

**The perceptions of female youth regarding Menstrual Hygiene Management
(MHM) in Roodeplaat, Tshwane**

Mini-dissertation

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For my drive, and plan He has for me I take this opportunity to bring glory and thanks to Almighty God who has carried me during this chapter in my life.

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ABSTRACT

Title: *The perceptions of female youth regarding Menstrual Hygiene Management (MHM) in Roodeplaat, Tshwane.*

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Studies conducted in low-income communities all over the world, show that menstruating females are subjected to the views and opinions of the community and family that they are situated in. The ecological systems approach underpinned this study, as these systems of a person have an influence on how a persons' social blueprint is formed, how a person rationalizes, perceives and experiences social phenomenon. A female's perception and experience of menstruation can be influenced by the cultural taboos, perceived ideals, and experiences of their community and families. Menstruation hygiene management (MHM) is an important activity that should take place when a female is menstruating for overall menstrual health. The physical sanitation environment, knowledge, support, and access to sanitation materials for MHM influences how effectively a woman manages her menstruation.

The aim of the study was to explore and describe the perceptions of female youth regarding Menstrual Hygiene Management (MHM) in the rural community of Roodeplaat, Tshwane. A qualitative approach and phenomenological design was implemented to ensure that the emic perspective of the participants was explored and probed in a naturalistic setting, enabling the researcher to gather thick descriptions and data. Non-probability purposive sampling was used, including five participants selected according to selection criteria. Face-to-face interviews were conducted and recorded with the permission of participants until data saturation was reached.

The stages of qualitative data analysis were implemented and seven themes were generated and presented using a thematic analysis. The key findings and conclusions included that the microsystem is an influential system regarding the experience of menstruation; MHM knowledge is passed down within the family and accessed via friends and peers; taboos about menstruation in communities still exist; and there is a lack of social work intervention and involvement with regards to MHM in the community. Recommendations regarding MHM included raising awareness about MHM, promoting reusable menstrual products and improving waste disposal practices.

LIST OF KEY TERMS

Female

Female reproductive system

Hygiene

Menstruation/ menses

Menstruation hygiene health

Menstruation hygiene management (MHM)

Perceptions

Roodeplaat

Social Worker

Youth

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CHAPTER 1: INTRODUCTION

1. INTRODUCTION

Female youth are facing gender-related boundaries, schools are not adequately prepared for the female youth and their sanitary needs, this includes lack of running water, sufficient privacy to change their sanitary ware, access to sanitary ware, and even access to water and soap to wash their hands afterwards (MaCleod, Paphitis & Kelland, 2020:2). South Africa's youth are confronted with many challenges such as unemployment, poor health infrastructure, violence, and substance abuse (National Youth Policy, 2015:2-3). Besides these challenges, female youth especially struggle with regards to menstruation hygiene management (MHM), due to lack of awareness, education, proper resources, and materials needed to enhance their health (Budhathok, Bhattachan, Castro-Sánchez, Sagtani, Rayamajhi, Rai & Sharma, 2018:2). The focus of the study is to gather the emic perspectives of young females in a low-income community regarding menstruation hygiene management. The study aims to inform policies and future interventions, focusing on the perceptions of female youth regarding Menstrual Hygiene Management (MHM) in the rural community of Roodeplaat, Tshwane.

This research study will be focusing on a community in South Africa, specifically the rural community in Roodeplaat, Tshwane. It is focussed on the female youth in the community specifically, to understand their perception of MHM, including their menstruation and the challenges they experience.

Conceptualisation:

Female: "At birth, humans are typically assigned to their biological sex (male or female) on the basis of their genitalia" (Manning, Fink & Trivers, 2018:1).

Female reproductive system: "The reproductive system in females is responsible for producing gametes (called eggs or ova), certain sex hormones, and maintaining fertilized eggs as they develop into a mature foetus and become ready for delivery" (Rosner & Sarao, 2019:1).

Hygiene: "Set of practices associated with the preservation of health and healthy living" (Federal Democratic Republic of Ethiopia Ministry of Health, 2015:3).

Menstruation: "Menstruation is regulated by hormones; in this process, endometrium, lining of uterus, gradually thickens and sheds off and causes bleeding that normally last for 3–5 days and occasionally up to 7 days." (Kaur, Kaur & Kaur, 2018:1). In this study the perceptions of menstruation hygiene management of female youth in Roodeplaat will be explored

Menstruation hygiene health (MHH): “Encompasses both MHM and the broader systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment, and rights.” (United Nation’s Children Fund, 2019:7).

Menstruation hygiene management (MHM): “Spectrum of interventions deemed necessary and appropriate to assure adolescent girls and women in various contexts can privately and safely manage their monthly menstrual flow” (Sommer, 2012:83). The perceptions of female youth regarding MHM is focussed on in the study.

Perceptions: “The knowledge gained from the process of coming to know or understand something” (Merriam Webster, 2022). In this study the perceptions of female youth regarding MHM is focussed on.

Roodeplaat: “is located in the north of City of Tshwane, within the Province of Gauteng.” (Statistic South Africa, 2011). This study was conducted in the rural community in Roodeplaat.

Youth: “Is a period of life in-between childhood and adulthood” (Henze, 2015:5). The National Youth Policy 2020-2030 refers to youth as:” people aged between 14 and 34 years (NYP, 2020:5). This is further defined by the United Nations (2013:1) as: “.....a period of transition from the dependence of childhood to adulthood’s independence” (United Nations, 2013:1). For this study youth refers to female youth between the ages of 18 and 35 in Roodeplaat Tshwane.

Subsequently the research topic and literature review will be contextualised.

2. CONTEXTUALISATION OF RESEARCH TOPIC

The purpose of this section, is to contextualise the topic and give an overview of the literature review to follow in detail in chapter two. Female youth, the female reproductive system, menstruation and menstruation hygiene management, and services/projects/interventions provided specifically for poverty-stricken communities globally, in Africa and in South Africa and the role social workers can play in this regard, are briefly discussed in order to contextualise the study.

1.2.1. Youth

The different definitions for adolescence and youth indicate to the researcher that different countries define each term similarly, however the ages overlap and differ. For this study, the researcher will be focusing on the National Youth Policy 2030 (NYP, 2020:5) of South Africa to guide the researcher with regards to the participants that will meet the criteria for the study. The youth age, 14-35, in the NYP 2030 is due to the historic imbalances of Apartheid that are

yet to be corrected, it is accordant with the definition of Youth in the African Charter (NYP, 2015:10). For the purpose of this study, youth will refer to the female youth aged 18-35 years.

Research has identified the following challenges for this age group, specifically 15-35 females, are that they are a highly vulnerable age group with regards to distressing sexual encounters that could lead to sexually transmitted infections (STI's) (Ibitoye, Choi, Tai, Lee & Sommer, 2017:1 & De Lannoy, Storme, Mudiriza & Smith, 2018 & NYP 2015). This includes HIV/Aids, unintended pregnancies, and complications at birth (Ibitoye., et al, 2017:1). The aim of this research study is to explore and describe the perceptions of MHM by female youth in the rural community of Roodeplaat, Tshwane. The study will also focus on their perceptions of MHM, including the challenges they face, such as lack of resources, lack of knowledge and sanitation that the young females face daily. The female reproductive system is an intricate system that works in cycles. It is important to have knowledge regarding the reproductive system for this study, in order to understand the menstrual cycle and MHM.

1.2.2. Female Reproductive System

The sexual reproductive system of a female is a complex system that links and coordinates with the other systems of the body to ensure proper functioning, consisting of internal and external organs (Ramirez-Gonzales, Vaamonde-Lemos, Cunha-Filho, Varghese & Swanson, 2016:19). This biological system is in the pelvic cavity and consists of the following parts: the ovaries where the oocytes (eggs) are formed, the fallopian tube, uterus, and vagina (Ramirez-Gonzales et al., 2016:19). The tubes have two processes that happen within them, it provides a channel for the ejaculated sperm to swim up into the peritoneal cavity and to transfer the fertilized or unfertilized oocyte down to the uterus and ultimately out of the body with birth or menstruation (Ramirez-Gonzales et al., 2016:19). The uterus is responsible for implementation of the fertilised egg, the egg grows and develops in the uterus and feeds the egg, once the egg is matured into a baby it is the expelled from the uterus. The vagina is the birthing canal and the connecting organ that receives the penis and sperm (Ramirez-Gonzales et al., 2016:20).

The researcher, however, will further discuss menstruation and Menstruation Hygiene Management (MHM) for the purposes of this study. It is important to have knowledge about menstruation and MHM as female youth, to be able to understand the menstruation cycle and what is biologically happening in one's body as it forms part of a female's overall health (Sommer, Zalaika, Schmitt & Gruer, 2019).

1.2.2.1 Menstruation

Menarche is the onset of menstruation (Ibitoye et al., 2017:1). The menstrual cycle is the reproductive functional time in a female (Ramirez-Gonzales et al., 2016:40). The menstruation cycle involves two areas, ovarian follicles and the uterine endometrium, each cycle works in unison (Ramirez-Gonzales et al., 2016:40).

The ovarian cycle is a rhythmic pattern that occurs monthly in the normal reproductive years of females. The pattern includes changes in the secretion of sex hormones and corresponding changes in the ovary (Ramirez-Gonzales et al., 2016:41). This cycle can range from 21-34 days; however, it is idealised at 28 days (Ramirez-Gonzales et al., 2016:41). The ovarian cycle further consists of the follicular and luteal phase (Ramirez-Gonzales et al., 2016:41).

The endometrial cycle is crucial for the implementation phase of the fertilised egg, it is one of the most sensitive organs to the ovarian hormones (Ramirez-Gonzales et al., 2016:42). Throughout the ovarian cycle the endometrium lining changes due to the different hormones being produced in the ovarian cycle, if implementation does not take place, the endometrium lining from the uterus tears away and is expelled via the vagina (Ramirez-Gonzales et al., 2016:42).

The menstruation cycle is an interesting and complicated cycle, it is important to have basic knowledge about the menstruation cycle. In this research study the researcher will be able to indicate, through the findings, if the female youth have enough education and information with regards to the menstruation cycle.

Research done thus far globally on low-income communities, menstruation and MHM, have focused mainly on the participants' awareness of the bodily developments that develop with menarche, the low-income environment and how it influences the ability of the female to be able to practice MHM; the menstrual materials available; how early menarche has an influence on females in low-income countries; as well as how females are educated in MHM and the female reproductive system (Budhathok et al., 2018 ; Ibitoye et al., 2017 ; Republic of South Africa, 2015).

1.2.3. Reproductive health education

The Oxfam organisation and the Australian Government conducted research in 2016 in KwaZulu-Natal with three different schools, heterogenous females from urban, sub-urban and rural communities. The results of the study showed that 52% of the females from the urban area reported being educated by their mother about sexual reproductive health, the school and friends added to the information, but found that the females were fairly educated about the topic. The females from the rural communities indicated that 50% of their knowledge came

from their school and 30% from their mother, and that the mothers were not knowledgeable enough about the subject matter (Kgware, 2016:14).

In the study conducted in Nepal the young females in the impoverished community settings had poor knowledge of menstrual hygiene practices and did not have access to adequate materials for MHM (Budhathok et al., 2018:2). In Nepal, the study indicated that there was a sense of taboo and silence surrounding MHM (Budhathok et al., 2018:2). Negative clinical and psychological outcomes including infections and absenteeism from school were associated with the type of absorbent material used, hygienic practices and cultural constraints during the menstruation period (Budhathok et al., 2018:2).

The community that the researcher will be conducting the interviews in is a semi-rural area and it will be interesting to compare the findings with the above-mentioned study's findings.

1.2.4. Menstruation Hygiene Management

Menstruation Hygiene Management (MHM) refers to the activity that females undertake during their menstrual cycle. This is characterized by using clean menstrual management material, such as clean sanitary pad tampons to absorb or collect blood (Budhathok, et al., 2018:2). These materials are usually replaced in privacy as frequently as required for the time span that the bleeding takes place (Budhathok et al., 2018:2). This activity includes making use of soap and water to wash the body, which is important for hygiene, as well the availability of sanitation to discard the menstrual management materials (Budhathok et al., 2018:2). Research has indicated that females living in impoverished communities/countries have a lack of knowledge with regards to acceptable hygiene practices and a shortage in materials for MHM (Budhathok et al., 2018:2).

MHM can be linked to negative social implications if the female does not have the environmental capacity or knowledge to implement good MHM, this could be linked to damaging social ramifications which includes exclusion from everyday activities and a weak participation in schoolgirls (Scorgie, Foster, Stadler, Phiri, Hoppenjans, Rees & Muller, 2015: 4). In the low-income communities the females do not always have sanitation and water at their disposal to be able to exercise good MHM (Scorgie et al., 2015:4).

The researcher specifically focussed on the subjective perspectives the participants about menstruation and menstruation hygiene management, as part of sexual reproductive health education. The subjective perspective has not been so readily studied across the world; however, this study can be compared to other studies, such as the one conducted in Nepal.

1.3. SERVICES/PROJECTS/INTERVENTIONS

The current state of the low-income/poverty-stricken communities face many challenges, however there are some areas that implement services/projects/interventions to help with the different challenges that the youth of South Africa might face, such as Kamcare in the rural community in Roodeplaat where the researcher will be conducting the study.

1.3.1. Current state of poverty-stricken communities

The South African youth have many challenges to face such as second-rate health, a high prevalence of sexually transmitted diseases such as HIV/Aids and high incidence rate of violence and substance abuse (NYP, 2015:13). Other factors such as unemployment and low skill development have an influence on the current situation that the youth find themselves in (NYP, 2015:1). It is possible that unemployment could influence the ability of female youth to be able to manage their menstruation hygiene. It is important to address the health and wellbeing challenges that the youth face, including communicable diseases, sexually transmitted diseases, negative sexual and reproductive health outcomes, mental health problems, functional impairment, violence and injuries (NYP, 2020:10).

This study will be focusing on the perceptions of female youth with regards to MHM. Poor MHM could be a result of unemployment for some communities. Female youth are facing gender-related boundaries, schools are not adequately prepared for the female youth and their sanitary needs, this includes lack of running water, sufficient privacy to change their sanitary ware, access to sanitary ware, and even access to water and soap to wash their hands afterwards (MaCleod, Paphitis & Kelland, 2020:2). Lack of access to running water, sanitation and sanitary wear has been found to create anxiety for the learners, which ultimately results in an inadequate supportive school environment, which results in being a barrier for female youth during the menses cycle (MaCleod et al., 2020:2). This results in a lack of attendance and participation in school (MaCleod et al., 2020:2).

The current state of the poverty-stricken communities could be caused by many of factors mentioned above. Menstruation hygiene management might be one of the few causes of the poverty rate among the females in the different communities. This research study will also look at factors like unemployment and lack of education which also play a role in lack of MHM.

1.4. SOCIAL WORK ROLE

The social worker's role is education and awareness campaigns and informing policies with regards to the factors that have a negative influence on the male youth, female youth and

community development (Dhavaleshwar, 2016:63). Every community has its own social challenges, the social worker investigates emotionally, scientifically, and developmentally to be able to forecast possible community development intervention services and projects (Dhavaleshwar, 2016:63).

Our role as social workers with regards to this study includes exploring the perceptions of female youth experience with regards to MHM. This information enables us social workers to effectively advocate for the female youth and implement projects and inform policies to be able to successfully help the female youth of that community with overcoming the challenges that they face with regards to MHM.

1.5. THEORETICAL FRAMEWORK

The theoretical framework that the researcher will focus on and use as the foundation of the research study is Systems theory and Ecological systems approach.

1.5.1. Systems theory

Theorist Ludwig von Bertalanffy was the originator of the systems theory in the 1940's and it was furthered by Ross Ashby in 1964 (Friedman & Allen, 2011:3). The systems theory is a method in which social workers can elaborate increasingly complex systems that crosses a continuum that encompasses the person-in-environment (Friedman & Allen, 2011:3). The system theory enables us as social workers to understand the various dynamic components of a client's system and interpret the problems they face, each unique to their own situation (Friedman & Allen, 2011:3). The systems theory is used to enhance the persons' capacity within the system that they are, to find a new equilibrium (Friedman & Allen, 2011:3).

The systems theory is an important foundation for this research study, as the study will be focusing on the individual participants' unique challenges, they face with regards to MHM. The systems theory enables the researcher to take into consideration the different systems, such as parental knowledge about menstruation, and cultural views about menstruation when interviewing the participants. The ecological systemic approach stems from the systems theory.

1.5.2. Ecological Systemic Approach

The ecological systems theory or approach was developed by the Urie Bronfenbrenner, an American psychologist in 1979. The approach was developed to define and understand human development within the context of the different systems and relationships that have an influence on a person's environment and capacity to develop (Ashiabi & O'Neal 2015:2). His

focus, at first, was on children and how different systems and relationships have an influence on their development (Johnson, 2008:2 & Ashiabi & O'Neal, 2015:2). Bronfenbrenner initially divided the environment that people live in into different interrelated systems, the different systems include the microsystem, the mesosystem, macrosystem, and the exosystem (Ashiabi & O'Neal 2015:2). The theory developed with time and Bronfenbrenner then later added a fifth level of time or chronosystem (Johnson, 2008:2).

- **Microsystem**

The microsystem is defined as the pattern of activities, roles and interpersonal relationships that have a major and personal impact on a person's development phase (Bronfenbrenner, 1995:227). This includes the particular setting with physical and material features that has an influence on the characteristics, temperament, personality and systems of belief (Bronfenbrenner, 1995:227). The immediate environment includes relationships and organization that the person is exposed to, for example caregivers, friends, and family (Ashiabi & O'Neal 2015:2). Thus, the microsystem is the environment that female youth are exposed to consistently.

- **Mesosystem**

The mesosystem comprises the linkages or interrelationships between microsystems (Bronfenbrenner, 1995:227). This system involves two-way influences between the various structures, for example the school has bi-directional influences between the students and the parents (Johnson, 2008:2-3). An example is that the parent's involvement in academics has a direct influence on the student's academic competence and how a student values academics.

- **Exosystem**

The exosystem is the representation of the encompassing social system, it has an impact on events, contingencies, decisions, and policies over which the developing person has no influence (Johnson, 2008:3). It operates in a single direction that directly or indirectly impacts the developing person (Johnson, 2008:3). An example of this could be a parents' workplace and environment have a direct influence on the parent's finances and many more aspects, but it influences how a parent interacts with the developing person.

- **Macrosystem**

The macrosystem is also believed to be known as the social blueprint which includes cultures, subcultures, or broad social context, values, belief systems, lifestyle, opportunities, customs, and resources within the social blueprint (Johnson, 2002:3; Ashiabi & O'Neal, 2015:2). This has a single direction influence on the micro, meso and exo systems that has an influence on the developing person. For example, the developing person's values, beliefs, and lifestyle has an influence on hygiene management, if their lifestyle that they have been exposed to does

not include hygiene management, they are more than likely to not practice hygiene management.

- **Chronosystem**

The chronosystem is time-based, it has an influence on all the ecological systems, it consists of long time and short time dimensions of the developing person over a course of time. This includes the socio-historical timeline of the macrosystem (Johnson, 2008:3).

This theory or approach is important for this research topic as the experience of hygiene management with regards to the female youth in the rural community in Roodeplaat is directly influenced by the different systems. An example can be that the female developing person was never educated by the parent about menstruation hygiene, due to their own lack of knowledge. The parent might also not be able, financially, to buy the female youth menstruation hygiene products. The lifestyle and beliefs about hygiene management influences how the female will apply it, if applied at all. The time-based system is long-term, as it will be applicable until the person is biologically not able to menstruate any further. The systems theory and the ecological approach is an important collaboration that is made as systems are part of our everyday lives.

This theory will guide the research study to ensure that aspects such as parental knowledge with regards to MHM, cultural practices, accessibility to services in the area and the reaction of male peers to MHM is also noted and considered, because it is actively part of the different systems.

1.6. PROBLEM STATEMENT AND RATIONALE

Globally females in low-income countries have low awareness about menstruation hygiene practices and lack of materials that are appropriate for menstrual hygiene management (MHM) (Budhathok et al., 2018:2; Kgware, 2016:13). Menstruation and associated activities are not as well discussed in the low-income communities, silence and a sense of taboo might be surrounding it due to a lack of knowledge (Budhathok et al., 2018:2; Rossouw & Ross, 2021:1). Situations where females do not go to school due to menstruation or when they are bullied for menstruating, are examples of the community that has a lack of knowledge surrounding MHM (Budhathok et al., 2018:2; Kgware, 2016:13-14; Okojie, 2019:3).

Due to MHM being a taboo topic in many low-income communities, many menstruating females are not aware of the appropriate methods of disposing of menstrual waste, which, in turn, puts strain on the already ineffective sanitation and water systems (Scorgie et al., 2015:5;

Rossouw et al., 2021). In a study conducted by PATH focusing on communities in Durban, South Africa, it was found that the females that participated in the study did have a lack of knowledge prior to the onset of their first menarche pertaining to the symptoms they would experience (Scorgie et al., 2015:13). In the study the participants did, however, indicate that they were told to frequently wash themselves, but they did not have the materials at their disposal to appropriately do so (Scorgie et al., 2015:14).

The females therefore experience menarche and menstruation negatively. The researchers rational is therefore to understand the perspective of female youth about MHM, to inform future community development activities, intervention, and programs.

Research question:

The research question for this study is: What are the perceptions of female youth regarding Menstruation Hygiene Management (MHM) in the rural community, Roodeplaat Tshwane, Gauteng province.

1.7. AIM AND OBJECTIVES

The aim of the study is: To explore and describe the perceptions of female youth regarding Menstrual Hygiene Management (MHM) in the rural community of Roodeplaat Tshwane.

The **objectives** of the study are:

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

1.8. RESEARCH METHODOLOGY

This section of Chapter One briefly explains key terms that will be discussed in detail in Chapter Three. The research approach found most appropriate for this study is the qualitative approach based on the feminism paradigm. Due to the study focusing on an experience that the participant had, the qualitative research approach allows the researcher to gain thick descriptions of the event in a natural and social environment (Niewenhuis, 2020:55). The feminism paradigm further allows the researcher to be a voice for the female participants and truly focus on their experience as female (Lahey, Flynn & Kramer, 2019:220).

To ensure that the aim and objectives of the study is researched, applied research is undertaken to find a solution to a problem/challenge in practice, or it is used to obtain results to inform policies (Jansen, 2020:9). The research design that will be implemented to ensure that the data collected is focused on the topic will be phenomenology, and the sub-design will be psychological or transcendental phenomenology. Phenomenology is appropriate for this study because it is rooted in philosophical perspectives of consciousness, what does the person experience consciously with regards to the phenomenon (Niewenhuis, 2020:85). This has a strong link with the qualitative research approach that also focuses on the participants perspectives. The sub-design psychological or transcendental phenomenology will further enhance and compliment the research design since it focuses on the experiences of the participants and is less focused on the interpretation of the researcher (Niewenhuis, 2020:86).

The research method focuses on the study population which includes female in the Roodeplaat area ages 18-35. The sampling method that will be implemented is the non-probability sampling method that does not make use of random selection methods to indicate participants in the population (Maree & Pietersen, 2020:219). This will ensure that the participants will fall in the criteria that will be discussed in chapter three.

To achieve the objective of the study, the researcher will use interviews as data collection method, namely, one-on-one interviews, an interview schedule and voice recordings of the interviews. The researcher intends to use thematic data analysis process as described by Clarke, Braun, and Hayfield (2015). Analysing data using thematic analysis, uses the following steps: familiarisation, coding, searching for themes, reviewing themes, defining, naming themes, and writing a report. To ensure data quality, the researcher will make use of the construct's credibility, transferability, dependability, and confirmability.

A pilot study will also be implemented before the final interviews will take place. The purpose of a pilot study is that researchers can orientate themselves to the project that they have in mind (In, 2017:601). Various ethical considerations will also be put in place to ensure that the participants that will take part in the study will be protected emotionally.

The above-mentioned methodology will be discussed in more detail in Chapter three later in the study.

1.9 LAYOUT OF REPORT

The layout of the mini-dissertation is as follows:

Chapter Two: Literature review

The literature review will focus on the following topics: Youth as a life phase that includes the following subtopics; physical development, cognitive development, and psychosocial development, the above topics give a more in-depth review of what the participants will be going through physically. The female anatomy and physiology in the literature review will also be discussed in depth through the following topics; anatomy of the female reproductive organs and menstruation to give a biological overview of the female anatomy and menstruation as a biological term.

Menstruation hygiene health and management and all that it encompasses will be discussed in depth in the literature review. Culture, taboos, beliefs, and various other aspects influence the experience of menstruating females, the literature review will further elaborate on the above-mentioned aspects including the economic status and environmental infrastructure. Social work intervention is an important part of the literature review that will have an influence on the recommendations that will be made in Chapter four.

Chapter Three: Research Methods and findings

To ensure that the data is interpreted efficiently, the foundation of the research methodology is important. Chapter three is a detailed discussion focusing on research methodology and the findings.

The qualitative research approach was found to be the most suitable approach to get a thick description from the participants, the feminism paradigm focuses on female voices and their needs which compliments the study. Applied research is used to find a solution to the problem or challenge, and recommendations will be discussed in Chapter four. The research design for the study is phenomenology, and it is a sub-design of psychological or transcendental phenomenology.

The research method discussion for the study include the study population, sampling method, which is non-probability sampling, that is discussed in detail and, the criteria with regards to the participants for the study will be discussed. Data collection will be done through a face-to-

face interview with the participants. The information will then be analyzed through thematic analysis, thematic analysis will be discussed thoroughly in Chapter three.

Chapter three also focuses on the data quality and how it is ensured during the study with regards to credibility, transferability, dependability, and confirmability. The pilot study ensured that the researcher gathered accurate information. Ethical considerations are an important aspect that is discussed in Chapter three to ensure that the participants are protected during the study.

