households. However, menstruation poses numerous physical, socio-cultural, and economic challenges to adolescent girls and these barriers have a direct negative impact on the ability to actively attend school and fully participate in the classroom (Chinyama *et al.,* 2019). This not only poses a threat to the overall professional development of the girl child but also continues to perpetuate the rampant scourge of gender inequality that has plagued many societies for several generations.

Several qualitative small scale studies have found that school-going girls opt-out of attending school when experiencing menstruation due to a variety of factors such as feelings of shame and fear; fear of having visible bloodstain on their clothes; the lack of adequate water and sanitation facilities to manage menstruation; and dysmenorrhoea, which is a common gynaecological condition that can affect as many as 50% of women and can be severe enough to render them incapacitated for 1-3 days during each menstrual cycle (Mason *et al.*, 2013:4). The ability of young women to participate in school is highly compromised, especially in poor communities according to a study carried out in Burkina Faso (Krenz & Strulik, 2019). Another contributing factor highlighted by House (2012) contributing to young girls' school absenteeism was the lack of support from schools towards either female teachers or female students in the management of menstrual hygiene. Girls tend to miss school or even end up dropping out of school altogether due to lack of proper support.

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Observations made in the school setting have also been seen in the workplace environment. Women in the workplace face a variety of obstacles when it comes to controlling their periods (Geerts, Lyer, Kasen, Mazzola & Peterson, 2016: Sommer *et al.*, 2016).The lack of private, safe, and sanitary restrooms for women; access menstrual products such as soap and water in limited quantities; and the stigmatization of menstruation were observed to be major obstacles to good MHM. Lastly, governments, voluntary organizations have been unable to invest in MHM programs due to an unfavourable policy climate. In India, women in both formal and informal employment reported feeling embarrassed when washing menstruation cloths at work, preferring either to stay at home when menstruating or wash cloths after coming home (Rajaraman, 2013). Women working in the informal sector had particularly harsh MHM circumstances. This is due to a lack of bathrooms at job sites or the refusal of nearby residences to allow workers to use their facilities for construction workers in Bangalore (Rajaraman, 2013). Domestic employees are usually also not usually allowed to use the facilities in the homes where they work (Rajaraman, 2013).

Women who work in formal settings such as offices and factories may have better access to facilities, but they still face barriers to sufficient MHM because toilets may be mixed gender, unhygienic, or unsanitary; they may lack access to water, or they may be undesirable for managing menstruation in general (Speak Up Africa, 2017; Taylor, 2011). Getting authorization to use restrooms during work hours was shown to be important in a study of Bangalore industry workers. Working hours were strictly monitored and women said they had to wait until tea or lunch breaks for their supervisors to let them go and/or let them use the restrooms (Rajaraman, 2013). The use of toilets in these factories was further limited by the inconsistency of water supply for cleaning (Rajaraman *et al.*, 2013). Workers in Cambodian garment factories feared being assaulted while heading to the toilets at night on dimly lit pathways (Taylor, 2011). Therefore, the literature suggests that poor MHM in the workplace and school is mainly due to a lack of facilities and resources, such as sanitary pads, toilets, and water. This is coupled with stigmatization and shame attached to menstruation. The researcher is of the notion that the effects of poor MHM are far-reaching because other than affecting the female reproductive system, women have to stay home when

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menstruating which results in sacrificing pay and prospects for growth and career progression.

From the discussion, it is evident from the literature that school and work absenteeism are some of the negative effects of poor MHM that affects the day-to-day functioning of women and girls. However, more attention has been given to schools compared to the work environment. Furthermore, Garba, Rabiu and Abubakar (2018) have identified the gap in knowledge on MHM for unemployed women and those that work in the informal sector. The community under study is a low-income community. Thus, the study sought to explore how female youth employed in the informal sector and unemployed manage their menstruation, as well as, how poor MHM affects their day-to-day functioning.

2.4.4 Inadequate education about the overall biological process of menstruation

Young adolescent school-going girls in developing societies have been found to lack the basic required knowledge of the physiology and management of menstruation (Rajaraman, 2013). The most contributing element to this is the fact menstruation is usually viewed as a taboo subject in most cultural settings, as such; mothers and other older knowledgeable women tend to shy away from discussing the subject matter (Shah, Nabwera, Sosseh, Jallow, Comma, Keita & Torondel, 2019). In addition, a study carried out in South-Eastern Nigeria also revealed that up to 44.8% of adolescent girls had no premarchial training resulting in poor hygiene (Garba, Rabiu & Abubakar, 2018).

A large number of young girls start the normal biological phenomenon of sexual maturation in ignorance and fear, which in turn contributes to a weakened sense of self-confidence and competence (Tiwary, 2018). This is one of the leading factors that compromise the future ability of these young girls to fully assert themselves in situations that involve their sexuality and to maintain proper sexual reproductive health (Hennegan & Montgomery, 2016). While women and young girls are not adequately educated on menstruation, men and boys know even less about menstruation as it is considered taboo for them to know. Yet, it is important that they also receive menstrual information, so that they are better able to support their wives, daughters, mothers,

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employees, and peers (House, 2012). Furthermore, not only should sexual reproductive health be a subject of discussion for young girls but young boys and male teachers. Educating young boys and men in general about SRH including the phenomenon of menstruation, as well as, the challenges that young girls face can help to reduce teasing and elicit feelings of empathy and understanding (Hennegan & Montgomery, 2016). This could be another avenue through which the fight to reach a more gender-equal society is accomplished.

Limited information is given to young women as mothers shy away from discussing menarche with their daughters. However, this may also be as a result of them not knowing good hygiene practices themselves and the biological facts around menstruation. This lack of knowledge inhibits passing on legitimate positive information other than taboos and restrictions (House, 2012). Snow and Johnson (2000) as cited by Anjum (2010) revealed in their study that: 38.2% of the women believed that sex during menstruation was to be avoided; 16.4% avoided bathing during menstruation; 17% avoided physical activity; and another 37.5% believed that cold air and water should be avoided. The information revealed by Snow and Johnson (1977) is still relevant today because though menstruation has been studied to a great deal a lot of misconceptions persist and basic MHM needs for women are still issues of concern.

In a qualitative research conducted by Shah, Nabwera, and Torondel (2019) on knowledge and perceptions of MHM in the rural Gambia showed that 86.25% of the participants were not aware of menstruation before menarche. This led to poor MHM, such as, not seeing the need to take a bath or regular changing of sanitary material, as well as, feeling ashamed of their menses. The girls who had received information about menstruation from their mothers and sisters showed better menstrual hygiene and believed that menstruation was a normal physiological process. Similarly, in a study conducted by Nagpur (2019) on young girls in an urban area concerning MHM, it was found that 18.35% of the girls had misconceptions and myths about menstruation such as, exercise while on menstruation is unhealthy and can damage the uterus. About 50% practised good menstrual hygiene because of mass media providing relevant information. Therefore, lack of information on menstruation hygiene

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does not only cause poor menstrual hygiene but affects the normal functioning of young girls as they have to live up to some of the perpetuated myths.

From the above literature review on menstruation and MHM knowledge, it is evident that most young girls who are still attending school lack the correct knowledge on MHM and female reproductive health. On the other hand, there seems to be no awareness on the extent of knowledge youth outside the school environment have on menstruation and MHM, which this present study addresses.

2.4.5 Menstrual cultural belief factors

Globally, attitudes, beliefs, and social norms relating to menstruation vary vastly, and these variations have a direct impact on practices during menstruation (Kaur& Kaur, 2018:2). Menstrual beliefs refer to the misconceptions and attitudes towards menstruation within a given culture or religion (Shmitt, Clatworthy, Ratnayake, Klasesener-Metzner, Roesch, Wheeler & Sommer, 2019).

In most developing countries, specifically those found on the African continent, the biological process of menstruation is usually deemed taboo and an event that young women should be ashamed of. This has resulted in the creation of a great gap in the plight to reach optimum MHM and great neglect to menstruation hygiene as well as the perpetuation of gender inequality and patriarchy (Chinyama *et al.*, 2019:3). Cultural perceptions and restrictive practices surrounding menstruation serve to alienate and stigmatize young women and also contribute to considerable psychosocial implications for these young women (Karki & Khadka, 2019:2).

These harmful practices that young women are exposed to during menstruation tend to further perpetuate social discrimination and violence towards them. Due to the numerous cultural norms, taboos, and stigmas surrounding menstruation, it is treated as some form of discriminatory illness that limits young women from engaging in countless activities, both in school and in the community. In some African contexts, menstruating women are considered "unclean" and barred from using water and sanitation facilities and in some cases are even excluded from engaging in any household activities (Karki & Khadka, 2019:17). Evidence of this can be seen in a study done on Ghanaian social practices, which involves prohibiting menstruating girls

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and women from going inside the kitchen room and religious places. In addition, these young women are not allowed to touch the same utensils as their male counterparts, as well as consume certain food like milk because they are deemed "impure" and "unclean" (Sinha & Paul, 2018:3). Likewise, the same practices were observed in a study done on Nepalese young women during menstruation, and the findings attest to the fact that during menstruation, young women are barred from engaging in numerous social activities and are shunned and deemed “impure” (Karki & Khadka, 2019:16).

Deeply embedded power relations and cultural taboos continue to perpetuate a culture of misogyny and patriarchy (Oster &Thornton, 2011). In developing societies, the majority of leaders at the organizational level are male and usually exclude women and young girls from decision-making and the management of issues and affairs that impact their gender (House *et al.*, 2012:258). This can be viewed as another contributing factor to the slow progression of positive MHM practices and experiences in these settings as males are usually desensitized to the plight of the female gender in this regard.

Limited information is given to young women as mothers shy away from discussing menarche with their daughters. As a result, instead of passing on legitimate positive information, they pass down taboos and restrictions (House, 2012). According to Goffman (2005) stigma emerges from other people’s perceptions and views of a particular individual or group. In addition, Goffman (2005) places them into three categories: physical deformities like a hunched back; character blemishes like a liar or thief; and lastly social markers, for example, belonging to a lower-class group such as gender, race. Menstruation is seen as fitting into this category of stigmatized conditions, the bleeding being the physical deformity, though it is only seen when the woman spoils herself. This brings about the second character's blemish that showing of one's period is considered unladylike (Sterling, 2020). Lastly, a social marker would be her gender (Robledo & Chrisler, 2011). The stigmatization of menstrual blood is not a new phenomenon we see it as far back as 1988 where Buckley and Gottlieb (2001) describe the myths surrounding menstrual blood as symbolically dangerous or otherwise defiling and seen as containing negative potency within the substance.

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Menstruation in itself is shrouded in mystery and secrecy. The conflicting messages that are given to women also further exacerbate the issue, on the one hand, women are told to celebrate their menses as an entry into womanhood, and on the other hand, they are taught to be secretive about it and hide it from the world (Anjum, 2010). This dilemma is also pointed out by Stubbs and Sterling (2020) who questions how a young woman can accept her menstruation as normal when society has stigmatized it.

General public discourses around menstruation depict the shame that surrounds menstruation. For example, when menstruation adverts use a blue dye to signify blood instead of the actual red of blood they shy away from the reality of menstrual blood because they have deemed it distasteful to show this (Robeldo & Chrisler, 2011). There is no surprise that the majority of studies on women's perceptions of their menstruation as being negative. In a study by Anjum (2010) carried out at Isra University Hyderabad and surrounding villages to determine the attitudes of menstruating women towards menstruation the results showed that 85% of the women participants held negative feelings towards their menarche and most of them reported feeling annoyed and embarrassed during their menstruation.

The effort made in discourses around menstruation not to mention the word menstruation or period represents the stigma attached to menstruation. The creation of euphemisms like “the curse”, “that time of the month”, “I’m on” to refer to menstruation also further reflects societies discomfort with menstruation (Gottlieb, 2000). It also shows the lengths that women have to go to disassociate themselves from their natural benign physiology for fear of being judged. In a paper by Robledo and Chrisler (2011), they challenge the stigma of menstrual blood and refer to the contemporary artworks of Vanessa Tiegs and Petra Paul who used menstrual blood to create art paintings. The purpose of this was to show how menstruation is stigmatized and to pose the question of why this benign product of nature should evoke, fear, disgust, and be compared to toxic waste.

Another attitude that prevails in the media and society as a whole is the negative stereotypical view of menstruating women as violent, irrational, and emotionally unstable (Robeldo & Chrisler, 2011). A good example of this in the media is when then U.S Presidential Candidate Donald Trump complained of a female reporter’s tenacious

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interview style by using biological reductionism. Trump referred to blood coming out of her “whatever” as the reason for her being challenging in the interview (Gottlieb, 2000). The taboos placed around menstruation and their cross-cultural similarities have been termed by some as evidence of unreasonable old way of viewing this phenomenon and as a way of dominating women by men (Buckley & Gottlieb, 2001). The stigma of menstruation has negative consequences for women's health, sexuality, wellbeing, and social status (Robledo & Chrisle, 2011). Education interventions on menstruation are suggested as ways that women can improve their confidence and reduce the psycho-social consequences by demystifying and normalizing society's attitudes towards menstruation (Dolan, 2013).

The association of menarche with negativity by girls largely stems from societal taboos concerning the female bodily processes and sexuality and the pressure women and girls feel to conceal these functions (Brumberg, 1997 cited by Bobier, 2020). Studies have shown that women tend to be dissatisfied with their menstruation. In a study by Ussher and Perz (2020) the majority of women reported a negative body view during their periods. Some described themselves as beastly, ugly, fat, and bloated. This shows a deep sense of self-objectification where women have internalized the critical outward view of themselves that finds them continually wanting. Modern-day culture needs to change the way that menstruation is viewed if women are to be able to accept themselves every day of every month and not be self-conscious during their periods. Women also need to take control of their experiences and not let outside forces dictate to them (Oxley, 1998 cited by Robledo & Chrisler, 2011).

Stigma can also be reduced through social activism. Robeldo and Chrisler (2011) draws attention to health and environmental hazards of menstrual hygiene products. As a result this draws attention to the extent that menstruation stigma is fuelled and perpetuated by consumerism. The above discussion is evident of the stigma and cultural beliefs that are held by different cultures and religions on MHM. According to Breytenbach (2020) Kameeldrift is a multicultural community that consists of local South Africans and migrants from different countries, for example, Zimbabwe, Zambia and Nigerians. Thus, the study outlined the views that are held by different members of the Kameeldrift community on MHM from a religious and cultural perspective and this was compared with existing literature to identify similarities and differences.

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2.5 PROJECTS/SERVICES PROVIDED TO POVERTY-STRICKEN COMMUNITIES GLOBALLY, AFRICA AND SOUTH AFRICA

It is until recently that the MHM challenges that plague young schoolgirls in low to medium income country contexts have gained global attention (Sommer, Hirsh, Nathanson & Parker, 2015). The global, regional and local community has thus been actively involved in projects that call for the narrowing down of the gender gap in education through the development of projects and movements that are inclusive and are of cognizance to the plight of the girl child when it comes to the biological process of menstruation (Sommer, 2012); and that pay close attention to assure that schools are non-discriminating structural environments where both genders can continue to succeed academically.

Currently, at the forefront of projects and/or services provided to poverty-stricken communities with regards to MHM at a global scale is the water sanitation and hygiene (WASH) initiative (Sommer, Caruso, Sahin, Calderon, Cavill, Mahon & Howard, 2016). This global initiative came about through the partnering of the water and sanitation community and the education sector in a bid to bring about basic MHM essentials, such as sufficient supply of easily accessible clean water, adequate latrines, and sanitation-related facilities essential for adolescent girls, as well as a mechanism for disposing of used sanitary materials in a private and culturally appropriate manner in low medium-income communities (Sommer, 2013). This can be seen in a study done in the Gambia in conjunction with WaterAid on MHM and waste disposal, the findings of which indicated that appropriate water and sanitation hygiene in schools directly correlated with a decrease in the absenteeism of young girls in schools and an increase in their school performance (Shah *et al*., 2019).

The focus on menstruation in recent years has brought about a lot of positive change, multiple countries succeeded in de-taxing menstrual products starting with Kenya in 2004, Canada in 2015, and Malaysia, India, and Australia in 2018. In addition, in Scotland and Canada, a new drop of blood icon has been added to social media platforms, which might be used by women to provide a new method to talk freely about menstruation, which will help in the de-stigmatisation of menstruation (Bobel, 2020). In the same breath, countries such as South Africa, Zimbabwe, Botswana and Namibia

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have also yielded positive change on the menstruation phenomena through peer education on social media platforms like Twitter. These discussions are centred on what menstruation is and the challenges that are experienced by women during this time (Sommer, 2013). Countries like Kenya, Scotland, South Africa and Namibia have centred their projects on supplying free menstrual supplies to schools and prisons (Bobel, 2020).

Menstruation is a natural and biological process that a majority of women inevitably experience in their lifetime (Okojie, 2019). It is thus disheartening to see sales tax imposed on menstrual absorbents, which leads to inflated prices on sanitary ware, whereas other products like condoms, contraceptives, and erectile dysfunction medication are tax-free (Crawford & Waldman, 2018). The "tampon tax" policy removal is another global movement concerned with the establishment and passing of law measures that will repeal the sale tax imposed on menstrual hygiene products (Ooi, 2018). Removing sales tax on menstruation hygiene materials will not only increase their affordability and accessibility but will also function to facilitate a positive change in the personal hygiene of young women (Sinha & Paul, 2018).

According to the Sunday Times (2018) the Finance Minister Tito Mboweni highlighted in the National Budget Speech that starting in April 2019; consumers will no longer have to pay the 15% VAT on sanitary pads in the country. In addition, free sanitary pads will be supplied to students in public schools, which again highlight the need to establish how youth outside the school environment manage their menstruation as there seems to be a lack of support for them from the government. The zero-rating of these products targets low income households and restores their dignity by ensuring they can afford basic services (Sunday Times, 2018). Therefore, the researcher is interested in finding out from the participants whether the removal of the tampon tax has helped them to afford sanitary material. Considering that 80% of the community members are unemployed this raises the question of whether removal of tampon tax would benefit the community at all. In view of the conditions in Kameeldrift, distributing sanitary material for free would be more ideal (Breytenbach, 2020).

