

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

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DEDICATION

To my late grandmother, Maggie Moroa Monyai, for your encouragement and pestering me never to stop studying. You were the most immeasurable gift I have ever received and thank you for believing in my abilities and making me the person I am today.

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ABSTRACT

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

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Menstruation is a sexual reproductive health issue that has drawn much attention in the research atmosphere and a sensitive topic to talk about openly. Regardless of menstruation being a normal and natural event, it affects most young girls and women.

The present study aims to explore and describe the perceptions of female youth regarding menstruation hygiene management in Kameeldrift, Tshwane. The research adopted a qualitative approach and a phenomenological research design was chosen to explore and describe the lived experiences and perceptions of female youth regarding menstruation hygiene management. Purposive sampling and snowball sampling were simultaneously used to choose appropriate participants with menstruation experience. A sample of ten female youths who were menstruating was selected. Data collection was conducted through face-to-face interviews with the ten female youths, including a participant for pilot study which formed part of the main study.

The study revealed limited knowledge and understanding of menstruation and the menstruation cycle among the female youths. The school was said to be the main source of information on the menstruation cycle through Life Orientation classes. The findings further revealed that the onset of menstruation of female youths ranges from 13 years to 18 years of age. Lack of preparedness to manage the onset of menstruation was reported by some participants while others indicated that they were prepared and supported during menarche. The participants reported feelings of fear, sadness, depressed and embarrassment to disclose menstruation. Participants also reported experiences of pain during menstruation and how menstruation deprived them from socialising. The study revealed that cultural practices related to religion forbid menstruating female youth from participating in household chores. The findings also showed limited information about menstruation hygiene management and that female youths associated menstruation hygiene with purity due to information received from their family members. Challenges associated with sanitation and disposal facilities that pose a threat to their health and lack of privacy were reported. Although the study findings indicated that participants had access to adequate supply of water, the water points were located far from the

female youths' residence. Another major outcome of the study is the lack of social work intervention, assistance and involvement in reproductive health education in the community.

The study recommended conducting the study on a larger scale to have a deeper understanding of the perceptions and experiences of female youth regarding menstruation and the menstruation cycle; raising awareness and educating communities; and celebrating menstrual hygiene annually on the 28th May. The reason for celebrating menstrual hygiene on the 28th May is to emphasise the significance of good menstruation hygiene management and to break menstruation stigma.

Key Words: Perceptions, menstruation hygiene management, menstruation, menarche, female, youth, Tshwane, Kameeldrift,

LIST OF ACRONYMS

LMIC	Low and middle income countries
MHM	Menstruation Hygiene Management
SDG	Sustainable Development Goals
SNV	Stichting Nederlandse Vrijwilligers
SRH	Sexual Reproductive Health
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Foundation
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation

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CHAPTER ONE

GENERAL INTRODUCTION

1.1 INTRODUCTION

Despite the mounting local and international response to the effects of Menstruation Hygiene Management (MHM) on young girls, there is still a fundamental persistent knowledge gap regarding common reproductive health issues, such as pre-menstrual disorder, abnormal periods, dysmenorrhoea and extreme haemorrhage throughout the periods (Sommer & Sahin, 2013:1556). In addition, Sommer and Sahin (2013:1556) elucidate that there has been an increasing focus on MHM by local non-governmental organisations (NGOs), United Nations Children's Foundation (UNICEF) and other international agencies which emphasises the intensity of the lack of MHM on school going girls; hence focus on research and policy reviews is significantly needed.

WaterAid (2013) reports that one out of three girls in South Asia do not have insight into menstruation till menarche and in other countries such as India and Iran, young girls perceive menstruation as a medical disease. Chhabra, Gokhale and Yadav (2017:1) emphasise the importance of menstruation to the reproductive system and health of young girls and women. Incorporating topics appropriate to MHM continues to be a challenge in educating school going children. The MHM curriculum is included at secondary level and involves merely physical development concerning menstruation, somewhat neglecting emotional and practical features of MHM (WaterAid, 2013). Supplementary to the universal silence regarding menstruation and reproductive health Stichting Nederlandse Vrijwilligers (2014:10) highlights that parents do not see the need to educate and prepare young girls for menarche.

A study in South Africa focused on experiences of girls at menarche and their perceptions thereof (Kgware, 2016:5). Due to the limited description of perceptions of female youth regarding MHM in South Africa, the present study focused on exploration of such perceptions. The purpose of the study is to understand the perceptions of female youth regarding MHM and contribute to addressing the limitations thereof. The study aimed to produce information on the situation about menstruation hygiene management and opportunities available for female youth in Kameeldrift.