The research findings will then be discussed in detail. The thematic analysis's themes will then be discussed to give through the information that was found during the interviews with the participants with the aim to answer the research question.

Chapter four: Summary, conclusions and recommendations

The study is conducted to make a change, in Chapter four the study concludes with various recommendations for future studies and projects relating to the experience of young females that menstruate.

The literature review follows in the next chapter

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

Menstruation and menstruation hygiene management (MHM) is a topic that has an impact on females that have started with menarche all over the world. In low-income communities it has been found through various studies in South Africa, Africa, and other areas of the world that menstruation is linked with an overall uneasiness, taboo, embarrassment, shame, and stigma that negatively effects the female's ability to cope on a practical level (Wardana, 2020:140). Factors such as lack of running water, sanitation, proper MHM resources such as pads and tampons, and privacy further worsen a female's experience of MHM (Kgware, 2016:1-48). Lack of proper education and awareness with regards to MHM further impacts the community's stigmatization of menstruation and how females experience and interpret MHM overall (Kgware, 2016:1-48). This impacts the menstrual hygiene health (MHH) of a menstruating female in its totality that can be framed as a human rights issue (Wardana, 2020: 140). Human rights are "the basic rights that everyone has simply because they are human" (South African Human Rights Commission, 2018).

This research study is aiming to explore and describe the perceptions of female youth regarding Menstrual Hygiene Management (MHM) in the rural community of Roodeplaat, Tshwane, in order to inform policies and future interventions on MHM. Through this study the environment can be enhanced for the better, using the perspectives of female youth experiencing the challenge. This chapter focusses on youth as a life phase, female anatomy, knowledge of menstruation hygiene management among females in low-income communities, social work intervention and the mandate for Menstruation Hygiene Management internationally, nationally, and locally.

2.2 YOUTH AS A LIFE CYCLE PHASE

Youth is defined in various articles and journals as a life transition. It is defined as a metamorphosis from a child dependence to adulthood independence (United Nations, 2013:1). People between the ages of 14 and 35 years are also categorised as youth according to the National Youth Policy of 2020-2030 (NYP, 2020:5). The United Nations refers to youth as persons that can form part of the work force after school (United Nations, 2013:1). However, for this study the youth will refer to females between the age of 18 and 34.

The above-mentioned transition period is marked with the following cultural expectations, becoming financially independent, establishing romantic relationships, becoming parents, and

assuming roles that make them responsible and functioning members of the community (Bonnie, Stroud & Breiner, 2015:19).

This transition includes a dynamic process of changes physically, cognitively, and psychosocially. The different transitions will be discussed individually.

2.2.1 Physical development

The youth phase includes certain physical developments that accompany the physical transition. For the study the focus will be on the female youth physical development. The researcher will also be focusing on the developments that take place between the ages of 18-35, since the participant's age range is past the spontaneous physical development phase (Bonnie et al., 2015: 36). The age criteria of the participants are past the transformative body phase with dramatic burst of change, taking on secondary sex characteristics such as puberty.

The degree of physical change may be less striking than the spontaneous physical development that takes place before the age of 18 (Bonnie et al., 2015:35). Physical development overall includes physical growth, increase in body size and mass, due to an increase in the number and size of the cells in our body (Özdemir, Utkualp & Palloş, 2016:718). The physical development of the body is initiated by the process of certain hormones being released in the brain (Office of Adolescent Health, 2018:3). The biological function and maturation of a person's organs is unique. Each person matures and grows at a different rate (Özdemir et al., 2016:718). The timing of physical changes can be affected by genes, exercise before and during the transition period, chronic illness, substance abuse, nutrition, living conditions, geographical conditions, socio-economic conditions, and development in other areas (Office of Adolescent Health, 2018:3; Özdemir et al., 2016:718).

The body composition of an individual is ever changing in terms of relative fat mass, lean body mass, and total bone mineral content and bone mineral density increase (Hochberg & Konner, 2020:2). In this it means that an individual also starts stabilizing in their weight (Bonnie et al., 2015:36). In this stage maturation and development more evidently takes place emotionally, cognitively, and psychologically (Hochberg & Konner, 2020:2).

The secondary sex characteristics will be discussed later in this chapter.

2.2.2 Cognitive development

In the transition of a child to a youth the brain undergoes major growth and development. The person will be more cognitively able, it reinforces the ability of the person to carry out decisions that have a major impact on the future of that person (Office of Adolescent Health, 2018:7).

The brain develops in three different ways, growing new brain cells, pruning brain cells, and strengthening connections (Office of Adolescent Health, 2018:7). The brain produces many new cells, more than needed, at a very fast rate. This enables the youth to learn new skills and store information (Office of Adolescent Health, 2018:7). The increase in new brain cells also increases the amount of ineffective brain cells that can decrease the brain's efficiency (Office of Adolescent Health, 2018:7). As new information is stored the brain prunes the older brain cells that are not used as frequently, developing a brain that easily stores and enables a person to access the information (Office of Adolescent Health, 2018:7). The brain connections are strengthened by a fatty layer of myelin that encapsulates the brain cells to ensure that information is stored and recalled effectively (Office of Adolescent Health, 2018:7).

The cognitive changes occur in three different ways. Firstly, the youth develop the ability to reason skillfully, explore a social situation, think hypothetically and use logical thought processes (Sanders, 2013:354). Secondly the youth develop the ability to think abstractly, they can imagine things they have seen or unseen. This allows for the capacity of emotion such as love and spirituality (Sanders, 2013:354). Thirdly, formal operational thinking develops which allows a youth to think about thinking, also referred to as meta-cognition (Sanders, 2013:355). Operational thinking allows for the youth to think about their own emotions and how others such as their peers perceive them (Sanders, 2013:355).

Emotional competence and social competence develop alongside the different cognitive developments. Emotional competence is the ability to manage one's own emotions and social competence can be referred to as the ability to relate effectively to others (Sanders, 2013:356). These abilities allow youth to become more aware, identify and label their own emotions (Sanders, 2013:356).

2.2.3 Psychosocial development

Psychosocially youth undergo major development. They start to individuate from their families but keep a connectedness to the families while they are individuating, they are tasked to form their own identity (Bonnie et al., 2015:36). During this transition in a young person's life, specifically ages 18-34, they tend to be emotionally motivated when making decisions which leads to a suboptimal decision being made (Bonnie et al., 2015:36). This can result in the individual being sensitive and peer orientated, responsive to their immediate environment, limited in self-control, and long-term consequences are not taken into consideration, all of this could well lead to compromised decision making (Bonnie et al., 2015:36). With lack of long-term consequence awareness and the other factors mentioned, it implies heightened rates of risky behaviour and accidental death (Bonnie et al., 2015:36).

As an individual ages and matures they will be able to take longer when they are making difficult decisions, less influenced by their peer group, more aware of long-term consequences and have better impulse control (Bonnie et al., 2015:37).

Erik Erikson proposed that youth are in phase six of their psychosocial development phase, age 18-40 (Hochberg & Konner, 2020:3). In this phase it is a period of social learning specifically referring to intimacy, mutual support, intensification of pre-existing relationships, family-orientated socialization, political awareness, developing new relationships and the attainment of biosocial skills (skills needed for successful mating and reproduction) (Hochberg & Konner, 2020:3). If this stage is reached successfully the individuals will be able to form healthy and positive relationships (McLeod, 2019).

Psychosocial development includes psychosocial experiences. Experiences are referred to as “the act of living through an event or events; personal involvement in or observation of events as they occur” (Your Dictionary, 2018). In this study the experience of menstrual hygiene management will be discussed through the participants’ perceptions of menstrual hygiene management.

The researcher is of the opinion that the operational thinking, emotional and social competence of the participants with regards to their experience with menstruation will be impacted by the community and peers and how the community and their peers perceive menstruation and MHM.

2.3 FEMALE ANATOMY AND PHYSIOLOGY

A person is assigned their sex at birth, the assignment is based on the genitalia and sexual reproductive organs present (Manning et al., 2018:1). The researcher will be discussing the secondary sex characteristics with regards to the anatomy of the female reproductive organs, menstruation, and menstruation hygiene health and menstruation hygiene management.

2.3.1 Anatomy of the female reproductive organs

The sexual reproductive system of a female is a complex system that links and coordinates with the other systems of the body to ensure proper functioning, consisting of internal and external organs (Ramirez-Gonzales, Vaamonde-Lemos, Cunha-Filho, Varghese & Swanson, 2016:19). This biological system is in the pelvic cavity and consists of the following parts: the ovaries where the oocytes (eggs) are formed, the fallopian tube, uterus, and vagina (Ramirez-Gonzales et al., 2016:19).

The female body has two ovaries that are a part of the major endocrine system (hormone secreting) of a female human being, they are also an integral and central organ in the female reproductive system (Sirotkin, 2011:1). The ovary has two functions; to produce gametes (oocytes otherwise known as eggs) for fertilization and to secrete reproductive hormones such as estrogen and progesterone (Sirotkin, 2011:1). Ovaries secrete other hormones as well, such as androstenedione and testosterone and others in lower amounts, however, the two main hormones are estrogen and progesterone. These two hormones are responsible for the initiation and maintenance of a pregnancy (Kumar, Kumari, Mochan, Kulandhasamy, Sesham & Sharma: 2018:13).

The primary role of the fallopian tubes (also known as the uterine or oviduct tube) is to transport oocytes (eggs) from the ovaries to the uterus (Boskey, 2020). Fertilization of an oocyte (egg) usually occurs in the fallopian tube when the sperm travels from the uterus to the ovaries (Boskey, 2020). When the egg is fertilized it moves down the fallopian tube into the uterus (Boskey, 2020).

The primary function of the uterus is reproduction. The uterus is responsible for implementation of the fertilized oocyte (egg), this is referred to as a uterine pregnancy (Boskey, 2020). The oocyte grows and develops in the uterus and feeds the egg, once the egg is matured into a baby it is expelled from the uterus through birth (Ramirez-Gonzales et al., 2016:20).

The vagina is the birthing canal and the connecting organ that receives the penis and sperm (Ramirez-Gonzales et al., 2016:20).

All the above-mentioned organs make up the anatomy of the female reproductive system. They also play a role in the menstruation cycle which will be discussed.

2.3.2 Menstruation

Menstruation or menses is: “regulated by hormones; in this process, endometrium, lining of uterus, gradually thickens and sheds off and causes bleeding that normally last for 3–5 days and occasionally up to 7 days.” (Kaur et al., 18:1). In this study the perceptions of menstruation hygiene management of female youth will be explored. The onset of menstruation is referred to as menarche (Ibitoye, Choi, Tai, Lee & Sommer, 2017:1), and usually occurs from early adolescence onwards, but onset age varies from one female to another.

The reproductive system of a female individual has regular and cyclic changes. The cyclic changes are indicative of preparation for pregnancy and fertilization, this cycle refers to menstruation (Thiyagarajan, Basit & Jeanmonod, 2020:1). Menstruation is the periodic shedding of the uterine mucus, also referred to as the uterine lining (Thiyagarajan et al.,

2020:1). A female's first menstrual cycle is referred to as menarche (Ibitoye et al., 2017:1). The menstrual cycle is the reproductive functional time in a female (Ramirez-Gonzales et al., 2016:40).

On average the menstruation cycle is 28 days long, the cycle begins with the onset of menstruation (Thiyagarajan et al., 2020:1 ; Reed & Carr, 2018:1-2). A cycle is calculated from the first day of the menstruation cycle until the previous day of the next menstrual cycle, it can vary more than two days and still be referred to as a regular cycle (Patricio & Sergio, 2018:2). The menstrual cycle's most identifiable characteristic is the vaginal bleeding which is referred to as menstruation (Thiyagarajan et al., 2020:1). The menstruation cycle involves two phases, follicular (proliferative) phase and the luteal (secretory) phase (Thiyagarajan et al., 2020:2-3; Reed & Carr, 2018:1).

Hormones play the vital role in initiating the follicular and luteal phases. The hypothalamus secretes gonadotropin-releasing hormone (GnRH) which is transported to the anterior pituitary gland (Thiyagarajan et al., 2020:1; Patricio & Sergio, 2018:2). The gland reacts by releasing a stimulating follicle hormone (FSH) and luteinizing (LH), these hormones are important for the female ovaries (Thiyagarajan et al., 2020:1). LH is important to release progesterone and FSH release estrogen in the female body (Thiyagarajan et al., 2020:2).

The follicular phase starts on day 0 and takes place up until day 14 of the menstruation cycle, based on an average menstrual cycle of 28 days (Thiyagarajan et al., 2020:3; Patricio & Sergio, 2018:5; Reed & Carr, 2018:2). If the menstrual cycle is shorter than the average 28 days, the follicular phase length might also change depending on this time frame (Thiyagarajan et al., 2020:3). Estrogen is an important hormone that is secreted in the follicular phase, this is important, as this phase has the purpose of growing the endometrial layer of the uterus (Thiyagarajan et al., 2020:3-4). Estrogen initiates the thickening process by stimulating the stroma (connective tissue below the surface of an organ) and various glands that ultimately increase the depth of the arteries (spiral arteries) that supply oxygen and blood to the endometrium (Thiyagarajan et al., 2020:3). The follicular phase creates an environment suitable for sperm (Thiyagarajan et al., 2020:3; Patricio & Sergio, 2018:11). Estrogen creates channels that is made up of watery and abundant cervical mucus, this is the beginning of ovulation (Thiyagarajan et al., 2020:3). The follicular phase has the greatest likelihood of fertilization (Patricio & Sergio, 2018:11).

Ovulation usually occurs 14 days before menses takes place, if there is a typical 28-day cycle (Thiyagarajan et al., 2020:3; Holesh, Bass & Lord: 2021:1). At the end of day 14, estrogen is high due to follicle maturation and an increased production of estrogen (Thiyagarajan et al., 2020:3). The high levels of estrogen also increase the levels of FSH and LH production, with

these high levels referring to LH surge and as a result the oocyte is released, and the cervix environment changes to a waterier cervical mucus that can better accommodate sperm. Estrogen levels decrease at the end of the follicular phase (Thiyagarajan et al., 2020:3).

The luteal phase occurs between day 14 up until 28, if it is an average menstrual cycle of 28 days (Thiyagarajan et al., 2020:3; Patricio & Sergio, 2018:18). Progesterone plays a vital role in this phase, as it prepares the corpus luteum (endocrine structure that secretes progesterone during menstruation) and endometrium for possible implantation (Thiyagarajan et al., 2020:4; Patricio & Sergio, 2018:18). FSH and LH decreases currently and subsequently estrogen and progesterone too (Thiyagarajan et al., 2020:4). The endometrium prepares by increasing the vascular supply (spiral arteries) and the mucous secretion, progesterone stimulates this process by slowing down the endometrial proliferation and decreasing lining thickness (Thiyagarajan et al., 2020:4). Progesterone thickens the cervical mucus making it non-elastic due to the fertilization period that has passed, the body temperature increases at this point (Thiyagarajan et al., 2020:4). If pregnancy occurs the fertilized oocyte (ovum) is then implanted in the endometrium the corpus luteum will further uphold the hormone levels by a continuous secretion of gonadotropin (Thiyagarajan et al., 2020:4; Patricio & Sergio, 2018:18). If pregnancy did not occur the corpus luteum regresses and the estrogen and progesterone levels decrease rapidly and menstruation then takes place (Thiyagarajan et al., 2020:4; Patricio & Sergio, 2018:19-20).

With the rapid decrease of estrogen and progesterone levels at the end of the luteal phase, the body is not able to maintain the endometrium lining (Thiyagarajan et al., 2020:4; Patricio & Sergio, 2018:20; Reed & Carr: 2018:22). This is considered as day 0 to day 5 in the average 28-day menstruation cycle. During this period the endometrial lining is shed, made up of arterial blood, debris and fibrinolysis from the endometrial tissue which presents as clots in the presence of heavy flow (Thiyagarajan et al., 2020:5; Reed & Carr: 2018:22). This fluid that contains the blood and tissue can have an odor when exposed to oxygen, vary in colour from being bright red to black; and this is different and unique to each female that menstruates (Kaur et al., 2018:2; Thiyagarajan et al., 2020:5; Reed & Carr: 2018:22). Menstrual flow can be 3-5 days even up to 8 days, the amount of blood loss and flow can differ and be influenced by medications, thickness of the endometrial lining and disorders such as blood clotting (Thiyagarajan et al., 2020:4; Patricio & Sergio, 2018:20).

The researcher is of opinion that it is important to know the basics of menstruation to ensure basic health of the uterus and cervix. The researcher does however speculate that the participants might not have such in detail knowledge of menstruation but will know that blood is released at that time of the month. This will be explained to them in laymen's terms.

2.4 MANAGEMENT OF MENSTRUATION

In this section the researcher will be focusing on the different aspects that have an influence on Menstruation Hygiene Management (MHM). The following aspects will be discussed; MHM and Menstruation Hygiene Health (MHH) as overall concepts, knowledge about MHM in low-income communities and the experience and challenges that females in different countries face with regards to MHM and the materials needed for effective and efficient MHM.

2.4.1 Menstruation hygiene health and management

Globally, females have adapted their Menstruation Hygiene Management (MHM) strategies to the community, culture, and economic status that they find themselves in (Kaur et al., 2018:2). MHM is one of the aspects of the umbrella term Menstruation Hygiene Health (MHH).

MHH encompasses a wide range of aspects that is influenced by menstruation, this includes physical and mental well-being, gender-equality, empowering women, and education (United Nation's Children Fund, 2019:7). If a female does not have the ability or capacity to partake in effective and efficient MHM and disposal of the menstrual waste it could influence their overall menstrual health. A lack of knowledge and proper MHM could lead to toxic shock syndrome, reproductive tract infections (RTI) and various other vaginal infections that could have a life-threatening impact on the menstruating female (Kaur et al., 2018:2).

MHM and MHH can be impacted by lack of access to sanitary materials, knowledge about menstruation and menstruation health and have a possible negative impact on the perceptions that females might have about menstruation. The researcher is of opinion that if a female does encounter menstrual health problems, they might not know that it is indeed a health problem that could lead to further health implications.

The expulsion of the menstrual fluids as discussed in the previous section calls for effective Menstruation Hygiene Management (MHM), to ensure the health and hygiene of all menstruating females. MHM refers to an activity that females undertake during their menstrual cycle (Budhathok, et al., 2018:2). This activity is characterised by using clean menstrual management material, such as clean sanitary pads or tampons to absorb or collect blood (Budhathok, et al., 2018:2; Rossouw et al., 2021:1). These materials are usually replaced in privacy, as frequently required for the time span that the bleeding takes place (Budhathok et al., 2018:2). This activity includes making use of soap and water to wash the body, which is important for hygiene, as well as the availability of sanitation to discard the menstrual management materials (Budhathok et al., 2018:2; Rossouw et al., 2021:2).

2.4.2 Menstruation hygiene management materials

To be able to manage menstruation properly females should have access to sanitary products, sanitation, water, soap, and a hygienic method of disposing of the menstrual waste and the product used. This is however not always possible in developing countries in the rural communities as not all females have equal access to these resources (Kaur et al., 2018:2 & Department of Women, Youth and Persons with Disability, 2019:4). Due to the lack of access to these resources menstruating females adopt other strategies that is based on cultural acceptability, economic status, and the available resources in the markets in their communities (Kaur et al., 2018:2). The following sanitary products are used by menstruating females:

2.4.2.1 Reusable / washable cloth pads

This form of sanitary products is the more sustainable option to use if one does not have the financial means to buy commercial sanitary pads, however, even if it is sustainable and can be used more than once it needs to be washed with soap and water and dried in the sun to sterilize it for future use (Kaur et al., 2018:2). The cloth pads are cost-effective, easily available, and eco-friendly (Kaur et al., 2018:2).

Commercial sanitary pads

Commercial sanitary pads are readily available at various types of stores; however, it is expensive and non-reusable making it unsustainable (Kaur et al., 2018:3). This product is made from 90% plastic that takes between 500 and 800 years to decompose that makes it non-biodegradable (Peberdy, Jones & Green, 2019:2).

Tampons

This sanitary product is inserted internally to absorb the menstrual fluid, it is mostly made up out of cotton or rayon and some of the products have a thin layer of synthetic fibre to prevent the cotton or rayon from coming apart and it also gives a smooth surface (Kuar et al., 2018:3 & Peberdy et al., 2019:2). They are expensive, non-reusable and not easily degradable (takes up to 6 months), which does not make it sustainable (Kuar et al., 2018:3 & Peberdy et al., 2019:2).

Reusable tampons

Reusable tampons are made from natural materials like bamboo, wool, cotton, and hemp that is knitted or crocheted (Kuar et al., 2018:3). They are used in the same manner as commercial tampons; however, they should be washed just as thoroughly as they can also cause toxic shock syndrome (Kuar et al., 2018:3 & Peberdy et al., 2019:2).

Menstrual cups

Menstrual cups are made from medical grade silicone rubber that allows for easy insertion when it is folded, it collects menstrual fluid internally and can be worn 6-12 hours, depending on the female and her flow (Kuar et al., 2018:3). When it is removed, it is washed out and can be reused instantly, if taken care of as instructed it can last up to 10 years, making it sustainable and cost effective (Kuar et al., 2018:3 & Peberdy et al., 2019:2).

Other materials

Without access and knowledge about the above-mentioned sanitary products, females in rural communities often make use of cloth, folded shirts, face towels, and multiple pairs of underwear when they are menstruating (Hennegan, Dolan, Steinfield & Montgomery, 2017:2). In communities where there is a lack of sanitation, low economic status, and lack of resources it could be possible that reusable products could influence their menstrual health as they would have no effective means to wash and dispose of the menstrual product (Mahajan, 2019:60). This statement will however be discussed more fully in the literature review to follow.

2.4.3 Menstruation hygiene management among females in low-income communities

Research in various developing countries such as India, Uganda and many more has indicated that females living in impoverished communities/countries have a lack of knowledge with regards to acceptable hygiene practices and a shortage of materials for MHM (Budhathok et al., 2018:2; Mahajan, 2019; Hennegan et al., 2017; Kaur et al., 2018).

Menstruating females are taught and informed about menstruation in various settings which includes school, parents, relatives, and peers (Hennegan et al., 2017:8). Even though they do receive information about menstruation at school, it can be that some teachers do not give all the important information or no information at all, due to cultural taboos or that even they themselves do not have enough information to give through to them (Mohammed & Larsen-Reindorf, 2020:2). A study done in Uganda indicated that even though females did have knowledge about menstruation, the information they had from their family and peers, confused them and still left them uncertain and fearful of their period (Hennegan et al., 2017:8). Information such as staying away from boys is a predominant theme that came through in the study (Hennegan et al., 2017:8).

It is not only important for a female to know about the overall menstruation process, but also about the various diseases, disorders, and infections that they can get from lack of proper MHM (Rossouw & Ross, 2021:1). If menstruating females are not aware of cervical cancer, polycystic ovary syndrome (PCOS), toxic shock syndrome, endometriosis, and other infections, it can have a severe impact on their menstrual health (Rossouw et al., 2021:1;

Mahajan, 2019:63; Department of Women, Youth and Persons with Disabilities, 2019:10 & Kaur et al., 2018:2). MHM can be linked to negative social implications if the female does not have the environmental capacity or knowledge to implement good MHM, this could be linked to damaging social ramifications, which includes exclusion from everyday activities (Scorgie et al., 2015: 4).

The researcher is of the opinion that the knowledge that the participants would have received from school, family, and their peers, as well as their cultural beliefs will have a lasting effect on how they experience menstruation.

2.4.4 Menstruation experience among young females

Knowledge is not the only factor that plays a role in the experience that menstruating females have. The experience of young menstruating females is also impacted by cultural taboos and beliefs, economic status, and their physical environment (Hennegan et al., 2017; Mohammed et al., 2020; Kaur et al., 2018; Van Biljon & Burger, 2019).

2.4.4.1 Cultural taboos and beliefs

Menstruation is a topic surrounded by silence and stigmatization. Cultural taboos and beliefs, which will further be referred to as menstrual beliefs, have a major and vital impact on how menstruating females perceive menstruation, it can be seen as a natural transition, a cause for celebration, a passage to womanhood or a condition that is shameful and should be concealed (Ramathuba, 2015:2).

There are many cultures in Sub-Saharan Africa that believe a menstruating female carries an illness or disease, they are also restricted in taking part in community activities such as religious rituals and from touching cattle (Mohammed et al., 2020:3; Van Biljon et al., 2019:5). This limits the activity that a female can partake in and further increases the feelings of shame and anxiety surrounding menstruation that is a biological process due to menstrual beliefs making menstruating females feel dirty (Mohammed et al., 2020:3; Van Biljon et al., 2019:6).

Menstrual beliefs do not only play a role in Sub-Saharan Africa but all over the world, menstruating females in India are not allowed to go to school or wear new clothes. In Ghana, Ethiopia, Cambodia, and Tanzania it was found that females believed that if they did not dispose of the sanitary products properly, they would become infertile (Mohammed et al., 2020:3). Cambodian girls are instructed by their mothers to save their first sanitary material as it is believed to offer protection from bad intentions, used as anti-snake venom and to promote a smooth skin (Mohammed et al., 2020:3). In Ethiopia it is believed that if a menstruating female bathes in the time of menstruation, it will increase her menstrual flow,

menstrual beliefs further stigmatize and link shame and dirtiness to a biological process that a female has no control over (Mohammed et al., 2020:3).

A qualitative study that was done in Kwazulu-Natal on schoolgirls (Kwgare, 2016), found that 22% of the participants were restricted through menstrual beliefs. They were not allowed to cook, go near males, and not wear “church clothes” (Kwgare, 2016:25). Menstruating females that are specifically still in school, rely heavily on their peers, family opinion and information with regards to menstruation to tell them what is normal and what practices they need to partake in (Hennegan et al., 2017:8). Uneducated family members and peers can have an influence on the overall menstrual health of the female if they give them advice that could be detrimental to their health (Hennegan et al., 2017:8). This could include washing the reusable pads and putting it away in a dark room, that could influence the hygiene of the pad, as it is not hung in the sun to sterilize as required, leading to reproductive tract infections that include chlamydia, gonorrhea, chancroid and human immunodeficiency (HIV) and other infections (Mahajan, 2019:63).