Various projects in South Africa distribute free sanitary pads to girls and women. Brand South Africa (2010) launched a campaign in KwaZulu Natal to give out sanitary pads

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to young women to reduce the number of young women who drop out of school owing to a lack of sanitary towels. The campaign also aims to educate adolescent females about puberty, hygiene, and menstruation, as well as how to cope with these physical and psychological changes in their lives. Furthermore, Brand South Africa (2010) assist marginalized girls by supplying them with annual sanitary pad packs and guaranteeing that their periods do not prohibit them from attending school. In addition they also help to dispel misconceptions, taboos, and misinformation about menstruation. KamCare took the initiative to create and offer reusable pads to women in Kameeldrift who could not afford non-reusable pads (KamCare Social and Training Services, 2016). Technology Entertainment Development (TED) talk and the University of Pretoria are collaborating on a project dubbed "Pledge a Pad," to donate 250 pads to different schools around Gauteng (University of Pretoria, 2018). As a result, several programs have been developed to assist women with sanitary materials. Therefore, the study examined whether the youths in Kameeldrift have benefited from some of these initiatives with more focus on the KamCare project which is running in the community under study.

In addition to the mainstream projects found at the global and regional level South African community has taken to introduce initiatives such as "Pledge a pad" which involves numerous Corporal Social Responsibility (CSR) initiatives by numerous corporate organizations that provide sanitary pads for rural and low to medium income households across the nation. In addition to the above, the "menstrual cup" is another project used to mitigate the negative ramifications faced by young girls with regard to their MHM (Ooi, 2018). The menstrual cup is in line with products such as the reusable pad, as it too is reusable and functions as a cost-effective and environmentally friendly material that can be used to collect menstruation residue (Okojie, 2019). Lastly, there has been a call to reduce the tax on menstrual hygiene products to make them more affordable for the average consumer. This is another action being taken in the South African context to help poverty-stricken communities with MHM (Sommer & Sahin, 2013).

To cater for the lack of resources in the workplace to manage MHM and to provide support for women who are going through severe menstruation pain while at work women are allowed to take paid sick time thereby giving women more control over

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their periods (Mahon & Fernandes, 2010). Indonesia, Japan, Korea, and Taiwan are among the countries that have enacted menstruation leave legislation (Belliappa, 2018; Choulamany, 2018; Lahiri-Dutt & Robinson, 2008; Matchar, 2014). Some firms have extended paid menstruation leave to their employees in nations where these rules do not exist (Astrup, 2018; Belliappa, 2018; Lewis, 2016; Morris, 2016; Owen, 2018; Pattani, 2018). However, paid menstrual leave although a good initiative to help women better manage their menstruation, can be criticized for its failure to address the intersectionality of MHM; giving women leave does not address concerns such as poor WASH facilities or the shame associated with menstruation. Furthermore, a contrast has been identified between those who take leave and those who do not, which touches on another flaw in the menstrual leave legislation: government-mandated menstruation leave is only enforced in the formal sector, and it ignores the needs of women who work in markets or as domestic help (Belliappa, 2018).

In Bangladesh, China, Egypt, India, Indonesia, Kenya, Pakistan, and Vietnam, the HERproject was conducted in collaboration with local partners, such as the Aga Khan Foundation and Marie Stopes International (BSR, 2010; Yeager, 2011). The HERproject is a health initiative that employs a peer education paradigm in which factory workers, line supervisors, clinic nurses, and human resources personnel are trained as health representatives (Yeager, 2011). A 12-to-18-month curriculum is customised on a work site. Hygiene, menstrual hygiene, reproductive health, and other themes are discussed concerning the demands of the workforce. Infectious diseases, sexually transmitted infections, maternal health, family planning, and female anatomy are some of the topics covered in this course, including abuse and harassment (Yeager, 2011). In Levi Strauss & Co., Hewlett Packard, Nordstrom, Timberland, and Williams-Sonoma facilities, the MHM component of the HERproject gives subsidized pads to workers as well as education on menstrual hygiene (Yeager, 2011).

Although the HERproject includes WASH components (such as hand hygiene education and water treatment), it does not tackle the water and sanitation issues that MHM raises (e.g., provision of water and soap for cleaning and washing). The menstrual health aspect was introduced since female workers were more likely to be absent, ask for early leave, or make production errors while menstruating. The MHM component will be expanded further to address societal norms surrounding

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menstruation and will focus on supervisor-employee dynamics that make it difficult for women to manage their careers (Yeager, 2011).

In Egypt, the program was determined to have a 4:1 financial profit margin (Return On Investment), owing in part to fewer worker absenteeism and turnover. Reduced requests for early leave, improved workforce development benefits, improved utilization of existing resources such as facility nurses, higher worker satisfaction with management, and improved worker health behaviour were among the other outcomes and reduced recruitment costs (Yeager, 2011). Therefore, the HERproject is a good initiative to curb MHM challenges which could be expanded to many countries, like South Africa. However, the focus of the project would have to be broadened beyond working women to encompass all female youths in different communities. Programs should focus more on providing facilities such as toilets, water, and soap to improve hygiene and sanitation for women.

Awareness campaigns such as the project Vital Sign which raises awareness on the role of menstruation on women's psychological and physical well-being through encouraging open dialogue about menstruation between healthcare providers and female patients are reducing the menstruation stigmatization status (Robeldo & Chrisler, 2011). The breaking of secrecy around menstrual issues is seen as a way to normalize and remove the taboo label attached to menstruation. Culpeper (1992) created workshops on menstruation to raise women's menstrual consciousness. Talking about menstruation can also help to create more positive attitudes towards menstruation.
Therefore, the study looked into the projects that have been adopted from other communal settings and implemented in Kameeldrift, as well as, those developed based on the needs assessments of Kameeldrift. The researcher evaluated whether these projects have been beneficial to the community and if so to what extent, in ensuring that the youth have adequate MHM. For example, social media engagements on issues of menstruation and challenges experienced by women in managing their menstruation have had a positive impact on how people view menstruation and have also added momentum for the establishment of donating a pad initiative in South Africa. However, it is of importance to note that there is a digital divide that exists with people who reside in informal settlements being more

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disadvantaged at having access to the internet, digital literacy skills, the ability to create online content, and the financial resources in areas where there is access to the internet (Robeldo & Chrisler, 2011).

2.6 ROLES OF SOCIAL WORK IN MENSTRUATION HYGIENE MANAGEMENT

The task of educating young women on MHM usually lies with the mother, for it is thought that since she too has gone through the process already, it will be easy for her to share and educate the young women Yeager, 2011. Furthermore, it is deemed easy for mothers to talk about issues of reproductive health with daughters as they are of the same gender (Yeager, 2011). However, in practice research has shown that some young women in the African context gain their first menstruation lesson from school and not at home (Chandra- Moul & Patel, 2017).

Promoting independence is the core of the social work profession, which begins by focusing on people's strengths and what they can do, rather than what they cannot do. It's a place where people can realize their goals in the most self-sufficient way possible (Yeager, 2011). Thus, social work as a discipline can function to fill in the above gap through utilizing a multi-dimensional approach, which focuses on capacity building for mothers and teachers on sexual education (Chandra- Moul & Patel, 2017). In addition, social work practitioners can fill the gap through educational television programs and relevant mass social media platforms to create content that can be used to educating women and young girls on MHM.

At an organizational level, the social work profession's role is that of advocacy, tabling discussions with global organizations on normalizing the phenomenon of menstruation as well as being involved in research and policymaking (Yeager, 2011). Advocacy can be of assistance to local communities. A good example of advocacy is the case of a 16-year-old boy from Kenya, Nixon Otiena Odoyo who noticed that girls in his school were dropping out due to a lack of sanitary towels. Nixon created a campaign 'keeping girls in school" to assist the girls. He held a fundraising football tournament raising 50 000 Kenyan Shillings and donated the proceeds to buy sanitary towels and this improved the girls' school attendance (House *et al.*, 2012). According to Robeldo and Chrisler (2011), 5,000 Subz packs were delivered to South African pupils by Project Dignity. The founders also provide hygiene, menstrual, and HIV information. Qrate Za,

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like Project Dignity, teaches young women about menstruation (Robeldo & Chrisler, 2011). Each young woman in the program receives face-to-face teaching, as well as a Subz Pack containing three pairs of underwear and nine Subz Pads. Likewise, social workers can engage in similar initiatives by establishing fundraising projects to raise money to buy sanitary material for the youths in communities like Kameeldrift.

The use of social media to discuss these issues can be helpful as it would help to dispel the shame that some may feel in discussing menstruation. Social workers could assist communities or the youth by creating such platforms on social networks where girls can discuss menstrual issues. Polak (2006) cited in Robeldo and Chrisler (2011) noted that American young women used social media to discuss candidly menstruation with no use of euphemisms. These new online conversations can facilitate girls' identity development and health embodiment. In addition, the anonymity of these chat rooms creates easier platforms to discuss topics considered taboo in everyday interactions. Polack (2006) did acknowledge that girls without access to computers or the internet might not be able to benefit from this and no considerations were made in regards to ethnicity, social class, or sexual orientation.

Social workers can also help women through individual counselling. This will assist women in organizing themselves in such a way as to achieve a specific type of happiness, responding to a life condition or self-actualization (Counselling Psychology for Social Workers, 2017). Individual counselling will help women who have experienced stigma and are ashamed of menstruation to develop a positive outlook on this phenomenon and improve their reproductive health. In addition to this, social workers may establish support groups for patients who have faced stigma due to menstruation and poor menstruation hygiene management so that they can meet and be able to share their experiences with individuals who are facing the same difficulties that they too face. This can help these women to effectively express themselves without any fear or shame.

Social workers can play a major role in MHM as discussed above. However, evidence from literature highlights that there is a dearth of knowledge on the roles social workers have been playing to help youth to have adequate MHM. This study addresses this gap by identifying how social workers have been helping youth in Kameeldrift to

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improve MHM and providing recommendations on roles social workers can further play in this regard.

2.7 SUMMARY

Management of menstrual hygiene is a concern for women, particularly in underdeveloped nations. A recent study has produced mixed data about the causal impact of MHM practices on women's educational results and work productivity, particularly absenteeism. The common findings by authors are that women and girls in developing countries lack adequate and appropriate MHM materials and services. Furthermore, the literature suggests that place of residence and socioeconomic status determine women's MHM conditions. For example, girls who reside in urban areas have better MHM than those in rural areas. This could be attributed to better services in urban areas. In the same breath, middle- and high-income earning women tend to have better MHM possibly due to their financial status which increases the likelihood to afford sanitary products. There have been a considerable number of interventions that have been designed to curb poor MHM. The critique has been the failure of the interventions to reach a large population of women in different areas of life and improve hygiene and sanitation by providing water, toilets, and soap to women. From the above, it is clear that social workers can play a significant role in improving menstruation hygiene management for women, through advocacy, education, and providing psychological support to women who have experienced stigma and discrimination associated with menstruation.

The next chapter discusses the research methods employed in this study and presents the empirical findings of the study.

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CHAPTER 3
RESEARCH METHODOLOGY AND RESEARCH FINDINGS

3.1 INTRODUCTION

This chapter describes the methodology followed in this study. The chapter commences with an explanation of the philosophical foundations and the research design. Sampling, the study sample, data collection and data analysis are also discussed. The study findings are also presented and discussed. The chapter concludes with a discussion of the limitations of the study.

3.2 RESEARCH APPROACH

The research adopted a qualitative approach. A qualitative research approach seeks to investigate phenomena through the eyes of those who are experiencing them (Creswell, 2014). To gain a better understanding of the subject matter within the context, the researcher interacts with study participants in their natural setting. Furthermore, qualitative research allows the researcher to identify participants' attitudes and behaviours in their natural environment (Babbie, 2017:75). This study was conducted in the Kameeldrift community, in the participants' natural surroundings.

Through qualitative research, the researcher can learn about the participant's reality in their own context. This approach was appropriate for this study because it aimed to gain a more in-depth understanding of girls' experiences with menstruation management. According to Cresswell (2014), qualitative research is a bottom-up, open-ended approach. The participants direct the study and help to steer it in the right direction by sharing detailed accounts of their lived experiences. This enriches the significance and meaning of the research findings. This approach was suitable for the study because it allowed participants to express themselves.

The research employed the "feminist" paradigm. According to this paradigm, the focus is on putting women at the forefront of issues that affect them by placing its focus on their challenges and experiences (Babbie & Mouton, 2012:37). The study aimed to get insight into female youths' perceptions and challenges of the MHM. To accomplish this, the researcher interacted with the participants and used open-ended questions to enable them to respond based on their own experiences. Rather than

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questioning participants' views and opinions, the researcher acknowledged them and allowed to express themselves (Singh, 2019). The feminist paradigm also acknowledges the importance of gender in society by evaluating gender and its cultural practices that discriminate against women and give males an upper hand in society (Fouche & De Vos, 2011:64). Therefore, by conducting the study, a platform was given to the female youth of Kameeldrift to describe their lived experiences and possible challenges, such as discriminatory practices and lack of resources regarding MHM. The study also allowed for a fair representation of the female youth and their perceptions within social research (Babbie & Mouton, 2012:80).

3.3 RESEARCH DESIGN

A research design is the groundwork of a study and helps to discover answers to the proposed research questions (Brodsky & Welsh, 2012:60). The phenomenology research design, specifically the psychological case study design was utilised for this study. This design refers to an inquiry in which the researcher describes the individual lived experience about a phenomenon as articulated by participants (Creswell, 2014:14). The design allowed for direct and subjective responses which benefitted the researcher in gaining first-hand knowledge about the female youth perceptions regarding MHM through broad and open inquiry (Patton, 2002; Rudestam & Newton, 2015). This research design was the most suitable for the study as it allowed participants to express their personal experiences and perceptions of MHM.

The phenomenology research design subtype that was most applicable to this study is the psychological study design as mentioned above. The researcher was aware that utilising this design additionally presents certain undeniable difficulties. The major one was the enormous amounts of data which was obtained from interviews and the required time-consuming data analysis (Gustafsson, 2017). However, the benefit of using this subtype was that it focussed more on describing the essence of lived experience by combining the textural (what) and structural (how) description of the phenomenon (Nieuwenhuis, 2016:86). The use of textural description allowed the researcher to develop and use explorative questions to understand the perceptions of female youth with regards to MHM; and structural descriptions to get insight into how these perceptions affect the female youth.

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3.4 TYPE OF THE RESEARCH

This study was applied in nature since the researcher wanted to gather youth perceptions regarding MHM in the context of Kameeldrift. Applied research is conducted in the field and is intended to solve problems (Brodsky & Welsh, 2012:42). This form of research aims to help with practical challenges such as problem resolution, decision making, policy analysis, and community development (Durrheim, 2006:45-46). Thus, this research was used because it was not only interested in gaining knowledge about youth perception regarding MHM but also in applying that knowledge to solve problems in practice; and to inform government policy and legislation to address pressing issues regarding MHM (Brodsky & Welsh, 2012:2; Fouché & De Vos, 2011:95).

Moreover, by attempting to understand youths' perceptions regarding MHM, the study's findings can be used to inform undergraduate and postgraduate social work curriculum, as well as formulate programs and intervention strategies to assist social workers in working with communities on issues regarding MHM (Patton, 2015:250).

3.5 STUDY POPULATION

The study population, according to Babbie (2017:101-102), is the collection of elements from which the sample is drawn. According to Fouche and De Vos (2011:85), a study population is the larger group from which a sample is taken. The target population includes all people under consideration in any field of investigation (Orodha, 2010, as cited in Mwenemeru, 2013). Thus, the target group for this study was menstruating youths aged 18 to 35 and resident in Kameeldrift.

3.5.1 SAMPLING

A sample is a group of people from whom data is collected in a research study (Babbie, 2017:50). The sample is examined to gain a better understanding of the population that the sample represents (Fouche & De Vos, 2011:67). Using a sample is necessary given the resource and time constraints of including everyone in the population in a study. The sample size for the present study is ten (10) female youth from Kameeldrift. Sampling is the process of selecting a subset of a research population to draw conclusions about the entire group is known as sampling (Mwenemeru, 2013). The researcher utilised snowball sampling, also known as chain-referral sampling, which

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is a non-probability sampling approach in which the samples have hard-to-find characteristics (Babbie, 2017:90). This type of sampling entails primary data sources suggesting other prospective primary data sources for use in the study (Babbie, 2017:90). To put it another way, the snowball sampling approach relies on initial subject referrals to create additional subjects (Babbie, 2017:40). As a result, individuals in the sample are recruited via chain referral when using this sampling approach (Babbie, 2017:95). This sampling method saved time and was cost-effective.

When sampling study participants some people are hesitant to come forward and engage in research studies because as they are concerned about their privacy. Snowball sampling was useful in this case since it asked for a reference from persons who are familiar with each other (Babbie, 2017:56). However, the major setback in applying this sampling method is that participants will often suggest other participants who share similar characteristics which might introduce sampling bias and a margin of error (Babbie, 2017:67).

To be included in the present study potential research participants had to meet the following inclusion criteria:

- The participant must be a female.
- The participant must have had a menstruation cycle
- The participant needs to be from the age of 18 to 35
- The participant must reside in Kameeldrift, Tshwane
- The participant must provide consent before undertaking the study
- The participant must be able to converse in either of these official languages Setswana, isiZulu and English.

3.5.2 RECRUITMENT

The researcher wrote a letter to KamCare to request for permission to conduct the study from their facility in Kameeldrift and to enlist their assistance in identifying potential participants for the study. This organisation has been donating reusable pads to the women of Kameeldrift and as such was well positioned to assist the researcher to reach the appropriate participants. KamCare shared the researcher’s contact details with the potential participants with the request that they should contact the researcher

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if they were interested in taking part in the study. However, due to lack of resources, such as airtime by potential participants they could not contact the researcher. Instead, KamCare had to communicate with potential participants asking them if they are willing to take part in the study. If they were interested then they had to give consent to KamCare to share their contact information with the researcher.

The researcher received contact numbers for 9 potential participants from KamCare, and telephonically contacted them with only 1 participant being successfully reached. The researcher could not get another contact list from KamCare since it was exhausted. Thus, the researcher changed the sampling method from purposive to snow balling because potential subjects were hard to find. On the 12th of August 2021, the researcher had the first interview with the participant. After the interview, the researcher requested the participant to suggest other potential participants who had either received reusable pads from KamCare and were in their menstruating ages. The participant helped the researcher to find other participants and the chain went on until the desired sample number was reached.

3.6 DATA COLLECTION

The researcher collected data through in-depth, one-on-one/face-to-face interviews with the participants. In light of the Covid-19 pandemic the researcher ensured compliance with all of the mandatory precautionary measures for contact under Level 1 suggested by the government. For example, maintaining social distance, sanitizing, and wearing a mask were all observed in every interview. These qualitative, face-to-face interviews attempt to understand a social phenomenon from the perspective of the participants, as well as the significance that they attach to it (Fouche & Des Vos, 2011:56). Because the interviews are conducted in person, they improve the likelihood of participants responding. Furthermore, they assist researchers in their search for solutions (Babbie, 2017:90).