1.2 DEFINITION OF THE KEY CONCEPTS OF THE STUDY

1.2.1 Perceptions

Macdonald (2012:5) describes perceptions as an exclusive personal experience and defines it as a procedure of getting an awareness or understanding of physical information. Perceptions refers to how someone thinks about or understands someone or something

(Merriam-Webster Learner's Dictionary, 2021). For the purpose of this study, perceptions refer to the understanding and experience of the social, physical and psychological aspects by female youth regarding MHM.

1.2.2 Menstruation hygiene management

Kgware (2016:32) defines menstrual hygiene management holistically as the:

- i) An expression, consciousness, information and confidence to manage menstruation with protection and dignity using secure hygienic products jointly with
- ii) sufficient water and amenities for washing and bathing and
- iii) disposal with confidentiality and decency”

The United Nations Population Fund concurs with Kgware (2016) by describing MHM as a manner in which women and teenage girls utilise clean material to accumulate menstruation as well as retaining confidentiality in changing the menstrual material. In addition, MHM incorporates washing with soap and water and availability of amenities to dispose menstrual material, (UNFPA, 2017:6).

For the purpose of the present study MHM comprise of access to water and soap, provision of privacy for changing menstrual materials and/or washing reusable menstrual materials and finally access to disposal facilities.

1.2.3 Menstruation

Kanyadi and Metgud (2017:3640) describe menstruation as the recurring shedding of the internal layer of the uterus whereas WaterAid (2012:24) defines menstruation as a normal procedure related to the cycle of reproduction of young girls and women. In the context of the present study, menstruation refers to the normal monthly process of experiencing periods.

1.2.4 Menarche

United Nations Children's Foundation (2019) describes menarche as the moment a girl first encounters and starts to menstruate. In addition, menarche is the beginning of the sexual reproductive stage in women. Chhabra *et al.* (2017:1) concur that menarche refers to onset of menstruation and the guarantee of the development of reproductive health system. The present study refers to menarche as the onset of menstruation.

1.2.5 Female

The Oxford Advanced Learner's Dictionary (2006:225) defines female as "being a woman or a girl, of the sex that can lay eggs or give birth to babies". In the context of the present study, female refers to participants above 18 years and menstruating.

1.2.6 Youth

The African Youth Charter (2006:12) describes youth or young people "as every person between the ages of 14 up to 35" while the United Nations (2008) peg the age range from 15 and 24 years. In the present study, youth entail participants above 18 years of age.

1.2.7 Tshwane

Tshwane Vision 2055 describes the City of Tshwane as part of Gauteng Province and is also regarded as the capital city of South Africa. Statistics SA (2012) indicates that Tshwane is a Metropolitan City with an estimated 12,3 million residents and comprising of 130 Diplomatic missions. The present study refers to the City of Tshwane as the designated broad geographic area where the study is conducted.

1.2.8 Kameeldrift

Statistics SA (2012) describes Kameeldrift as a suburb/ farming area of Pretoria with a population of 6765 residents that is located 20 km from Pretoria central. Kameeldrift has a primary school which is regarded as the centre of the community. For the purpose of the present study, Kameeldrift refers to the citizens occupying the informal settlement of Kameeldrift.

1.3 THEORETICAL FRAMEWORK

The study adopted the ecological systems theory. The American psychologist, Urie Bronfenbrenner formulated the ecological systems theory in 1979 with the intention to justify how the natural qualities of children and their environment interact to influence their development. Bronfenbrenner's Ecological Systems Theory asserts that children are usually trapped in different ecosystems that influence aspects of their lives (Leonard, 2011:6). This perspective suggests that an individual and their environment interact with each other. The ecological environment is seen as a layered structure and is compared to a set of Russian dolls (Ettekal & Mahoney, 2017:2). The Ecological Systems Theory emphasizes that children should be studied in numerous environments, referred to as ecological systems in order to understand their development (Bronfenbrenner, 1979:3-6). Bronfenbrenner (1979:22-27) describes the five types of environmental systems in ecological systems theory as follows:

a) Microsystem

It is the smallest and direct setting which children live in, such as, home or school. Individuals interact directly with each other through different activities such as clubs, sports groups and youth groups. Participation in these activities creates a sense of belonging and a conducive atmosphere for creativity (Ettekal & Mahoney, 2017:3).

The researcher explored the female youth interactions and personal relationships within their surroundings to describe how growth is affected. Menstruation hygiene management is a personal endeavour that is closely linked to the children's interactions with other people or groups.

b) Mesosystem

The mesosystem comprise of interrelations of various microsystems that children find themselves in, such as family or peer groups. Resilient relations develop when people are united and power in the mesosystem can be determined by the value and number of connections. The child develops better chances of acquiring skills and abilities when the connections in the system are stronger (Rapholo & Makhubele, 2018:315).