When females are in a working environment, menstruation can also be a stressor. Menstruation in the workplace can be accompanied with feelings of humiliation and embarrassment, especially if the sanitation infrastructure is not in place and the cultural restrictions restrict their moving (Mohamed, Durrant, Huggett, Davis, Macintyre, Menu, Wilson, Ramosaea, Sami, Barrington, McSkimming & Natoli, 2018:2; Mohammed et al., 2020:3). Menstruating females might not go to work due to the lack of infrastructure at the workplace or lack of sanitary products (Mohamed et al., 2018:2).

It is possible that that by educating a whole community, male and female, about menstruation, it can have a major influence on the stigmatization and perception young menstruating females have about menstruation, as well as the other community and family members (Kuar et al., 2018:2).

The researcher is of the opinion that some of the participants in the interviews will be subjected to cultural beliefs and taboos surrounding menstruation, that will have an impact on their experience and perception of menstruation overall.

2.4.4.2 Economic status and factors

Menstruating females in low-income communities adapt their MHM practices to their available resources, economic status, environmental infrastructure and knowledge (Kuar et al., 2018:2). According to Statistics SA (Stats SA), the living conditions survey of 2014 and 2015, the poverty profile among adults (age 18 and over) looked as follows: 20.6 % were living below

the food poverty line in 2015, 33.8% were living in the lower-bound poverty line and 49.2% of adults were living in the upper-bound poverty line (Stats SA, 2019:13).

The poverty line indicates what an individual needs financially to survive monthly and serves as a statistical measurement of money-metric poverty (Stats SA, 2019:13). The food poverty line (FPL) in 2015 was R441 per month for an individual, the lower-bound poverty line (LBPL) in 2015 was R647 per month for an individual, and the upper-bound poverty line (UBPL) in 2015 was R992 per month for an individual (Stats SA, 2019:13). The FPL has been raised in 2021 to R624, LBPL has been raised in 2021 to R890, and UBPL is raised in 2021 to R1335 per month per individual (Stats SA, 2021:3).

Department of Statistics, South Africa (2021) state that women in South Africa still face the challenge of accessing employment. The Quarterly Labour Force survey of 2021 indicated that the work force is more favorable to men than women, which directly influences gender equality (Department of Statistics South Africa, 2021). The unemployment rate among women was 36% versus 32.4% amongst men, specifically among black African women, where the unemployment rate was a staggering 41% compared to 8.2% among white women, 22,4% among Indian/Asian women and 29,9% among coloured women (Department of Statistics South Africa, 2021).

These statistics indicate the inequality that women still face in South Africa with regards to employment, which directly affects their economic status and where they are on the poverty line. Life expenses and sanitary products are expensive, if a female for example lives on the LBPL (lower-bound poverty line) they would only have R890 a month to buy food and other products such as sanitary products (Department of Women, Youth and Persons with Disabilities, 2019:10). Statistically, taking into account the various poverty lines and unemployment rate among females in South Africa, it does make sense that they do not have the financial means to manage their menstruation properly, as it can result in them living in areas that, firstly, do not have the resources and infrastructure, and secondly not being able to buy the products due to unemployment and poverty (Department of Women, Youth and Persons with Disabilities, 2019:10). Employment status and economic status has a direct influence on accessibility, environment infrastructure that they live in, and the type of products used to manage MHM.

The researcher is of the opinion that the perception and experience of the participants will be influenced by their employment and economic status.

2.4.4.3 Environmental factors and infrastructure

As mentioned before, to be able to properly manage menstruation, a female needs sanitary products to collect the menstrual fluid, a private place to change or clean the sanitary products, water, and soap to wash and clean themselves to stay hygienic and clean (Budhathok, et al., 2018:2). In rural communities this is not always the case, there might not be running water, sanitation infrastructure, or any resources near the menstruating female (Mahajan, 2019:63). A safe space to change sanitary products is important, to foster a feeling of safety, as a lack of a safe space can increase a menstruating females' feelings of shame and anxiety surrounding menstruation (Rossouw et al., 2021:10).

A lack of sanitation infrastructure could lead to menstruating females staying away from work due to feelings of shame and embarrassment and putting their employment at risk (Department of Women, Youth and Persons with Disabilities, 2019:4). The lack of sanitation and infrastructure also influences the way a menstruating female would dispose of her sanitary products (Kaur et al., 2018:4).

Disposing of menstrual products in rural areas can include the following: throwing them away in the open, flushing them down the toilet (if they have toilet facilities) or pit latrine, burying the sanitary products, burning the products, or throwing it away if they have the facilities to dispose of it through the sanitation systems (Elledge, Muralidharan, Parker, Ravndal, Siddiqui, Toolaram & Woodward, 2018:7), which can cause the sewers to become blocked.

In a qualitative study that focused on how South African women discard of menstrual products they found shame deeply imbedded in the way females in rural communities dispose of their menstrual products (Scorgie, Foster, Stadler, Phiri, Hoppenjans, Rees & Muller, 2016:161-176). This included them being afraid to throw it away in dustbins as dogs might take it out and someone will see the pad and think poorly of them (Scorgie et al., 2016:161-176). The study indicated that they would also keep a tin with a lid of some sort in the yard, where it is private, where they could dispose of the sanitary products. If they had no other way to dispose of the sanitary products, they would keep it under the bed until they are able to discard it with other household items (Scorgie et al., 2016:161-176).

Shame and anxiety with regards to disposing of menstrual products is not only found in South African rural communities, but also in rural communities of Bangladesh where sanitary cloths are thrown into drains, ditches, and toilets, as an effort to dispose of it "discreetly" (Yeasmin, Luby, Saxton, Nizame, Alam, Dutta, Masud, Yeasmin, Layden, Rahman, Abbott, Unicom & Winch, 2017:6).

The researcher is of the opinion that the females' environment will have an influence, not only on how they dispose of sanitary products, but their overall experience and perception of menstruation.

2.4.4.4 Impact on female youth

Knowledge, cultural taboos and beliefs, economic status and employment, lack of adequate sanitation infrastructure and lack of access to resources, can have an impact on a menstruating female's self-esteem, dignity, menstrual health, physical overall health and psychological health and well-being (Department of Women, Youth and Persons with Disabilities, 2019:4:5).

Stigmatization, shame and lack of knowledge, is an overall theme that came out of the above-mentioned studies that was done all over the world in rural communities. Policies, Sustainable Developmental Goals (SDGs), social work interventions, programs, and projects are being implemented all over the world to close the gap of the inequalities that women face daily. This will be addressed in the literature review.

2.5 SOCIAL WORK INTERVENTION

Social workers do not only play a vital role in the development of individuals, small groups, and families, but also the whole community that they are situated in. According to the White Paper on Social Welfare (1997) the term social welfare refers to an integrated and comprehensive network that includes social services, facilities, programs and social security, to promote social development and social functioning of individuals, groups, and communities (White Paper on Social Welfare, 1997). Social interventions, systems, and services strive to meet the needs of the individuals, groups, and communities through social development in health, nutrition, education, housing, employment, recreation, rural and urban development, and land reform (White Paper on Social Welfare, 1997).

The national goals that social workers work towards include to facilitate and provide appropriate social welfare services to all South Africans, especially those facing poverty, vulnerability and special needs (White Paper on Social Welfare, 1997). Services include rehabilitation, prevention, development, protective services and facilities, social security, including social relief programs, social care programs and enhancement of social functioning (White Paper on Social Welfare, 1997). Social workers are an important mediator between the community, government, and private sector, to ensure effective delivery of social services, promote social development intersectorally, to facilitate sustainable global goals, and to ensure the Constitution of the Republic of South Africa is implemented (White Paper on Social

Welfare, 1997). In the context of the Constitution of the Republic of South Africa, the Bill of Rights is: “The corner stone of democracy in South Africa. It enshrines the rights of all people in our country and affirms the democratic values of human dignity, equality, and freedom. The state must respect, protect, promote and fulfil the rights in the Bill of Rights” (Bill of Rights, 1996:5).

Social work is a human rights profession. As seen above the goals a social worker works towards, is the ultimate well-being of all people through providing effective social intervention and services (Lombard & Twikirize, 2014:316). Human rights are categorized in three groups or also referred to as generations, first-generation (civil and political rights), second generation (economic, social and cultural rights), and third generation (economic development) (Lombard et al., 2014:317).

First-generation rights also refer to civil and political rights which are individually based and focused on fundamental freedoms, such as being treated with dignity, right to public health and public safety, freedom from discrimination with regards to religion, race, and gender (Lombard et al., 2014:317). Social workers in practice provide social services and interventions with regards to first-generation rights through advocacy (Lombard et al., 2014:317). Advocacy is one of the core skills and principles that social workers work with (Brown, Livermore & Ball, 2015:50), for example a social worker will advocate for female youth with regards to menstruation hygiene management, so that they can have access to MHM products. Social workers are policy sensitive when working with clients individually, in groups or in communities. Social workers need to know how to access resources and be aware of the potential barriers that the client, group or community is facing (Brown et al., 2015:50).

Second-generation rights are also referred to as economic, social, and cultural rights, is based on the tradition that the collective or state must provide care for the individuals, groups and communities that need assistance (Lombard et al., 2014:317). In practice this second-generation right, means that a social worker will be in direct contact with vulnerable and poor communities, their focus will therefore be on the right to adequate income, income security, the right to adequate shelter and housing, right to adequate health care, education, and right to meaningful work for the individuals, groups, and communities they work in (Lombard et al., 2014:317). Once again, the social worker in the community should be aware of the various policies, be politically active in the community to find ways to provide effective social services and intervention to the community (Lombard et al., 2014:317). For the social worker this includes advocacy, policy analysis, and research (Lombard et al., 2014:317).

The third generation right focuses on economic development of the individual, group and community, this includes the right to benefit from the world trade, economic growth,

environmental rights, such as breathing unpolluted air, right to access to clean water, right to live interconnected and harmoniously (Lombard et al., 2014:317). These rights are seen as a collective right for a community or a nation that in practice is related to community development, therefore, it involves macro-level practices that include the political dimension (Lombard et al., 2014:317). For social workers this means to look at six different spheres when working towards community development such as social development, community economic development, political development, cultural development, environmental development and personal or spiritual development (Lombard et al., 2014:317).

Developmental social work is linked to all spheres an individual, group, community and nations live and work in (Lombard et al., 2014:318). Social work is central to eradicating poverty and promoting social and economic equality for all in a sustainable manner (Lombard et al., 2014:318). The remedial and maintenance function of a social worker challenges the sources of injustice, that contribute to marginalization, social exclusion, and the oppression of individuals, groups, and communities (Lombard et al., 2014:318). Social workers challenge these themes through promoting and investing in strategies of empowerment, strength-based advocacy, non-discriminatory approaches and social investment strategies that promote social and economic inclusion (Lombard et al., 2014:318).

For the purpose of this study the researcher is of the opinion that social workers play a vital role in implementing policies and strategies to help provide services and advocate for the marginalized and equality for all. This can be a golden thread throughout the study as social workers play a vital role in not only eradicating poverty, but also period poverty, or the inability to be able to access MHM products (Rossouw et al., 2021:1). The Sustainable Developmental Goals, policies and strategies will be discussed.

2.5.1 Strategies for Menstruation Hygiene Management intervention.

Various policies, goals and mandates have been brought forward to try and eradicate poverty, inequality and period poverty and various other economic and social situations that marginalize people all over the world. Sustainable Developmental Goals and a South African national policy will be discussed with regards to menstruation hygiene management and their efforts to eradicate period poverty.

2.5.1.1 Sustainable Developmental Goals for Menstruation Hygiene Management

Sustainable Developmental Goals, otherwise known as SDG's, are a global agenda that aims to identify different methods that the global society can implement to become more sustainable economically, socially and environmentally for all (Sommer, Torondel, Hennegan, Phillips-Howard, Mahon, Motivans, Zulaika, Gruer, Haver, Caruso & Monitoring Menstrual Health and

Hygiene Group, 2021:1). The SDG's also aim to achieve gender equality and the empowerment of all women and girls. Even though the SDG's do try to achieve gender equality and empowerment it does not address the natural biological experience of menstruation (Sommer et al., 2021:1). MHH and MHM can be directly linked to women's and girl's human rights. International human rights law is obligatory, binding and therefore enforceable (UNICEF, 2019:14). The government is referred to as the 'duty-bearers' of human rights and the citizens of the country as the 'right-holders' (UNICEF, 2019:13). Some examples of human rights relevant to MHH include the following: The Convention on the Rights of the Child (CRC), Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and the Convention on the Rights of Persons with Disabilities (CRPD) (UNICEF, 2019:14).

The lack of sustainable and hygienic MHH and MHM could result in SDG's not being met. The lack of sanitation and clean hygienic sanitation products could lead to women and young females being more susceptible to reproductive tract infection, which influences goal 3, ensuring healthy lives and promote the well-being for all at all ages (UNICEF, 2019:15 & United Nations, 2015:20). The WASH programme is an international programme that focusses on water, sanitation, and hygiene (UNICEF, 2016:1). The WASH programme aims provide adequate sanitation infrastructure and knowledge to girls and young female adults for appropriate MHM (UNICEF, 2016:1). The lack of effective sanitation and proper products, could result in girl's not going to school (goal 4, ensure inclusive and fair quality education and promotion of lifelong learning opportunities) and women missing out on job opportunities (goal 8, sustained and inclusive and sustainable growth, full and productive employment and decent work for all) there are many more goals that are impacted by the lack of MHH and MHM (UNICEF, 2019:15 & United Nations, 2015:20-23).

The two goals that the researcher is mainly going to focus on is SDG 5 and SDG 6. Goal 5 focuses on achieving gender equality and to empower all women and girls, specifically 5.6 pertains to ensuring universal access to sexual and reproductive health and reproductive rights; safe and hygienic MHH and MHM is therefore important to ensure that SDG 5 in its totality can be reached (United Nations, 2015:22). Goal 6 focuses on ensuring availability and sustainable management of water and sanitation for all, specifically goal 6.2 that states to achieve adequate and equitable sanitation for all and end open defecation; as seen previously various women and girls do not have the available sanitation to be able to have a hygienic manner to dispose of sanitary waste and cleaning themselves appropriately (United Nations, 2015:22).

It is the opinion of Sommer et al., (2021:1-10) in their article *How addressing menstrual health and hygiene may enable progress across the Sustainable Development Goals* they state that

to further and ensure that the 17 SDG's for the global society, it is important that MHH and MHM gets the appropriate attention to ensure that SDG 5 (gender equality) and SDG 6 (clean water and sanitation) can be reached, but as of now at the moment, is underfunded and under acknowledged (Sommer et al., 2021:1-10).

UNICEF suggests the following type of intervention with regards to MHH and MHM, namely social support, knowledge and skills, facilities and services and materials (UNICEF, 2019:39). UNICEF has introduced these intervention strategies before and they were mostly successful when they addressed all four pillars of the intervention package based on a robust situation and needs analysis, strengthening the environment for the intervention through guidelines and financing plans, consider the area where it will be implemented and work with the government to implement the intervention. Even though this intervention package has been successful in some countries, the researcher is of the opinion that in the current South African structure, it will take a considerable amount of planning and work with the government as the current infrastructure of rural communities will not be able to implement the intervention strategy effectively (Lombard et al., 2014:316).

Even though various countries have accepted the goals and are trying to implement strategies to reach them, developing countries have a long way to go. The National framework in South Africa with regards to MHM and MHH will be discussed.

2.5.1.2 National Framework

The Department of Women, Youth and Persons with disabilities has published a Sanitary Dignity Framework (2019), with the aim of promoting sanitary dignity and to provide norms and standards in respect of provisions to indigent persons (Department of Women, Youth & Persons with disabilities, 2019:15). Sanitary dignity refers to all females, child, adolescence, and adults, managing their menstruation in a dignified manner (Department of Women, Youth & Persons with disabilities, 2019:8). Indigent persons refer to individuals who live in poverty, lack of necessities, live in child-headed households, have been admitted to state owned institutions, and vulnerable individuals (Department of Women, Youth & Persons with disabilities, 2019:8).

- ***Main objectives***

The main objectives of the framework are:

- to protect and preserve the sanitary dignity of menstruating females as a human right,
- to provide an integrated and coordinated, responsive government program that aims to provide sanitary products free of charge to indigent individuals,

- inter-departmental and inter-governmental cooperation, broader economic participation in the sanitary dignity value chain to empower women,
- improving the learning capacity in female learners,
- provide norms and standards for sanitary dignity and sanitary products (Department of Women, Youth & Persons with disabilities, 2019:15),
- to provide awareness programs and educate all persons involved in respect of their rights, duties, responsibilities, roles, and function (Department of Women, Youth & Persons with disabilities, 2019:16),
- to ensure that sanitary products are not exploited and to improve menstrual health and hygienic practices of indigent persons to improve the quality of their life (Department of Women, Youth & Persons with disabilities, 2019:16).

This framework aims to provide the above-mentioned objectives and expects to contribute to education, reduction in unemployment and, ultimately, economic self-sustainability (Department of Women, Youth & Persons with disabilities, 2019:16).

- ***Aim of framework***

The framework aims to be implemented nationally and provincially for the indigent persons that will benefit from the framework, by integrating with existing programmes and existing provincial menstrual health programmes (Department of Women, Youth & Persons with disabilities, 2019:17). The model has five categories that are important for the successful implementation of the framework namely:

- an enabling environment (supporting and enabling policy, legislation, and budget),
- enabling infrastructure (access to safe, hygienic, and private water supply and access to sanitation infrastructure),
- a gender-responsive menstrual health management implementation (gender responsive procurement, manufacturing, and distribution),
- monitoring and reporting, and evaluation and learning (Department of Women, Youth & Persons with disabilities, 2019:17).

This framework aims alleviate the needs of the indigent persons, as set out in the framework first (Department of Women, Youth & Persons with disabilities, 2019:18). The implementation process will be focused on target groups, and the beneficiaries will be dependent on budget and provincial readiness (Department of Women, Youth & Persons with disabilities, 2019:18). The framework focuses on women-owned business, youth, and individuals with disabilities in the menstrual health management value chain (Department of Women, Youth & Persons with disabilities, 2019:18).

The framework will be discussed further in the following points: access to sanitary products, water supply, sanitation and hygiene, procurement, manufacturing, distribution and storage, and sanitary waste disposal.

❖ ***Access to Sanitary products***

The framework intends that all indigent female individuals will have reasonable access to sanitary products at proposed institutional structures that will be chosen beforehand, this institution should be within reasonable distance of the indigent individuals (Department of Women, Youth & Persons with disabilities, 2019:19). The sanitary products should be always available and accessible, there should also be a responsible member to interact with the indigent persons and give them access to the products and keep record of the products given out (Department of Women, Youth & Persons with disabilities, 2019:19).

❖ ***Water supply, sanitation, and hygiene***

To ensure a successful implementation of the framework there should be water supply, all indigent females should have access to a safe and hygienic water supply, which will be used for hand washing and cleaning activities, referred to as WASH (Department of Women, Youth & Persons with disabilities, 2019:19 & WASH Advocates, 2015). There should be access to sanitation infrastructure that is hygienic, safe and private, which should be sex-segregated and have a functional locking mechanism (Department of Women, Youth & Persons with disabilities, 2019:19). The availability for washing facilities and soap, toilet paper, and a disposal system that is safe and hygienic is important to ensure the successful implementation of the framework (Department of Women, Youth & Persons with disabilities, 2019:19). Facilities for persons with disabilities is also important for sanitary dignity (Department of Women, Youth & Persons with disabilities, 2019:19).

❖ ***Procurement***

To increase economic sustainability the sanitary products should be secured and produced locally by female black-owned business owners, have at least 50% female workers in the company, 70% of the workers should be from the local community, and they must have skills development and transfer programmes in place (Department of Women, Youth & Persons with disabilities, 2019:19).

❖ ***Manufacturing***

The manufacturing of sanitary products should be focused in South African owned companies, the products should also ascribe to the following standards: it should absorb, be comfortable, be durable, make use of certain products and have thermal resistance (Department of Women, Youth & Persons with disabilities, 2019:21-22).

❖ ***Distribution and storage***

The sanitary products should be distributed to the relevant indigent persons of the programme, they should also be educated on how to store the products, as well as where they can get new sanitary products (Department of Women, Youth & Persons with disabilities, 2019:22).

❖ ***Sanitary waste disposal***

For this framework to be successful, indigent persons must be educated on safe options for the disposal of the menstruation product and municipalities should ensure efficient, affordable, economical, and sustainable access to waste management services (Department of Women, Youth & Persons with disabilities, 2019:24).

This framework considers that South Africa does not necessarily have all the infrastructure in place to ensure the framework as is. This framework does consider the different communities that this framework will need to be implemented in, however, the researcher is of the opinion that there is a lack of infrastructure and that it might possibly impact the implementation of the framework.

2.6 SUMMARY

This chapter focused on youth as a life phase, female anatomy, and knowledge of menstruation hygiene management among females in low-income communities, social work intervention and the mandate for Menstruation Hygiene Management. It demonstrated how knowledge, culture, economic status, access to sanitation and infrastructure has a major impact on female youths' experience and ability to implement healthy and effective MHM. Globally the SDG's are actively working to close the inequality gap that a lack of sanitation, access, and knowledge creates for girls and females overall, as with the WASH programme. Nationally South Africa has the sanitation and dignity framework that has effective recommendations, however the actual infrastructure of the country has an impact on the implementation there of. The literature from this chapter will be used to substantiate the findings in chapter 3.

The research methods, methodology and research findings follow in chapter 3.

CHAPTER 3: RESEARCH METHODOLOGY, RESEARCH FINDINGS, AND INTERPRETATIONS

3.1. INTRODUCTION

It is always important to ensure that data is collected in the most appropriate way for the type of study to ensure thick data gathering and effective analysis of the data. The first part of Chapter Three will consist of a detailed discussion focusing on the research approach, type of research appropriate for this study, research design, research methods used in the study, including sampling method, data collection method, method of data analyses, data quality, pilot study and the ethical considerations for the study. The second part will focus on the research findings, through a thematic analysis.

3.2. RESEARCH QUESTION

The research study is based on the following research question: What are the perceptions of female youth regarding Menstruation Hygiene Management (MHM) in the rural community, Roodeplaat Tshwane, Gauteng province?

3.3. RESEARCH APPROACH

The qualitative research approach and feminism paradigm was selected for the research study. The research approach selected for this study was qualitative. Qualitative research makes use of semantic or lingual data, and it is naturalistic (Niewenhuis, 2020:55). Naturalistic refers to social life in processes, it is ever evolving and changing continually (Niewenhuis, 2020:55). Qualitative research seeks to answer questions by examining different social settings with heterogenous individuals that inhabit these social settings (Niewenhuis, 2020:55). It is interested in how people arrange themselves in the different social settings and how they make sense of their surroundings through symbols, rituals, structures, social roles and so on (Niewenhuis, 2020:55). It is exploratory and is focused on understanding the phenomenon being researched through an “emic” perspective (Niewenhuis, 2020:55).

The qualitative research approach was therefore suitable for the research, exploring and describing a complex social phenomenon from the emic perspective of the female youth that are currently experiencing menstruation. It took place in the naturalistic setting of the participants through linguistic data and focused on how they made sense of the phenomenon in their own social settings. The qualitative approach allowed the researcher to be exploratory

and descriptive, gain insight into the reality of the female youth, get more information with regards to their subjective perspective, asking the “what” and “why” questions (Jansen, 2020:11).

3.3.1. Feminism paradigm

The feminist paradigm focuses on critically engaging with women lived social realities aiming to change or enhance their social environments for the better (Laher, Flynn & Kramer, 2019:220). Feminism aims to attend to the marginalised women and often women who have been silenced not just socially, but in the production of knowledge (Laher et al., 2019:225).

This paradigm was appropriate for this research study, as the researcher focused on the emic perspective of the participant with regards to the whole menstruation process. The researcher was the voice for the females in that area with regards to future community projects, policies or programs with regards to MHM.

3.4. TYPE OF RESEARCH

The type of research appropriate for this study was applied research. Applied research is undertaken to find a solution to a problem/challenge in practice, or it is used to obtain results to inform policies (Jansen, 2020:9). The research question was designed to provide data to improve the current situation that the young female participants in the Roodeplaat area experience with regards menstruation hygiene management. The data gathered informed policies and how information about menstruation and hygiene management are discussed in schools and low-income communities. Applied research enabled the researcher to be more proactive and to advocate for the female youth of the Roodeplaat community. The study resulted in possible future projects in the low-income communities to address the perceptions and lack of knowledge of the female youth with regards to MHM. Applied research was therefore the appropriate type of research for this study.

3.5. RESEARCH DESIGN

The research design implemented in this study was phenomenology, and it is a sub-design of psychological or transcendental phenomenology.

Phenomenology explores the structures of human life and the world that they experience, it focuses on the lived world and how people experience everyday situations (Niewenhuis, 2020:85). Phenomenology focuses on determining what an experience means to a person

that will be able to provide a comprehensive description of the experience and their perception (Niewenhuis, 2020:85). Phenomenology is rooted in philosophical perspectives of consciousness, what does the person experience consciously with regards to the phenomenon (Niewenhuis, 2020:85). The questions asked were “what” did they experience and “how” they experienced it.

Phenomenology was the appropriate design for this study as the researchers wanted to know “what” the female participants’ experience is with regards to menstrual hygiene management, as well as “how” they experience this phenomenon. Phenomenology allows for the voice of the participant to be heard, and it was vital for this research study, as it was a sensitive topic, and the results may influence future projects and policies in the different communities.