The disadvantage of interviews is that the researcher's presence might sometimes influence a participant's interpretation of a question or the responses supplied (Babbie, 2017:56). The researcher made the most of the interviews by listening intently and expressing interest in the participants' perspectives and ideas. To capture the meaning associated with MHM, the researcher conducted 10 in-depth interviews with

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participants. Each interview lasted between 15 and20-minutes with 8 interviews being conducted in participants' native language (Tswana, Pedi, isiNdebele and Shona) and 2 participants in English to allow both the participant and researcher to freely express themselves.

The data was gathered using a semi-structured interview guide. An interview guide is defined by Fouche and De Vos (2011:79) as a collection of questions organised to guide interviews. The aim of the study determines the choice of questions. The questions are not rigid and can be adjusted during the interview to ensure that relevant topics are covered (Given, 2008). The interview guide was made up of open-ended questions that allowed participants to express themselves freely. Furthermore, the open-ended and versatile nature of this data collection method enable researchers to examine emerging issues raised by the participants while also allowing the participants to provide additional insights about their experiences with MHM (Nieuwenhuis, 2016 (b):93; Ryan, Coughlan, & Cronin, 2009:310). This facilitated the collection of richer and more textured data from participants than could have been obtained through a more structured interview (Ryan *et al.*, 2009:310). The interview guide included core questions (to assist the researcher in starting and leading the conversation), as well as follow-up and probing questions to elicit further information from the subject (Fouche & De Vos, 2011:45).

The conversations were audio-recorded with permission from participants. In a qualitative study, tape recording is vital because it ensures the interviews verbatim while allowing a smooth flow of dialogue between the researcher and participants (Babbie, 2017:76). Following the participants' consent, the researcher used a tape recorder. This was done to keep the researcher from forgetting critical points made during the interview and to refer back to key points made earlier in the interview (Babbie, 2017:44). The researcher conducted interviews until data saturation was attained.

3.7 DATA ANALYSIS

According to Ravindran (2019:40) data analysis is primarily concerned with eliciting the implicit meanings ascribed by people to their behaviours and responses regarding a particular phenomenon. To effectively bring out these meanings, the researcher

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must interact deeply with both the data and the people sharing their stories (Ravindran, 2019:40).

The data for this study were analysed using the six steps of the thematic analysis technique established by Braun, Clarke and Hayfield (2015:222). These steps are acquaintance, coding, searching for themes, reviewing themes, recognizing and naming themes, and drafting the report. The researcher followed the data analysis steps as described below:

a) **Familiarization**-: The researcher became acquainted with the full data set by first listening to the audio recordings and then transcribing the interviews in Microsoft Word. Following the transcription, the researcher continued to interact fully with the data by reading and re-reading all of the textual material. During this procedure, the researcher took notes on emerging insights (Clarke *et al*., 2015:230). The researcher was able to gain a complete overview and knowledge of all the obtained data by employing the mentioned procedures to familiarize herself with the data set.

b) **Coding-:** The researcher began developing codes after gaining a full understanding of the data. Codes are short statements that capture the core of why certain bits of data could be important (Braun & Clarke, 2013:207). The researcher coded the data by looking for comparable comments and any other information relevant to the research question in the transcripts (Terry, Hayfield, Clarke, & Braun, 2017:12; Clarke *et al*., 2015:235). To highlight the detected similarities and further separate the codes, different font colours were employed. The resulting codes were clustered into new files using the Microsoft Word cut and paste function.

c) **Identifying themes -:** To derive themes, the researcher took time to analyze and examine the created codes. Themes were created by grouping similar codes together to find important patterns (Clarke *et al*., 2015:236). Furthermore, the researcher created themes using codes that encompassed a variety of other generated codes inside their borders (Terry *et al*., 2017:18).

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d) **Reviewing themes -:** According to Clarke *et al.* (2015:238), the researcher stops the theme creation process during this step to ensure that the created themes are a good fit with the coded data and the complete data set. The researcher compared all the themes to the codes developed, as well as the whole data set from which the codes were derived. The motifs were discovered to be both cohesive and unique from one another. Overall, this process gave the researcher a solid overview and knowledge of the various themes, how they intertwined, and the overall tale the data told (Nowell, Norris, White & Moules, 2017:10).

e) **Defining and naming themes -:** In this step, the themes are defined and named (Clarke *et al*., 2015:240). Each theme in the current study was given a name by the researcher. In addition, the researcher characterized all the themes by providing summaries for each of them (Terry *et al*., 2017:21).

f) **Report writing -:** This stage comprises compiling and modifying existing analytical writing as well as creating new material (Clarke *et al*., 2015:241). The researcher combined all of the analysed data and scholarly data, as well as additional literature, into a single report to form analytic findings aimed at answering the research question for the study (Terry et al., 2017:25). To support the current study themes, the researcher also used actual quotations from the data transcripts.

3.8 DATA QUALITY

Data quality assessment is the process of double-checking the accuracy of data that has been corrected (Cresswell, 2014). The applicability, consistency, and neutrality of data are all aspects of data verification (Fouche & De Vos, 2011:96). The following strategies are used to ensure trustworthiness and avoid bias: credibility, dependability, confirmability, and transferability (Fouche & De Vos, 2011:36).

The degree to which the study results are accurate is referred to as **credibility** (Mills, Durepos & Wiebe, 2010). The credibility of the study findings is established when the results and the reality of the participants are in agreement (Creswell, 2014). The researcher ensured credibility in this study by consulting with the academic supervisor

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regarding the topic and interview guide to ensure they were relevant to the study. The researcher double-checked the transcripts and corrected any errors that may have occurred during transcription (Cresswell, 2014). To ensure that important information was not lost, an audio recorder was used. Data triangulation was also used to ensure credibility. Triangulation entails the utilization of two or more sources to obtain a comprehensive picture of a fixed point of reference (Lietz & Zayas, 2010:193). Literature from various secondary data sources was evaluated for the current study and was utilized to supplement the primary data gathered through interviews (Lietz & Zayas, 2010:193).

The term "transferability" refers to the ability of a study's findings to be applied in a different setting (Krefting, 2000). Snowball sampling was utilized to obtain a sample of participants from which to collect data for the study. Nonetheless, given that the study attempted to obtain subjective experiences of the persons tested, the researcher recognizes that it may be difficult to adapt the findings to those in a different setting. These subjective impressions may not apply in a different situation, particularly if the socio-economic background is different. Detailed descriptions and triangulation were also other methods used to ensure transferability. The researcher was able to construct extensive descriptions by employing multiple secondary sources of literature to corroborate the primary data acquired. As a result, participants were detailed. According to the researcher, the detailed account of these experiences will enable researchers or other external parties to form their own opinions about the degree to which the findings of the current study apply to various contexts (Nieuwenhuis, 2016(a):124; Lietz & Zayas, 2010:195).

Conformability refers to ensuring the study's objectivity throughout the research process (Mandal, 2018). Conformability allows researchers to compare their findings to those of other investigations (Des Vos *et al.,* 2005). It entails analyzing whether a study can be reproduced in a different setting and provides similar results. The researcher used reflexivity to guarantee that her own experiences, views, and assumptions did not influence the study's conclusions. To ensure objectivity, the taped interviews were transcribed verbatim. To ensure that there were no biases, the researcher discussed the study findings with the academic supervisor. In terms of confirmability, an audit trail was also established by the researcher's written report of

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the research procedure. This audit trail can be used as a reference to confirm that the study findings and interpretations thereof were based on the data gathered from the social workers and not from the researcher's own impressions (Korstjens & Mosser, 2017:121).

Dependability refers to the degree to which the research techniques are documented, allowing someone outside of the project to follow and critique them (Lietz & Zayas, 2010:195). The researcher documented the research process, kept field notes, informed consent forms, and interview tape transcripts to ensure dependability (Lietz & Zayas, 2010:196). As a result, the researcher used both a hardcopy journal and a soft copy Microsoft Word document to keep a written account of the research process from the beginning to the finish of the study project. Furthermore, all research data, including informed consent forms from participants, interview recordings, transcripts, field notes, and drafts, were securely stored (Leedy & Ormrod, 2010:101; Lietz & Zayas, 2010:196).

3.9 PILOT STUDY

A pilot test is a trial run that is done before the actual study and enables the researcher to reflect and decide if there are any adjustments to be made to the interview guide (Kim, 2010). The pilot test assisted the researcher to review the data collection tool by revising the order, structure or wording of questions to accomplish the goals of the intended study (Dikko, 2016). The pilot study was done by purposively selecting one participant (female youth) from Kameeldrift to test the data collection instrument. The researcher tested the data collection instrument by having one-on-one interview prior to the main interviews with the sample of selected participants (Guthrie, 2011:90). The data gathered from the participant was comprehensive and in-depth. As a result, the data collected during the pilot was incorporated into the main study conclusions. However, adjustments were made to the interview schedule, particularly the rephrasing of questions to simplify them. For example, the participant struggled to understand what MHM is and the researcher had to simplify by explaining the factors that comprise MHM to give a better understanding to the participant.

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3.10 ETHICAL CONSIDERATIONS

Fouche and De Vos (2011:34) cited in Munro (2011) describe ethics as a set of moral principles proposed by an individual or a group that offer guidelines and behaviour expectations for proper research conduct. Voluntary participation, anonymity, confidentiality, informed consent, avoidance of harm, not utilizing deceit, debriefing respondents, and publication of findings are all principles that are used in research ethics (Creswell, 2014). The present study followed ethical guidelines to ensure that data should is not gathered at the expense of the participants' well-being.

3.10.1 Informed Consent

Informed consent refers to a person being aware of the purpose of the study and willingly agreeing to participate (Mantzorou & Fouka, 2011). Participants can make educated decisions about whether or not to participate in a study if they are aware of the risks and benefits that are likely to be associated with it. The female youth were given information about the study's goals, nature, potential damage, and method (such as the length of the interview and how the information would be used and retained) by the researcher. Each participant completed a consent form after fully understanding and agreeing to participate in the study (Babbie, 2017:72-73).

3.10.2 Confidentiality and anonymity

Respect for dignity is linked to the issue of confidentiality and anonymity (Mantzorou & Fouka, 2011). The participants' names are protected, and their responses are kept private (by not releasing them to others) (Mantzorou & Fouka, 2011). The information submitted in the present study was kept confidential and only shared with the academic supervisor, and used solely for academic objectives. When the participants' identities are not revealed and it is difficult to know who gave a certain response, anonymity is ensured (Babbie & Rubin, 2011). The researcher secured anonymity by eliminating and substituting participants' identities with pseudonyms, making it impossible to link an answer to a specific individual (Babbie & Rubin, 2011).

3.10.3 Avoidance of harm

Physical or emotional harm can be inflicted on research volunteers. In a qualitative study, according to Fouche and De Vos (2011:89), respondents' hurt is mainly psychological or emotional. According to Babbie and Rubin (2011), researchers should be aware of the various ways in which research volunteers can be damaged

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and take precautions to avoid them. Personal and sensitive information was only extracted in this study if it was necessary for research purposes. Participants were not compelled to discuss any topic if they did not wish to do so. This was done to avoid them from experiencing any bad emotions as a result of discussing painful menstrual experiences (Fouche & De Vos, 2011:67-68).

3.10.4 Use of Deception

When a researcher employs deception, he or she withholds information about the study as well as his or her own identity so that participants are unaware that they are being examined (Israel & Hay, 2011). Deception (when participants are given false information about a study) may be appropriate in other circumstances and study types, such as when the study's conclusions are endangered if participants are aware that they are being studied (Israel & Hay, 2011). Regardless, it is a violation of informed consent (Babbie & Rubin, 2011). This is due to a lack of articulating proper information about the study and the potential dangers for individuals to accept to participate voluntarily. This is unethical behaviour. To avoid a breach of the participants' right to freely participate in the study, the researcher avoided using deceit in this investigation (Babbie & Mouton, 2007). To prevent creating misleading expectations, the researcher offered the participants factual information about the study and made it clear that it was for academic purposes.

3.10.5 Publication of findings

The findings of the investigation were collated into a report. The report provided all the required details for the readers to comprehend (Fouche & De Vos, 2011:100). The findings were written in a descriptive and narrative style, describing MHM experiences (Cresswell, 2014). The researcher double-checked the report for accuracy and clarity. By providing citations, the researcher also acknowledged the various authors from whom significant material was received. The Department of Social Development received the report.

3.10.6 Debriefing respondents

The participants were allowed to reflect on their participation in the study as well as any concerns they had thereafter (Kelly & Lavrakas, 2011). Participants gave feedback, answered questions, and expressed their feelings about the study at the

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end of each interview. Participants were uneasy before the interview but later felt free and comfortable to share their experiences throughout the interviews.

3.11 EMPIRICAL FINDINGS

The empirical findings of the research are explained in this section. This section commences with a description of the participants' demographic details. Following that, a framework for discussing the findings is offered after which the study's findings are presented and discussed.

3.11.1 Biographical Details

The participants' demographic information is presented in this sub-section. This includes the participant's age, gender, marital status, the highest level of education and language.

3.11.1.1 Age

The age range of the research participants is shown in Figure 3.1 and explained thereafter.

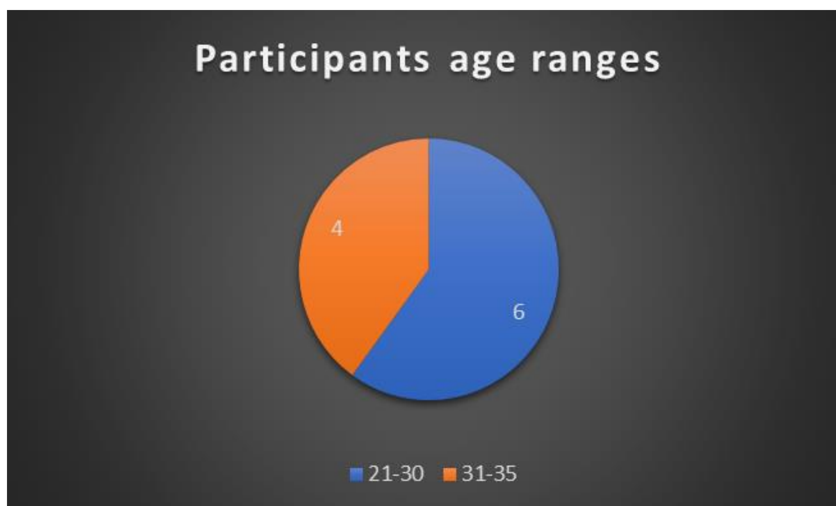

Figure 3.1: Age distribution of participants

A total of participants (n=10) participated in the study. The ages of the participants ranged between 21 and 35 years at the time of the study. Of the ten participants, four were aged between 21 and 30 years and six participants ranged were aged between 31 and 35 years. The age range of the participants is not a representative of the

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Kameeldrift female youth age group but rather a representation of participants' age group as stipulated by the sampling criteria.

3.11.1.2 Gender

All the participants in the study were females who were selected according to the sampling criteria. The female youth in the present study are from a low to medium income community.

3.11.1.3 Marital status

The marital status of the research interviewees is shown in Figure 3.2 below and explained thereafter.

Figure 3.2: Marital status of participants

The above figure indicates that out of the ten participants, six (6) are single and four (4) are married.

3.11.1.4 Religion

The demographic data on interviewee's religion is shown in Fig 3.3 below

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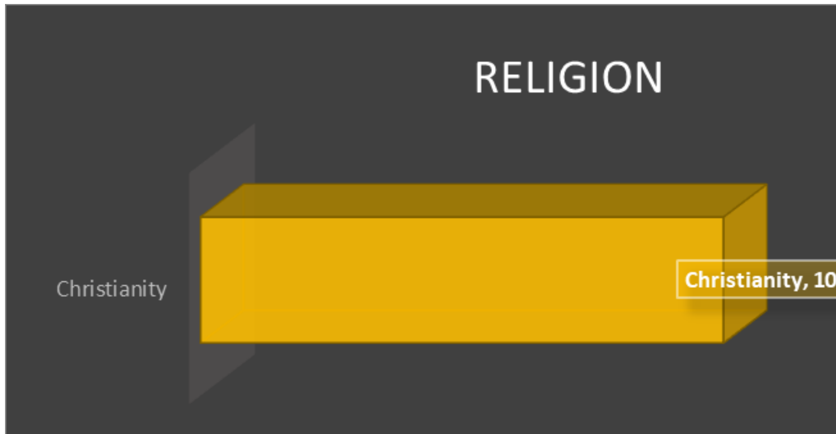

Figure 3.3: Religious affiliation of participants

Data shown in Fig 3.3 indicate that all the participants who took part in the study are Christians. Nine out of the 10 participants are from the following denominations: ZCC (4), Zviratidzo zvevapostori (1), Nguwo Tsvuku (1), Johanne weChishanu (1), Zion (1), and Hykeridge Faith (1).

3.11.1.5 Highest level of Education

The highest educational qualifications of the participants are shown in Figures 3.4 and 3.5 bellow.

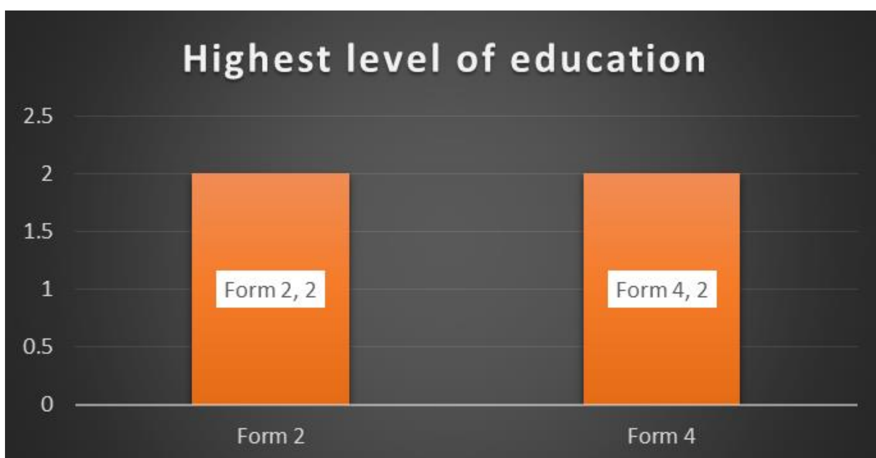

Figure 3.4: Highest level of education (Zimbabwean Participants)

Figure 3.4 showed that two participants stated that their highest educational qualification was Form 2 and the other two indicated that their highest level of education is Form 4. These participants attained their highest level of education in Zimbabwe where the educational system is determined by form and not grades. The data represented shows that these youths did not complete high school education, this

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is supported by the Zimbabwe School Examination Council (2000) which asserts that successful completion of high school education is when a pupil completes Form 6.