In the present study, the researcher explored the support that female youth obtain from their family members and relatives and the impact it has on MHM.

c) Exosystem

Exosystem implies the relationship that exists in the lives of children. The relationship and interactions are not directly linked with children but have an impact toward their development, such as extended family members, parents' workplace, private and public sectors and the neighbourhood the children reside in (Bronfenbrenner, 1979:25).

In this level the researcher explored and described the preparation and support system available to female youth during menarche.

d) Macrosystem

Macrosystem is influential in the development of relations within other systems. It is the main system that shapes how an individual experiences future encounters. The system comprises of children's values, cultural patterns, beliefs and economic systems (Ettekal & Mahoney, 2017:5).

The researcher explored and described the perceptions of female youth in Kameeldrift regarding challenges they face, coping mechanisms, availability of resources, and

support. The researcher described the society in which the participant lives and how the cultural beliefs impact on MHM. In exploring these experiences, the culture and values that participants uphold were also considered.

e) Chronosystem

The chronosystem is a valuable element of time that shows the influence of change in time in the child's life. The system encompasses change in family structures, parents' employment status and major societal changes. In this regard understanding the persons' life transitions and development over time is vital (Zhang, 2018:1768).

This level guided the researcher to make recommendations for social work intervention with female youth with regards to MHM. The researcher contemplated on the wider influence, world events and government policies regarding MHM. The chronosystem assisted the researcher to understand the female youth perceptions regarding MHM by taking into account contexts such as information and resources available for MHM.

1.4 PROBLEM STATEMENT AND RATIONALE

Menstruation hygiene management is regarded as a global societal health topic (Sommer *et al.*, 2015). Sommer *et al.* (2015) highlights that various interventions were provided by different associations to address menstruation hygiene management. Nonetheless, there is a gap that exists between studies in Gauteng, KwaZulu Natal, Central Africa and Zambia. Various studies focused on experiences of menstruation, lack of education in MHM, taboo amongst different communities and lack of MHM material for young girls (Aidara & Gassama-Mbaye, 2020; Chinyama, Chipungu & Rudd, 2019; Kgwane, 2016). A study conducted in Sub-Saharan Africa and South Asia explains attitude, knowledge and limited endeavours to increase menstruation hygiene practices (Kuhlmann, Henry & Wall, 2017:357). These studies perceive MHM as a social phenomenon and focus on the challenges and perceptions of adolescents on MHM. However, these studies lack the description of experiences by young girls regarding MHM.

Although research is available about MHM, studies on the perceptions of female youth, predominantly in South Africa, are limited. Therefore, this study sought to understand the perceptions of female youth regarding menstruation management in the community with the intention to suggest appropriate interventions to address perceived challenges. As a result, the present study contributed towards a better understanding of MHM perceptions and indicated available facilities for MHM in the community of Kameeldrift.

1.5 RESEARCH QUESTION, GOAL AND OBJECTIVES OF THE STUDY

1.5.1 Research question

The study is guided by the following research question:

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

1.5.2 Goal of the study

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

1.5.3 Objectives of the study

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 perceptions of sexual reproductive health education among female youth at Kameeldrift.
- To explore and describe the perceptions of female youth regarding their menstruation in Kameeldrift.
- To explore and describe the challenges of female youth regarding menstruation hygiene management in Kameeldrift.
- To explore and describe resources and support available for female youth related to menstruation hygiene management in Kameeldrift.
- To suggest social work intervention strategies for menstrual hygiene management for female youth.

1.6 RESEARCH DESIGN AND METHODOLOGY

The qualitative research approach was considered as the most suitable for this study. Qualitative research enabled the researcher to explore and describe the perceptions of female youth regarding menstruation hygiene management in Kameeldrift, Tshwane. Applied research was relevant to the study to address a specific goal in mind and facilitate social change (Neuman, 2014:27). In addition, a descriptive research design was relevant to represent the details of the circumstances and conditions of female youth in the study sample (Fouché & De Vos, 2011:96). To gain insight on MHM among the female youth exploratory research was used. Nieuwenhuis (2020: 61) points out that exploratory research is inductive and is suitable when there is insufficient or no knowledge about a phenomenon. In addition

to being exploratory, the study also utilised the phenomenological design to clarify the common meaning and understanding of participants regarding MHM (Nieuwenhuis, 2020:85-86).

Makofane and Shirindi (2018:34) define a study population as “every individual who fits the criteria (broad or narrow) that the researcher has laid out for research participants”. The researcher identified female youth in Kameeldrift, who were menstruating and above 18 years of age. Non-probability sampling was appropriate for this study and the researcher used purposive sampling and snowball sampling to select 10 female participants who could provide information about the phenomenon under study (Neuman, 2014:274).