Psychological or transcendental phenomenology focuses less on the interpretations the researcher makes with regards to the phenomenon, but rather focuses on a description of the experience of the participant, also referred to as the Husserl’s concept (Niewenhuis, 2020:86). This meant that the researcher identified the phenomenon that was studied, collected the data from participants who had experienced this phenomenon, analysed the research, and reduced it to significant quotes and statements made by the participants and combined them into themes (Niewenhuis, 2020:86). After the themes were defined, textual descriptions of what the participant experienced was developed, structural descriptions of how they experience the phenomenon was then developed. The combination of the textual and structural descriptions conveyed the essence of the experience with regards to the phenomenon that was being studied (Niewenhuis, 2020:86).

This sub-design was adequate with regards to the study, since it focused on the experiences of the participants and was less focused on the interpretation of the researcher (Niewenhuis, 2020:86). The researcher implemented this through thematic analysis and experienced the phenomenon through the perspectives of the participant as a new perspective for the researcher with regards to the phenomenon.

3.6. RESEARCH METHODS

The study population, sampling method and sample will be discussed with regards to the study being implemented.

3.6.1. Study population and sampling

3.6.1.1. Study population

The study population for the study was females between the ages of 18 and 34 residing at Roodeplaat rural community, City of Tshwane. The Kamcare project was established in Tshwane, Gauteng Province, but this study specifically focused on this area during the study.

3.6.1.2. Sampling method and sample

The sampling method that was used for this study was non-probability sampling. Non-probability sampling is a method that does not make use of random selection methods to indicate participants in the population (Maree & Pietersen, 2020:219). Non-probability sampling makes use of methods that ensure that the specific participants in the study provide rich data through thick descriptions of their perspectives with regards to MHM. Non-probability sampling was used in the following situations (Maree & Pietersen, 2020:219):

- Limited time for the study - results are needed urgently
- The measuring instrument must be tested
- Preliminary studies must be done in the development stage of a survey
- Financial resources are limited
- The population is difficult to access.

The researcher used this sampling method as time was limited to do the interviews, financial resources were limited, and the population was difficult to access. Kamcare was the appropriate organisation, as there was already a project ongoing that provides reusable sanitary pads to the female youth in the Kameeldrift and Roodeplaat rural communities, meaning that the participants would have had access, thus the researcher made use of non-probability purposive sampling for this study. Purposive sampling is used in study environments that need specific participants to take part in the study, as they can give the best information with regards to the phenomenon (Maree & Pietersen, 2020:219).

The social worker from Kamcare and the community nurses recruited the potential participants when they gave out the reusable pads in the community. They informed them of the study and those interested in partaking were asked to provide their contact details. The researcher got these contact details from Kamcare and contacted the potential participants. The first five participants who met the selection criteria were included in the study.

The researcher made use of selection criteria to ensure that participants that took part in the study would be able to give an emic perspective on the phenomenon being studied. The participants needed to meet the following selection inclusion criteria:

- Females

- Must have started with menses
- Aged between 18-35 years
- Reside in Roodeplaat rural community, Tshwane, Gauteng Province
- A recipient of the Kamcare reusable sanitary pads project
- Conversant in English
- Has provided informed consent.

Sample size depends on the information needed until data saturation takes place, the purpose of the study, what is at stake, what will be useful, what will have credibility, and what can be done with the available resources and time (Niewenhuis, 2020:92). The sample size in this study included five females that met the criteria to take part in the study. Researcher arranged the interviews telephonically with the participants and conducted the face-to-face interviews at the Vathu Phanda Creche in Roodeplaat rural community.

3.6.2 Data collection

Through the data collection method of one-on-one interviews, an interview schedule and voice recordings of the interviews, the researcher was able to achieve the objective of the study.

An interview or one-on-one interview is defined as a “two-way conversation” (Niewenhuis, 2020:108). The interviewer or researcher asks the participants various questions related to the research question to collect data (Niewenhuis, 2020:108). This information will enable the researcher to learn about the participant’s beliefs, perspectives, opinions, behaviours and ideas with regards to the phenomenon being studied (Niewenhuis, 2020:108). The researcher made use of a semi-structured interview. The interviews were not time consuming and the semi-structured interview schedule allowed the opportunity for probing and clarification (Niewenhuis, 2020:108). The semi-structured interview was most appropriate with regards to this study, as the researcher discovered interesting information that was probed and clarified for a better understanding. Structured interviews would have been too strict and would not have allowed for appropriate probing, which would have impacted the participants’ depiction of their experience of the phenomenon.

The researcher made use of an interview schedule, namely, a prepared set of questions, designed to be asked exactly as worded (McLeod, 2014). The interview schedule was a standardized format that allowed the researcher to ask the same set of questions to all five participants (McLeod, 2014). The researcher made use of this interview schedule to ensure

data saturation and that all the participants answered the same set of questions, which ensured a more accurate depiction of their experience.

The researcher made use of voice recordings to capture the data and the interview with the permission of the participants. This was done to ensure that the researcher did not miss any of the information and ensured a thick description. The researcher also made use of notes of possible themes at the end of the interview, as well as to make notes of interesting answers (Niewenhuis, 2020:109).

To comply with the Covid-19 regulations and minimize the risk of infection, the researcher ensured that there was at least a meter of space between the participant and the researcher, and that both the researcher and the participants wore a mask. The researcher asked the participants about possible symptoms and made hand sanitizer available to the participants.

3.6.3 Data analysis

The researcher made use of the thematic data analysis process as described by Clarke, Braun, and Hayfield (2015). The researcher analysed the data using thematic analysis through the following steps: Familiarisation, coding, searching for themes, reviewing themes, defining, naming themes, and writing a report.

- Familiarisation

This phase required the researcher to be fully immersed within the data by reading and re-reading the textual data such as a transcript of an interview, as well as listening to the audio recordings of the interview (Clarke & Braun, 2012:60), in this case the interview. The researcher was expected to make notes of promising or interesting items when listening and reading the interview transcript. The researcher read the transcript actively and thought critically about what was being read (Clarke & Braun, 2012:61). The aim of this step in the process is to familiarise oneself with the data, as to actively become aware of interesting content that might be relevant to the research being conducted (Clarke & Braun, 2012:61). The researcher familiarised herself with the data by actively listening and taking notes while listening to the recordings of the interviews. The researcher read the transcripts actively and made notes on promising items and possible codes and themes.

- Coding

This step of thematic analysis makes use of coding, which is done by creating a label for a feature of the data that might be relevant to the research question (Clarke & Braun, 2012:61). Coding can be done at the semantic or latent level of meaning, it is a summary or short description of a certain piece of information (Clarke & Braun, 2012:61). Codes can be

descriptive and can also go beyond the meaning of the participant and provide an interpretation of the data (Clarke & Braun, 2012:61). Codes are descriptive and interpretive; codes can also be modified as needed and as the researcher discovers more codes. When all of the information has been fully coded and the different data sets have been allocated to these different codes, the process is done and the next step can begin (Clarke & Braun, 2012:61).

The researcher created labels for example, lack of MHM knowledge, parental lack of knowledge, negative and positive emotions surrounding the subjective views. This was then sorted into the different categories that, when doing the transcriptions, the researcher was able to code easily and search for themes.

- Searching for themes

Themes capture the important part of the data that is applicable to the research question and represents a pattern or meaning response within a data set (Clarke & Braun, 2012:63). This step-in thematic analysis is an active process (Clarke & Braun, 2012:63). This means that the researcher will beget or construct themes, rather than discovering them (Clarke & Braun, 2012:63). This step of thematic analysis involves reviewing the coded data to identify areas where the codes overlap or are similar. Themes and sub-themes are created by clustering codes that seem to share a similar feature, it is reflected and describes coherent and meaningful patterns in the data (Clarke & Braun, 2012:63). The researcher explored the relationship between the different themes and considered how the various themes worked together to depict what is going on in the data. At the end of this stage the researcher was able to outline the candidate themes and collate the data that shared the same features (Clarke & Braun, 2012:63).

- Reviewing themes

This is an iterative process whereby the themes that are still developing are compared to the codes and the data set to ensure that the themes make sense and are relevant (Clarke & Braun, 2012:63). This phase was important for quality checking and involved comparing the themes to the collated data and to explore whether the themes worked in relation to the data (Clarke & Braun, 2012:63). In this step themes were re-evaluated and changed to ensure that it does represent the data accurately. The researcher was able to compare the themes with studies done on similar research questions.

- Defining and naming themes

The researcher must be able to clearly state what is specific and unique about the themes that were generated (Clarke & Braun, 2012:64). Each theme that has been identified must have a

clear focus, scope, and a purpose; it should build and develop each previous theme and provide a coherent story about the data (Clarke & Braun, 2012: 66). In this step the researcher chose different quotes from the transcriptions that accurately represented the themes.

- Writing a report

The purpose of a report is to provide a compelling story about the data collected based on the researcher's analysis (Clarke & Braun, 2012:69). The report should be convincing and clear yet complex and embedded in a scholarly field (Clarke & Braun, 2012:69). The arrangement of the themes within the report is important, as it should connect logically and meaningfully, the themes should build upon each other to ensure a coherent story about the data (Clarke & Braun, 2012:69).

Thematic analysis was the appropriate data analysis approach as the researcher was able to create themes that answered the research question and created an atmosphere where the data was understood. It created an opportunity for the reader to see a different perspective with regards to the phenomenon being experienced by the participants.

3.6.4. Data quality

To ensure data quality, the researcher made use of the construct's credibility, transferability, dependability, and confirmability.

3.6.4.1 Credibility

Credibility is the construct that focuses on how congruent or consistent the findings are with reality (Niewenhuis, 2020:144). Credibility can be established by the adoption of a well-established research method and design that fits the research question and a theoretical underpinning that is aligned with the research question and the methods (Niewenhuis, 2020:144). It is also established and ensured by using purposive sampling and detailed data collection (Niewenhuis, 2020:144), which the researcher ensured with the voice recording and taking of notes and using purposive sampling in the study. Other methods included frequent debriefing between the researcher and the supervisor (Niewenhuis, 2020:144), with the researcher actively communicating with the supervisor and Kamcare social worker; with them giving advice and guidance when asked. Credibility was further ensured and enhanced with a thick description of the phenomenon (Niewenhuis, 2020:144).

3.6.4.2 Transferability

The aim of qualitative data is not to be able to generalize the findings, but it invites the reader of research to make their own connections to the elements of the study or their own experience with the phenomenon (Niewenhuis, 2020:144).

The researcher ensured transferability by focusing on a typical participant with regards to the phenomenon being studied and the context to which the findings applied (Niewenhuis, 2020:144). Transferability can be increased by two strategies, the first being a thick description of the phenomenon, as well as purposive sampling (Niewenhuis, 2020:144). The researcher made use of both strategies mentioned.

3.6.4.3 Dependability

This term is used in preference to reliability (Niewenhuis, 2020:145). Dependability refers to the consistency and reliability of the findings and the degree to which the research is documented, allowing someone from outside to follow, audit and critique the research process (Niewenhuis, 2020:145).

Strategies to ensure and increase dependability include keeping a journal of decisions made by the researcher during the research process, documenting the labels that have been created when revising the categories when analysing the data (Niewenhuis, 2020:145). The researcher made use of a journal and left an audit trail for others to be able to see the processes and changes made during the process.

3.6.4.4 Confirmability

This construct is described as the degree to which the data is influenced and based on the perspective of the participants and not influenced by the researcher's bias, motives and interests (Niewenhuis, 2020:145).

To ensure and enhance confirmability, researcher bias must be reduced, and the researcher must admit to their own predispositions with regards to the study (Niewenhuis, 2020:145). Strategies such as the audit trail, ensuring that the quotes used in the report fits the research question, not forcing a quote to fit the research question and peer review were used. The researcher was aware of her own biases and how it could influence the study. Thus she reflected after each interview on her experience, sound-boarded this with her co-researchers and discussed it with her supervisor as peer reviewer.

The researcher used the above-mentioned strategies throughout the process to ensure that the report is trustworthy.

3.7 PILOT STUDY

A pilot study is a prerequisite for a successful completion of a research project (In, 2017:601). The purpose of a pilot study is to allow researchers to orientate themselves to the project that

they have in mind (In, 2017:601). A pilot study involves testing the measuring instrument that will be used to gather the data, but on a small scale (In, 2017:601).

A pilot study offers the opportunity to test the interview schedule of the intended interview, used to refine the wording, order, layout, and filtering and helps to make sure that the question is manageable and not lengthy (In, 2017:602). The pilot study pre-test allows the researcher to test the reliability, accuracy, and appropriateness of the measuring instrument that will be used, and modifications can be done to the instrument after the pilot study to ensure that the instrument will be improved (In, 2017:602).

The researcher created an interview schedule, approved by the review panel to ensure that the research question was answered. The researcher also tested the interview schedule on one female youth in the community, to ensure that the questions were understood. The feedback indicated that some of the questions and terminology used were indeed difficult to understand for the pilot study. The researcher therefore adapted some of the questions to ensure that the participants understood the questions in the interviews.

3.8 ETHICAL CONSIDERATIONS

The following eight ethical considerations were implemented in the study: informed consent, obtaining permission for research, anonymity, confidentiality, voluntary participation, no deception and displaying the utmost respect and consideration.

- Informed consent and informed assent

All participants over the age of 18 years were requested to give informed consent. Information such as the goals of the study, nature of the intervention and the credentials of the research team was provided to the participant in a letter of informed consent, to enable them to make an informed decision (Maree, 2020:48). The researcher gave the above-mentioned information to the participant to ensure that the participants understood why the research study was being conducted and their role in the study.

- No deception

Deception is when the researcher actively and purposively withholds information or misleads the participant (Skavlid, 2015). The participants were told the truth about the study, what the study entailed and what information would be sought and why, as stipulated in the letter of informed consent.

- Confidentiality

Participants have the right to confidentiality; this means that the identity of the participant is confidential between the participant and the researcher (Maree, 2020:48). The use of pseudonyms ensured that the identity of the participant was not known to readers. As the interviews were face-to-face, anonymity could not be ensured, but by using pseudonyms, their identity was protected. The researcher asked in the beginning of each interview if the participants wanted to use pseudo names and most of them wanted to use pseudo names, which they chose on their own and were thereafter referred to by the pseudo name.

- Voluntary participation and right to withdraw

Participants partook voluntarily in the study. The participants had the right to withdraw from the study at any given time when the intervention became too emotional or they became uncomfortable (Maree, 2020:48). The researcher informed them of this right and that if they felt that the interview became too intense, they could withdraw from the study. There were no participants that withdrew from the study.

- Gate Keepers

Adults, caregivers, supervisors, or guardians' control or limit the researcher access to the participants and they are referred to as gate keepers (McFadyen & Rankin, 2020:83). This was important in the study, as they ensured that the participants involved in the Kamcare project were not subjected to the study.

The gate keepers included the workers at Kamcare, who explained the research to the participants on their outreach in the community and helped recruit some participants.

- Obtaining permission for the research

Research can only be conducted when an application to conduct the research has been approved by the Research Ethics Committee of the institution where the researcher is enrolled (Maree, 2020:48). The researcher applied for ethics approval at the University of Pretoria, Faculty of Humanities Research Ethics Committee, who granted approval.

- Positionality or roles

Researchers should be aware of the role they have when interviewing the participant (Maree, 2020:48). The researcher was aware of this, as this could have an influence on the analysis and recording of the information which ultimately has an influence on the thematic analysis. The researcher was aware of the cultural differences and practices and was culturally competent and respected the participants' answers and subjective perspectives.

- No harm and debriefing

Researchers should be aware of the potential harm that can be inflicted on the voluntary participants, emotionally and physically during in the COVID-19 pandemic (Sanjari, Bahramnezhad, Fomani, Shoghi, & Cheraghi, 2014:3). The researcher ensured that debriefing took place after the interviews, by asking the participants if they need counselling afterwards and taking into account their emotional state after the interview and that COVID-19 regulations were adhered to, to protect the researcher and voluntary participants. The social worker Liezel Landman at Kamcare, agreed to counsel the participants free of charge. Some participants requested a counselling session, not because of emotional harm after the interview, but rather about questions regarding personal matters such as menstruation, the reusable pads from Kamcare and MHM. The researcher provided the participants with the social worker's contact number.

3.9 RESEARCH FINDINGS

As indicated previously this section will consist of the research findings, analysis and interpretations of the face-to-face interviews that were conducted with the five participants pertaining to how their perceptions of menstruation hygiene management (MHM). The researcher made use of thematic analysis to categorise the findings according to themes and sub-themes generated from the data, supported by extracts from the interviews and verified with literature. The research findings are presented through two categories, namely, demographic profile of the participants and the thematic analysis of the qualitative data.

3.9.1: Demographic profile of the participants

The demographic profile of the participants was gathered from the face-to-face interviews that were conducted. A pseudonym was chosen by the participants and is used in the demographic table to protect their identity and as part of the ethical considerations for the study. Table 3.1 includes the following information: age, beliefs and taboos, language, marital status, highest qualification, and number of children.

Table 3.1: Demographic profile of participants

Participants	Age	Religion	Language	Marital status	Highest qualification	Number of children
Charmaine	23	Christian	Sepedi	Single	Matric	1
Monica	23	Christian	Xitsonga	Single	Second year law degree at Unisa	1
Lerato	26	Christian	Sepedi	Single	Matric	1
Ma O	28	Christian	Xitsonga	Single	Grade 11	3
Nomfundo	30	Christian	Zulu	Single	Matric	4

Table 3.1 indicates the demographical profile of the participants that took part in the interviewing process. The participants fitted the criteria for this study. A short reflection will follow for each particular part of the profile set out in Table 3.1.

3.9.1.1 Age

Figure 3.1, represents the age of the participants who took part in the study:

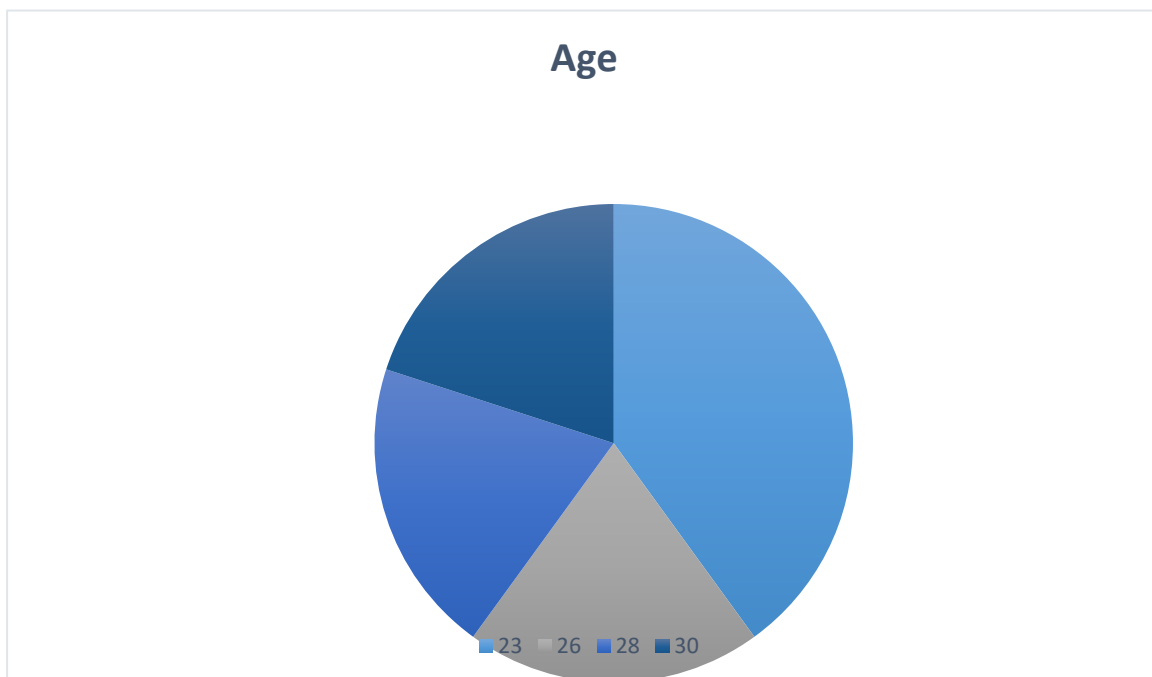


Figure 3.1 The age of the participants

From the above figure it is clear that the participants that took part in the interviews met the age criteria for the study, namely 18 and 35 years. The oldest participant was 30 years old,

the youngest participants were 23 years old. People between the ages of 14 and 35 years are also categorised as youth according to the National Youth Policy of 2020-2030 (NYP, 2020:5). Bonnie, Straud and Breiner (2015:36) state that this age is past the transformative body phase with dramatic burst of change, taking on secondary sex characteristics such as puberty. The degree of physical change may be less striking than the spontaneous physical development that takes place before the age of 18 (Bonnie et al., 2015:35). The participants could therefore give accurate descriptions of their experience of MHM.

3.9.1.2 Beliefs and cultural taboos

Table 3.1 indicates that all the participants are Christians (100%). Belief and cultural taboos play a vital role in the experience and interpretation that menstruating females have with regards to menstruation and menstruation hygiene management (Mohammed et al., 2020:3; Van Biljon et al., 2019:6). The participants spoke different home languages, as indicated in Figure 3.2 below, which can be linked to different ethnicities. This could have been a factor in their different beliefs and taboos in their community, which played a role in their perception of MHM.

3.9.1.3 Language

Figure 3.2, represents the home language of the participants who took part in the study:

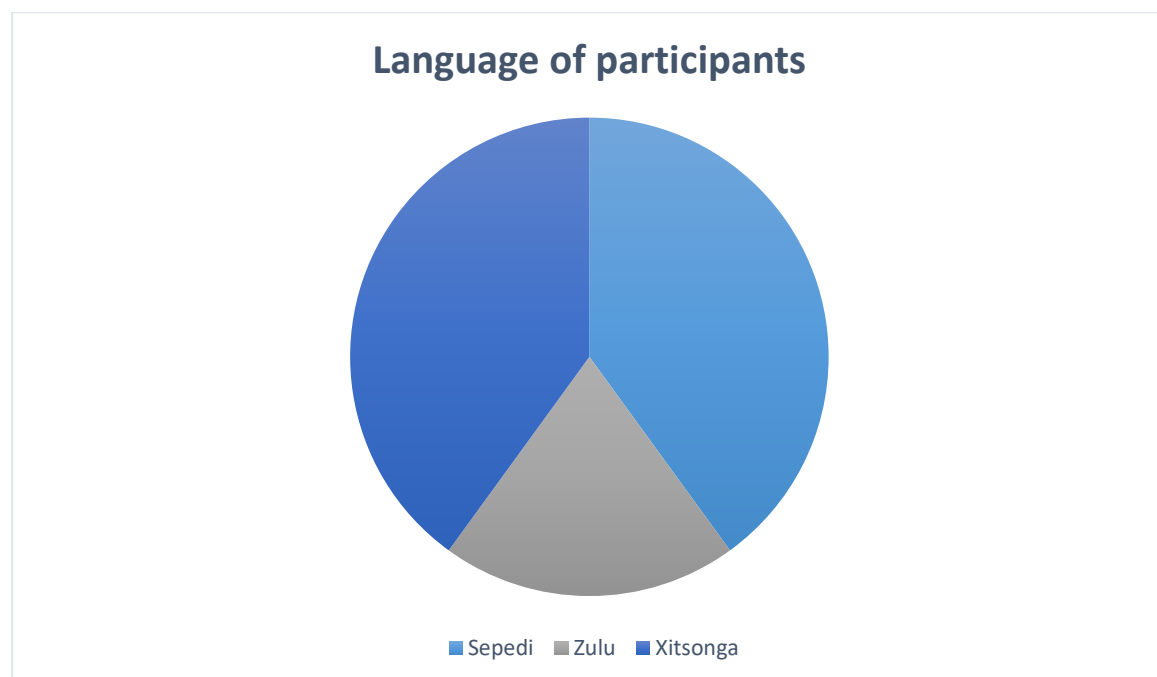


Figure 3.2 Home language

It is evident from the figure that Sepedi is the home language for two of the participants as well as Xitsonga. Only one participant indicated that their home language was Zulu.

The participants did however speak English in the face-to-face interview, which made it easier for the researcher to conduct the interview and understand the participants. The beliefs and taboos could possibly be linked to their home language and ethnicity.

3.9.1.4 Marital status

All the participants indicated that they are single (100%). They did however mention that they are in a relationship with someone, but that it was not a marital relationship. Thus they had support systems in their microsystem.