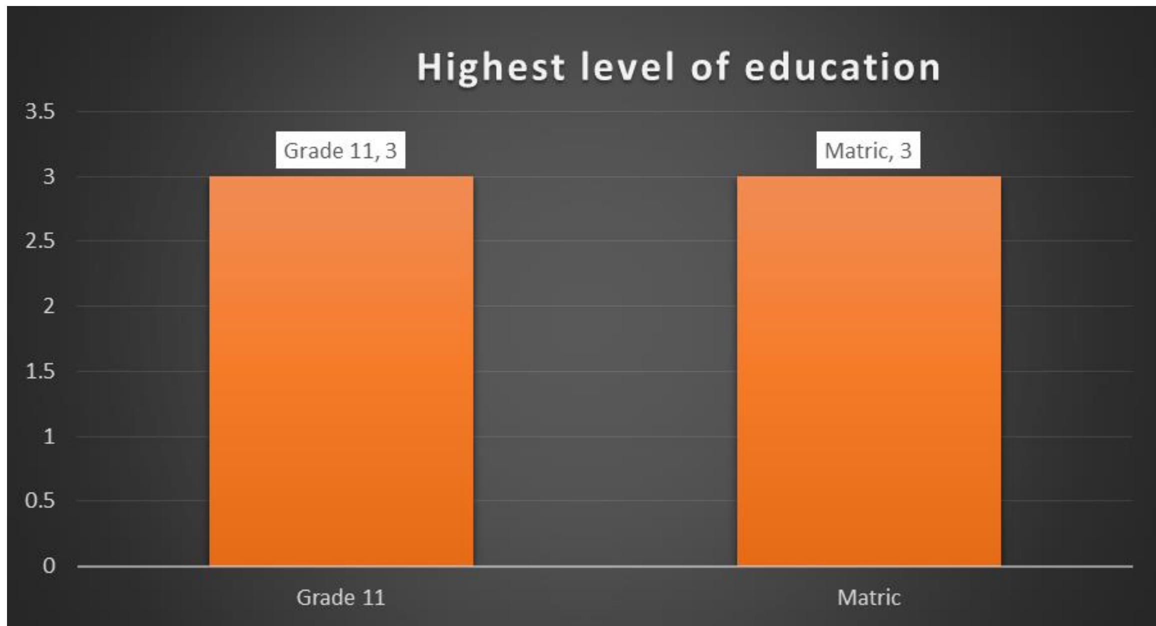

Figure 3.5: Highest level of education (South African Participants)

The data shown in fig 3.5 is a representation of six participants' highest level of education. Three (3) of the participants' highest level of education is Grade 11 whilst the other 3 is Matric.

3.11.1.6 Language

Figure 3.6 reveals the language of the research participants in the present study.

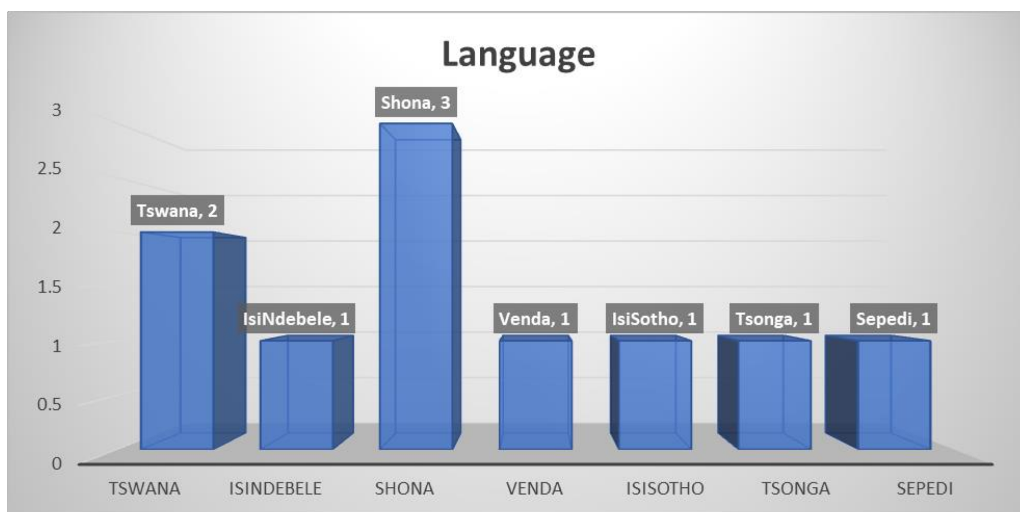

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Figure 3.6: Language representation of participants

The data shown in figure 3.6 shows three and two out of the ten participants were Shona and Tswana speaking, respectively. The remaining five participants speak Ndebele, Venda, IsiSotho, Tsonga and Sepedi. Out of the ten participants, three are originally from Zimbabwe and the other seven are from South Africa. The data presented support the assertion by Breytenbach (2020) that Kameeldrift is a multicultural community that consists of local South Africans and migrants from different countries, for example, Zimbabwe, Zambia and Nigerians.

3.11.2 Study Thematic Analysis

The themes and subthemes identified in this study are shown in Table 3.1 and discussed further below.

Table 3.1: Study themes and subthemes

THEME	Sub-theme
THEME 1: **Knowledge about Reproductive Health/Sex Education**	**Subtheme 1.1:** Place and age when knowledge was acquired on sex education/ reproductive health **Subtheme 1.2:** An understanding of menstruation
THEME 2: Experiences of Menstruation	**Subtheme 2.1:** The onset of menstruation **Subtheme 2.2:** The first person told at onset and advice given **Subtheme 2.3:** Teased about menstruation and reaction to teasing **Subtheme 2.4:** Self -consciousness **Subtheme 2.5:** Current menstrual experiences **Subtheme 2.6:** Cultural beliefs and practices of menstruation
THEME 3: Menstruation Hygiene Management	**Subtheme 3.1:** Understanding of MHM **Subtheme 3.2:** Source of information on MHM

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THEME	Sub-theme
	Subtheme 3.3: Personal hygienic methods during menstruation **Subtheme 3.4:** Support received for MHM
THEME 4: Challenges	**Subtheme 4.1**: Challenges regarding MHM
THEME 5: Products for MHM	**Subtheme 5.1**: Products used for MHM and reasons **Subtheme 5.2**: Disposal of Products
THEME 6: Resources and Limitations	**Subtheme 6.1**: Knowledge OF MHM programmes within the community **Subtheme 6.2**: Availability of MHM Resources within the community **Subtheme 6.3**: Impact of KamCare on MHM
THEME 7: Social work Intervention	**Subtheme 7.1:** Knowledge of social work and services provided
THEME 8: Recommendations	**Subtheme 8.1:** Recommendations to young girls starting their periods **Subtheme 8.2:** Recommendations of MHM education and programmes **Subtheme 8.3:** Recommendations for government

3.11.2.1 THEME 1: KNOWLEDGE ABOUT REPRODUCTIVE HEALTH/SEX EDUCATION

This theme mainly focussed on participants' knowledge about reproductive health. Two sub-themes emerged: place and age when knowledge was acquired on sex education/reproductive health; and understanding of menstruation.

Subtheme 1.1: Place and age when knowledge was acquired on sex education/ reproductive health

All of the participants stated that they acquired their initial knowledge of sex education / reproductive health at school. Two out of the ten participants added that the elderly family members and friends were also a source of information regarding sex education. Three out of the ten participants indicated that they acquired this information between the ages of fifteen and sixteen years of age. Seven out of the 10

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participants could not recall the age when they learnt this information. The responses are captured below:

> **Participant 4**: *"…Ummm in Form 2 in Science, I was 15. We were learning at school although I was too young so didn't understand what I was being taught. But they mentioned that girls experience body changes before menstruation which entails blood coming out of your private parts…"*

> **Participant 6**: *"Since grade 10 in Life Orientation, first it was ma'am X. They explained what happens to your body from day 1-23 especially your fallopian tubes…"*

> **Participant 5**: *"Form 2 Mr. Y in science… He said as you grow up you will see breast developing, pimples coming out, blood coming out of your private parts for 3- 7 days"*

Participants 5, 4 and 6's assertions further corroborated with participants 3 and 6. However, they highlighted a new source of information which was friends and the elderly.

> **Participant 3**: *"At the age of 15 in high school, some of the things I was taught at school in life Orientation like using contraceptive ntonintoni and other from my friends and older people…"*

> **Participant 8**: *"laughs…. started from age 16 in high school in life science. Learnt more information from my friends but also at school. I was still a virgin my friend was always saying sex is good so I got peer pressured and decided to do it"*

According to the findings, the majority of the participants learned about reproductive health in both Life Orientation and Life Science classes at school. Life Orientation and Life sciences are subjects taught from Grade 9 to 12 and Grade 10-12 respectively in the Curriculum and Assessment Policy Statement (CAPS) (Bouwer, Chetty, Ford, Lombard, Pillay, Pretorious & Wiese. 2014). The topic includes the human reproductive system, which includes the menstrual cycle. Human bodily functions, growth processes, and reproduction are introduced to students in this curriculum. In

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addition, physical intimacy, sexual identity, and relationships, as well as skill development to assist young people in communicating about and making informed decisions about sex and their sexual health are also taught to learners (Bouwer *et al.*, 2014). This is beneficial to the students because they will gain an understanding of the changes that their bodies go through as they grow from childhood to adulthood.

In the same breath, two participants who attained their secondary education in Zimbabwe were taught about reproductive health in the Science class. Part of the core concepts taught in this subject is male and female reproductive systems, sexual cells fertilization, pregnancy, placenta, child care, menstrual cycle and infections spread through sexual contact (Zimbabwe Ministry of Primary and Secondary Education, 2001).

Furthermore, according to the findings, friends are another source of information about sex education. The majority of the girls in this study stated that when they saw changes in their bodies they discussed them with their friends. Some people learn about sex from friends who started having sex before them. According to Knudsen (2017), as girls enter adolescence, they rely less on their parents or siblings and instead rely on and spend more time with their peers. These friendships provide companionship and support to girls both before and during menstruation.

The ecological systems model does not limit health issues to a narrow biomedical perspective but rather views them as experiential phenomenon shaped by environmental factors (Eriksson *et al.*, 2018:442). The findings reflect how immediate settings such as family, school, community as well as broader environmental context shape one’s knowledge and understanding of sex education and reproductive health.

Subtheme 1.2: An understanding of menstruation

The participants gave a different understanding of menstruation. Three out of ten asserted in their own way that menstruation is the monthly discharge of blood from the female body's private parts. Six out of ten participants showed partial understanding of menstruation. One of the participants was not able to describe what menstruation is. Their responses are captured below.

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Participant 4: *"…I would explain that when you get your period blood start coming out of your private parts, pimples will also start coming out. Will explain that it happens once per month"*

Participant 5: *"it's when blood starts coming out of the female umm pointing at her private parts…"*

Participants 7, 3 and 6 had a common understanding of menstruation and described it as follows:

Participant 7: *"It's something that happens to women every month. It must happen if you don't go on periods, you not a female from the way I understand"*

Participant 3: "…Yoh, *I understand that if you get your menses you are not pregnant and if you don't get it you are pregnant."*

Participant 6: "*…when blood comes out of the female private parts and this usually happens every month. If your period does not come you are pregnant and if it comes you are not pregnant…"*

From these findings, it is clear that some of the participants' understanding of menstruation is very basic with others having non-factual knowledge altogether. This can be attributed to the earlier findings which showed that most of the participants had a poor level of education having dropped out of school. Overall, the participants were not able to give a detailed description of the physiological aspect linked to menstruation. These findings corroborate a report by Sommer (2017) that young adolescent school-going girls in a variety of developing societies have been found to lack basic required knowledge of the physiology and management of menstruation. The most contributing element to this is the fact that menstruation is usually viewed as a taboo subject in most cultural settings. As such, mothers and other older knowledgeable women tend to shy away from discussing the subject matter (Shah, Nabwera, Sosseh, Jallow, Comma, Keita & Torondel, 2019). In addition, a study carried out in South-Eastern Nigeria also revealed that up to 44.8% of adolescent girls

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had no premarchial training resulting in poor hygiene (Garba, Rabiu & Abubakar, 2018).

A large number of young girls start the normal biological phenomenon of sexual maturation in ignorance and fear, which in turn contributes to a weakened sense of self-confidence and competence (Tiwary, 2018). This is one of the leading factors that contribute to a compromise in the future ability of these young girls to fully assert themselves in situations that involve their sexuality and to maintain proper sexual reproductive health (Hennegan & Montgomery, 2016). If women and young girls are not adequately educated on menstruation it is likely that men and boys know even less about menstruation as it is considered taboo for them to know. Yet it is important that they also receive menstrual information, so they are better able to support their wives, daughters, mothers, employees, and peers (House, 2012). Further, not only should sexual reproductive health be a subject of discussion for young girls but young boys and male teachers. Educating young boys and men in general about sexual reproductive health including the phenomenon of menstruation, as well as, the challenges that young girls face can help to reduce teasing and elicit feelings of empathy and understanding (Hennegan & Montgomery, 2016). This could be another avenue through which a fight to reach a more gender-equal society is accomplished.

These findings reflect how aspects of the micro system, such as educational level have an impact on the level of understanding of many concepts (Eriksson *et al.*, 2018:451).

3.11.2.2 THEME 2: EXPERIENCE OF MENSTRUATION.

The menstruation experiences of the participants were also explored in the study. The following sub-themes emerged: onset of menstruation; the first person told at onset and advice given; teased about menstruation and reaction to teasing; self - consciousness; current menstrual experiences as well as cultural beliefs; and practices of menstruation

Subtheme 2.1: The onset of menstruation and reaction to it

The participants started menstruating at different age groups. Three girls started at age 14, three started at age 17, another three started at age 16, and one started at age 13. When asked how they felt during their first menstrual period, the girls gave

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varying responses. At the start of menstruation, the majority of women reported emotions of fear, shyness, confusion, and shame, whilst two participants indicated that they already knew about menstruation thus they were calm and handled the situation well. Their responses are as follows.

> **Participant 7**: *"...it started when I was at school since it was the first time just saw blood flowing so I started crying. This is because the elders used to say when blood comes out of your private parts it's because you slept with a man. So, because I didn't know what was happening I got scared. The headmaster found me crying at the sports ground and took me to a lady teacher, they explained to me that this happens when you are growing up and they asked me to go home…*"

> **Participant 2**: *"I was 14…First time when I saw the blood coming out I was shocked because how can blood come inside my private parts without being hurt, I feel ashamed didn't know what was happening. I was wondering who I would tell that this what I am seeing because they would ask what did I do or how did I got hurt. I was so scared and ashamed that this was only happening to me didn't think its also happening to other people…."*

> **Participant 3**: "…. *got scared interviewer and interviewee laugh. I didn't know what to do"*

Participant 5 further asserts the same experience stated by participants 1, 3 and 7 that menarche was characterized by feelings of fear and confusion.

> **Participant 5**: *"I saw blood coming out when I was home, didn't know what was happening so though something injured me, took off my pant to see what is happening…*"

Participants 4 and 6 were the only participants who asserted that they were calm and had an understanding of what was happening to them at menarche.

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Participant 4: *"I was 16 years of age I was living with my stepmother who was in the rural area. At home I was alone with my dad but had learned everything at school so I was not too shocked I was mature*"

Participant 6: *"I was 17 years old… first time like in grade 10 they had explained everything so in grade 11 when it happened was not too shocked what surprised us were the blood was coming out from..."*

Menarche causes adolescent girls embarrassment, shyness, and fear, as evidenced by the narrations above. When the girls saw the blood, they were scared and had questions. Some assumed they had done something wrong or were ill or injured. The attitudes that girls have toward menstruation may influence the different reactions at the first onset of menstruation (La Marca-Ghaemmaghami & Ehlert, 2015). These attitudes, according to Marvan and Abolnik (2012), are influenced by their immediate surroundings. Negative reactions stem from negative perceptions of menstruation as something to be ashamed of.

This finding concurs with that of Schmitt *et al.* (2017) who discovered that girls are scared and confused when menstruation begins if they are not prepared. This is evidence of girls' lack of awareness about menstruation (Sumpter & Torondel, 2013). Girls are ill-informed about what is occurring to their bodies as well as how to deal with it. It is worth noting that without adequate information, girls are more likely to experience fear and anxiety at the sight of blood during menarche (Schmitt *et al.*, 2017). On the other hand, when girls have adequate information, they are more prepared and calmer at menarche. As a result, the importance of educating girls about menstruation at a young age cannot be overstated.

Regarding, menarche it is clear that girls start menstruating at different ages. This study corroborates the findings from the World Health Organisation (2008) which asserted that menarche typically occurs between the ages of 9 and 15, around two years after puberty begins. The determinants for sooner or later menarche are diet, in addition to heredity, which can influence when a woman's menstruation begins (Lloyd & Mensch, 2008). Onset of menstruation can be related to the biological aspects of

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the micro system such as physical health status which determines menarche (Nekjar, 2017:95).

Subtheme 2.2: First-person told at onset and advice given

Participants were also asked about the person they told about their first menstrual period. The majority of the girls mentioned their mothers and sisters. One participant mentioned her grandmother. However, one of the youths reported that they did not reveal to anyone their menarche experience in the first month because they were worried that something might be wrong with them, whilst the other one had no one to share with.

> **Participant 6**: "*I was staying with granny asked her to buy me pads….*"
>
> **Participant 7**: *"…Yes, I told my step mother and she told me not to cry because this process was part of growing up. She then bought me pads…."*
>
> **Participant 4**: *"I was staying with my father after my step mother left us, so I couldn't tell him. I waited until I went to visit my mother and sister. Then I told my sister who told me to go and ask for money, so I just told my mother that I needed money to buy some goodies or whatever I need when I am going to school. My sister explained everything to me. She also told me that if I sleep with a boy would fall pregnant."*
>
> **Participant 3**: "*My aunt and cousin sister told me that if you menstruate you have not been injured or there is no problem it just means that you are a woman. They also told me that you will feel a bit of pain. And then when I start I was with my friends when I got home I told my aunty she told me to bath, wash my panty and she also gave me pads. They told me this will happen every month and if I sleep with boys will fall pregnant. When I started I was menses 7 days after 5 now I menstruates for 3-4 days*"

Participants 1 and 10 had the following to say.