3.9.1.5 Highest qualification

Figure 3.3 indicates the participant's highest qualification of the participants who took part in the study:

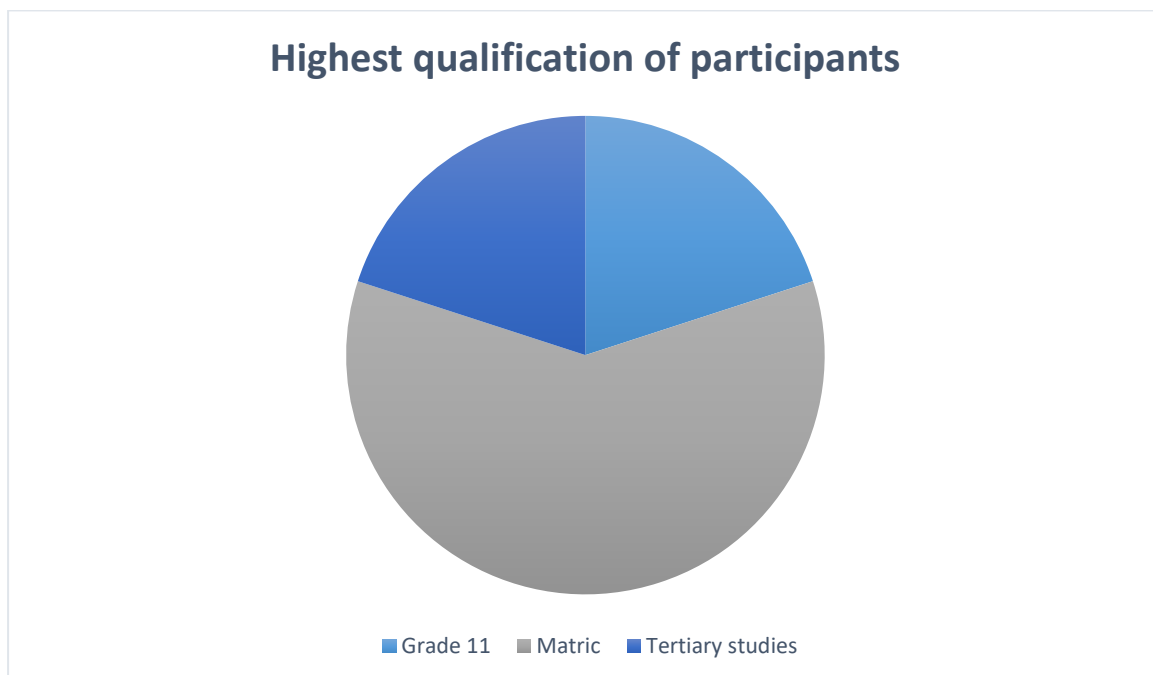


Figure 3.3 Highest qualification of participants

Three of the participants indicated that they had Matric (60%), one had completed grade 11 (20%) and only one participant was actively busy with tertiary education (20%). Even though the participants were schooled, it is found that information regarding menstruation was not

only gathered from their school informers but also from peers and family (Hennegan et al., 2017:8).

3.9.1.6 Offspring of participants

Figure 3.4. Represents the offspring of the participants who took part in the study:

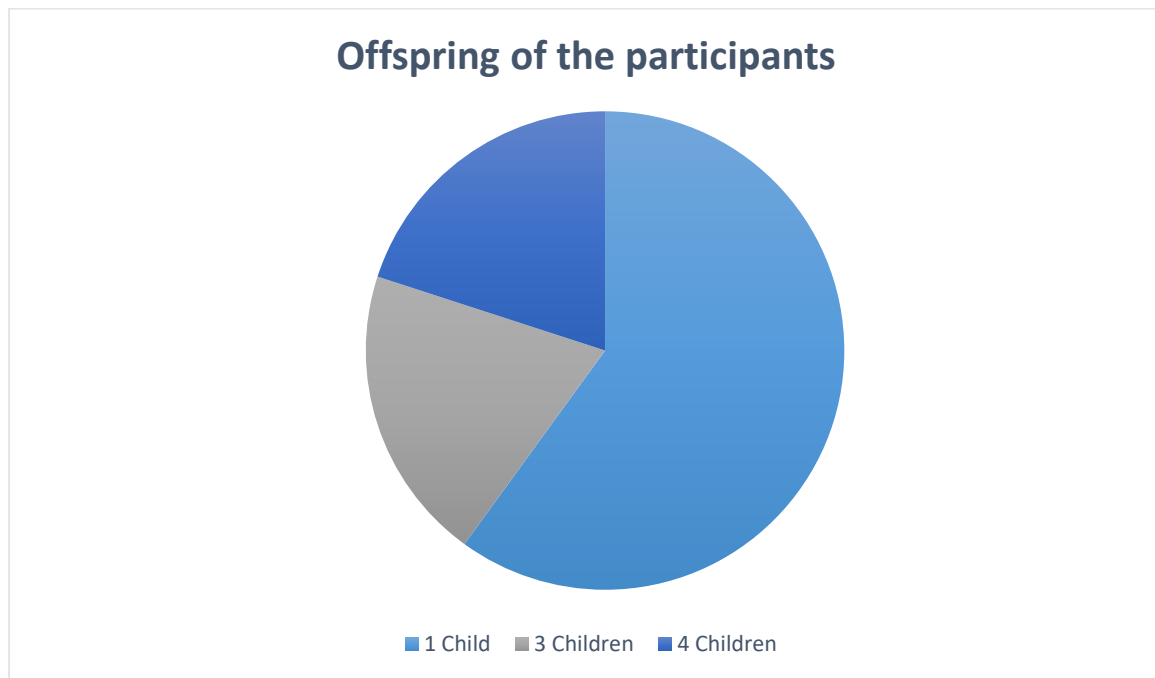


Figure 3.4: Offspring of participants

All of the participants have at least one child (100%). One of the older participants indicated that she has three children and the oldest participant of the group indicated that she has four children.

For the purpose of the study the participants fitted the selection criteria, as they were in the age group 18-35, lived in the community described in the study population and had started with menstruation.

The following section focuses on the thematic analysis of the transcribed interviews with the participants. Themes and sub-themes that have been generated from the data will be discussed.

3.9.2 Thematic analysis

In the table below, the themes and the sub-themes that were generated during the data analysis are depicted.

Table 3.2: Themes and sub-themes

Themes	Sub-themes
Theme 1: General knowledge of the term menstruation and menstruation hygiene management (MHM)	1.1 Knowledge of the term menstruation 1.2 Informers with regards to menstruation 1.3 How the participants reacted to their first menstruation 1.4 Understanding of menstruation hygiene management (MHM) 1.5 Informers with regards to menstruation hygiene management (MHM)
Theme 2: Reactions to the participants first menstruation and advice that they were given	2.1 Microsystem's reaction to the participants first menstruation 2.2 Advice that was given to participants
Theme 3: Cultural Taboos and social implications surrounding menstruation	3.1 Cultural taboos 3.2 Social implications
Theme 4: Current experience of menstruation and menstruation hygiene management (MHM)	4.1. Current experience of menstruation 4.2. Menstrual hygiene management (MHM) 4.3. Sanitary products used 4.4. Waste removal 4.5. Menstruation hygiene management product accessibility 4.6. Challenges regarding access to products and sanitation 4.7. Re-usable sanitary products
Theme 5: Community involvement and infrastructure	5.1. Importance of social relationships 5.2. How the menstruating female depends on the community when menstruating
Theme 6: Social work intervention	6.1 Participant experience of social work intervention and need thereof

Theme 7: Recommendations	7.1 Recommendations for improving MHM 7.2 Advice for younger females
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Subsequently the themes and sub-themes will be discussed using thematic analysis, categorising the data from the interviews, by taking extracts from the interviews to support themes and link possible correlations with the literature review.

3.9.2.1. Theme 1: General knowledge of the term menstruation and menstruation hygiene management (MHM)

This theme relates to the knowledge participants had of the term menstruation and MHM. Most of the participants had a basic understanding of the term menstruation, however, they struggled with the term MHM and the researcher did need to explain the term to them. Their knowledge regarding menstruation and MHM could have had an overall influence on their menstrual health and how effectively they manage their menstruation in their environment and community. As seen in figure 3.3 the participants had a minimum school qualification of grade 11, however the quality of education they received could have had an impact on their general knowledge of menstruation and menstruation hygiene management. The questions in the interview schedule focused on what they understood under the term menstruation and who informed them with regards to both terms.

The sub-themes under this theme included: Knowledge of the term menstruation, informers with regards to menstruation, how the participants reacted to their first menstruation, and their understanding of menstruation hygiene management (MHM).

- Sub-theme 1.1: Knowledge of the term menstruation

This sub-theme focused on the knowledge that the participants had with regarding menstruation.

Charmaine: "Uhm, I think the blood that goes out its, it's the blood that, bad blood that the body relieves." & "Menstruation? Uhm, I think... it is about 28 cycles." Lerato: "Period, I think it is the dirty blood."

Ma O: "I learned even there at school that we have two ovaries, there is egg inside, when that egg are standing and then that egg is coming to check if the periods are there and if they are there she just catch."

Monica: "Is, is that it is just okay most of the time. What I understand is that it comes and goes. It is dirty blood that is coming out."

Nomfundo: "Uh. I think it's dirty blood."

The response of the participants indicates that they have primary knowledge of what menstruation is, however, the word “bad” and “dirty” is mentioned by four of the five participants. This could be related to their cultural, family or their peer definition of menstruation. Referring to the definition of menstruation, Ma O and Charmaine were the only participants that gave more biological information with regards to menstruation.

Menstruation is defined as a process that is regulated by hormones; in this process, endometrium, lining of uterus, gradually thickens and sheds off and causes bleeding that normally last for 3 to 5 days and occasionally up to 7 days (Kaur et al., 2018:1).

- Sub-theme 1.2: Informers with regards to menstruation

This sub-theme focused on where and from whom the participants got their information regarding menstruation.

Charmaine: “Uhm, life orientation class. Yes, and then some of them, those that I didn’t understand I went through google, yes.”

Charmaine: “Yes, so, we, we, we, in my family there is only girls. So, we, we, we talk about everything. So those who are who were there before like, they, they told me it feels like this, this, and this but as. As people we are different, and we experience things differently. So, for myself it was like, no. I, I, I, was expecting that like, like ya. For me too reaching that stage.”

Monica: “From high school and grade nine.”

Nomfundo: “Uh at school and my mum and my grandma.”

In the responses of the participants, they indicated that they were informed of menstruation at school, but also some mentioned that they were taught about menstruation by their family members and peers. This correlates with the literature by Hennegan et al., (2017), where they suggested that females in low-income communities gather their information from various settings that include school, peers, parents, and family (Hennegan et al., 2017:8).

From the response of the participant (Charmaine), where she states that she made use of Google if she did not understand some of the terms, it could possibly link to the literature from Mohammed and Larsen-Reindorf (2020) stating that teachers might not be educating students thoroughly enough with regards to menstruation. This could be due to the teachers not having adequate information themselves or due to cultural taboos that make it difficult for them to discuss information that might be uncomfortable (Mohammed & Larsen-Reindorf, 2020:2). The terms “bad” and “dirty” in the previous sub-theme that was used by four of the five participants, strengthens the link that information regarding menstruation can be seen as a shameful as the words used indicate stigmatization (Mohammed & Larsen-Reindorf, 2020:2).

Participants were asked if they think schools educate their students thoroughly on menstruation. Their responses are as follows:

Charmaine: "No, I don't think, I don't think so. Cause like, our teacher, teachers at some points are just, I don't know if they are scared or what. But they don't give us full information. Just touch there, there and there. But if there is someone that specifically works there who knows all the information then its better. They need to start there at schools then they can do it in the community or."

Charmaine: "They just scared because if, if. Even in a class it's both guys and girls. Yes, so they think maybe guys will tease girls because of this and that. So, if they come in a community and then they tell us that we only need girls age from where and where then we go there as girls. I won't, I won't even be afraid even with a question to ask, why do we go through menstruation"

Nomfundo: "They (teachers / educators) don't give enough information."

Monica: "Yes, they (teachers / educators) do. The problem is us kids when they are teaching us, we are busy playing and not taking them seriously but (inaudible). Especially when I was experiencing my first period, they were teaching it. I'm clueless because I was busy thinking ah no it's not for me maybe for the older kids."

These responses link to the findings of Mohammed and Larsen-Reindorf (2020), that teachers do not have adequate information themselves or cultural taboos makes it difficult for them to thoroughly educate students on menstruation, leading to students to rely on family and peer knowledge regarding menstruation. This also indicates to the researcher that females in a low-income community, rely heavily on their microsystem for guidance and information regarding menstruation according to the ecological system approach (Bronfenbrenner, 1995:227). This could mean that their macrosystem is influenced, as this system is known as the social blueprint that has an influence on their beliefs, values, and lifestyle (Johnson, 2002:3; Ashiabi & O'Neal, 2015:2). This indicates to the researcher that there is a possible stigma around menstruation in the education system, which could possibly be related to teachers' own beliefs and culture. This will be further discussed in Chapter Four in the recommendations.

- Sub-theme 1.3: How the participants reacted to their first menstruation.

The sub-theme focused on the reaction the participants had with regards to their first experience of menstruation. The feeling of fear was prominent:

Ma O: "I am so, I was scared"

Nomfundo: "I was nervous like, I was scared."

Lerato: "You know that day neh, I didn't know it. I was scared that day serious. The first time that I saw the blood, I was screaming. Then my mother come like this. Do it like this and this and when you go to school put one in your school bag, everywhere you go have one pad in your school bag."

Thus fear was very evident amongst the participants with their first menses. Hennegan et al (2017) found in their study that they conducted in Uganda, that even though the participants had knowledge and information from school, peers and family they were still uncertain and fearful of their first menstruation.

Monica: "Oh my god, I was so scared because I just saw blood and I didn't know anything about it" & "and I was scared that something was wrong".

Ma O: "Don't be scared, I thought maybe, I was scared like what is happening to me, I thought maybe is something, came to sleep with me in the night. My mother said no, is not someone who she is slept with you it is a normal thing and any women she has got periods at the age of maybe some are starting with 14, 15, 16 until then."

The verbatim statements above are an example of how a lack of knowledge from the microsystem of the participants influenced their reaction and experience to their first menstruation. Fearfulness and uncertainty were emotional themes derived from the participants. However, this was different for one participant who felt prepared for her first menses.

Charmaine: "Yes, so, we, we, we, in my family there is only girls. So, we, we, we talk about everything. So those who are who were there before like, they, they told me it feels like this, this, and this but as. As people we are different, and we experience things differently. So, for myself it was like, no. I, I, I, was expecting that like, like ya. For me too reaching that stage."

The researcher is of the opinion that the correct information early enough, can spare females the fear and uncomfortable feelings surrounding their onset of menstruation in the future. This can, however, only be reached when the informers are also not ashamed and fearful when giving through the information (Henegan et al., 2017:8; Mohammed & Larsen-Reindorf, 2020:2). The microsystem and mesosystem will play an important part in creating a safe emotional space for young females before their first menses, education and awareness surrounding menstruation is one of the methods that could be used to achieve microsystem education in a community.

- Sub-theme 1.4: Understanding of menstruation hygiene management (MHM)

This sub-theme focused on the participant's general knowledge of MHM. When the researcher asked the participants what they understood under the term MHM, not one of the participants knew the term. This is illustrated in the following verbatim examples:

Researcher: "No? okay. And then what is your understanding of the term menstruation hygiene management?"

Charmaine: "What?"

Researcher: "What do you understand under that term? Do you, do you know about that (MHM) term?"

Charmaine: "No."

Researcher: "Anything. Okay. And this sometimes it's very difficult, but what is your understanding surrounding menstruation hygiene management? Do you understand that word?"

Lerato: "Shakes head (no)."

Researcher: "Okay, so all of them. Okay. And what do you understand under the term menstruation hygiene management? Is it a difficult one?"

Monica: "Mmh no."

Researcher: "Okay, alright. And then the word menstruation hygiene management. Do you understand that word?"

Nomfundo: "No."

It was apparent to the researcher that the participants did not understand the term MHM and the researcher had to give a basic definition of what MHM is. MHM refers to an activity that females undertake during their menstrual cycle (Budhathok, et al., 2018:2). This activity is characterized by using clean menstrual management material, such as clean sanitary pads or tampons to absorb or collect blood (Budhathok, et al., 2018:2; Rossouw & Ross, 2021:1). This could link to the previous sub-theme (1.2) that states that female students might not get enough information from their school environment (Mohammed & Larsen-Reindorf, 2020:2). The mesosystem of an individual, specifically a menstruating female plays a vital role in her experience regarding MHM and overall menstrual health.

- Sub-theme 1.5: Informers with regards to menstruation hygiene management (MHM). This theme focused on how the participants were informed about MHM. The following verbatim statements indicate where the participants learned about menstrual hygiene management:

Charmaine: "At school."

Lerato: "I did learn it (MHM) from school and my mother also mentioned."

Ma O: "My teacher she told me that when I arrived the first thing I must bath, and you must check your pad and change your pad again."

Nomfundo: "Yeah, my grandmother told me."

Monica: "My friends."

It would seem from the verbatim statements that the participants gathered their information from school as well as their family member and peers. This correlates with the information from Hennegan et al., (2017). The micro, meso, and macrosystem within the ecological

systems approach is vital in any person's life as the social blueprint that we make use of has a direct impact on our experience and perception of social constructs and other aspects of people's social lives.

3.9.2.2. Theme 2: Reactions to the participants first menstruation and advice that they were given

This theme focused on the reaction to the participant's first menstruation and the advice they were given. This theme aims to establish if the family members or microsystem are the first point of contact and how they react and if the reaction influences the participant's experience. The demographic findings indicated that the participants have different home languages, as indicated in Figure 3.2, which could be linked to different ethnicities. The different ethnicities of each participant could have had an influence on how the micro-system reacted and the advice given to the participants, as each could have their own social blue print and perception of menstruation.

The sub-themes generated in this theme included: participant's reaction to their first menstruation, advice that was given to participants, and advice that the participants would give to young females before their menses.

- Sub-theme 2.1: Microsystem's reaction to the participants menarche

This sub-theme focused on the reaction to the participant's first menstruation. Menstruation can be interpreted as a natural transition, a cause for celebration, a passage to womanhood or a condition that is shameful and should be concealed (Ramathuba, 2015:2). The participants were asked who they told first and what that person's reaction was.

Charmaine: "My mother."

Researcher: "Your mother, okay, and how did she, how did she, uhm, react to it?"

Charmaine: "She was good."

Lerato: "She was happy, and she sit down with me then give me some advice."

Ma O: My teacher was happy.

As seen above the verbatim responses of participants, the reaction from their microsystem, within the ecological systemic approach, regarding their first menstruation was positive, seen as a part of a transition and was celebrated. Ramathuba (2015) has indicated that celebration of the transition is one of the many reactions from the community, however, it could be

impacted by cultural beliefs that will be discussed later. Menstruation can also be concealed and not spoken about in a household as seen in the following verbatim statement:

Monica: "It was, no one because just my uncles (inaudible), So when I was working in the kitchen as a waiter. So, when I was passing, he saw that, that white paper on the floor (inaudible) then she started to help me."

As stated by Monica, she did not tell her uncle that she started her menstruation, but when he saw the sanitary ware on the floor, that is when the family started to help. This indicates to the researcher that the stigma and shame can still influence a young female to ask for help or not. This further corroborates the literature that states that menstruation is still being stigmatized and a taboo topic (Ramathuba, 2015:2).

- Sub-theme 2.2: Advice that was given to participants

This sub-theme focused on the advice given to participants with regards to menstruation.

Charmaine: "No, no, the only that she (mother) told me is about pregnancy, especially if you have already started your periods."

Lerato: "She (mother) say now you're growing up because of the menstruation. You are no longer a child, behave like an adult. But don't rush to men because if you rush to men, you will get pregnant."

Monica: "Uhm (busy with baby). Uhm That's now your grown up. Don't do this and that and stay away from boys."

The verbatim statements mentioned above indicate that the advice given to the participants when they first started with menstruation was that they should avoid men to avoid pregnancy. The information that the family (the microsystem) gave the participants lacked detail. The verbatim statements also linked with the study of Hennegan et al., (2017) that found that the advice given the most is to "stay away from boys". The school gave the following information to Lerato:

Lerato: "About menstruation? They (teachers / educators) tell us that if you're menstruating, when it's coming maybe today or tomorrow, don't meet with guy."

This feedback is lacking important detail, the feedback given seems to state that a female can only get pregnant when it is near or just after her period. According to literature the fertile window of a menstruating female is around day 14 of the 28-day cycle (Thiyagarajan et al., 2020:3; Patricio & Sergio, 2018:18). This could be indicative that females are unaware of when they are most fertile and could lead to possible pregnancy. The lack of knowledge, shame and stigmatization of menstruation, could be the reason that accurate information is not given through to menstruating females (Henegan et al., 2017:8). The microsystem and mesosystem

seem to be important systems that have a direct influence on menstruating females experience and over all menstrual health.

3.9.2.3. Theme 3: Cultural Taboos and social implications surrounding menstruation

This theme focused on the cultural taboos and social implications that the participants experienced due to menstruation. Figure 3.2 indicates that the participants have different home languages' that could be linked to different ethnicities. The different ethnicities could impact the perception and cultural taboos experienced by the participants.

The sub-themes generated from this theme included: cultural taboos and social implications.

- Sub-theme 3.1: Cultural taboos

This sub-theme focused on the cultural taboos that the participants experience in their community and if this still influences the young females' ability and perception regarding MHM. Cultural taboos, or previously referred to as menstrual beliefs, limits the activity that a female can partake in her community and further increases the feelings of shame and anxiety surrounding menstruation (Mohammed et al., 2020:3; Van Biljon et al., 2019:6). Menstrual beliefs can include not being allowed to partake in religious activities, touching cattle, not being allowed to cook for males in the household or wear new church clothing (Mohammed et al., 2020:3; Kwgare, 2016:25; Henegan et al., 2017:8).

During the face-to-face interviews, not one of the participants indicated that there was a cultural belief that limited them from activities in the community. They were all able to still partake in the activities as usual. This led the researcher to wonder whether cultural beliefs were still present in the rural community where the face-to-face interviews were conducted. Participants were, however, not subjected to the cultural beliefs. The verbatim statements in the sub-theme 1.1 indicate that menstruation is still referred to as dirty, indicating stigmatization and cultural beliefs surrounding the topic, the cultural beliefs were just not present for the participants that were interviewed. This cannot be a generalized consensus regarding the whole community as there could still be females in the community that are subjected to cultural beliefs that did not take part in the study. (Henegan et al., 2017:8; Mohammed & Larsen-Reindorf, 2020:2).

- Sub-theme 3.2: Social implications

This sub-theme focused on if menstruation has an influence on the social activities of the participants. The responses below reflect on these implications:

Charmaine: "I feel a little bit uncomfortable, like whenever I'm on my date I prefer being indoors."

Nomfundo: "Uh, my grandma told me so. When you are in touch I must stay alone."

Monica: "When I get menstruation, I stress" & "No I don't because it's (menstrual blood) overflowing the moment I wear something and I see, maybe I want to go to the shop or something. I'm like, oh my god maybe it's not good down there."

The responses indicated feelings of shame, fear and stigmatization are a real part of the social world of the above-mentioned participants. Even though there is no cultural belief, as mentioned in the previous sub-theme, the participants actively decide to withdraw from the community during their menstruation cycle, their own feelings stop them from partaking in social activities. It is possible that the feelings that the participants indicated, can be from the knowledge and feelings that family and peers have passed on to them. This leads the researcher to believe that the macrosystem or social blueprint of the participants is influenced by their micro and mesosystem, which has a direct impact on their experience and perception of menstruation (Johnson, 2002:3; Ashiabi & O'Neal, 2015:2; Mohamed, 2018:2).

The theme of shame and fear is further emphasized by the following responses:

Charmaine: "I feel a little bit uncomfortable, like whenever I'm on my date I prefer being indoors."

Monica: "No, I don't. No I don't because it's overflowing the moment I wear something and I see, maybe I want to go to the shop or something. I'm like, oh my god maybe it's not good down there."

The responses indicated the feelings of shame and fear for leaking with regards to menstruation. The participants indicated that they would rather stay in their home rather than being socially active in the fear of possible leaking (Johnson, 2002:3; Ashiabi & O'Neal, 2015:2; Mohamed et al., 2018:2).

The participants were also asked if they were teased at school for menstruating. Not one of the participants indicated that they were teased or bullied because of menstruating at school. This could be a possible indication that the male counterparts in the school, did not notice that their female counterparts were menstruating. The school environment that the participants were subjected to could be seen as a positive environment or microsystem that influenced their experience of menstruation in the school community (Ashiabi & O'Neal 2015:2).

3.9.2.4. Theme 4: Current experience of menstruation and menstruation hygiene management (MHM)

Theme 4 focused on the current experience that the participants have of menstruation and MHM, thus the overall aim of the study, to explore and describe the perceptions of female youth regarding Menstrual Hygiene Management (MHM) in the rural community of Roodeplaat, Tshwane.

The demographic findings specifically regarding highest qualification could have influenced the experience of the participants regarding menstruation and menstruation hygiene management. As discussed previously the quality of information received during their educational years could influence how they experience menstruation. The manner in which they reacted to the experience, could have been influenced by their knowledge of what are healthy practices and what could possibly be unhealthy practices.

The sub-themes generated in this theme included: the current experience of menstruation, MHM, sanitary products that are being used, waste disposal, how accessible MHM is, the challenges to accessing sanitary products and the use of disposable pads.

- Sub-theme 4.1: Current experience of menstruation:

This sub-theme focused on the participant's current experience of their menstruation cycle. A cycle is calculated from the first day of the menstruation cycle until the previous day of the next menstrual cycle, it can vary more than two days and still be referred to as a regular cycle (Patricio & Sergio, 2018:2). The participants indicated that their current menstruation cycle is not "regular"; as seen in the following responses:

Charmaine: "But it could be, it, it only comes once in a month. But then I could go, let's say in September from three, four, five and then next month from 28, 29. 28, 29, 30. Yes. So, mine, my cycle is a little complicated."

Lerato: "This month it come maybe seven days, next month it may be two weeks. And another month, it will be this three days, four days. It is like that it's not proper, not proper."

Monica: "Close to seven days, I never, it was three days." & "Yes. Because sometimes you can even, it can even jump a month and you're like, Oh my god, what's going on?"

Three of the participants indicated that their periods are irregular, while two of the participants indicated that their period changed after they gave birth to their children.

Charmaine: "I don't know why but after I give birth it (irregular cycle) started."

Monica: "Because since (baby) I started I'm overflowing again."

The participant Lerato indicated that her period changed after she stopped using her birth control medication, as indicated in the following verbatim statement:

Lerato: "No, I didn't go to the clinic. You know what, um, it was, I was using new (inaudible). Prevention. Yeah. More than five years. So last year I didn't use it. So that's why now it's not perfect."

From the above-mentioned statements the actual period of the participants changed after childbirth and terminating the use of birth control medication. The researcher also asked the participants if they went to the clinic for their irregular menstruation cycle. Two indicated that they did not go to the clinic, as seen in the verbatim statements:

Researcher: "Did you go to a clinic about this?"