> **Participant 1**: "…*No because my mother was way older and had a lot of privacy. She was hardly home, most of the time it would be us, children, at*

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home. She would be admitted to the hospital most of the time because she had had asthma since 1988 and at that time, we were still young it was just me and my sister. So, we had no one to tell us about menstruation or periods"

Participant 10: "*Was scared so I used clothes and tissues for the first month. In the second month; waited till I spoiled my clothes the second month then I showed my mother who explained to me that it's a sign of growing up and if I play around with boys I will fall pregnant. For some time I was very confused with what my mother said…*"

The quotations in the previous paragraph demonstrate the importance of mothers and immediate family members in providing menstruation information to girls during menarche. In most cases, grandmothers and mothers are in charge of providing menstrual hygiene advice. One possible explanation is that older female relatives are regarded as wise and well-versed in menstrual issues (McNaughton, 2011). Girls do not discuss their first menstrual period with their fathers or male relatives, although they may eventually become aware of it (Sommer, 2013). This is because, across most societies, girls are conditioned to talk to their female figures about various issues that concern them, whereas boys typically talk to their fathers (McNaughton, 2011). These findings also corroborate those by Koff and Rierdan (2000) where most girls told their mothers about their period and believed that fathers should be excluded.

Menstruation, according to Gupta and Gupta (2001), is a mother-daughter affair, and fathers have no association with it or have anything to do with it. The findings of this study are consistent with those of Mwenemeru (2013), who found that the first person the girls told about their first menstrual period was their mother. This exemplifies the prevalent traditional family practices in which mothers or older female relatives are in charge of conveying instructions to girls who have reached puberty and any related sexual reproduction issues (Sommer, 2013).

Furthermore, most of the youths indicated that the parents gave them vague information such as if they play with boys, they will fall pregnant, which caused feelings of confusion and fear. The issue is that girls/youths are not given a thorough explanation of the link between menstruation and keeping away from boys, resulting

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in a lack of solid information on this phenomenon which possibly leads to poor reproductive health. This is because sex education is considered taboo, and parents are hesitant to discuss it with their children (Walsh, 2008).

Moreover, mothers may assume that their daughters are already aware of MHM because they have learned about it in school or from their friends (Walsh, 2008). This seems to be difficult because most girls are still unaware of MHM issues. This frequently leads to negative menstrual practices, affecting the girls' overall well-being and quality of life (Chikulo, 2015).

The ecological system theory places emphasis on the fact that the social network within an individual's social space has a direct influence on their behaviour (Eriksson *et al.*, 2018:445). In this study, this is reflected in how the participants were fearful of judgment by their immediate family hence they could not disclose their first menstrual experience.

Subtheme 2.3: Teased about Menstruation and Reaction

Nine out of ten participants indicated that they never got teased about menstruation. Only one participant asserted that she had been teased at school after spoiling her uniform at menarche. The participants indicated the following:

> **Participant 3***: "I was very shy and experienced pain but never got teased by anyone"*
>
> **Participant 7**: *"Yes, they were just laughing at the fact that I had blood on my uniform and I cried to stop them from teasing me out teachers ended up saying if anyone laughs at me they would beat them that's how the teasing stopped."*

Menstrual leaks are a common cause for teasing among women from findings of other studies. Numerous studies have also found that when both female and male counterparts suspect a girl is menstruating, they laugh at her, especially if she leaks or smells (Basyal, 2016; McMahon *et al.*, 2011). More often than not, girls do not prepare for their menstruation, as evidenced by not carrying sanitary materials, and they may begin menstruating at school (Chikulo, 2015). The findings of this study asserted that most of the youths were never teased about menstruation and the

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possible explanation for this is because they did not experience any menstrual leaks at school or home. The one participant who was teased was due to menstrual leak as supported by the literature.

Schools represent overlapping relationships that have fluctuating degrees of influence on individual behaviour. The interaction of the participants with peers within the school environment seems to be having a negative impact on their emotional wellbeing and how they conduct themselves on their periods

Subtheme: 2.4: Self-consciousness

Most of the participants indicated that they were very self-conscious during menstruation to avoid spoiling their clothes or smelling which would result in them being teased. The participants had this to say:

> **Participant 3**: *"I was very shy and experienced pain but never got teased by anyone because I always made sure that I don't spoil my clothes, even now when I am on my periods I make sure that people don't know"*
>
> **Participant 1**: *"I would make sure that I am the last person to leave the class when I am on my period to check if I did not spoil my uniform, even now when walking around the mall you always trying to feel whether the pad is not moving"*
> **Participant 4**: *"Because we leave in informal settlements and our houses are close to each other I can't wear cloths anymore because they smell and people around me might smell it, which will make people to make fun of me."*

The above narrative reveals that when youths are menstruating, they become more self-aware and feel like everyone around them knows. Most girls and women feel ashamed if other people know (Rosenberg, 2015). The said fear arises whether or not other people are aware that they are menstruating. It is because girls are acquainted to perceive menstrual period as something shameful and to be avoided. Atieno (2007) found similar results that the girls are constantly scared of spoiling their clothes and being embarrassed in front of other students. This illustrates that shame associated with menstruation is widespread (Atieno, 2007). It moreover demonstrates that women are not ready to face the challenges of social taboos.

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Looking at the broader context of the ecological systems theory menstruation is perceived as a taboo. This is reflected in how macro and meso systems and factors such as the schools, neighborhood and attitudes projected by individuals within these systems have direct influence on how participants conduct themselves during menstruation (Ettekal & Mahoney, 2017:294).

Subtheme 2.5: Current menstrual experiences

Most of the participants outlined varied current menstrual experiences. The participants stated the following:

> **Participant 2**: *"I don't have a definite date of menstruating Jan I can start on the 15, Feb 29 March 7 April 9 just like don't have definite dates. Sometimes I menstruates twice a month. At first, I thought I had a problem, then when I started taking contraceptives. Is it normal to menstruate twice and have pains and they told me it's normal now I want a child and I am struggling to have one."*

> **Participant 3**: *"The problem is when I started taking contraceptive pills I only get few drops of blood which worries me that am I getting into menopause."*

From the foregoing, it is evident that youths have different menstrual cycle/menstruation experiences as supported by the literature. In a study that was conducted by Nabwera and Torondel (2015), it was reported that girls had different menstruation experiences with more than half of the girls reporting excessive bleeding (191 girls, 53%) in the previous two months; and more than a third experiencing extreme pain during their menstrual periods (137 girls, 38%). Cleveland Clinic (2019) highlighted that several factors cause menstrual cycle changes, such as the use of contraceptives, breastfeeding, perimenopause, uterine fibroids and extreme weight gain or loss (Medical News Today, 2010). According to Apter and Hermanson (2002), stress can disrupt one's menstrual cycle by temporarily interfering with the part of your brain that controls the hormones that regulate your cycle. After your stress level has decreased, periods should return to normal. Hormonal birth control pills and intrauterine devices (IUDs) containing hormones can induce severe bleeding (American College of Obstetricians and Gynaecologists, 2014). Contraceptive pills

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such as Aranelle and Aviane can cause spotting between periods and make periods much lighter. Therefore, it can be concluded that differences in menstrual experiences among women are caused by various factors unique to each individual.

This sub-theme shows how an individual biologically experiences menstruation differently. It also shows that they possess adequate knowledge of self-awareness (Ettekal & Mahoney, 2017:294).

Subtheme 2.6: Cultural/religious beliefs and practices of menstruation

Most of the participants indicated that there were aware of cultural/religious practices on menstruation. However, they indicated that they do not practice these cultural/religious beliefs.

> **Participant 7**: *"…Yeah, they say if you are menstruating you must not come to church and they don't want you to have sex with your man and you can't put salt in the relish. Lol I don't follow it though*"
>
> **Participant 3**: *"Some men don't want you to put salt in his food and then some in-laws don't want you to cook or touch any of their belongings…"*
>
> **Participant 4**: *"Yes, they explain that when you are in that state you are unclean so you are not supposed to go to church or have the priest lay their hands on you. When you are on your period your blood gets very hot and a man shouldn't touch your hands."*

The study findings show that menstruation practices are common among the participants. Furthermore, the findings show that youths with at least a basic understanding of menstruation are less likely to support such taboos (Karki & Khadka, 2019:17). Globally, attitudes, beliefs, and social norms relating to menstruation vary vastly, and these variations have a direct impact on practices during menstruation and the overall reproductive health of women (Kaur, Kaur & Kaur, 2018:2). Menstrual beliefs refer to the misconceptions and attitudes towards menstruation within a given culture or religion (Schmitt, Clatworthy, Ratnayake, Klasesener-Metzner, Roesch, Wheeler & Sommer, 2019).

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In some African contexts, menstruating women are considered "unclean" and barred from using water and sanitation facilities and in some cases are even excluded from engaging in any household activities (Karki & Khadka, 2019:17). Evidence of this can be seen in a study done on Ghanaian social practices, which involves prohibiting menstruating girls and women from going inside the kitchen room and religious places. In addition, these young women are not allowed to touch the same utensils as their male counterparts as well as consume certain food like milk for instance because they are deemed "impure" and "unclean" (Sinha & Paul, 2018:3). Likewise, the same practices were observed in a study done on Nepalese young women during menstruation, and the findings attest to the fact that during menstruation, young women are barred from engaging in numerous social activities and are shunned and deemed “impure” (Karki & Khadka, 2019:16).

This shows an interaction between the micro and macro systems in that the participants are aware and knowledgeable of cultural beliefs and practices around menstruation (Ettekal & Mahoney, 2017:294). However, in the context of the present study, the micro system does not internalize these practice and beliefs at an individual level.

3.11.2.3 THEME 3: MENSTRUATION HYGIENE MANAGEMENT

This theme sought to provide insight into the Kameeldrift youth’s experiences of the MHM. To address this concept the following subthemes emerged: understanding of menstruation; source of information on MHM; youths’ personal hygienic methods; and source of support for MHM.

Subtheme 3.1: Understanding of MHM

Most of the participants struggled to understand the term Menstruation Hygiene Management. Thus, the researcher had to simplify this term by explaining the factors that comprise MHM. The assertions below show that the participants possess good knowledge of MHM.

> **Participant 5**: *“Blood smells in a day you need to bath 3-4 times. Morning afternoon, later in the day and just before you sleep. change pads and after using the bathroom ensure that it's clean”*

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Participant 7: *"bath often, because when you are menstruating the smell of blood coming out stinks; so that you don't have a bad odour when sitting with other people change your pad often. Pads should not be thrown everywhere but rather in the dustbins*"

Participant 4: *"When your pad is fully soaked you remove it, you wrap it then throw it away. If you can bath after changing then do so. Also, wash your hands after changing your pads. When you wake up you also need to bath*"

In a qualitative research conducted by Shah, Nabwera, and Torondel (2019) on knowledge and perception of MHM in the rural Gambia the findings showed that 86.25% of the participants were not aware of menstruation before menarche. This led to poor MHM, such as, not seeing the need to take a bath or regular changing of sanitary material, as well as, feeling ashamed of their menses. Whilst, the other 19% of the girls who had received information about menstruation from their mothers and sisters showed better menstrual hygiene and believed that menstruation was a normal physiological process. Similarly, in a study conducted by Nagpur (2019) on young girls in an urban area concerning MHM, it was found that 18.35% of the girls had misconceptions and myths about menstruation. For example, they believed that bathing and changing sanitary material more often result in loss of blood. However, 50% practised good menstrual hygiene because of access to information through mass media.

From the above literature review of MHM knowledge, it is crystal clear that most young girls who are still attending school lack the correct knowledge on MHM and female reproductive health. On the other hand, the youth in this study showed great insight into MHM.

Subtheme 3.2: Source of Information on Menstruation Hygiene Management
Most of the participants indicated that their mothers and other female guardians, such as sisters and aunts were sources of information regarding MHM. The participants reiterated the following:

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Participant 3: *"I was taught by my mother and aunty that you need to bath, change your pad and panties often…. But with experience, you learn from it"*

Participant 5: *"my mother and sister taught me everything with regards to being clean during menstruation…"*

Participant 6: *"School."*

Participant 7: *"…I was taught by my stepmother and sister taught me that since you are menstruating you need to be clean, always bathe and change your pads. When you pass has absorbed to full capacity you can't spend the whole day or sleep with it you need to change it*"

Participant 8: *"My aunty taught me that I should bath whenever I changes my pad and change my panties."*

The findings from the study are similar to results from many other studies on MHM. Jarrah and Kamel (2012:18) assert that across Low Medium Income Countries (LMIC) studies, mothers have been commonly cited as the source of information and advice for girls on MHM. By comparison girls living in urban areas of Ethiopia and India and those in rural areas reported their mothers as a source of information less frequently (possibly because there were other female relatives they could turn to). Sisters and aunts were the second most common resource after mothers in four Indian states, though they were used by only about a quarter of the girls (Wong, 2011). Other sources, such as relatives (including sisters) and teachers, were reported less frequently (Wong, 2011).

This shows a direct interaction of the individual with the micro system (Ettekal & Mahoney, 2017:297). This is evident in how the family is considered as the primary source of knowledge about MHM by individuals. Furthermore, the assertions of the participants reflect a positive impact the micro system had on the individual.

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Subtheme 3.3: Personal hygienic methods during menstruation

Most of the participants reported good hygienic practices during menstruation, such as bathing using soap, access to facilities for disposal, changing pads, and panties often.

> **Participant 1**: *"From time-to-time I can smell the blood from my breast and then I know I must throw it away. When I didn't know must about periods at my young age I would change without bathing, you would be smelling. But now with experience I know that I should bathe after changing my pad. After changing my pad I would throw it away so that no one sees me or if my dress was dirty I would wash it because I was ashamed of being on my period."*
>
> **Participant 2**: *"…. I can change my pads in my room without other people and always have soap to bath. Usually on my menstruation time I bath 3-4 times a day."*
>
> **Participant 9**: *"I have enough pads to change often and dispose of the used pads in the dustbins … also wash often, I bath more than I wash when I am not on my periods"*

The above statements agree with literature from Power (2000) who postulated that good hygienic practices during menstruation entail bathing frequently with soap, regularly changing sanitary material and panties. Furthermore, the findings of the study corroborate with findings from Kemigisha, Rai, Mlahagwa, Nyakato and Ivanova (2015) in their study on menstruation experiences of young women in the Nakivale refugee settlement in Southwestern Uganda. The findings indicated good menstrual hygiene practices, including body hygiene and cleaning of reusable and changing of materials. Further, washing of panties with water and soap which were sundried to prevent vaginal infections was reported.

However, the findings reported by Sommer and Sahin (2009) show that during menstruation, the majority of participants bathed daily, with no difference between urban and rural settings. However, bathing was significantly lower due to unavailability of water in one study conducted in a slum. These findings do not corroborate with the findings of the study which indicated frequent bathing among participants. The difference could be attributed to easy accessibility of MHM resources such as water,

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toilets and disposal facilities in slum areas around South Africa which were brought about by new developments in these areas (Ziblim, 2013).

Most of the participants started their menstruation at an early age which means that they have acquired experience on MHM over time. Sommer (2009) has shown that experience has an influence on one's perception of MHM. This is therefore reflected in how individual experience and knowledge imparted by the micro system has positively contributed to the individual system understanding of good MHM.

Subtheme 3.4: Source of support for menstruation hygiene management

The majority of the youths stated that they usually purchase their sanitary pads, soap and body lotion on their own. Other sources of support indicated by the participants were mothers for those that are still in school and partners for the two participants who were married.

> **Participant 3:** "*My boyfriend gives me 300 then I buy two packs for me and my child. I keep in mind that my period can change at any point because it doesn't come on the 1st all the time sometimes on the 14..."*
>
> **Participant 4:** "**...***get them myself…*"
>
> **Participant 5:** *"…no one, I buy then myself when I have money…"*
>
> **Participant 6:** *"…I get it from my mom."*
>
> **Participant 8**: *"...Mother and sister."*

The findings of the study corroborate results from other studies. According to Thaku (2013), most of the girls asserted that they were able to buy pads for themselves and while others relied on others, usually, their mother, to buy for them. According to the girls, the average monthly cost for sanitary protection was 40–45 INR which if converted to South African currency is R9.50. The money had to be provided by the mother for the girls who were still in school (Sinha & Paul, 2018). The cost was deemed

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reasonable though those who used cloth, at no cost, may have done so at least in part due to a lack of funds.

The ecological systems theory identifies social relationships as important providers of social resources and enabling sources of support and information (Zhang, 2018:1766). These relationships further provide tangible aid and assistance in the fulfilment of social and personal obligations and responsibilities. For the study, this is reflected in how the financial support provided by the micro- system, such as the family of origin and partner enables the participants and further provides them with the means to afford and access appropriate MHM supplies.

3.11.2.4 THEME 4: CHALLENGES FOR MENSTRUATION HYGIENE MANAGEMENT

Under this theme, two major subthemes were identified, namely, inability to consistently afford proper sanitary material and lack of adequate toilets/bathrooms which inhibits privacy.

Subtheme 4.1: Inability to consistently afford proper sanitary material

All the participants in the study asserted that they prefer and frequently use disposable sanitary material. However, five out of the ten participants indicated that on some occasions they had resorted to using cloths, tissues and rags when they did not have money to purchase sanitary material. The participants were divided in their experience of the use of inappropriate sanitary materials with most indicating that they had not experienced any reactions from the use of alternative materials whilst others had asserted that this affected their genitals. The participants highlighted the following:

> **Participant 1:** *"Like I said I don't work, so sometimes I don't have money to buy pads and that's when I use cloths and reusable pads that we were given by Lizelle although it's very uncomfortable to use.* I got a rash, felt like I was cut. It was hot.*"*

> **Participant 8:** *"I have to wear two panties if I don't have money to buy pads that month or I use rags of tissues. It affects me sometimes as private parts end up getting swollen*

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> **Participant 3:** "*Yes I have used reusable pads that we were given by KamCare when I don't have money to buy pads.*
> *I make sure that I wash them thoroughly and they dry up. Have not had any effects from them*"

The findings suggest that sometimes women are unable to afford disposable sanitary material. Disposable sanitary/menstrual absorbents tend to be bracketed for tax purposes and in so doing makes these products expensive to purchase, thus limiting the access of a basic commodity to a massive number of young women in need (Sinha & Paul, 2018:72). In Sub-Saharan Africa, specifically Tanzania sanitary pads are rarely used (SSA, 2011). Sumpter and Torondel (2013) postulate that the most prevalent MHM among Tanzanian women is the usage of cloths for menstruation protection, while toilet paper and cotton wool have also been observed to be used (Baisley & Bryman, 2009). In a study that was conducted in Cape Town in a sub-urban area by Montgomery, Ryus, Dolan, Dopson, and Scott (2012) on young girls on the issue of the MHM. The findings showed that 85% of the girls improvised with old rags/cloths, papers, and disposable diapers. The use of these materials caused uneasiness due to fear of staining clothes, high probability of leaks, and foul smell if the material is unclean.

The findings attained regarding absorbent material used and negative reactions on female reproductive health are supported by the literature. In a study by Ademas, Adane, Siay, Kloos, Eneyew, Keleb, Derso and Alemu (2020) in Ethiopia established that the type of blood-absorbent material used during menstruation was not found to be significantly associated with the development of RTI. A similar study conducted in an urban slum of northeast Delhi, India, by Bhilwar, Lal, Sharma, Bhallar and Kumar (2015) discovered that the use of cloth rather than sanitary napkins during menstruation was significantly associated with the prevalence of RTI, such as vaginosis. This is also asserted by Sommer (2019) that reusable cloths and some reusable pads use is strongly associated with Candida infection.

The exo-system incorporates institutions in which the individual does not directly participate but influences the individual (Strayhorn, 2015:32-33). This is reflected by how the participants are directly affected by external structures' decisions on the

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pricing of MHM supplies. In addition, the macro system also places an emphasis on how cultural elements, such as individual social-economic status influences the micro system. For this study, this is evidenced in how the socio-economic status has a direct and negative impact on the individual system's ability to afford and access appropriate and adequate MHM supplies.

Subtheme 4:2 Lack of adequate toilets and unavailability of bathrooms

Three out of the ten participants indicated that the lack of an adequate number of toilets restricts privacy to the women and also causes poor hygiene which has a negative impact on female reproductive health MHM. The participants had this to assert:

> **Participant 6:** "*We don't have proper bathrooms; we bath inside our rooms and sometimes the process of carrying water inside your shack instead of just getting into the bathroom and bath with running water discourages us to bath often*"

> **Participant 4:** "*that toilets we share like 5 houses for one toilet which are not safe for my private parts because if I sit on the toilets seat it might have germs and it also limits your privacy fully*"

The findings of the study are supported by conclusions made by studies of similar nature. In a survey that was undertaken by Water Aid in a rural area in India (2013) on school girls experience of MHM, the findings showed that 86.7% of the girls stated that lack of access to running water and proper sanitary material made them feel ashamed to attend school and also lack of privacy in the toilets. More so, the findings obtained from other studies on the lack of resources for MHM are similar to a study conducted by United Nations Population Fund (UNFPA) (2020) on girls from Cofimvaba informal settlement Eastern Cape. According to the study, the major contributions to the poor MHM were: - inaccessibility to flowing water, lack of hygienic conditions such as toilets which are shared between ten to fifteen households which limit privacy and also results in poor sanitation.

In addition, the living conditions in informal settlements have been described as hostile to human rights (Ziblim, 2013). Living in South Africa's informal settlements is

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dangerous and unpleasant. There is frequently no sanitation or plumbing, no running water, and no power (Ziblim, 2013). Regarding access to toilet facilities, in a study by Sommer (2019), 75.70% of respondents reported having access to mobile toilet facilities that were shared by four to five households which violate the right to privacy and 66.30% used pit toilets (Luthango, Reyes & Gubevu, 2016).

Strayhorn (2015:32-33) states that the ecosystem, such as the government and communities are responsible for the provision of important social and economic resources. These systems further have a substantial influence on the behaviours of individuals. For the current study, the lack of the systems to provide adequate hygienic resources results in poor sanitation and affects the micro system behaviours around MHM practices

3.11.2.5 THEME 5: PRODUCTS FOR MENSTRUATION HYGIENE MANAGEMENT

In ascertaining the experiences of the participants regarding products for MHM, the researcher generated two subthemes from the interview findings. These emerged as products used for MHM and reasons, as well as, disposal of products. These subthemes are discussed in the following sub-sections.

Subtheme 5.1: Products used

The study discovered that the majority of participants use sanitary pads, with a few using small pieces of cloth when they cannot afford pads.

> **Participant 3:** ***"****Pads because they are safer, looking at our living arrangement you do not want the cloths to smell whilst you are with other women…"*

> **Participant 3:** ***"****Pads because they are safer, looking at our living arrangement you do not want the cloths to smell whilst you are with other women…"*

> **Participant 10:** "*Pads, because unlike clothes when you walk it doesn't shift position but sometimes when I don't have money I cut pieces of cloths and use them.*"

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Participant 9: "*Pads, but first menstruation I used tissue until I told my mother. I also use tissues if my periods start without preparing*."

The participants indicated that using sanitary pads is safer and more comfortable than using other materials such as cloth. Adding on, it makes it easier for them to move around without fear of leaks. The finding from this study contradicts the assumption that the researcher had made before conducting the study and the findings from several studies (Scott *et al*., 2009; Atieno, 2007; Hennegan *et al*., 2016, Mwenemeru, 2013 & Sommer, 2013). The reality is that accessibility to clean, safe, and affordable menstrual absorbents for girls and women is still a challenge, particularly in low-income households (Sommer & Sahin, 2013).

Most studies on MHM have shown that many girls and women particularly in low-income communities, lack access to sanitary materials and instead use cloth, rags and mattress fragments (Jewitt & Ryley, 2013). They lack what Amartya Sen (2005) refers to as the functioning's to afford items such as sanitary materials. Family does not consider buying pads a necessity as they have to cater for basic needs, such as food and shelter which require money (Jewitt & Ryley, 2013). Therefore, based on the findings of the present study, it can be concluded that youths in Kameeldrift can afford sanitary materials. The availability of sanitary products aids in making girls' menstrual experiences more comfortable (Vaughn, 2013).

In the macrosystem, the focus is mainly placed on how cultural factors such as socioeconomic status, wealth, poverty, and ethnicity influence an individual health status (Strayhorn, 2015:32-33). In the context of the present study, the socio-economic status of the participants is evidenced to have a great impact on their ability to consistently afford access and thus utilise appropriate sanitary products throughout the year. This negatively impacts the microsystem and further results in the adoption of unsafe alternative products which can potentially harm their reproductive health and overall wellbeing.

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Subtheme 5.2: Disposal for sanitary material

All the participants in the study asserted that disposal of sanitary material were done through the routine waste collection which is done by the Tshwane Municipality every Tuesday. Participants made the following assertions in this regard:

> ***Participant 1*** *"In terms of disposing of my pads I have a dustbin in my room. This is where I wrap my pad in newspapers then put inside checkers plastic which I tie. I only take out the plastics on Tuesday when the municipality comes to collect waste, however out the plastic at the bottom of the dustbin. I also wait at the gate to ensure that dogs that come and take the pads out then everyone ends up seeing what is happening*."

> **Participant 2:** ***"…*** *I use a plastic, I wrap with a paper and then after in a plastic. We have dustbins where we put our pads and the municipality collects…*"

> **Participant 7**: "*As you can see the toilets are not pit latrines, so we have to wrap in the plastic and tie it then put in the dustbin then they are collected by the municipality…."*

The findings of the study are not in line with the findings of other studies on issues of disposal of sanitary products. A study by Kirk and Sommer (2006) yielded different results, showing that there was poor disposal of sanitary materials in low-income communities whereby participants disposed of their material through burial and burning.

However, assertions by the participants reflect the findings by Kapwata, Oelofsw, Breetzke and Wrigh (2015) in their study Waste Disposal Practices in Low-Income Settlements of South Africa. (Haywood (2017) it was highlighted by respondents in a large sample of low-income households that solid waste was collected weekly by the municipality. However, 10% of households said they disposed of waste in other ways, such as dumping in the street and/or burning or burying waste in the yard. In addition, the Kameeldrift community is part of the waste removal schedule by the City of Tshwane Municipality every Tuesday (Tshwane Municipality, 2000). The findings in

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this study demonstrate that the Kameeldrift youths have facilities/resources for proper sanitary material disposal due to regular refuse collection.

Strayhorn (2015:40) postulates that the interaction between participant community (meso system) and government (exo system) has a positive direct influence on the participants in that government provides adequate waste removal service to the community. As a result of the interaction, the micro system, in turn, benefits in that they are granted adequate access to this service. This ensures the safe disposal of sanitary materials which contributes to good MHM practices.

3.11.2.6 THEME 6: RESOURCES AND LIMITATIONS

The knowledge of existing resources and limitations of the community were explored in the study. Three themes were established, namely: knowledge of MHM programmes within the community; availability of MHM Resources within the community; and impact of KamCare on MHM.

Subtheme 6.1: Knowledge of MHM programmes within the community

Eight out of ten participants asserted that there were no programmes in the Kameeldrift community that support youths with MHM issues. Only two participants indicated that they were aware of KamCare as the only organisation that supports women regarding MHM and skills training programmes. The participants made the following statements:

> **Participant 2:** *"No, I have not heard or seen anyone coming to this community to help us whether with pads or anything…"*

> **Participant 4:** *"...No I have not seen anyone, I only started staying in Kameeldrift in April…"*

> **Participant 1:** *"...KamCare came to us, a lady called Z she is kind and very friendly. When they have things, she calls us as women in the community whole to say come and get goods . She also gave us reusable pads…"*

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Participant 2: *"No, I have not heard or seen anyone coming to this community to help us whether with reusable pads or anything…"*

The study findings presented above are consistent with the literature. According to Sommer, Hirsh, Nathanson and Parker (2015), it is until recently that the MHM challenges that plague young schoolgirls and women in low medium-income country contexts have gained the global attention. Kirk and Sommer (2006) postulate that existing MHM projects have focussed on targeting school-going girls to ensure they have the necessary resources for adequate MHM in a bid to reduce drop-out rates. Other programs have also been implemented in low-income households to improve MHM among women. However, the impact of these programmes has been short-lived and, in some communities, has not been beneficial altogether. This is mainly due to poor marketing and campaigns to raise awareness of existing programmes.

Furthermore, the findings of the study are consistent with Sommer's (2006) assertion that programmes established on the principles of participation have a better turnout than those are developed according to an external needs-based assessment. Using Sherry Arnstein's (2009) definition of participation, which she equates with the concept of power, participation can bring about involvement and increase local empowerment and provide locals with the opportunity to think about and develop solutions for themselves. Participation can also allow for the incorporation of local knowledge, skills, and resources into the design of interventions, ensuring project/program responsiveness to people's needs, enhancing the goal of sustainability, and assisting in breaking the dependency mentality.

It is evident that there are programmes in the community, however there is a lack of micro system and exosystem interaction. These results in poor knowledge of such services which can potentially benefit educate and improve the participants understanding and skills of MHM and menstruation (Ettekal & Mahoney, 2017:293; Strayhorn, 2015:34).

Subtheme 6.2: Availability of MHM resources within the community

Most of the participants highlighted that there are resources within the community that aid women to have better MHM. Participants asserted the following in this regard:

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Participant 1: *"We have taps so we can bath."*

Participant 2: *"Water and toilets are not a problem in this community…"*

Participant 4: *"Water is always there and we can properly dispose of our sanitary products."*

The lack of resources such as toilets and bathrooms reported in this study by some of the participants had been established by many studies on MHM who have found that millions of women and young girls of menstruating age around the world still lack access to proper MHM facilities (Sommer & Sahin, 2013; World Bank, 2018; Van der Walle &, Remme, 2001; Mahon & Fernandes, 2010; Herz &Sperling, 2004), particularly in low-income communities.

However, the availability of resources in this study has also been established by some studies on MHM in slum areas. In a study by Deshpande, Patil and Durgawell (2016) on MHM among young women from an urban slum area in India, it was reported that girls practised good MHM such as handwashing with soap, proper disposal facilities, and washing of genital areas and they also had toilets. More so, the key programmes of Reconstruction and Development Programmes in South Africa aimed at meeting basic human needs and developing human resources have been the drive behind the development of both formal and informal settlement areas (Ziblim, 2013). According to the Department Second Quarter, Preliminary Performance Committee (2018) a protest on service delivery was reported in Kameeldrift east which perpetuated the delivery of basic services in the Tshwane region 5 (Kameeldrift Plot 171, Kameeldrift Plot 174 & Kameeldrift Plot 175). It can therefore be concluded that, as compared to other LMIC, Kameeldrift community has the most basic resources for MHM.

The ecological system highlights how institutions such as schools, organisational structures and communities can have a substantial influence on the health-related behaviour of individuals (Ettekal & Mahoney, 2017:294). For the current study, this is reflected in how adequate provision of MHM resources such as water and toilets within their community ensures better MHM practices.

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3.11.2.7 THEME 7: SOCIAL WORK SERVICES

This theme addressed social work service provision relating to MHM for the Kameeldrift female youths. This theme was explained by a subtheme titled social work intervention.

Subtheme 7.1: Social work intervention

All the participants indicated that there is no social work interventions rendered in the community in relation to MHM. The participants gave the following responses:

> **Participant 1:** *"No I have not seen them, they never come to our community."*
> **Participant 2***: "Since when I was in high school our teachers taught us but never social workers at any point."*
>
> **Participant 3:** "*No, and have not heard of any of those programmes. Maybe it happened when I was not here.*"

Literature shows that there is a need for social service intervention in addressing some of the challenges identified in studies regarding MHM. Social work is a diversified profession that works in a variety of health and social sectors that are included in the primary health care approach (Nandhini, 2017). It is an occupation concerned with the health and social well-being of individuals, families, groups, and communities. Social workers work with people of all ages and genders to resolve, prevent, or mitigate the effects of psychosocial, physical, and mental health issues. One of the most important principles in primary health care is health promotion. The social work practice has a longstanding experience of collaborative practice and a strong belief in the value of early intervention, prevention, and health promotion (Nandhini, 2017). This can be accomplished by raising awareness about menstrual hygiene, providing counselling, and educating girls before and after puberty about the importance of menstrual hygiene.

However, the findings of this study indicate that social work intervention has not rendered any services to help the women of Kameeldrift with MHM issues despite evidence that this is a much-needed resource. The possible reason for this is that South African social work has its roots in apartheid ideology, which arose from the 1930s depression's "poor white problem." Public sector social work operated within

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apartheid structures and policies from its inception until the first democratic elections in 1994 (Mazibuko & Gray, 2005). Post-1994 there were changes to the structural context of the social work profession, which resulted in social work placing more focus on poverty-rife black communities to address the inequalities perpetuated by the apartheid government (Gray & Lombard; 2008). Louw (2001:22) postulates that despite this transition social work has received criticism due to its failure to engage in community development in most South African poverty-rife communities. More so, social work profession dominance and impact has been noted in urban areas yet most social development needs are outside of these areas (Gray & Lombard; 2008).
There are a small number of social workers who work at the who work in informal settlements and rural areas. The main problem is the lack of infrastructure in these areas, and where community-based organizations do exist, they cannot afford to hire professional social workers; thus, trained community development workers willing and able to work at the grassroots level are needed (Gray & Lombard; 2008). However, social work is banding together to maintain its community development role within developmental welfare, and incentives to encourage social workers to work in rural and poor communities are being investigated (Louw, 2001:27).

The exo system (Government) is mostly responsible for the provision of social services to communities (Ettekal & Mahoney, 2017:250). These services are critical in that they improve the individual's knowledge, attitudes and skills which in turn contribute to the community and individual development (Weyers, 2011:89). The inability of government to ensure the provision of such services in this community could be the possible reason for findings presented earlier such as non-factual knowledge on the menstruation phenomenon.

3.11.2.8 THEME 8: RECOMMENDATIONS

Participants' responses about recommendations for improving MHM among youths were presented with three emerging sub-themes. These are: recommendations to young girls starting their periods; recommendations of MHM education and programmes; and recommendations to the government.

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Subtheme 8.1: Recommendations to young girls starting their periods

The researcher sought to find out from the participants their advice to other young girls who have not started menstruating. The key finding highlighted by all the participants was that young girls need to open up to their caregivers about their first menstrual experience to receive correct information about this phenomenon.

> **Participant 2**: *"Okay, let's say maybe youths they should talk sis V I have problem e.g. blood is coming out or have pain. Then I would tell them it's not a problem it's not that you are hurt or you are abnormal. You have become a woman, don't sleep with boys. Make sure you bathe, change pads when it's full, teach them how to wear pads. Tell them when they dispose to wrap it and put it in plastic."*
>
> **Participant 3:** "*They should not be scared to ask people older than them how to go about menstruation in ordered to be educated."*
>
> **Participant 8:** *"They must not be scared because it's normal, its dependant on what kind of family you come from or background but even if you are from a poor family don't be scared to ask for help because they will help you. Must know they are not alone every woman is menstruating."*

The recommendations suggested above on advice to young girls have also been highlighted in other studies. According to Sommer (2009) participants of the study emphasised encouraging girls to ask their parents about menstruation, abstaining from unprotected sex and being hygienic during menses. The same findings were established by Dhingra, Kumar, and Kaur (2009) where participants' major advice to girls who have not started menstruation were to open up to caregivers to receive the correct information. The findings also support most of the conclusions made by various authors who assert that there is a need for the caregiver to be empowered with accurate knowledge on menstruation and biological process involved to order for correct dissemination of information to young girls who need support with MHM (Kuhlmann, Henry & Will, 2017).

This reflects possible positive interaction between micro systems which can improve knowledge of menstruation and MHM practices for young girls who have not started

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menstruation (Zhang, 2018:176). The improvement in knowledge can have a broader impact on other spheres such as school and the community at large.

Subtheme 8.2: Recommendations of MHM education and programmes

The participants made several suggestions regarding MHM education and programmes in supporting menstruating young girls and youths. The majority of the participants emphasized that boys and men should be equipped with more knowledge on issues pertaining to menstruation for them to be supportive towards women and girls. In addition, the youths highlighted the need for women to be educated on MHM to reduce the incidence of poor MHM practices.

> **Participant 6**: "*They must not hide anything from them; both boys and girls must be taught what to do during menstruation at home and school. Other people start mense in the primary so children must be taught from grade 4 about sex education and mense by the time they get to grade 7 it would make sense"*

> **Participant 7:** *"Organisations to help with pads and toiletries (soap, panty liners and lotion). This would help to ensure lam always clean. Men should be taught to support women during menstruation.*"

> **Participant 8:** "*As you said social workers and other people should come and teach us about mense and projects and be useful for them. They should focus on teaching them how many times to bath, throw pads, don't have sex because period blood is dirty*."