Charmaine: "No."

Lerato: "My friend just guides me so, guide me, go to the clinic next. I say no my friend don't worry I will be better, don't worry. Every time he sees me they say, please my friend go to the clinic. I say don't worry I will be fine."

Only one participant, Monica, indicated that she went to the clinic for a check-up with regards to her irregular period cycle.

Monica: "Yes, I did (visit the clinic), and they (doctors / gynaecologist) said it was normal."

Menstruation knowledge and menstrual health is important to ensure that a menstruating female is aware of possible infection and when to reach out for medical assistance and guidance (Mahajan, 2019:63). The other two participants, Ma O and Numfundo only indicated that they experienced period pain, while Lerato and Monica also indicated that menstruation is painful.

Lerato: "No, only my breast and they are thick. Then I see that okay my breast are big and it is very painful then I know that after two days, three days I will start my period."

Ma O: "But sometimes before they (menstruation) come I feel pain inside my stomach."

Nomfundo: "Yeah I have pain."

It is important to be knowledgeable about menstruation, for females to understand that the thickening of the breasts is due to hormonal changes and that some pain during menstruation is normal (Kaur et al., 2018:2; Mahajan, 2019:63). As indicated in the literature review it is important for females to be aware of the syndromes such as endometrioses, polycystic ovary syndrome and toxic shock syndrome, as it can have a negative social impact on their life and

even be life-threatening (Rossouw et al., 2021:1; Mahajan, 2019:63; Department of Women, Youth and Persons with Disabilities, 2019:10; Kaur et al., 2018:2). The negative social implications were focused on in sub-theme 3.2, where the participants indicated that they either stay at home or feel afraid to leave their home due to fear of leaking. The mesosystem is an important system for receiving information and knowledge, lack of effective education from the school environment, family, and peers could lead to menstrual health problems (Johnson, 2008:2-3).

- Sub-theme 4.2: Menstruation Hygiene Management (MHM)

This sub-theme focused on how the participants managed their menstruation hygiene. As seen in sub-theme 1.4, the participants did not understand the term MHM, but after explaining it to them, they understood the activities that the term encompasses. MHM refers to the health and hygiene of all menstruating females and an activity that females undertake during their menstrual cycle (Budhathok, et al., 2018:2). This activity is characterized by using clean menstrual management material, such as clean sanitary pads or tampons, to absorb or collect blood (Budhathok, et al., 2018:2; Rossouw & Ross, 2021:1). As seen in the following verbatim statements, bathing is one of the activities that they undertake to be hygienic during their menstrual cycle.

Charmaine: "I bath three times a day."

Lerato: "Yes, and then around 1 and 2 (1 to 2 times she bathes) and then before I go to sleep."

Nomfundo: "Morning, uh, afternoon. And then, and then, evening (bathing activity)."

Monica: "Especially from last year maybe it's been two years I take more than four baths because I had problem with yeast and infections and everything. (inaudible)."

Not only did the participants indicate that they took baths, but also that they made use of sanitary pads during their menstrual cycle:

Ma O: "First thing in the morning when you wake up you have to check your pad, when your pad is full you must throw it away then you must change you pad and put new pad and after you must take a soap and wash your hands and also that place where you were busy changing your pad you must check on the flow there is no messed."

Lerato: "Yeah, till now I am using Kotex."

Nomfundo: "No, I use pads."

The participants indicated that they gathered information from their school environment, as well as from family and friends, as mentioned in sub-theme 1.5. The participant's all indicated that they do know how to manage their menstruation hygienically. To be able to manage

menstruation properly, females should have access to WASH – water, access to sanitary products, sanitation, soap and a hygienic method of disposing of the menstrual waste and the product used (Kaur et al., 2018:2; Department of Women, Youth and Persons with Disability, 2019:4). Commercial pads as indicated by the participants, are widely accessible at various types of stores, but can be expensive and non-reusable, making it unsustainable (Kaur et al., 2018:3). The challenges regarding accessibility to sanitary products will be discussed later in another sub-theme.

- Sub-theme 4.3: Sanitary products used

This sub-theme focused on the sanitary products that the participants made use of. This sub-theme relates to their ability to access sanitary products. The following verbatim statements indicate that the participants still make use of commercial sanitary pads:

Lerato: “Yeah, till now I am using Kotex.”

Nomfundo: “No, I use pads.”

Ma O: “Ja, even tampon I use it, ummm, ummm, tampon, I use when I comed here at crèche I feel comfortable when I use, ja, and when I am at home I use pads.”

These responses show that commercial pads are still the preferred sanitary material being used in the community and the availability and financial means of that month, can be seen as an indicator of what sanitary material will be used that month. Sub-theme 4.7 is focused on reusable sanitation materials. Commercial sanitary pads should be accessible; however, it is expensive and non-reusable (Kaur et al., 2018:3). The participants indicated that commercial sanitary pads are sometimes accessible, depending on their price and their ability to access the commercial pads. The macrosystem is an important feature and plays a vital role in the experience of a menstruating female as it has a direct correlation to the environment and the ability to access sanitary materials (Johnson, 2002:3; Ashiabi & O’Neal, 2015:2).

- Sub-theme 4.4: Waste removal

This sub-theme focused on how the participants discarded their sanitary products and the infrastructure and sanitation of the community that they reside in. Elledge et al., (2018) indicate that females in low-income communities, discard of their sanitary products, by throwing them in the open - referring to a field or open garbage pit in the community - flushing them down the toilet, or pit latrine, burying the sanitary products under the ground, burning the products, or throwing it away in the waste bin, if they have the facilities to dispose of it through the waste removal system. The following verbatim statements indicate the way the participants discard of their sanitary products:

Charmaine: "Yes, put it in that throw it in the dustbin, not in the toilet, in the dustbin, yes."

Monica: "I put it inside the plastic, tie it, and put into the toilet."

Ma O: "I go home, when I am here at the crèche, I go home and throw it inside the toilet."

Nomfundo: "Just remove it, fold it and throw it in the dustbin."

Lerato: "I take it off, I put to the toilet and I flush it."

As seen in the responses, three out of the five participants still discarded their sanitary products in the toilet. This is in alignment with the literature by Elledge et al., (2018) who indicate that females in a community discard sanitary materials in a method accessible to them. One participant indicated that when she is at work, she discards her sanitary products differently:

Ma O: "Eish, it is better to throw in the dumping side just because our toilet we don't have enough water here in this crèche."

As seen in the above-mentioned response, Ma O disposed her sanitary pads at a dumping site, due to lack of water in her working environment. This directly links to the literature of Kaur et al., (2018) that indicates that the infrastructure of the environment has a direct influence on how sanitary products are disposed of. The environment and community infrastructure of the menstruating female thus influences where and how she will dispose of her menstrual products (Kaur et al., 2018:4; Department of Women, Youth and Persons with Disabilities, 2019:4). Peberdy et al., (2019) state that commercial pads take up to 500-800 years to decompose, which could have a long-lasting impact on the waste removal and their community.

- Sub-theme 4.5: Menstruation hygiene management product accessibility

This sub-theme focused on the accessibility of sanitary products for the participants, which directly relates to their ability to be able to manage their menstruation hygienically. The following verbatim statements focus on this:

Charmaine: "Uhm, like since your finances are like, so sometimes it becomes a little difficult for me to take a bath because of toiletries. Sometimes I am running out of it then there is no one working at home so must wait until month end must like, the fact that you can't bath three time because you don't have soap to bath so you must skip, and only bath once. Yes."

Monica: "Sometimes I don't (buy sanitary products). Sometimes I do. If it's month end, I can buy three to four packets but still it is not enough because I am overflowing, yes."

Lerato: "Sometimes it is difficult to get soap. So, then I ask my friend, my friend, I have this problem. Can you please help me maybe next week, I'll be fine? Then she gave me the soap then I wash."

The responses indicate that the participants do have challenges sometimes to access sanitary products. The lack of sanitation and clean hygienic sanitation products could lead to women and young females being more susceptible to reproductive tract infections (UNICEF, 2019:15; United Nations, 2015:20). In the literature review it was reflected that to be able to manage menstruation hygiene properly, the females must have access to water, sanitation and sanitary products (WASH). Kaur et al., (2018) indicate that females in low-income communities actively adapt to their environment and access sanitary products through community help. The lack of sanitation and clean hygienic sanitation products, could lead to women and young females being more susceptible to reproductive tract infections (UNICEF, 2019:15; United Nations, 2015:20). This can be seen in the following quotes of the participants:

Charmaine: "So, I called one of my aunts who works here ask her did you have pads because the ones that they gave us they are not working for me. So, I had to come, I came here then she gave me."

Ma O: "Maybe some people I can ask but not all of them."

Nomfundo: "I ask my friends."

Lerato: "Sometimes it is difficult to get soap. So, then I ask my friend, my friend, I have this problem. Can you please help me maybe next week, I'll be fine? Then she gave me the soap then I wash."

Monica: "No, I don't have enough pads. Mostly I steal my sisters' pads."

As seen in the above-mentioned statements, females in low-income communities, adapt to be able to manage their menstrual hygiene as best as possible with their resources available. The participants do experience a challenge to access sanitary products and adopt various methods to get access through the community to sanitary products. They might be seen as dependant on their microsystem to be able to manage their menstruation effectively. The exosystem can have a direct or indirect influence on a person, in this case the participants of the study. The exosystem in this study could have a direct or indirect impact on the

menstruating female's ability to access sanitary products (Johnson, 2008:3). An example of the influence that the exosystem exerts, is that the participants are not employed, which directly impacts their financial means to access sanitary products. The exosystem also has an impact on how a female would interact with their microsystem and community to access sanitary materials and to effectively manage their menstruation.

- Sub-theme 4.6: Challenges regarding access

This sub-theme focused on what the participants experienced as challenges regarding access to sanitary products. The following verbatim statements further describes the challenges of the participants with regards to access to sanitary products:

Charmaine: "Uhm, like since your finances are like, so sometimes it becomes a little difficult for me to take a bath because of toiletries. Sometimes I am running out of it then there is no one working at home so must wait until month end must like, the fact that you can't bath three time because you don't have soap to bath so you must skip, and only bath once. Yes."

Lerato: "Sometimes it is difficult to get soap. So, then I ask my friend, my friend, I have this problem. Can you please help me maybe next week, I'll be fine? Then she gave me the soap then I wash."

Monica: "Sometimes I don't (buy sanitary products). Sometimes I do. If it's month end, I can buy three to four packets but still it is not enough because I am overflowing, yes."

The financial situation of the participants seemed to be a challenge for them to access the sanitary products as needed. As seen in the literature, females in low-income communities adapt to their environment and economic status (Kaur et al., 2018:2; Department of Women, Youth and Persons with Disability, 2019:4). This could be seen in the verbatim statement of Charmaine above, that she must change her cleaning routine to fit her financial capabilities. These statements could be indicative of the financial challenges that the participants have in accessing MHM products. This directly relates to the Department of Women, Youth and Persons with Disabilities (2019), that states that the financial means of a females influence their ability to manage their menstruation properly. It can result in them living in areas that firstly, do not have the resources and infrastructure, and secondly not being able to buy the products due to unemployment and poverty. The macrosystem is an important feature and plays a vital role in the experience of a menstruating female as it has a direct correlation to the environment and the ability to access sanitary materials (Johnson, 2002:3; Ashiabi & O'Neal, 2015:2).

- Sub-theme 4.7: Re-usable sanitary products as adaption technique.

This sub-theme focused on re-usable sanitary pads as one of the methods undertaken to adapt to still be able to manage their menstruation. The reason for this sub-theme is to explore

whether or not reusable sanitary products would be a sufficient replacement for commercial pads and if it would increase the capacity of the menstruating female to manage her menstruation. The perception of the participants regarding reusable sanitary pads is focused on in this sub-theme. The participants had all previously been supplied with reusable pads from the non-profit organization, Kamcare. This links with the Department of Women, Youth and Persons with Disability (2019), who emphasize: “To make sanitary products more accessible to females in low-income communities, where accessibility and affordability might be a challenge, reusable pads are more sustainable.” The following verbatim statements indicate that they use the re-usable pads to adapt if they do not have sanitary products available:

Charmaine: “Yes, I wash them (reusable sanitary pads) and put them away, I had to. I because I didn’t have pads, I used my money to buy pads, to buy something else because I knew that I had pads. In the morning I took the other one I had to put a plastic underneath.”

Monica: “And then I mostly use it (reusable sanitary pads) at night because sometimes you cannot wake up every one hour and change it. And it (reusable sanitary pads) so helps me because I’m overflowing.”

Even though the participants indicated that they use the re-usable pads when they do not have sanitary pads available, the re-usable pads are not always effective as seen in the following verbatim statements:

Ma O: “That cloth is like not too much, I before Lizel give me the pads I have mine, mine but was too...., when you touch it (reusable sanitary pad) you hear that thing (plastic) that when you get period it is going to stay there but that one is too light”

This participant indicated that the plastic part that was put in the re-usable pad made a noise and could not manage her menstrual flow. The participant Charmaine also indicated that the re-usable pads could not effectively manage her menstrual flow:

Researcher: “Okay, and how was that experience?”

Charmaine: “Yoh, they were leaking.”

Charmaine: “So around, in the middle of the night, I was wet like everywhere.”

Another participant, Monica, indicated that she uses the re-usable pads during the night and that works effectively for her. This indicated to the researcher that there are ways in which females in low-income communities can adapt to manage their menstrual hygiene effectively. However, the re-usable pads should also be able to manage the different flows of the females in a community to be effective. This could mean that the product itself should be able to be more versatile. Re-usable pads are used in the same manner as commercial tampons;

however, they should be washed just as thoroughly, as they can also cause toxic shock syndrome (Kaur et al., 2018:3; Peberdy et al., 2019:2). The following statements focus on how the participants clean their re-usable pads:

Charmaine: "Yoh. They, they, this child neh my, my neighbor they were given those pads (reusable sanitary pad) at school so, but they look alike. They, they (reusable sanitary pad) look similar, but they are not the same. Those one's (reusable sanitary pad) they have the sponge on top of it. So, they (neighbour) were given sunlight, (inaudible), I don't know if it is a bleach or what to wash them. So, I had to go there, because I knew she was given it (cleaning products) at school. She gave me those things (cleaning products) and I wash them."

Monica: "The moment I remove it (reusable sanitary pads) I wash it. Yes."

Ma O: "Mmmm, told us about that pads is working for periods we can also use it (reusable sanitary pads) and after using we must wash it and put it on the line and then after that we must take it back to your wardrobe and you must put it there and when you want to use it you can take it and use it again"

As seen in the above-mentioned statements, the participants knew that reusable pads should be washed after they had been used. It is important for their menstrual health as seen in studies in other countries and communities where lack of knowledge led to females placing re-usable pads under their beds while wet that could possible lead to infection and other menstrual health problems (Mahajan, 2019:63). Knowledge regarding MHM can be seen as part of the mesosystem as it can have a direct or indirect influence on the applicable persons (Johnson, 2008:2-3). The ability of the teachers or organisations to rely and give adequate information regarding menstruation and MHM, specifically the use and care for reusable sanitary products, has a direct influence on how a menstruating female will use and clean the reusable materials (Johnson, 2008:2-3.)

3.9.2.5. Theme 5: Community involvement

Theme 5 focused on the community involvement and the infrastructure of the community and how that impacts the menstruating female and specifically on the ecological approach, how the micro to the macro system impacts on the perception of menstruating females specifically regarding MHM. As seen in the demographic findings, specifically relating to figure 3.2, language could be linked to ethnicity. The participants that came from different ethnic backgrounds, could have experienced community involvement differently, as their ethnic background could influence how their micro system is involved and perceive menstruation and MHM. The participants indicated that they are all in a relationship but not married, as seen in the demographic findings.

Sub-themes included the importance of social relationships and how the menstruating female can depend on the community when menstruating.

As mentioned before to be able to properly manage menstruation, a female needs sanitary products to collect the menstrual fluid, a private place to change or clean the sanitary products, and water, and soap to wash and clean themselves to stay hygienic and clean (Budhathok, et al., 2018:2).

- Sub-theme 5.1: Importance of social relationships

This sub-theme focused on the importance of their social relationships and peers. Throughout the face-to-face interview process, three out of the five participants indicated that their friends are important to them and that they relate to them when they are menstruating. This is indicated in the following verbatim statements:

Charmaine: "Yes, so, we, we, we, in my family there is only girls. So, we, we, we talk about everything. So those who are who were there before like, they, they told me it feels like this, this, and this but as. As people we are different, and we experience things differently. So, for myself it was like, no. I, I, I, was expecting that like, like ya. For me too reaching that stage."

Lerato: "Yeah. I used to talk to my friend then I tell them, eish, my period is not the same that I know."

Monica: "She was like, ah, that (menstruation cycle) is mine, I am experiencing the same thing and I am like oeh wow, this (menstruation cycle) is normal."

From the above statements the participants confided in their peer group and related to their peer group's experience. Monica indicated that she spoke to her friend about something worrisome about her menstruation cycle and due to her friend experiencing the same she felt it was normal. This verifies the literature from Hennegan et al., (2017) that menstruating females learn from their peers. The other two participants that did not indicate that they confide in their own peer group could just be due to the researcher not probing thoroughly enough during the face-to-face interview. The microsystem of an individual is an important foundation in which they actively learn from experiences that other people already undergone (Ashiabi & O'Neal 2015:2). The macro system plays a vital role as the macro level impacts the social blueprint that individuals make use of, when connecting and socialising with peers.

- Sub-theme 5.2: How the menstruating female can depend on the community when menstruating

This sub-theme focused on how the participants made use of the community as another coping mechanism, when they needed to adapt their menstrual activities. This could have influenced how the participants perceived MHM. The micro system played a vital role. The verbatim statements from the face-to-face interviews were as follows:

Charmaine: "So, I called one of my aunts who works here ask her did you have pads because the ones that they gave us they are not working for me. So, I had to come, I came here then she gave me."

Lerato: "Yeah, some of them, but either if. Other people they are shy talk. I can easily look at him the way he acts. The nice thing. What is your problem? I don't have some pads then I quickly run into the house, and I take two pads, they I said to him."

Nomfundo: "I ask my friends."

As seen in the above-mentioned statements the participants asked their friends and family for assistance where needed, this can be seen as an adaption method if they do not have access to or funds for menstrual products. Lerato also indicated that she asks people in her community if they need help with menstrual products and assists them. This, however, could possibly indicate that stigmatization and feelings of shame in the microsystem of the participants is not as prevalent. The microsystem could be an important safe connection and platform for the participants to be able to manage their hygiene when menstruating, if needed, and they have a lack of access to materials. It is evident from the ecological system approach that menstruating females are directly and indirectly influenced by the system that they are involved in. Their adaption methods are directly influenced by their ecological system and if the system makes it possible to adapt (Ashiabi & O'Neal 2015:2). The social blue print or macro system of the different participants indicates that their micro system is a safe platform to ask for assistance in a time of need. This indicates to the researcher that the social blue print among the various microsystems is one of assistance and not of stigmatization.

3.9.2.6. Theme 6: Social work intervention

Theme 6 focused on the social work intervention needed that was identified by the participants in the community. The age of the participants as seen in the demographic findings, figure 3.1, were all over the age of 20 years. The participants indicated that they have one child or more as seen in figure 3.4. This could be indicative of experience and knowledge that they have gained from their own menstruation cycles and how they manage their hygiene. The perceptions and experiences that they themselves have undergone and how they perceive the community themselves, could influence how they would perceive the need for social work intervention in their community. Not only does the above-mentioned demographic findings possibly influence their perception, but their own ethnic background and perception of social work involvement, could influence their perception of the need for social work intervention in the community.

The sub-themes included: the participants experience of social work intervention and need thereof.

- Sub-theme 6.1: Participant experience of social work intervention and need thereof

This sub-theme focussed on their experience of social work intervention, if any and their need in this regard. The White Paper on Social Welfare (1997) refers to the term social welfare as an integrated and comprehensive network that includes social services, facilities, programs, and social security, to promote social development and social functioning of individuals, groups, and communities (White Paper on Social Welfare, 1997).

The following verbatim statements indicate how the participants experience the intervention in their own community:

Charmaine: "Yes. I think it (social work intervention) would be beneficial.... We live with young girls like me, we see them, like they use instead of pad, they use tissue ...So that social worker will tell us more about the danger of using tissue, you see, using like all those things. That I think tomorrow that girl won't use that tissue because she will know the dangers of using that tissue."

All of the participants indicated that they have a need for the social workers to intervene more in the community and educate females on menstruation. The quotes below indicate specific aspects with regards to menstruation, that they needed social work intervention, more specifically education and awareness of:

Charmaine: "What kind of blood that? Don't we lose when we when the menstruation goes out. Yeah, like that."

Ma O: "Some they, they don't know how to protect ourselves"

Monica: "About anything especially for a woman to know, yes."

As can be seen in the statements above, the participants have a need for education even though they were informed by their school, families and peers. Education is not only limited for themselves, but as Charmaine stated, that young females in the community are practicing possibly dangerous menstruation hygiene activities. The need for education from social workers in the community was an overwhelming theme. It is therefore important that the community-based social workers promote and invest in strategies of empowerment which includes educating, strength-based advocacy, non-discriminatory approaches, and social investment strategies that promote social and economic inclusion (Lombard et al., 2014:318). The ecological system is an important foundation that a social worker in community development should develop to be able to make more long-term change in a community (Johnson, 2002:3; Ashiabi & O'Neal, 2015:2). The social worker could therefore be a part of

the mesosystem as a direct or indirect influence on a female's ability and capacity to manage their menstruation properly (Johnson, 2002:3; Ashiabi & O'Neal, 2015:2).

3.9.2.7. Theme 7: Recommendations

This theme focused in the recommendations made by the participants with regards to the possible improvement of their own MHM and what advice they would recommend for young females. This theme relates to the participants' perception of MHM and how it could possibly be improved in future programs and policies. The highest qualification of the participants could possibly have had an influence on what they would recommend as a possible improvement for MHM. The degree to which they were educated on MHM had an overall influence on what they perceived as lacking in their ability to manage their menstruation.

The sub-themes included: recommendations for improving their experience of MHM and advice the participants would give to young females before their menses.

- Sub-theme 7.1 Recommendations for improving their experience of MHM

This sub-theme focused on the recommendations the participants made for themselves to ensure better MHM. During the interviews with all five of the participants, not one of the participants indicated that there is something that they would change from their current perception and experience in the manner in which they manage menstruation hygiene.

There could be various explanations for this occurrence. This could be that the question was difficult to understand. The participants accepted their current situation with regards to MHM and do not wish for an improvement. The community plays a vital role in the experience of MHM, and it could be possible that the lack of recommendations for improvement is due to lack of knowledge on how to manage menstruation effectively (Scorgie et al., 2015: 4). It could also be due to their actual environment and accessibility to menstrual products that, even if they had recommendations, that it would be impossible to fulfil due to the infrastructure and financial capacity in which they find themselves (Budhathok, et al., 2018:2). Chapter Four will focus on the social work intervention recommendations.

- Sub-theme 7.2: Advice to young females before their menses

This sub-theme focused on the advice that the participants would give young females before their first menses. The following statements indicate their advice:

Charmaine: "Uhm, I think like I, like I said you don't have to use tissue, need to use pads not cloth whatever. And then you need to bath because the smell of the blood and the pads. It smells so awful. So, you need to bath you always need to be clean. We don't have to notice you that you are on your periods, so if."

Lerato: "Advice that I could give to her is that the period is very sensitive, you have, when you are in the period you have to limit. Yeah. When you play you have to limit cause now if you put the pads and you're playing what about small child see that pad? You see. When you are period, you have to wear tights, small tight."

Monica: "Is that you have to bath, that you have to love yourself and stay away from boys."

Ma O: "I have to before she go to period I have to sit down with him and tell him about period pain and even the period"

The participants' responses indicate that the advice that they would give to younger females in the community relates to what they have learned from their own experience with menstruation. The themes overall include, taking a bath to remain hygienic, to avoid contact with males, and be aware of your clothing to ensure that peers cannot see the sanitary material. The participants did not indicate that they would deepen the discussion with a young female to include menstrual health knowledge. This could be due to their own lack of knowledge. The knowledge shared from their experience could also be seen as passed down knowledge in the community (Hennegan et al., 2017:8). The microsystem is the immediate environment which includes relationships and other persons or organizations that the person is exposed to, for example caregivers, friends, and family (Ashiabi & O'Neal 2015:2). For young females in the community the older females play a role in educating them with regards to menstruation (Hennegan et al., 2017:8). Chapter Four will focus on recommendations for social work intervention amongst other aspects.

3.10 SUMMARY

This chapter focused firstly on the research methods and methodology and ethical considerations, thereafter the research findings were discussed, focusing on the demographic profile and the thematic analysis of seven main themes. These included: general knowledge of the term menstruation and menstruation hygiene management (MHM), reactions to the participant's first menstruation and advice that they were given, cultural taboos and social implications surrounding menstruation, current experience of menstruation and menstruation hygiene management (MHM), community involvement and infrastructure, and social work intervention. The final chapter discusses the summary, conclusions regarding key findings and recommendations.

CHAPTER 4: SUMMARY, CONCLUSIONS AND RECOMMENDATION

4.1. INTRODUCTION

This chapter is built on a foundation that was formed by an in-depth literature review and research based on the qualitative phenomenological design and empirical findings based on face-to-face interviews with the participant's specific to this study.

This chapter presents the extent to which each research objective was met, the research question, the key findings, conclusions and recommendations, and the limitations of the study.

4.2. SUMMARY

4.2.1 Aim and objectives of the study

The researcher will discuss the aim and objectives of this study and how they were met. Niewenhuis (2020:86) suggests that the researcher has to actively remove her personal beliefs, emotions, experiences and prior knowledge about the phenomenon from her consciousness, to ensure the true description of the realities as experienced by the participants.

The main aim of this study was to explore and describe the perceptions of female youth regarding Menstrual Hygiene Management (MHM) in the rural community of Roodeplaat, Tshwane.

The objectives of the study were:

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

Objective 1

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

The first objective was met by means of conducting an in-depth literature review on female reproductive health, the menstrual cycle and menstruation hygiene management (MHM). The literature review provided a description of the concept youth (section 2.2.1), female reproductive health (section 2.3.), menstrual cycle (section 2.3.2) and hygiene management (section 2.4). The theoretical framework, namely the ecological approach, discussed in Chapter One (section 1.6) provided the context in which the experience of menstruating females in a low-income community could be discussed and analysed. The ecological approach underpinned the study, focusing on various systems of a menstruating female and how it could influence her experience of menstruation and MHM (Friedman & Allen, 2015:3).

It is important to understand how the various dynamic components of a female's ecological system works, and the influence the system could have on the social blueprint of the menstruating female. It is necessary to address the different levels as identified by the approach, that is at the individual, interpersonal, community and societal levels, before intervention can take place, as this may have a direct impact on the menstruating female.

- **Objective 2**

To explore and describe the source and experience of sexual reproductive health education among female youth in the rural community in Roodeplaat.

This objective was achieved through five semi-structured face-to-face interviews with females from the community of Roodeplaat, who met the selection criteria for the study. The semi-structured interview included an interview schedule that aimed to achieve the aim and objectives of the study. The literature review in Chapter Two (section 2.4.4.1) included other authors' findings with regards to the source and experience of sexual reproductive health education among females in different low-income communities all over the world. The literature review allowed the researcher to refer back to previous findings of other authors and corroborate the findings of the study. The research findings in theme 1, sub-theme 1.5 could be corroborated with the literature review from Chapter Two, transferring the concept that menstruating females in low-income communities gather information from various sources available to them (section 2.4.4.1). Thus, this indicated to the researcher that the source and experience of menstruating females in low-income communities could be transferable, meaning that the reader could possibly make their own assumptions and connections with regards to the findings (Niewenhuis, 2020:144).

- **Objective 3**

To explore and describe the experience of female youth regarding their menstruation in the rural community in Roodeplaat.

This objective was achieved through the five face-to-face interviews that were conducted with the participants. The data was analysed and discussed in sub-theme 3.2, which focused on the social implications of menstruation, as well as sub-theme 4.1 which focused on their current experience of menstruation. The semi-structured interview schedule allowed the researcher to explore and probe the answers given and gather thick data from the participants. Overall, the findings concluded in sub-theme 3.2 where the participants felt mostly uncomfortable and refrained from interacting socially when they were actively menstruating, as they had a fear of visible signs of leaking. The participants indicated that they had irregular menstruation cycles in sub-theme 4.1 after they gave birth, with only two participants indicating that they visited a clinic for a medical assessment. The findings are in line with the literature review and were linked to the ecological approach.

- **Objective 4**

To explore and describe the challenges of female youth regarding menstruation hygiene management in the rural community in Roodeplaat.

This objective was achieved through the five face-to-face interviews that were conducted with the participants. The challenges regarding MHM were discussed in sub-theme 4.4 waste removal, sub-theme 4.5 menstruation hygiene management product accessibility and sub-theme 4.6 challenges regarding access. The literature review and findings were corroborated when analysed and the objective was met as the challenges were discussed thoroughly. The ecological approach was also linked to the challenges that they experienced, as the challenges could be attributed to the environment and how they are assisted by the micro system when they face challenges.

- **Objective 5**

To explore and describe resources and support available for female youth related to menstruation hygiene management in the rural community in Roodeplaat.

This objective was achieved through the five face-to-face interviews that were conducted with the participants. The participants indicated in sub-theme 5.1, the importance of social relationships and sub-theme 5.2 how the menstruating female can depend on the community when menstruating. The participants indicated that they actively made use of their microsystem to learn from other females' menstruating experiences in the community and

relied on the community for assistance when they faced challenges accessing sanitary products. The in-depth literature review indicated that females made use of their microsystem for support emotionally and materially. This was also found in the in-depth interviews and analysis of the interviews of the participants.

It is important to understand how the ecological approach plays an important role in how females learn from the microsystem and mesosystem about how they come to depend on the system when they face challenges.

- **Objective 6**

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

The objective was achieved through analysing the five face-to-face interviews through thematic analysis. Sub-theme 6.1 focuses on the experience the participants had with social work intervention, as well as suggestions for social work intervention with regards to MHM. The participants indicated that they have not had many encounters with social workers in the community. The participants indicated that there is a need for social work intervention in the community regarding MHM. The data states that the participants have indicated a need for social workers to inform and educate females in the community regarding MHM. Social work intervention could be seen as part of the mesosystem as projects and programs could have a direct or indirect influence on females in a community. The ecological approach is an important factor to understand as the participants are actively influenced by the systems directly and indirectly. The ecological approach could have an influence on the suggestions that the participants had regarding social work intervention, as well as how they experienced social workers.

4.2.2. Research question

The research question for the study was:

What are the perceptions of female youth regarding Menstruation Hygiene Management (MHM) in the rural community, Roodeplaat, Tshwane, Gauteng province.

The above question was answered through conducting a qualitative research study which involved interviewing five participants that are experiencing menstruation in the community that received re-usable sanitation pads from Kamcare organisation. The data collected was thematically analysed, and themes and sub-themes were generated and discussed in detail in Chapter Three. Seven themes with their sub-themes emerged to answer the research question.

4.2.3 Limitations of the study

The limitations of this research included the following:

- Phenomenological research generally focuses on smaller groups of participants. Due to the study only taking place in one low-income community in South Africa, Tshwane, the results cannot be generalized. The results could, however apply to similar communities and populations. A more in-depth study should be done in various other communities with bigger sampling sizes for a more accurate depiction and understanding of the experience of MHM.
- Qualitative research is highly subjective, the researcher needed to be objective. To ensure that the researcher was objective, trustworthiness of the data was important and various strategies were used to ensure trustworthiness of the data and to limit researcher bias.
- The sampling method used was non-probability, purposive sampling. The participants needed to fit the inclusion criteria that was set out by the researcher, random sampling did not take place. This means that the data cannot be generalised and can be difficult to defend representatives of the sample. In order to mitigate this, the researcher did not personally select the participants, but gave the inclusion criteria to the Kamcare organisation who shared the information of the study with possible participants that would fit the criteria. The researcher then contacted the possible participants that voluntarily, and with consent, gave the organisation their contact information and asked if they would want to take part in the study.
- The small sample size of five participants used in the research tends to increase the likelihood that the results confirm the research question on which the study was based, which could decrease the significance of the study. The researcher tried to mitigate this effect by ensuring that only participants that met the specific inclusion criteria were selected for the face-to-face interviews for the collection of the data, that thick descriptions were given, and an in-depth literature review was performed.
- The qualitative data was collected by means of a semi-structured interview schedule that meant that the interview was mostly directed but it ensured opportunity for exploration of a participant's statement. The researcher could have missed possible themes. However, this was mitigated by exploring the statements from the participants as thoroughly as possible.
- Since the study focused on the experience of the participants, it was highly subjective. The participants answered questions from their own subjective understanding. This could lead to participants giving limited information and the possibility of biased information was high. The experience of menstruation and menstruation hygiene

management is highly personal and sensitive and could make reliable information difficult. To mitigate this limitation, participants were assured of the fact that their identities would be protected, by assigning pseudonyms before the interview and the information was assured to remain confidential.

- Sorting through the data was time consuming. Various themes and sub-themes could be generated. In order to mitigate this challenge, the researcher labelled passages with terms that were related to the research question.
- Certain terminology of the interview schedule was difficult for the participants to understand and needed explaining from the researcher, to ensure that accurate information is given the researcher would recommend that a definition should be given with the terminology immediately when asking future participants.

4.3. KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

The key findings, conclusions and recommendations will be discussed in two categories. Firstly, the key findings and conclusions regarding the literature review and secondly the key findings, conclusions and recommendations regarding the empirical findings.

4.3.1. Key findings and conclusions regarding the literature review

The ecological approach was the theory that underpinned the study. The ecological approach focusses on the various systems that directly and indirectly influences a person. The ecological approach enabled the researcher to analyse the data and the themes in the various systems which could influence the findings. The ecological approach allowed the researcher to understand how the various systems could influence the participants' perspective and experience of MHM.

The key literature review findings did not differ greatly from the study's findings. The literature review focused on defining youth as a life cycle phase and all that it encompasses, the female anatomy and physiology, menstruation hygiene management, menstruation experiences among young females, and social work intervention. Young females in a community learn about menstruation in their school environment, from peers, and family. This finding in the literature review could be corroborated in this study's findings. Menstruating females in various rural communities have been found to be stigmatized by their community for menstruating, even though it has not been found so evidently in the current study; personal stigmatization and fear was a theme throughout the findings of this study. Financial means has been identified as a challenge in accessing menstruation materials in the literature review and in this study.

The literature review findings could be corroborated with the findings of the study and, even though the study cannot be generalized, it would seem that females from similar communities with similar characteristics, could have similar experiences regarding MHM.

4.3.2 Key findings, conclusions and recommendation regarding the empirical study

The findings of the empirical study will be discussed according to the themes which were generated throughout the interviews. The demographic findings specifically referring to the language (figure 3.2) and highest qualification (figure 3.3) could have had an influence on the findings, conclusions and recommendations. The two demographical findings could relate to how they perceived MHM, namely language, can relate to their ethnicity, and the level of education regarding MHM could have influenced their social blue print and ultimately their perception of MHM.

The discussion of the findings, conclusions and recommendations will be discussed for each theme.

4.3.2.1. Theme 1: General knowledge of the term menstruation and menstruation hygiene management (MHM)

This theme focused on the general knowledge of the participants regarding the terms menstruation and MHM. The sub-themes generated under this theme included: knowledge of the term menstruation, informers with regards to menstruation, how the participants reacted to their first menstruation, understanding of MHM, and informers with regards to MHM.

- **Key findings**

Knowledge regarding menstruation and MHM is important for overall female health. The participants indicated that they have primary knowledge regarding menstruation, however the term MHM was difficult. When the researcher explained the term the participants knew what this entails, but were not informed that it was referred to as MHM. They gained their knowledge from school education, their peers, and family. One participant indicated that she made use of the internet to learn more about menstruation and MHM. The findings indicated that even though they were informed by these various sources, four of the five participants indicated that they were fearful and uncertain at the start of their menses. This finding correlated with the literature review from various authors, who indicated that even though females in low-income communities gain knowledge regarding menstruation and MHM from school, family and peers, they still remain fearful and uncertain regarding menstruation. The participant who indicated that she used the internet for more information was not fearful and uncertain, as she knew what to expect.

- Conclusions

The ecological approach was suitable for this study, as the micro, meso and macrosystem plays a vital role in understanding the experience that menstruating females have. In conclusion the participants indicated that they had primary knowledge regarding menstruation and MHM, and all five indicated the same category of informers for both terms, yet some of them still had feelings of fear and uncertainty. One participant was more informed than the others and her first experience was different to the others.

- Recommendations

- Health workers and social workers should discuss menstruation and menstruation hygiene management more in depth in community outreaches.
- The health workers and social workers should actively work alongside the schools in the area to assist the teachers in the community. Correct information early enough in life can spare females the fear an uncomfortable feeling surrounding the onset of menstruation in the future.
- The education system should actively promote the WASH program in all schools and educate the teachers and equip them to relay accurate information.
- Community support groups and regular information sessions could affect how the community as a whole perceives menstruation and MHM.

4.3.2.2 Theme 2: Reactions to the participants first menstruation and advice that they were given

This theme focused on the reaction the participants had to their first menstruation and the advice that they were given. The sub-themes generated under this theme included: microsystem reaction to the participants first menstruation and advice that was given to participants

- Key findings

Menstruation is a natural and biological transition that could either be a cause for celebration as a passage to womanhood, or a condition that is stigmatized and a taboo. Four of the five participants indicated that the persons (mother or teacher) they told in their microsystem of their onset of menstruation, celebrated their onset of their menstruation. One participant indicated that she told no one in her microsystem and that her family found out when they saw sanitary products on the floor. They did, however, help her after seeing the products, indicating that her fear and feelings of shame influenced her to not tell her immediate microsystem.

Overall the findings also indicated that the various microsystems had similar advice for the participants. The advice received focused on avoiding men when they are on their period to avoid falling pregnant. This however indicated the lack of knowledge that the microsystems had, because pregnancy is most viable 14 days into a cycle, rather than just before, on, or after a period. This could be indicative of how lack of knowledge could lead to unpredicted pregnancies.

- Conclusions

The researcher therefore concludes that the individual microsystems of the participants celebrated the natural transition that they underwent. The participants did have social and emotional support from their microsystem. However, the advice given to “stay away from boys” lacked detail and information that could prevent unintended pregnancies.

- Recommendations

- Community education regarding menstruation is important, social workers or health workers should have community educational programs to educate the community as a whole, regarding menstruation and the menstruation cycle.
- School teachers should be equipped with accurate information regarding menstruation and pregnancy to ensure less unintended pregnancies.

4.3.2.3. Theme 3: Cultural Taboos and social implications surrounding menstruation

This theme focused on the cultural taboos and social implications regarding menstruation. The sub-themes generated under this theme included: cultural taboos and social implications.

- Key findings

Cultural taboos could have a major influence on a menstruating female in a community. It could limit her community activity and events that she usually would partake in. The literature review indicated that females in low-income communities are prevented to wear church clothes, go to church, and prepare food for the men in the household. The participants in this study did not indicate or relay any such information regarding cultural taboos. They were not limited or prevented from preparing food for men, going to church, or prevented from partaking in community activities. They did however refer to menstruation as dirty, indicating stigmatization of menstruation. This finding cannot be generalized, as the sample was small and there could be females in the community that are subjected to stigmatisation through cultural beliefs.

The participants indicated that when they are menstruating they do not partake in social activities due to feelings of shame and fear. This indicates that stigmatization is a real part of their social world. There was a fear of leaking in public that also limited their social activity when menstruating. This could be due to previous experiences of leaking in public.

- Conclusions

The researcher concludes that the individual macrosystems have an influence on the micro and mesosystem of each participant. The social blueprint of an individual has an influence on how they perceive social constructs and experience certain social phenomenon. The microsystem of these specific participants indicated no cultural taboos, however, social and emotional stigmatization was present. This could mean that the participants are being subjected to the feelings that their families and peers have regarding menstruation.

- Recommendations

- Social work involvement is recommended in the community to continually educate the menstruating females in the community to lessen social and emotional implications.
- The researcher recommends that there should be a study that only focuses on the cultural taboos in the specific community, as this will allow future researchers to recommend change regarding cultural taboos.

4.3.2.4. Theme 4: Current experience of menstruation and menstruation hygiene management (MHM)

This theme focused on the current experience of menstruation and MHM. The following sub-themes were included under the main theme: current experience of menstruation, menstrual hygiene management (MHM), sanitary products used, waste removal, menstruation hygiene management product accessibility, challenges regarding access, and re-usable sanitary products

- Key findings

The participants indicated that they are currently experiencing irregular menstruation cycles. The participants stated that the irregular menstruation cycles started after giving birth and one participant stated that her cycle changed after she terminated the use of birth control pills. Only two of the participants struggled with irregular cycles and went to the clinic for a medical assessment.

Menstruation hygiene management is an important activity to ensure menstrual health. The participants indicated that they take baths regularly and use commercial sanitary products, as

well as re-usable products interchangeably. The participants disposed the sanitary products in dustbins, or toilets, or in a community pit. The sanitary products were disposed of in a manner which was most accessible to the participants, corroborating the literature review.

The participants indicated that sanitary products were not always accessible and that commercial sanitary products and toiletries are expensive. The participants indicated that that they would ask community members or their microsystem for assistance with pads, bath less or make use of reusable pads to still maintain a standard of MHM. The microsystem could be seen as an adaption method in response to a lack of MHM products. The lack of sanitation, clean hygienic practices and products could lead to the participants being more susceptible to reproductive tract infection.

The participants indicated that they make use of re-usable sanitary products when they do not have access to commercial products. Two of the participants indicated that they had disappointing experiences with the re-usable pads, as they were leaking excessively and this led them to not make use of re-usable sanitary products as often and only when they did not have access to commercial products. Washing the re-usable pads was found to be uncomfortable in the beginning for the participants. If they did not have access to buy toiletries, they could not wash the pads and had to make use of their microsystem to be able to wash the reusable sanitary products.

- Conclusions

Participants are experiencing irregular menstruation cycles and only two of the participants felt comfortable enough to seek medical advice. Overall they can participate in MHM activities, but finances could lead to lack of access to menstrual products and toiletries, which directly influences their ability to partake in MHM activities regularly. The overall consensus is that commercial pads are more used among these participants, this, however, is not the consensus for the community. The participants discard the sanitary products in a method that is easily accessible to them. However, overall it was found that they discard of the sanitary products in a dustbin, toilet or pit in the community. The participants use reusable pads as an adaption method when they do not have the financial means to buy commercial pads. The participants use the microsystem available to them to overcome the challenges that they face with regards to MHM.

- Recommendations

- Implementation of community programs in the community by social workers or health care workers that focus on appropriate methods of discarding sanitary products is important.

- Active community projects should be implemented by social welfare organisations alongside the health clinic in the community to make toiletries and sanitary products more accessible.
- There should be a feedback day for Kamcare, an organisation that is active in the community, on the reusable pads that they distribute. This will allow for possible changes to be made to the reusable pads to be more absorbent and leak less.
- Research should be done on adapting the reusable pad to be more effective by being more absorbent and leaking less for women with heavy menstrual flow.
- More community members should be included to manufacture the reusable products, empowering them with a skill and creating possible job opportunities.

4.3.2.5. Theme 5: Community involvement and infrastructure

This theme focused on community involvement and infrastructure. The following sub-themes was found under this theme: importance of social relationships and how the menstruating female depends on the community when menstruating.

- Key findings

Social support is an important structure in the microsystem. The participants indicated that they regularly make use of the social support structures for assistance and to confide in. The participants shared worrisome experiences with the support structure and related to the experiences that their support structure had regarding menstruation and MHM. The microsystem therefore has a direct and influential impact on the experience that menstruating females have regarding MHM, as they learn and relate from their peers experiencing the same phenomenon. The community and social support structure, namely the microsystem, can be seen as a coping mechanism when the participants face MHM challenges.

- Conclusions

The microsystem could be used as a coping mechanism for overcoming challenges regarding menstruation and MHM. The microsystem could be an important safe connection and platform for knowledge and relation with their family and peers.

- Recommendations

- The whole community should be educated to establish safe platforms throughout the community for menstruating females. Safe microsystem platforms can inform and enable to help them overcome challenges that menstruating females experience that could possibly lead to better overall menstrual health.

4.3.2.6. Theme 6: Social work intervention

Theme 6 focused on social work intervention in the community. The following sub-themes are found under this theme: participant experience of social work intervention and need thereof.

- Key findings

Social work intervention in a community is an important form of investing in a community. The participants indicated that they have not yet had various experiences with social workers in the community, but have stated that social work intervention is needed. The social work intervention that the participants referred to is educating the community, which is one of the roles of community social workers.

- Conclusions

There is a lack of social work intervention in the community and the participants experience the need for social work intervention in the community.

- Recommendations

- Active involvement of a social work organisations in the community must be encouraged. Community-based social workers are said to promote and invest in strategies of empowerment which includes educating, strength-based advocacy, non-discriminatory approaches, and social investment strategies that promote social and economic inclusion (Lombard et al., 2014:318). Thus, they should become more involved.

4.3.2.7. Theme 7: Recommendations

Theme 7 focuses on the recommendations made by the participants. The following sub-themes are also found under this theme: recommendations for improving their experience of MHM and what advice the participants would give to a younger girl.

- Key findings

The participants did not indicate any recommendations to improve their MHM experience. There could be various explanations for this occurrence, such as the question was difficult to understand, or that they have accepted their current experience and do not wish for an improvement. It could possibly be that, due to the microsystem being an effective coping mechanism, there might not be a need or want to change their experience.

The participants were asked what advice they would give to younger females that have not started menstruating yet. The participants gave advice from what they have learned from their own experience with menstruation and MHM. The themes for their advice included taking a bath to prevent an odour from occurring, to avoid contact with males, be aware of your clothing, and to ensure that peers cannot see the sanitary material. The advice that they would give to younger females can be seen as advice that was also passed down to them from family and peers. This occurrence is indicative of how a microsystem can influence a female's experience of menstruation and MHM.

- Conclusions

The microsystem and community could become such an effective coping mechanism that improvement of current MHM activities and experiences is not wanted nor needed. The advice that the participants would give to younger females could be seen as knowledge passed down from the family and peers to the next generation. The microsystem is an influential aspect regarding the experience of menstruation and MHM.

- Recommendations

- Empower the community with knowledge to ensure correct information is passed down from family and peers.
- Community social workers must focus on the ecological approach when working in the community, to be able to advocate and educate in all different spheres that influence an individual in the community's life.

4.4. RECOMMENDATIONS FOR FUTURE RESEARCH

The following recommendations focus on possible future research.

- A future study focusing primarily on cultural taboos in South Africa's rural communities in the City of Tshwane.
- A study that investigates that, if a community is exposed to more modern practices and environments, whether it lessens cultural taboo effects versus a community that is that is not as exposed to modern practices.
- A future study focusing on the effectiveness of reusable pads for women with heavy menstrual flow.
- A study that focuses on the community and the participant's microsystem and the extent to which it acts as a coping mechanism in overcoming challenges of menstruation and menstruation hygiene management.

- A study that focuses on teachers and how they relay information to students regarding menstruation and MHM and how that influences students. The study could explore if the teachers have their own stigmatization surrounding menstruation and MHM or lack of knowledge.
- A study that focuses on the effectiveness of the current WASH programs in different schools.

There are various studies done regarding the experience of menstruation and MHM all over the world. Active research could assist future researchers in achieving the SDG goals and focusing to improve female menstrual health overall.

4.5. FINAL REMARK

Menstruation is a biological transition into female puberty. MHM is an activity that takes place to ensure the menstrual health of the menstruating female. The five participants in the rural community of Roodeplaat in the City of Tshwane did have challenges regarding MHM, however, their microsystem and community was an effective adaption method to overcome certain challenges that they faced. The ecological-systems approach was an important foundation for the study to understand how various systems could work together to influence how individuals experience a social phenomenon. Social work intervention and active focus on educating the community is an important theme that has been seen as a need throughout. Knowledge is power, menstrual and MHM knowledge is part of optimal women's health.

5. REFERENCES

An Analysis. *Pakistan Journal of Social Sciences*, 33(1):191-198.

Ashiabi, G. S. & O'Neal, K. K. 2015. Child Social Development in Context: An Examination of Some Propositions in Bronfenbrenner's Bioecological Theory, *SAGE Open*: 5(2), 1-14.

Bonnie, J. R., Stroud, C. & Breiner, H. 2015. *Investing in the Health and Well-being of Young Adults*. Washington DC: National Academy of Science Press.

Boskey, E. 2020. The Anatomy of the Fallopian Tubes. Available: <https://www.verywellhealth.com/fallopian-tubes-anatomy-4777161> (Accessed 06/10/2021).

Bronfenbrenner, U. 1995. Developmental ecology through space and time: A future perspective. In Moen, P. & Elder, G. H. Jr. (Eds.), *Examining lives in context: Perspectives on the ecology of Human development*. Washington, DC: American Psychological Association.

Brown, M. E., Livermore, M. & Ball, A. 2015. Social Work Advocacy: Professional Self-Interest and Social Justice. *Journal of Sociology & Social Welfare*, 42(3): 50.

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

Census. 2012. Kameeldrift. Available: <https://census2011.adrianfrith.com/place/799043> (Accessed 17/03/2020).

Clarke, V. & Braun, V. 2012. Thematic analysis. In Cooper, H., Camic, P.M., Long, D. L., Panter, A. T., Rindskopf, D. & Sher, K. J. (Eds.), *APA Handbook of Research Methods in Psychology*. 2nd ed. Washington, DC: American Psychological Association.

Clarke, V., Braun, V. and Hayfield, N. 2015. Thematic Analysis. In: Smith, J.A. (Ed.), *Qualitative Psychology: A Practical Guide to Research Methods*. SAGE Publications, London.

Curtis, A. C. 2015. Defining adolescence. *Journal of Adolescence & Family Health*, 7(2):1-2.

De Lannoy, A., Storme, E., Mudiriza, G. & Smith, C. 2018. *The state of youth well-being in South Africa*. Cape Town: Poverty & Inequality Initiative, Southern Africa Labour and Development Research Unit.

Department of Welfare. 1997. *White Paper for Social Welfare*. August 1997.

Department of Women, Youth & Persons with Disabilities. 2019. *Sanitary dignity framework*. June 2019.

Department Statistics South Africa. 2019. *National Poverty Lines*. July 2019.

Department Statistics South Africa. 2021. *South Africa labour market is more favourable to men than women*. August 2021.

Dhavaleshwar, C. U. 2016. The Role of Social Worker in Community Development. *International Research Journal of Social Sciences*, 5(10):63.

Dilshad, R. M. & Latif, M. I. 2013. Focus Group Interview as a Tool for Qualitative Research An Analysis. *Pakistan Journal of Social Sciences*, 33(1):191-198.

Elledge, M. F., Muralidharan, A., Parker, A., Ravndal, K. T., Siddiqui, M., Toolaram, A. P. & Woodward, K. P. 2018. Menstrual Hygiene Management and Waste Disposal in Low- and Middle-Income Countries—A Review of the Literature. *International Journal of Environmental Research and Public Health*, 15(2562).

Federal Democratic Republic of Ethiopia Ministry of Health. 2015. *Hygiene and Environmental Health*, Part 1.

Friedman, B. D. & Allen, K. N. 2011. Systems theory. Brandell, R. B. (Ed.) *Theory & practice in clinical social work*. SAGE Publications, Inc.