The findings of this study are consistent with conclusions made by other studies. In a study conducted by Kuhlmann, Henry and Will (2017) on MHM in resource-poor countries to address the lack of knowledge of MHM and menstruation among women the participants highlighted the need for young girls and boys to be educated from as early as 10 years about sex education and female reproductive health (Kaur, Kaur & Kau, 2018). The major reason for this education is to demystify the myths around menstruation so that girls and boys have the correct knowledge about this phenomenon. The education of boys on issues of menstruation has been to make boys aware of what menstruation is for them to be supportive towards young girls and

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women (Sommer, 2013). As husbands, fathers, brothers and policymakers' men can support and influence women and girls in their menstrual management in their homes, schools, workplaces and communities (Jogdand & Yerpude, 2011). For example, in India, a man known as "India's Menstrual Man," Arunachalam Muruganantham, creates a low-cost, environmentally friendly machine that produces semi-biodegradable sanitary pads which have helped the women in this community to have access to sanitary material (Jogdand & Yerpude, 2011).

Most men are unaware of menstruation and the physiological changes that occur in women during menstruation and the menstrual cycle, making it difficult to change their attitudes toward menstruation and menstrual hygiene (Kaur, Kaur & Kau 2018). It is difficult to discuss menstruation with men and boys due to their unwillingness, myths, prejudices, and misconceptions (Jogdand & Yerpude, 2011). We can change their perception and make them aware of their role in menstrual hygiene management by involving them in group discussions and regular community meetings. In India, a man known as "India's Menstrual Man," Arunachalam Muruganantham, creates a low-cost, environmentally friendly machine that produces semi-biodegradable sanitary pads (Jogdand & Yerpude, 2011).

Numerous studies show that menarche catches girls off guard, resulting in feelings of stress, anxiety, depression, dirtiness, and anger (Sommer, 2009). Adolescents' lack of knowledge about menstruation may further result in misunderstandings and misinterpretation (Kaur, Kaur & Kau 2018). While the importance of puberty education is widely acknowledged, the question of who should educate girls is contentious. In India to resolve the lack of knowledge among women on MHM issues community health workers have been involved in India's National Health Mission program for this purpose, with varying results and mothers being identified as the most frequent information source in this review (Sommer, Kjellen & Pensulo, 2013).

To support girls, an MHM package must strengthen mothers' practical MHM knowledge, while schools teach physiology. Many countries such as, South Africa, Zambia, Namibia, Malawi and Zimbabwe have started including age- and culture-appropriate sex and relationship packages in school curricula to help children adjust to puberty changes (Jogdand & Yerpude, 2011). In addition, the findings of the study

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are in line with Kaur, Kaur, and Kau (2018) who postulate that menstrual hygiene should be promoted through the implementation of menstruation and MHM course. Teachers should be educated and trained to teach students about menstruation and MHM.

This shows how the micro system would like to see interplay between the various systems to positively contribute to their community as they would benefit from these interactions.

Subtheme 8.3: Recommendations for Government

The participants put forward solutions the government can utilize to improve MHM among the women in Kameeldrift. Among others, the youths suggested that the government should provide sanitary material and build more toilets to ensure privacy and improve sanitation. The participants voiced their concern about five households sharing one mobile toilet and also not having any bathroom with running water.

> **Participant 3:** "*They should be helped by getting pads and soap. They don't give money hence end up using clothes. The problem with cloths is if you don't wash with soap the smell does not go away which makes one feel dirty and uncomfortable.*"

> **Participant 4: "***Women should be given pads; each house should also have a toilet of its own and not share for privacy. The toilets are just put in a very open space. We bath inside our house and at times you feel lazy to carry water to bath so you end up leaving it. So having bathrooms would help.*"

> **Participant 5:** "*Help with pads because when you don't work at times you don't have money to buy pads hence you end up wearing 3 panties.*"

The responses above demonstrate the concerns that youths have about menstruation in their community, such as lack of privacy in the mobile toilets and bathrooms with running water, poor sanitation due to many people sharing toilets and lack of access to disposable sanitary material. Some youths suggested that the governments should provide sanitary materials to wash off their menstrual blood often and lack access to

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disposable sanitary material. Some youths suggested that the governments should provide sanitary materials to wash off their menstrual blood often. Sommer (2013) conducted a study in Tanzania and discovered that the majority of girls desired bathroom and cleaning supplies to ensure that the toilets were always clean. As far as MHM is concerned, it is obvious that privacy, decent, and sanitary sanitation facilities are critical. Thus, due to the lack of these in most low-income countries, youths find menstruation uncomfortable and unbearable (Sommer, 2009).

The accessibility and availability of menstrual material are critical in addressing the barriers and challenges posed by MHM (Sommer, 2013). Alternative menstrual material should be made available for women in the poor communities. According to the Management of MHM National Guideline in Zambia (2006) government/Non-Governmental Organisations can implement capacity-building programs to teach girls and women how to make reusable and washable pads as a low-cost menstrual hygiene option. In addition, part of the recommendations given in a study by Kaur, Kaur and Kaur (2018) on MHM and waste disposal practices and challenges faced by girls/women of developing countries was for the government to establish policies that support procurement by allocating community grants. This is to be coupled with an MHM package, which must include tissue, soap, disposable menstrual pads, and washable pads (Kaur, Kaur & Kaur 2018). Welfare benefits on menstrual products should be provided so that every girl/woman can have access.

This shows that the relationships in the ecological system can be bi-directional in that the micro system can be directly influenced by other systems and in the same manner the micro system has the potential to also influence these systems.

3.12 SUMMARY

The chapter outlined the research method and approach utilized by the researcher. Data collection processes, including sampling procedures were described. The rationale for thematic data analysis was discussed including the steps followed in analysing the data. The research findings have also been presented, along with interpretations from arguments in the literature. The findings were presented according to themes and sub-themes.

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The following chapter discusses key research findings, conclusions and recommendations.

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CHAPTER 4
KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

The previous chapter described the qualitative research approach used to gather data for the study and how the data was analysed and interpreted. This chapter presents the key research findings, conclusions, recommendations and areas for further research.

4.2 GOALS AND OBJECTIVES

The research goal for the study focused on exploring and describing the perceptions of female youth on menstruation hygiene management in Kameeldrift, Tshwane.

For the goal to be achieved, a set of objectives was formulated. This sub-section examines these objectives to determine the extent to which they were achieved:

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

This objective sought to contextualize the female reproductive health, menstrual cycle and MHM locally and internationally. This objective was attained in the literature review in Sections 2.1 and 2.2, which focused on menstruation and MHM. This objective was also addressed in the analysis, more specifically in Section 3.11.2.1 with subthemes focusing on participants understanding of menstruation and MHM. In addition, the conceptualization and contextualization was achieved in chapter 2 Section 2.3 of Chapter 2 and subtheme 4.1 in Chapter 4. It is concluded that this objective was achieved.

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

The objective sought to describe the source and experience of sexual reproductive

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health education among female youth in Kameeldrift. This objective was achieved in Section 3.11.2.1 which focused on the source, place and age when knowledge was acquired on sex education/reproductive health. As such this objective was achieved.

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

The objective sought to describe the menstruation experiences of female youth in Kameeldrift. This objective was addressed in Section 3.11.2.2 which focused on experiences of menstruation. Five subthemes were discussed: the first person told at onset and advice was given; teased about menstruation and reaction to teasing; self –consciousness; current menstrual experiences; and cultural beliefs and practices of menstruation. In addition, this objective was addressed in Section 3.11.2.3, which focussed on personal hygienic methods during menstruation. It is concluded that this objective was reached.

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

The objective sought to describe the challenges of female youth regarding menstruation in Kameeldrift. This objective was addressed in Section 3.11.2.4, which focused on challenges experienced by youth relating to MHM. As such this objective was attained.

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

This objective sought to determine the resources and support available for female youth in Kameeldrift with regards to MHM. This was addressed in Section 3.11.2.6, which focused on knowledge of MHM programmes within the community, availability of MHM resources and the impact of KamCare. It was further addressed in Section 3.11.2.5 and subtheme 5.2, which focused on the disposal of sanitary products. As such this objective was reached.

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

This objective sought to suggest possible social work interventions for MHM for female youth. This was addressed in the literature review Section 2.5 and Section 3.11.2.8, subthemes 8.2 which dealt with roles of social work with regards to MHM and recommendations for programmes and education for MHM respectively; and the resources and support available for female youth in Kameeldrift with regards to MHM. This objective was achieved.

The main research question was stated as follows:

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

Based on the foregoing discussion, the main research question was answered.

4.3 KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

The key, conclusion and recommendations for the study are presented in this section.

4.3.1 THEME 1: KNOWLEDGE ABOUT REPRODUCTIVE HEALTH/SEX EDUCATION

- Key findings

The study findings indicate that initial knowledge on sex education and reproductive health was primarily acquired during adolescence, predominantly from school, immediate and extended family members. In terms of understanding menstruation, this study found out that the participants possess partial and nonfactual knowledge of this phenomenon.

- **Conclusions'**

This study, therefore, concludes that immediate settings within the youth's environment are key sources of primary information on sex education and reproductive health. This can be attributed to the close relations that adolescents have with family

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members and peers. Furthermore, the poor knowledge possessed by the youths in Kameeldrift can show that the sources themselves are not adequately knowledgeable about this phenomenon. Alternatively, the poor knowledge can also be attributed to youths' low level of education as this could mean that they dropped out of school before they acquired adequate and relevant knowledge on menstruation.

- **Recommendations**

Based on the findings, the study recommends holistic education targeting both young and elderly people in the community. This will ensure relevant information is passed on from the older to younger generations and improve general knowledge on menstruation among women in Kameeldrift. Furthermore, teachers should be imparted with knowledge on how to present information regarding menstruation and MHM.

4.3.2 THEME 2: EXPERIENCE OF MENSTRUATION

- **Key Findings**

The study outlined that youths have varied menstrual experiences. The study further found out that the participants predominantly experienced menstruation during their adolescent stage and showed varied reactions such as fear, shame and confusion. The majority of the participants disclosed their first menstrual experiences to immediate female family members upon which they were given the advice to refrain from sex and maintain good menstrual hygiene practices. The study also found that teasing negatively affects the youths and leads to increased self-consciousness during menstruation. Lastly, the study revealed that the youths are knowledgeable about cultural and religious practices of menstruation although they do not practice them.

- **Conclusions**

It is concluded that the varied menstrual experiences and the onset of menstruation among the youths could be attributed to interplay between the various biological factors unique to individuals. The different reactions shown by the participants could be explained in terms of the taboos, myths and stigmas attached to menstruation and lack of knowledge on menstruation at the onset. Furthermore, it can be concluded that

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the first person to be told about menstruation could point out that there is a lot of female-headed households within the informal settlements that it is because discussing menstruation-related issues with males is considered taboo. Teasing can be attributed to the myths and stigmas regarding menstruation.

- **Recommendations**

It is recommended that there be suitable and continuous efforts made to educate women about female reproductive health. The implementation of education should be centered on de-stigmatization of the menstruation phenomenon. All accessible virtual platforms should be used to educate men and women on menstruation and MHM. On the other hand, people's efforts should be made to educate men about the menstruation phenomenon; this had the potential to lessen the existing stigmas and to increase the support men can give to women.

4.3.3 THEME 3: MENSTRUATION HYGIENE MANAGEMENT

- **Key findings**

The youths in Kameeldrift possess good knowledge and practice of MHM. The primary source of information for MHM was older female figures in their lives including mothers, sisters and aunts. The majority of the youths in this study can purchase their own MHM products whilst the minority is dependent on their family members.

- **Conclusion**

Based on the onset age of menstruation and the current age of participants it can be concluded that the good knowledge and practices possessed were gained from years of experience. In addition, it can be concluded that the correct information about MHM as imparted to the elderly women is similarly a result of their own personal experiences. It can be concluded that all participants do not personally have the means to afford sanitary because of unemployment. However, the financial support, as well as means obtained from both their intimate partners and caregivers, enables them to purchase the appropriate sanitary material.

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- **Recommendations**

From the findings, it is evident that most of the women did not complete their high school education. Thus, they should be empowered to complete high school education which opens employment opportunities for them. Alternatively, skills development programmes should be created so that they can start their own business which in turn creates a sense of independence.

4.3.4 THEME 4: CHALLENGES FOR MHM

- **Key findings**

The study found out that the participants do not consistently use appropriate sanitary material and opt for unsafe/harmful sanitary material. These unsafe sanitary materials were reported to cause bad reactions on the youths' private parts whilst the other participants did not report negative experiences. The study also established that there are inadequate toilets and unavailability of bathroom services for menstruation hygiene practices.

- **Conclusion**

It can be concluded that the inability to consistently afford sanitary can be attributed to unemployment and the poor socio-economic status of their families. This can be also be attributed to the lack of resources experienced in most informal settlements in South Africa and other low- medium-income countries. This shows how government does not prioritize and cater to the basic needs of people in informal settlements. The negative and positive experiences of the participants' use of reusable sanitary material could be attributed to hygienic practices, such as washing and changing these materials regularly and drying place.

- **Recommendations**

Government should ensure adequate provision of services to the most vulnerable communities such as Kameeldrift. The community can also plan and mobilize for social action activities such as petitions, organized marches and protest to ensure that their needs are attended to by the government and relevant stakeholders. Females must be comprehensively educated on the effects of using alternative sanitary materials

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and the best way possible to make use of these materials to avoid infections.

4.3.5 THEME 5: PRODUCTS FOR MENSTRUATION HYGIENE MANAGEMENT

- **Key Findings**

The findings of the present study showed that the majority of the participants use pads that they can properly dispose of after use.

- **Conclusion**

It can be concluded that most of the participants prefer using pads that are considered appropriate and comfortable sanitary material. The use of pads can be used attributed to negative experiences with alternative products such as clothes, rags, reusable pads and cotton. The availability of proper disposal facilities can be attributed to steps being taken towards the development as well as the provision of service in informal settlements

- **Recommendations**

Government should broaden the scope of service delivery to informal settlement to ensure holistic needs of individuals are adequately catered for. The focus of service delivery should be on building toilets , ensuring that there is enough supply of water, giving women

4.3.6 THEME 6: RESOURCES AND LIMITATIONS

- **Key Findings**

The key finding revealed that most of the participants were not aware of MHM programmes within the community. The study also outlined that there are resources within Kameeldrift that aid women to have better MHM**. From the available resources**

- **Conclusions**

It can be concluded that the lack of awareness of MHM programmes, for example, the provision of reusable sanitary pads by KamCare within the community can be attributed to poor marketing of these programmes by relevant organizations.

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Furthermore, from the findings, one can deduce the availability of some of the resources for MHM can be attributed to the government's efforts to improve living conditions and provide basic needs in low-income communities.

- **Recommendations**

Available MHM programmes such as KamCare should effectively market their services through various platforms, for example, campaigns, social media and other communication platforms available to community members. Furthermore, organisations such as Kamcare that give reusable pads to women should ensure that a quality check is done on the product to reduce reproductive health problem for women. Adequate knowledge of such a service can lead to improved accessibility. Private and government institutions should also adopt a developmental approach to community engagement through collaborating and partnering with community members.

4.3.7 THEME 7: SOCIAL WORK INTERVENTION

- **Key findings**

The youths in the study highlighted that they had never seen Social Workers rendering services in the community. The participants further alluded to the fact that they had received support from school and female relatives in dealing with issues regarding menstruation and MHM.

- **Conclusion**

This study concludes that there is a gap in social service provision by Social Workers in Kameeldrift. This can be explained by the insufficient deployment of social workers to low-income communities. This is evidenced to have a negative impact both on individuals and the community at large. Social work services are therefore needed to alleviate issues such as lack of knowledge and resources pertaining to menstruation and MHM. It can further be concluded that the lack of social work intervention in Kameeldrift can be attributed to the lack of infrastructure and resources for social workers to work in this area.

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- **Recommendations**

Government should hire and deploy more social workers to low-income communities, such as Kameeldrift. This is because social work services such as community education, provision of psychosocial support through individual, group and community intervention would help to address challenges pertaining to menstruation and MHM as discussed in the study. The researcher also recommends the government develop infrastructure that supports the delivery of social work services in these areas.

4.3.8 THEME 8: RECOMMENDATIONS

- **Key Findings**

The youths in the study suggested that young girls who have not started their periods should refrain from sexual activities, practice good menstruation hygiene and seek advice from the elders on this phenomenon. Further, the participants highlighted the need for educational programmes for both young girls and boys on sex education and female reproductive health. Lastly, the study also finds the participants believe that the government should be responsible for providing resources such as sanitary materials, the building of toilets and bathrooms to improve MHM for women in Kameeldrift.

- **Conclusion**

The participants had valuable insights on issues that need to be addressed pertaining to menstruation and MHM. This is a good reflection that they are well informed about the presenting needs pertaining to menstruation and MHM among the broader community. The study further concludes that the youths have relevant knowledge, skills and attitudes to facilitate change on improving their knowledge for MHM.

- **Recommendations**

Government and relevant stakeholders should actively engage community members in decision making as it is evident from youths' recommendations that their input could result in positive changes on issues of menstruation and MHM issues.

4.4 SUMMARY

The research has managed to achieve its goals and objectives. The knowledge of

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reproductive health among female youth in Kameeldrift was adequately explored and described in the study. The findings indicated the participants' overall knowledge of menstruation and female reproductive health to be generally poor. Alternatively, their knowledge of MHM practices was observed to be relatively good. Their experiences of menstruation and MHM were found to be varied as analysed and discussed in the report.

The challenges, as well as limitations in resources facing these young women, were illuminated in the research findings. Additionally, the use of various MHM products was discussed together with disposal methods available to the participants. The findings indicated excellent knowledge and frequent use of appropriate MHM products among the participants. Albeit this, various socio-economic issues have been shown to impede the participants' ability to consistently use these products throughout.

The research findings further revealed a huge gap pertaining to the availability and provision of social work services for MHM within the Kameeldrift community. Based on the latter the strategies and recommendations for improved MHM both in Kameeldrift and the country were provided by the participants. Additional recommendations primarily targeting the predominant issues in relation to menstruation and MHM as discovered by the study in Kameeldrift were provided. These recommendations and strategies are collectively targeted at young girls starting their periods; social work interventions focusing on MHM education and programmes and the government.

4.5 AREAS FOR FURTHER RESEARCH

It is acknowledged that the sample size for the study is small, and it may not be an accurate representation of the youths' menstrual management perceptions of youths in Kameeldrift, Tshwane. It is suggested that a larger-scale study be conducted. The study should include both female and male youths to report their perspectives on menstrual management. When consulting various literature sources and databases the researcher identified a gap in knowledge on menstruation and MHM among the out-of-school cohort. This can mainly be attributed to the lack of studies specifically focusing on this group as the majority of the researchers predominantly focus on these aspects among in-school youths Further studies can delve deeper into how poor MHM

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affects women’s reproductive health and overall wellbeing. This suggestion is rooted in the researcher’s observation on how the majority of the studies focus on the lack of resources for MHM without further exploring its impact on the bio-psychosocial aspects of women’s live.