Hennegan, J., Dolan, C., Steinfield, L. & Montgomery, P. 2017. A qualitative understanding of the effects of reusable sanitary pads and puberty education: implications for future research and practice. *BioMedical Central Public Health*, 14(78).

Henze, V. 2015. On the Concept of Youth – Some Reflections on Theory. Schafer, I. (Ed.) *Youth, Revolt, Recognition. The Young Generation during and after the “Arab Spring”*. Berlin: Mediterranean Institute Berlin (MIB)/HU Berlin.

Hochberg, Z. & Konner, M. 2020. Emerging Adulthood, a Pre-adult Life-History stage. *Frontiers in Endocrinology*, 10(918):1-12.

Holesh, J. E., Bass, A. N. & Lord, M. 2021. *Physiology, Ovulation*. StatsPearl.

Ibitoye, M., Choi, C., Tai, H., Leë, G. & Sommer, M. 2017. Early menarche: A systematic review of its effect on sexual and reproductive health in low- and middle-income countries. *PLoS ONE*, 12(6).1-24.

In, J. 2017. Introduction of a pilot study. *Korean Journal of Anesthesiology*, 70(6). 601-602.

Jansen, J. D. 2020. What is a research question and why is it important? In Maree, K. (Ed.), *First steps in research*. 3rd ed. Pretoria: van Schaik Publishers.

- Johnson, E. 2008. Ecological Systems and Complexity Theory: Toward an Alternative Model of Accountability in Education. *Complicity: An International Journal of Complexity and Education*, 5(1):1-10.
- Kaur, R., Kaur, K. & Kaur, R. 2018. Menstrual Hygiene, Management, and Waste Disposal: Practices and Challenges Faced by Girls/Women of Developing Countries. *Journal of Environmental and Public Health*, 2018:1-9.
- Kgware, M. 2016. *Menstruation and menstrual hygiene management in selected KwaZulu-Natal schools*. OXFAM.
- Kumar, A., Kumari, C., Mochan, S., Kulandhasamy, M., Sesham, K & Sharma, V. K. 2018. In: Vonk J., Shackelford T. (eds). Endocrine System. *Encyclopedia of Animal Cognition and Behavior*. Springer International Publishing AG.
- Laher, S., Fynn, A. & Kramer, S. 2019. *Transforming Research Methods in the Social Sciences: Case Studies from South Africa*. Wits University Press.
- Lombard, A. & Twikirize, J. M. 2014. Promoting social and economic equality: Social workers' contribution to social justice and social development in South Africa and Uganda. *International Social Work*, 57(4): 313-325.
- MacLeod, C. I., Paphitis, S, & Kelland, L. 2020. Social and structural barriers related to menstruation across diverse schools in the Eastern Cape. *South African Journal of Education*, 40(3): 1-9.
- Mahajan, T. 2019. Imperfect Information in Menstrual Health and the Role of Informed Choice. *Indian Journal of Gender Studies*, 26(1&2):59-78.
- Manning, J. T., Fink, B. & Trivers, R. 2018. The Biology if Human Gender. Shackelford, T.K. & Weekes-Shackelford, V. A. (Eds). *Encyclopedia of Evolutionary Psychological Science*. Springer International Publishing.
- Maree, K. & Pietersen, J. 2020. Planning a research proposal. Maree, K. (Ed.), *First steps in research*. 3rd ed. Pretoria: van Schaik Publishers
- McFadyen, K. & Ranking, J. 2016. The Role of Gatekeepers in Research: Learning from Reflexivity and Reflection. *Journal of Nursing and Health Care*, 4(1)
- McLeod, S. 2014. The interview method. Available: <https://www.simplypsychology.org/interviews.html> (Accessed 11/05/2020).
- McLeod, S. 2019. Erik Erikson's Stages of Psychosocial Development. Available: <https://www.simplypsychology.org/Erik-Erikson.html> (Accessed 10/04/2021).

Merriam Webster. 2022. Perception. Available: <https://www.merriam-webster.com/thesaurus/perception> (Accessed 21/06/2022).

Mohamed, Y., Durrant, K., Hugget. C., Davis. J., Macintyre, A., Menu. S., Wilson. J. N., Romasaea, M., Sami, M., Barrington. D. J., McSkimming, D. & Natoli, L. 2018. A qualitative exploration of menstruation related restrictive practices in Fiji, Solomon Islands and Papua New Guinea. *PLoS ONE*, 13(12).

Mohammed, S. & Larsen-Reindorf, E. 2020. Menstrual knowledge, sociocultural restrictions, and barriers to menstrual hygiene management in Ghana: Evidence from a multi-method survey among adolescent schoolgirls and schoolboys. *PLoS ONE*, 15(10).

Niewenhuis, J. 2020a. Introducing qualitative research. In Maree, K. (Ed.), *First steps in research*. 3rd ed. Pretoria: van Schaik Publishers.

Niewenhuis, J. 2020b. Qualitative research designs and data-gathering techniques. In Maree, K. (Ed.), *First steps in research*. 3rd ed. Pretoria: van Schaik Publishers.

Niewenhuis, J. 2020c. Analysing qualitative data. In Maree, K. (Ed.), *First steps in research*. 3rd ed. Pretoria: van Schaik Publishers

Office of adolescent health. 2018. *Adolescent Development Explained*. Washington, D.C: U.S. Government Printing Office.

Okojie, E. M. 2019. Why South Africa should provide free sanitary pads for its women. *ERS Review*, 2(20).

Özdemir, A., Utkualp, N. & Palloş, A. 2016. Physical and Psychosocial Effects of the Changes in Adolescence Period. *International Journal of Caring Sciences*, 9(2): 717-723.

Patricio, B. P. & Sergio, B. G. 2018. *Normal Menstrual Cycle*. Intech Open.

Perberdy, E., Jones, A. & Green, D. 2019. A Study into Public Awareness of the Environmental Impact of Menstrual Products and Product Choice. *Sustainability*, 11(473).

Ramathuba, D. U. 2015. Menstrual knowledge and practices of female adolescents in Vhembe district, Limpopo Province, South Africa. *Curationis*, 38(1).

Ramirez-Gonzales, J. A., Vaamonde-Lemos, R., Cunha-Filho, J. S., Varghese, A. C. & Swanson, R. J. 2016. Overview of the Female Reproductive System. In Vaamonde, D., Du Plessis, S. S. & Agarwal, A. (Eds). *Exercise and Human Reproduction*. Springer.

Reed, B. G. & Carr, B. R. 2018. *The Normal Menstrual Cycle and the Control of Ovulation*. South Dartmouth: MDText.com.

Republic of South Africa. 2015. *The status of woman in the South African Economy*. August 2015.

Rosner, J. & Sarao, M. S. 2019. *Physiology, Female Reproduction*. StatsPearl Publishing.

Rossouw, L. & Ross, H. 2021. Understanding Period Poverty: Socio-Economic Inequalities in Menstrual Hygiene Management in Eight Low- and Middle-Income Countries. *International Journal of Environmental Research and Public Health*, 18(2571).

Sanders, R. A. 2013. Adolescent Psychosocial, Social, and Cognitive Development. *Adolescent medicine*, 34(8):354-359.

Sanjari, M., Bahramnezhad, F., Fomani, F. K., Shoghi, M. & Cheraghi, M. A. 2014. Ethical challenges of researchers in qualitative studies: the necessity to develop a specific guideline. *Journal of Medical Ethics and History of Medicine*, 7(14):3.

Scorgie, F., Forster, J., Stadler, J., Phiri, T., Hoppenjas, L., Rees, Helen. & Muller, N. 2015. "BITTEN BY SHYNESS": Menstrual hygiene management, sanitation, and the quest for privacy in South Africa. *Medical Anthropology*.

Scorgie, F., Foster, J., Stadler, J., Phiri, T., Hoppenjans, L., Rees, H. & Muller, N. 2016. Bitten by Shyness : Menstrual Hygiene Management, Sanitation, and the Quest for Privacy in South Africa. *Medical Anthropology*, 35(2), 161–176.

Sirotkin, A. V. 2011. *Regulators of ovarian functions*. New York: Nova Science Publishers, Inc.

Skavlid, S. 2015. Deception research. Available:

<https://www.etikkom.no/en/library/introduction/methods-and-approaches/deception-research/>
(Accessed 16/05/2020)

Sommer, M. 2012. Menstrual hygiene management in humanitarian emergencies: Gaps and recommendations. *Waterlines*, 31(2):83.

Sommer, M., Torondel, B., Henegan, J., Phillips-Howard, P. A., Mahon, T., Motivans, A., Zulaika, G., Gruer, C., Haver, J., Carusa, B. A. & Monitoring Menstrual Health and Hygiene Group. 2021. How addressing menstrual health and hygiene may enable progress across the Sustainable Development Goals. *Global Health Action*, 14(1).

Sommer, M., Zulaika, G., Schmitt, M. & Gruer, C. 2019. *Monitoring Menstrual Health and Hygiene: Measuring Progress for Girls on Menstruation; Meeting Report*. New York & Geneva: Columbia University and WSSCC.

Statistic South Africa. 2011. City of Tshwane. Available:
http://www.statssa.gov.za/?page_id=4286&id=11349 (Accessed 23/07/21)

- Statistic South Africa. 2019. *National Poverty Line 2018*. July 2019.
- Statistic South Africa. 2021. *National Poverty Line 2018*. August 2022
- The Presidency Republic of South Africa. 2015. *National Youth Policy 2015 – 2020*. April 2015.
- The Presidency Republic of South Africa. 2020. *National Youth Policy 2020 - 2030*. April 2020.
- Thiyagarajan, D. K., Basit, H & Jeanmonod, R. 2020. *Physiology, Menstrual cycle*. StatPearls Publishing LLC.
- UNICEF. 2016. *Strategy for Water, Sanitation and Hygiene 2016-2030*. August 2016.
- UNICEF. 2019. *Guidance on Menstrual Health and Hygiene*. March 2019.
- United Nations Children's Fund. 2011. The state of the World Children 2011. *Adolescence an Age of Opportunity*. Hatteras Press.
- United Nations. 2013. Definition of Youth. Available: <https://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-definition.pdf> (Accessed 17/03/2020).
- United Nations. 2015. *Transforming our world: The 2030 agenda for sustainable development*. 2015.
- Van Biljon, C. & Burger, C. 2019. *The period effect: the effect of menstruation on absenteeism of school girls in Limpopo*. Stellenbosch. University of Stellenbosch. (ReSEP).
- Wardana, K. A. 2020. Human Rights Framework on Menstrual Health and Hygiene. *Advances in Economics, Business and Management Research*, 140.
- WASH Advocates. 2015. Water, Sanitation, and Hygiene and Menstrual Hygiene Managament.
- World Health Organisation. 1996. Programming for adolescent health and development. *WHO Technical Report Series*, 2(886).
- Yeasmin, F., Lsuby, S.P., Saxton, R.E., Nizame, F.A., Alam, M.U., Dutta, N.C., Masud, A.A., Yeasmin, D., Layden, A., Rahman, H., Abbot, R., Unicomb, L. &Winch, P. J. 2017. Piloting a low-cost hardware intervention to reduce improper disposal of solid waste in communal toilets in low-income settlements in Dhaka, Bangladesh. *BioMedical Central Public Health*, 17(682): 1-11.
- Your Dictionary. 2018. Experience. Available: <https://www.yourdictionary.com/experience> (Accessed 17/03/2020).

6. APPENDICES

6.1. Appendix 1: Ethics approval



Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotheo



10 August 2021

Dear Miss K Smith

Project Title:	The perceptions of female youth regarding Menstrual Hygiene Management (MHM) in Roodeplaat, Tshwane
Researcher:	Kara Smith
Supervisor:	Dr CL Carbonatto
Department:	Social Work and Criminology
Reference number:	16020554 (HUM037/0521)
Degree:	Masters

I have pleasure in informing you that the above application was **approved** by the Research Ethics Committee on 29 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.

1) Permission has been granted by the organisation. However, the Committee also requires the letter sent to the organisation. It is suggested that the permission letter from the organisation be revised to indicate that the organisation will act as a go-between for the researcher and participants, by informing the potential participants about the research project and providing the researcher's contact details should the person wish to participate in the study.

2) Information on participant recruitment must be aligned between the various documents. The proposal maintains that the researcher will use social workers and other workers at the organisation as gatekeepers to make the community aware of the research and ask them to participate, while the ethics application indicates that the researcher will use the organisation's database to find participants. Please note that accessing the organisation's database is not ethically acceptable. The information on recruitment in the ethics application form must align with the information in the research proposal. Under section 11 of the ethics form, the term "pseudo names" should be "pseudonyms".

Please download the ethics form and make the changes in track-change mode.

3) Please indicate where the focus groups interviews will be conducted and in what format. The researcher needs to be mindful of COVID 19 protocol guidelines and restrictions. The research proposal and supporting documents must be revised to indicate how risk will be minimised.

4) A cover, that explains how each of the Committee's comments were address, should be included.

Suggestion for possible consideration by the researcher and supervisor:

1. A note on methodology: The researcher is of opinion that the 10 female participants will ensure data saturation. You would not know in advance that you would reach data saturation at 10 participants. We wish you success with the project.

Sincerely,



Prof Karen Harris

Chair: Research Ethics Committee Faculty of Humanities UNIVERSITY OF PRETORIA

e-mail: tracey.andrew@up.ac.za

**Fakulteit Geesteswetenskappe
Lefapha la Bomo**

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 Noomé; Dr C Puttergill; Prof D Reyburn; Prof M Soer; Prof E Taljard; Prof V Thebe; Ms B Tsebe; Ms D Mokalapa

6.2. Appendix 2: Letter requesting permission at Kamcare



Faculty of Humanities
Department of Social Work and Criminology

14 July 2021

Ref.: Kara Smith (16020554) MSW Group Research Tel.: 0823844294
E-mail: u16020554@tuks.co.za

The Manager
Kamcare

ATT: Mrs L Landman
C/O Kameeldrift and Sinagoge Roads
Kameeldrift East
0035

Dear Mrs Landman

REQUEST FOR A PERMISSION TO CONDUCT MSW (HEALTHCARE) RESEARCH IN YOUR FACILITY

I, Kara Smith, am a registered postgraduate student for MSW(Healthcare)programme at the Department of Social Work and Criminology, University of Pretoria. A requirement besides the coursework modules in the first year is to conduct research and write a mini-dissertation, resulting from a research project, under the supervision of an appointed supervisor, namely Dr C.L. Carbonatto.

I hereby request permission to conduct my research project at your facility. The envisaged title of the study is: "The perceptions of female youth on menstruation hygiene management in Roodeplaat rural community, Tshwane". The aim of the study is to explore and describe the perceptions of female youth on menstruation hygiene management in Roodeplaat rural community, Tshwane.

The objectives of the study are:

- To describe female reproductive health, the menstruation cycle, sexual reproductive health education and menstruation hygiene management
- To explore and describe female youth in the Roodeplaat rural community, their source of education on sexual reproductive health, preparation and support regarding the onset of menstruation and menstruation hygiene management
- To explore and describe the experiences of female youth in the Roodeplaat rural community regarding menstruation, factors creating challenges, their coping mechanisms, resources, and support

- To explore the experiences of female youth in the Roodeplaat rural community of projects providing support with free sanitary materials
- To make recommendations for social work intervention with female youth with regards to education, preparation and support on the menstrual cycle and menstruation hygiene management

The envisaged target group of the study is: Female Youth who benefitted from your reusable sanitary towel project. The researcher will participate in an outreach program with the organization in the community, reusable pads will be distributed among young females in the Roodeplaat rural community. The face-to-face interviews will then take place in either the Roodeplaat Community Hall or Vhathu Phanda Crèche which the social worker of Kamcare, Liezel Landman, will make available for the day of the interviews.

The social worker, Liezel Landman, from the organisation has indicated that she and the community nurses will be assisting in helping recruit the potential participants. They will inform them of the study and those interested in partaking will be asked to provide their contact details. The researcher will get these contact details from Kamcare and contact the potential participants. The first five who meet the selection criteria will be included in the study.

The researcher will then contact them and the first five who meet the selection criteria will be included in the study. The empirical part will entail conducting face-to-face interviews and using an interview schedule with the participants. An appointment will be made and firstly the letter of informed consent will be discussed with them. Once they sign and agree to participate voluntarily, the interview will commence. However, in light of the current COVID-19 third wave, the researcher will also make provision to ensure the safety of the participants by wearing a mask and providing them each with a face mask and hand sanitizer, as well as having a checklist available with regards to possible symptoms. This will be done to observe the COVID-19 conditions as well as to protect the health and safety of the researcher and the participants. The researchers will give the data sets of two respondents to the male co-researcher to analyse, as he cannot conduct the interviews due to the sensitivity of the topic. This researcher will analyse the data sets of five participants.

A copy of the final report results will be made available to your organisation after completion. It would be appreciated if you will please consider the above request favourably and grant permission at your earliest convenience.

Yours sincerely,



Kara Smith: Researcher

Dr C.L. Carbonatto
Senior lecturer and Supervisor

6.3. Appendix 3: Kamcare permission letter



15 July 2021

For attention: Dr C.L. Carbonatto
Department of Social Work and Criminology
University of Pretoria

Dear Dr Carbonatto

RESEARCH CONDUCTED IN KAMCARE: MSW (HEALTHCARE) POSTGRADUATE STUDENTS 2021

With this letter, I am giving permission for the MSW (Healthcare) postgraduate students from the University of Pretoria to conduct their research in our organization. As I understand these postgraduate students want to explore the experiences of female youth who are beneficiaries of our re-usable sanitary pad project, regarding the managing of their menstrual hygiene. I think it is a wonderful research project and will give my support in any way possible.

We are commencing with a new project in mid-August 2021, distributing hand-made re-usable sanitary pads to female youth between the ages 18 to 25 years, living in informal settlements in the Roodeplaat rural area, Tshwane. Kamcare is willing to act as gate keeper between the researchers and the participants, by informing the potential participants in the Roodeplaat rural community about the research project and getting the contact details of those female youth who are interested to participate in the study. These contact details will be given to the group of postgraduate students to contact these potential participants regarding voluntary participation in the study. A venue in the community will also be made available by our organisation to the students, whether the Roodeplaat Community Hall or Vhathu Phanda Crèche in New Town, Roodeplaat, where they can conduct the interviews.

I understand the Covid-19 situation fully, but unfortunately it is unrealistic to plan for online focus group or online individual interviews. This is not possible in this community, due to the fact that the beneficiaries/potential participants reside in informal settlements, where the people do not have electricity, data nor smart phones and cell phone reception is very poor. Our organisation does not have internet nor computer facilities for the students to use in this community. My suggestion is thus for the students to rather conduct face-to-face individual interviews with participants at the venues made available, adhering strictly to social distancing, wearing of face masks and hand sanitizing, as well as other Covid-19 protocols.

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>

6.4. Appendix 4: Letter for counselling services



15 July 2021

The University of Pretoria Faculty of Humanities Research Ethics Committee

To whom it may concern:

RE: Counseling for research participants

Title of the study: the perceptions of female youth of menstruation hygiene management in Roodeplaat, Tshwane.

I, Liezel Landman, hereby confirm that I will provide counselling free of charge for the participants of the above-mentioned study conducted by the MSW (Healthcare) students should there be a need after the interview.

My details are as follows: Name: Liezel Landman

Organization: Kamcare Social and Training Services Contact details: 072 150 3994

Qualification: Masters degree in Social Development and Policy SACSSP Registration No.: 10-20096

Kind Regards,



MRS LIEZEL LANDMAN MANAGER

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

6.5. Appendix 5: Letter of informed consent



Name: Kara Smith

Cell: 082 384 4294

E-mail: u16020554@tuks.co.z

LETTER OF INFORMED CONSENT

SECTION A: RESEARCH INFORMATION

1. TITLE OF THE STUDY

The experiences of female youth on menstruation hygiene management in Roodeplaat, Tshwane, Gauteng province

2. RESEARCHER

The research is a qualified social worker who is currently working at Solidariteit Helpende Hand. She is a registered Master of Social Work in Health Care student with the Department of Social Work and Criminology at the University of Pretoria.

3. PURPOSE OF THE STUDY

To explore and describe the experiences of female youth of menstruation hygiene management in Roodeplaat, Tshwane, Gauteng province.

4. PROCEDURE

The social worker from the organisation has indicated that she and the community nurses will be assisting in helping recruit the potential participants. They will inform them of the study and those interested in partaking will be asked to provide their contact details. The researcher will get these contact details from Kamcare and will contact the potential participants. The first seven who meet the selection criteria will be included in the study. The researcher will arrange individual face-to-face interviews with the voluntary participants with the help of the health workers and gate keepers in the community. A suitable time and date will be established for all the voluntary participants that will take part in the interviews. The interview will be held at the Roodeplaat Community Hall or at the Vhathu Phanda Crèche, which will be made available by Liezel Landman from Kamcare. The face-to-face interview will last approximately 1 to 2

hours and it will be voice recorded with the participants' permission. The researcher will then give the data sets of two participant interviews to the male co-researcher, who due to the sensitivity of the topic will not conduct the interviews himself. Researcher will then transcribe the five interviews from the voice recorder for analysis and pseudonyms or false names will be used to refer to the participants' responses.

Thereafter the results will be published in a form of a mini dissertation which will be made available to the organisations and the University of Pretoria library. The copies of the letter of informed consent, transcripts and recordings will be stored in a safe place at the University of Pretoria as required, for a period of 15 years for archival or research purposes and will be destroyed thereafter.

5. POTENTIAL HARM

The researcher anticipates that there might be emotional harm as the topic under study might be a sensitive issue for some participants following the nature of their work. Therefore, a debriefing session will be held after the face-to-face interview session and if the need arises, the particular participants will be referred for counselling to the Social Worker, Liezel Landman at Kamcare organisation.

To researcher will be mindful of the Covid-19 regulation. The researcher will minimise the risk of infection by placing seats a meter apart for social distancing, also implementing mandatory mask wearing by the researcher and the participants and sanitising of hands. The researcher will include a symptom checklist to ensure that the participants do not have any symptoms when participating.

6. CONFIDENTIALITY AND ANONIMITY

The issue of confidentiality will be adhered to by the researcher and the participants names will not be used, but a pseudonym or false name will be given to each member for the purpose of transcribing data from the voice recorder and to protect their identity. The researcher will only share any information with the supervisor and the research assistant if needed, who will sign a confidentiality contract beforehand. The participants also have an obligation to adhere to the issue of confidentiality with regards to the contents of the interview session, as the topic under study is a sensitive one. Data will be stored in a safe place by the researcher.

7. VOLUNTARY PARTICIPATION

Participation in the study is voluntary and participants have the right to withdraw from the study at any time. No participant will be obligated to participate in the study. In addition, if a participant decides to withdraw from the study, there will be no negative consequences imposed on them.

8. REMUNERATION

The researcher will not remunerate the participant for participating in the study to ensure that the participants are not biased nor influenced by means of financial gain. Participation is voluntary and the interview will be conducted at a time which will be suitable for everyone.

9. BENEFITS

The researcher hopes that the study will benefit the community of Roodeplaat and the Kamcare organisation, as well as help to contribute to policy and community development. The participants will not necessarily benefit directly from the study. They can however benefit from the individual discussion.

10. DETAILS OF THE RESEARCHER

If you have any questions or inquiries about the study, please do not hesitate to contact the researcher using the contact details provided on top in letter.

If you agree to partake in study go to next section to sign please.

Sincerely yours,



Kara Smith

Researcher

SECTION B: INFORMED CONSENT OF PARTICIPANT

I..... (Name of voluntary participant)
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.

Signature: Date:

Declaration by researcher

I..... hereby declare that I have explained the above information to the voluntary participant, and he/she was satisfied with all the answers.

Signature: Date:

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotheo

6.6. Appendix 6: Interview schedule

MSW (HEALTH CARE) 2020 GROUP FACE-TO-FACE INTERVIEW SCHEDULE

Meeting data

Date: To be confirmed Start time: To be confirmed

Meeting location: Roodeplaat Community Hall or Vhathu Phanda Crèche Elapsed time:

Participant data

Number of voluntary participants that attended:

Introduction

- Good day my name is Kara Smith, I am a researcher from the University of Pretoria. I. Will be conducting the face-to-face interview with you today.
- Discuss purpose of the study.
- Tell the participants that the face-to-face interview session will be recorded.
- Discuss the importance of confidentiality and give the participants time to choose their own pseudo names if the wanted too.
- Begin interview.

Theme	Question
1. Biographical information	Age Gender Marital status Number of children Religion Home language Highest qualification
2. Knowledge about reproductive health	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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?

	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 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?
5. Resources and limitations	<ul style="list-style-type: none"> • What resources are there in community for female youth regarding menstruation hygiene management?

	<ul style="list-style-type: none"> • Do you have access to menstruation products at home? • Do you know what a reusable pad is? • Would you like to learn how to make menstruation products? • What do you think limits your access to menstruation products?
6. Social work intervention	<ul style="list-style-type: none"> • Any interaction with/referral to a social worker regarding sex education or reproductive health? • What kind of assistance did they give? • Your experience of their intervention?
7. Recommendations	<ul style="list-style-type: none"> • 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?

End the face-to-face interview with asking about how the participants experienced the interview session and basic debriefing.

Giving them the contact details of Liezel Landman, social worker at Kamcare, if the are in need of further debriefing

6.7 Appendix 7: Letter from Editor

AC03052022

3 May 2022

To Whom It May Concern

This serves to certify that the document titled:

**THE PERCEPTIONS OF FEMALE YOUTH REGARDING MENSTRUAL
HYGIENE MANAGEMENT (MHM) IN ROODEPLAAT, TSHWANE**

by:

KARA SMITH

has been edited by an experienced and accredited English editor for grammar, punctuation, sentence structure, phrasing, consistency and correctness.

Sincerely
Stefan Pretorius