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REFERENCES

Babbie, E. & Mouton, J. 2010. *The practice of social research*. 10th ed. Cape Town: Oxford University Press Southern Africa.

Brancroft, J. 2015. *Sexual problems. Oxford Clinical Psychology.* https://doi.org/10.1093/med:psych/9780192627254.003.0010 Accessed on: 15/08/2021.

Berman, A., Snyder, S., J., Kozier, B., Erb, G., L., Levett-Jones, T., Dwyer, T., Hales, M., Harvey, N., Moxham, L., Park, T., Parker, B., & Reid-Searl, K. 2014. *Kozier & Erb's fundamentals of nursing Australian edition*. Pearson Higher Education AU.

Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T. 2020. *The palgrave handbook of critical menstruation studies*. Springer Nature.

Bouwer, A., Chetty, S., Ford, M., Goliath, J., Lombard, G., Mjali, N., Pillay, G., Pretorius, R., & Wiesse, S. 2014. *Curriculum and Assessment Policy Statement (CAPS) Mind the gap grade 12 study guide life sciences*: 2nd ed. Department of basic education.

Carlson, B. M. 2018. *The human body: Linking structure and function*. Academic Press.

Chandra-Mouli. V, & Patel S. V.2017 Mapping the knowledge and understanding of menarche, menstrual hygiene and menstrual health among adolescent girls in low- and middle-income countries. *Reprod Health*. 14(1):30.

Chikulo, B.C. 2015. *An Exploratory study into Menstrual Hygiene Management amongst rural high school girls in the North West province South Africa Department of Development studies and research.* https://www.oxfam.org.au/ Accessed on: 09/10/2021.

© University of Pretoria

Chinyama, J., Chipungu, J., Rudd, C., Mwale, M., Verstraete, L., Sikamo, C., Mutale, W., Chilengi, R., & Sharma, A. 2019. Menstrual hygiene management in rural schools of Zambia: A descriptive study of knowledge, experiences and challenges faced by schoolgirls. *BMC Public Health*,19(1):361-364 doi: https://doi.org/10.1186/s12889-018-6360-2

Clarke, V., Braun, V. & Hayfield, N. 2015. *Thematic analysis*. In Smith, J.A. (Ed). Qualitative Psychology: A practical guide to research methods. 3rd ed. Thousand Oaks: Sage Publications.

Creswell, J. 2014. *Research design: Qualitative and quantitative approaches*. New York: Sage Publication Inc

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

Dasgupta, A. & Sarkar, M. 2008. Menstrual hygiene: how hygienic is the adolescent girl?. *Indian Journal of Community Medicine*, 33(2):77–80, 2008

Ettekal, A.V. & Mahoney, J.L. 2017. *Ecological Systems Theory*. In Peppler, K. (Ed.). The SAGE Encyclopedia of Out-of-School Learning. Thousand Oaks: Sage Publications.

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

Fouché, C.B. & Schurink, W. 2011. *Qualitative research designs.* In De Vos, A.S., Strydom, H. Fouché, C.B. Delport, C.S.L. (Eds). Research at grassroots for social sciences and human service professions. 4th ed. Pretoria: Van Schaik Publishers.

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Fouché, C.B. & De Vos, A.S. 2011. *Formal formulations*. In De Vos, A.S., Strydom, H. Fouché, C.B. Delport, C.S.L. (Eds). Research at grassroots for social sciences and human service professions. 4th ed. Pretoria: Van Schaik Publishers.

Gustafsson, J. 2017. *Single Case Studies vs. Multiple Case Studies: A Comparative Study. Academy of Business, Engineering and Science, Halmstad* University, Halmstad, Sweden.

Kaur, R., Kaur, K & Kaur, R. 2017. *Menstrual Hygiene, Management, and Waste Disposal: Practices and Challenges Faced by Girls/Women of Developing Countries.* https://doi.org/10.1155/2018/1730964 Accessed on:19/10/2021

Kgware, M. 2016. *Menstruation and menstrual hygiene hygiene management in selected Kwazulu-Natal schools*. https://www.oxfam.org.au/ Accessed on: 19/10/2021

Kirk, J & Sommer, M. 2006. Menstruation and body awareness: linking girls' health with girls' education. Royal Tropical Institute special on gender and health. *https://www.susana.org/en/knowledge-hub/resources-and-publications/library/details/1200* Accessed on: 20/10/2021.

Krenz, A., & Strulik, H. 2018. Menstruation hygiene management and work attendance in a developing country. doi: https://doi.org/10.2139/ssrn.3305598

Koff, E., & Rierdan, J. 2000. Preparing girls for menstruation: Recommendations from adolescent girls. *Adolescence*. *30*(120), 795-811. *doi: https://search.proquest.com/docview/195940578?accountid=14500*

Kumar, R. 2014.*Research Methodology: A Step-by-Step Guide for Beginners*. 4th ed. London: SAGE Publications Ltd.

© University of Pretoria

Louw. L., R. 1991. Apartheid, poverty, social transformation: A pilgrimage to a non-racial democracy challenges social work in South Africa. *Social Work/Maatskaplike Werk*, 27: 22–27.

Maree, K. & Pietersen, V.L. 2012. In Creswell, J.W., Ebersohn, L., Eloff, I., Ferreira, R., Ivankova, N.V., Jansen, J.D., Nieuwenhuis, J., Pietersen, V.L., Plano Clark, V.L. & van der Westhuizen, C. *First steps in research sampling*. Pretoria: Van Schaik Publishers.

Mason, L., Sivakami, M., Thakur, H., Kakade, N., Beauman, A., Alexander, K. T., Van Eijke, A. M., Laserson, K. F., Thakkar, M. B., & Phillips-Howard, P. A. 2017. 'We do not know': A qualitative study exploring boy's perceptions of menstruation in India*: Reproductive Health*, 14(1): 24-25 doi: https://doi.org/10.1186/s12978-017-0435-x

Mazibuko FNM, Gray M (2004). Social work professional associations in South Africa. *International Social Work*, 47(1):129-142.

Merriam-Webster. 2000. The Merriam-Webster dictionary.

Ministry of Education. 2009.*Menstruation hygiene management national guidelines in Zambia.* Retrieved from: https://menstrualhygieneday.org/wp-content/uploads/2017/09/MHM-Guidelines_Final-Version_20160831_With-foreword.pdf (Accessed on: 09/10:2021).

Murye, A. F., & Mamba, S. R. 2017. Practices of managing menstrual hygiene by girls in public boarding secondary schools - The case of the Hhohho region of Swaziland. *Health Science*, 11(6):256-260. doi: https://doi.org/10.21767/1791-809x.1000534

Montgomery. P., Ryuds. C., Dolan. C., & Scott. 2012. Sanitary pad intervention for girls' education for girls' Education in Ghana: A Pilot Sudy. *PloS one.* 7(10): 245-260

© University of Pretoria

Mweneru. A. K. 2013. Effects of girls' menstruation on school attendance among primary schoolgirls in Kengeta division of Meru country, Kenya. Research project

Nieuwenhuis, J. 2016a. Introducing qualitative research. In Maree, K. *First steps in Research*. 2nd ed. Pretoria: Van Schaik.

Nieuwenhuis, J. 2016b. Qualitative research designs and data-gathering techniques. In Maree, K. *First steps in Research*. 2nd ed. Pretoria: Van Schaik.

Nieuwenhuis, J. 2016c. Analysing qualitative data. In Maree, K. First steps in Research. 2nd ed. Pretoria: Van Schaik.

Paria, B., Bhattacharyya, A., & Das, S. 2014. A comparative study on menstrual hygiene among urban and rural adolescent girls of West Bengal. *Journal of Family Medicine and Primary Care*, 3(4):413. doi: https://doi.org/10.4103/2249-4863.148131

Patil, S. B. (2018). Knowledge and practice gap for menstrual hygiene among adolescent schoolgirls of tribal district of Maharashtra, India: A cross sectional study. *Indian Journal of Youth and Adolescent Health,* 05(03): 23-27.

Phillip-Howard, P. A., Caruso, B., Torondel, B., Zulaika, G., Sahin, T & Sommer, M. 2016. Menstrual hygiene management among adolescent scho
3
olgirls in low- and middle-income countries: *research priorities. Global Health Action* 2016,9: 33032 - *http://dx.doi.org/10.3402/gha.v9.33032*

Sen, A. 2005. *Development of freedom*. New York: Anchor books.

Sebastian, A., Hoffmann, V., & Adelman, S. 2013. *Menstrual management in low-income countries: Needs and trends.* Waterlines. Retrieved from: https://doi.org/10.3362/1756-3488.2013.015 Accessed on 21/06/2021

Shah, V., Nabwera, H. M., Sosseh, F., Jallow, Y., Comma, E., Keita, O., & Torondel, B. 2019. A rite of passage: A mixed methodology study about knowledge,

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perceptions and practices of menstrual hygiene management in rural Gambia. *BMC Public Health*, 19(1). doi: https://doi.org/10.1186/s12889-019-6599

Strydom, H. 2011a. *Ethical aspects of research in the social sciences and human service professions*. In De Vos, A.S., Strydom, H. Fouché, C.B. Delport, C.S.L. (ED). Research 157 at grassroots for social sciences and human service professions. 4th ed. Pretoria: Van Schaik Publishers.

Strydom, H. 2011b. *Sampling in the quantitative paradigm*. In De Vos, A.S.(ED), Strydom, H., Fouche, C., .B., & Delport, C.S.L. Research at grassroots for the social sciences and human science professions.4th Ed. Pretoria: van Schaik Publishers.

Strydom, H. 2011c. *The pilot study in a quantitative paradigm.* In De Vos, A.S., Strydom, H. Fouché, C.B. Delport, C.S.L. (ED). Research at grassroots for social sciences and human service professions. 4th ed. Pretoria: Van Schaik Publishers.

Strydom, H. & Delport, C.S.L. 2011. *Sampling and pilot study in qualitative research*. In De Vos, A.S.(ED), Strydom, H., Fouche, C., .B., & Delport, C.S.L. Research at grassroots for the social sciences and human science professions.4th Ed. Pretoria: van Schaik Publishers.

Strydom, H. & Delport, C.S.L. 2011. *Writing the research report*. In De Vos, A.S.(ED), Strydom, H., Fouche, C., .B., & Delport, C.S.L. Research at grassroots for the social sciences and human science professions.4th Ed. Pretoria: van Schaik Publishers.

Sommer, M. & Sahin, M. 2013. Overcoming the taboo: Advancing the global agenda for menstrual hygiene management for schoolgirls. *American Journal of Public Health*, 103(9), 1556-1559. doi :https://doi.org/10.2105/ajph.2013.301374

Sommer, M., Caruso, B. A., Sahin, M., Calderon, T., Cavill, S., Mahon, T. & Phillips-Howard, P. A. 2016. *A time for global action: Addressing girls' menstrual hygiene management needs in schools.* https://doi.org/10.1371/journal.pmed.1001962 Accessed on 09/10/21.

© University of Pretoria

Sommer, M., Hirsch, J. S., Nathanson, C. & Parker, R. G. 2015. Comfortably, safely, and without shame: Defining menstrual hygiene management as a public health issue. *American Journal of Public Health*, 105(7):56-60 .

Strydom, H 2008. Sampling in the quantitative paradigm. In De Vos A.S., Strydom, H., Fouché C.B. & Delport C.S.L. *Research at the grass roots for the social sciences and human service professions*. 4th ed. Pretoria: JL Van Schaik Publishers.

Gray, M. & Annoteintee, L. 2008. *The Post-1994 Transformation of Social Work in South Africa. Article in International Journal of Social Welfare.* Retrieved from: https://doi.org/10.1111/j.1468-2397.2007.00545.x Accessed on: 20/04/2021.

Torondel, B., Sinha, S., Mohanty. J. R., Swain. T., Sahoo. P. & Panda. B. 2019. Association between unhygienic menstrual management practices and prevalence of lower reproductive tract infections: a hospital-based cross-sectional study in Odisha, India. *BMC Infect Dis*: 18(1):473.

United Nation Population Fund. 2009. *Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings: A Companion to the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings*. https://www.unfpa.org/sites/default/files/pub-pdf/ UNFPA_ASRHtoolkit_english.pdf. Accessed on: 15/10/2021

Vaughn, J.C. 2013. *A review of menstruation hygiene management among school girls in sub-saharan Africa*. Chapel Hill. The University of North Caroline. (MA dissertation)

WaterAid. 2009. *Is menstrual hygiene and management an inssue for adolescent school girls? A comparative study of four schools in different seetings in Nepal. Kupondole. Lalitput: WaterAid report. https://menstrualhygieneday.org/wp-content/uploads/2016/12/Wateraid_menstrual-hygiene-school-adolesencegirls-Nepal_2009.pdf* Accessed on: 23/08/2021

© University of Pretoria

World Health Organisation. 2013. *Menstrual hygiene gender inequality, cultural taboos and poverty can cause menstrual health needs to go unment.* Retrieved from: *https://www.unicef.org/wash/menstrual-hygiene (Accessed on: 25/06/2021*)

The World Bank. 2018. *Menstrual hygiene management enable women and girls to reach their full potentially.* Retrieved from: https://www.worldbank.org/en/news/feature/2018/05/25/menstrual-hygiene-management Accessed on: 05/09/2021.

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APPENDIX A: 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?

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- What MHM products have you used from your first period onwards?
- What type of MHM product are you currently using?
- What do you do to stay hygienic during your period?
- Explain what do you do with your used menstruation products?
- What do you think could improve your MHM?

5. Resources and limitations

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

7. Social work intervention

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

8. Recommendations

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

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APPENDIX B: LETTER OF INFORMED CONSENT

Date:

Name:
Email:
Cellphone No:

LETTER OF INFORMED CONSENT

SECTION A: RESEARCH INFORMATION

Research Information
This letter serves to invite you to participate in a study on the perceptions of female youth of 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 voluntary participation. Feel free to ask questions about the proposed study before signing the consent form.

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

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

Procedures
You have been 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 on your perceptions on menstruation hygiene management as a female youth. 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. The duration of the interview will be approximately 45 minutes to an hour. 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

Room 10-5 HSB Building
University of Pretoria, Private Bag X20
Hatfield 0028, South Africa
Tel +27 (0)12 4202599
.
Email: Nontembeko.bila@up.ac.za
www.up.ac.za

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

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purpose of data analysis of the research and will be kept confidential. You have a right to access your data at anytime you want to do so.

Risks and discomforts
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 discomfort related to the sharing and exploration of your perceptions on 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 free intervention. You do not have to answer any question that will make you feel uncomfortable during the interview.

Benefits
You will not receive any form of remuneration/ compensation/ incentives for participating in the study. The study is however about improving menstrual hygiene management for female youth. The findings of this study can also help professionals to better understand the experiences of female youth regarding menstrual management.

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. There will be no penalty or loss of benefit if you decide not take part in the research. You have a right to withdraw from the research at any time without having to explain why. 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 or a false name 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.

Should you need counselling after the interview you can contact the therapist at the contact details provided as follows Ayanda Mnisi 0724965961. Kindly note the services are free of charge.

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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: ---

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APPENDIX C: LETTER OF PERMISSION TO CONDUCT RESEARCH

5 March 2021

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

Dear Dr Bila

RESEARCH CONDUCTED IN KAMCARE

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

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

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

Kind regards

MRS LIEZEL LANDMAN
MANAGER: COMMUNITY DEVELOPMENT

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

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APPENDIX D: ETHICS APPROVAL LETTER

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

21 July 2021

Dear Miss MR Risinamhodzi

Project Title:	The perceptions of female youth regarding menstruation hygiene management in Kameeldrift, Tshwane
Researcher:	Miss MR Risinamhodzi
Supervisor(s):	Dr NJ Bila
Department:	Social Work and Criminology
Reference number:	15249680 (HUM018/0521)
Degree:	Masters

I have pleasure in informing you that the above application was **approved** by the Research Ethics Committee on 21 July 2021. Data collection may therefore commence.

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

We wish you success with the project.

Sincerely,

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

Fakulteit Geesteswetenskappe
Lefapha la Bomotho

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

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APPENDIX E: DEBRIEFING LETTER

Office Number: 012 841 3223 | www.futurefamilies.co.za
CSIR, Building 10, Meiring Naude Road, Pretoria, South Africa | NPO 084-926 PBO 930034781

Empowering families to create their own future

18 March 2021

To whom it may concern

I NOBUHLE AYANDA MNISI have agreed to render counselling services at no charge to the participants that will be taking part in a study entitled the experiences of female youth regarding menstruation hygiene management in Kameeldrift, Tshwane: Gauteng Province in the case that the participants need any psychological support during and after the study is conducted. I am a qualified social worker and my SACSSP registration number is 1041699 I am currently working at future family and my contact number is 072 496 5961.

Signature ....

Yours sincerely

Ayanda

Ms Clair Oxley-Oxland | Mr Jeff van Niekerk | Mr Sipho Sibanda | Ms Jessica King | Ms Pinky Hlatshwayo | Mrs Penny Learmonth

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APPENDIX F: PROOF READING LETTER

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714 Lochiel Street
Faerie Glen
Pretoria 0181, South Africa

December 9, 2021
The Academic Director
University of Pretoria
Pretoria

Dear Sir/Madam,

Ref: Editing services for mini-dissertation for Miriam Rutendo Risinamhodzi

This is to confirm that I have edited the mini-dissertation prepared by Miriam Rutendo Risinamhodzi for submission to the Faculty of Humanities, Department of Social Work and Crimonology, University of Pretoria in partial fulfilment of the requirements for the degree of Master of Social Work in Health Care. The mini-dissertation is entitled: **The perceptions of female youth regarding menstruation hygiene management in Kameeldrift, Tshwane.**

The editing process was performed to ensure that the mini-dissertation conforms to the usage of professional business English with regards to grammar, punctuation and spellings. The editing did not in any way contribute to the structure, content or any other aspects that might add to the academic quality of the dissertation. The content and structure of the mini-dissertation remains the responsibility of the author.

Regards,

Silvester Hwenha
Research and M&E Consultant
MPS International Agriculture and Rural Development (Cornell University, New York, USA);
BSc Agric. Economic (University of Zimbabwe)
Email: shwenha@gmail.com
Cell: +27 74 517 0936

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