The researcher collected data through semi-structured interviews by interviewing the 10 participants using an open-ended interview schedule. All the interviews were audio recorded to ensure accurate capture of information. Data was analysed using the thematic analysis to identify emerging themes. The analysis followed the description and steps outlined by Braun and Clarke (2013:204-207): transcription and familiarisation; coding; searching for themes; reviewing themes; defining and naming themes; and writing the report.

To guarantee data quality, the researcher ensured trustworthiness through the criteria as prescribed by Anney (2014: 276–279), namely, credibility, transferability, dependability and confirmability. A pilot study was conducted with one participant to confirm the suitability of the interview schedule. Kim (2010:191) defines a pilot study as a small operational assessment conducted to prepare for the key study to test the methods and its application. No modification to the interview schedule was done. The information gathered during the pilot study was incorporated in the main study. The researcher took into account the different ethical considerations, comprising, voluntary participation and informed consent (Appendix B), anonymity, confidentiality, deception, no harm, analysis and reporting and working with gatekeepers. Mogorosi (2018:75) defines ethics as guidelines of conduct and choices that influence behaviour in human relations. The researcher obtained ethical clearance for the study from the Research Ethics Community, Faculty of Humanities at the University of Pretoria (Appendix F).

An in-depth discussion of the research methodology is provided in Chapter 3.

1.7 LIMITATIONS OF THE STUDY

Regardless of the fact that the study produced credible and valid results, there were certain aspects that possibly had a negative influence on the findings. These include the following:

- The study was limited to menstruating female youth, 18 years and above, from one community, Kameeldrift. Therefore, the research results are not representative of all menstruating women.
- Due to Covid-19, some participants felt safe to be interviewed in their homes rather than the community hall used by everyone. This limited the time available for interviews with some participants.
- Menstruation is a sensitive topic; some participants were hesitant to talk about their experiences and challenges and did not completely engage during the face to face interviews.

The implications of the limitations are that a larger sample size could have provided a great representation of the study population. Nonetheless, based on the aim of the study, the findings yielded an in-depth understanding of the perceptions of female youth regarding menstruation hygiene management.

1.8 SUMMARY

Chapter one provided an introduction to the study by highlighting the background of the study. The chapter presented the theoretical framework, problem statement and rationale, goal and objectives of the study and research design and methodology. In conclusion the chapter presented an outline of the study report.

1.9 OUTLINE OF THE RESEARCH REPORT

The mini-dissertation is organised according to the following chapters:

Chapter One: General introduction and background

The chapter presents the general introduction and background and defines key concepts relevant to the study. The theoretical framework, problem statement and the rationale for the study, as well as the research goal and objectives are described. A brief overview of the research design and methodology is also presented in this chapter.

Chapter Two: Literature review

The chapter provided literature review regarding MHM through the following sub-topics:

- Menstruation, menstruation hygiene management knowledge and information, customs and tradition, educational and health outcomes, disposal facilities, menstruation as taboo, lack of sanitary facilities, experiences of menstruation hygiene management and social worker's role in menstruation hygiene management.

Chapter Three: Research methodology and empirical findings

The chapter outlines the research methods used to implement the study as well as the research findings and interpretation thereof. The chapter describes population sampling, data collection through semi-structured interviews, data analysis through thematic analysis and data quality assessment through measures of trustworthiness. Furthermore the chapter describes empirical findings through the themes and sub-themes on perceptions of female youth regarding MHM identified from the interview transcripts.

Chapter Four: Key findings, conclusions and recommendations

Chapter four outlines the key findings and conclusions of the study and recommendations made on improving MHM. The chapter also makes suggestions for future research.

The next chapter focuses on literature review on the perceptions of female youth regarding MHM.

CHAPTER TWO

LITERATURE REVIEW: PERCEPTIONS OF FEMALE YOUTH REGARDING MENSTRUATION HYGIENE MANAGEMENT

2.1 INTRODUCTION

United Nations Populations Fund (2017:3) indicates that menstruation hygiene management is broadly acknowledged as a basic human right and an important reproductive health issue that requires attention. This is despite the fact that the Millennium Development Goals (MDGs) had no indicators on MHM and the Sustainable Development Goals (SDGs) indirectly refers to MHM under Goal 3 (Good health and well-being), Goal 6 (Clean water and sanitation) and Goal 4 (Quality education).

Menstruation hygiene management has been addressed from the education and water, sanitation and hygiene sectors (WASH) mainly concentrating on the inadequacy of MHM and the negative impact it has on school attendance by girls (UNFPA, 2017:4). WASH defines MHM in threefold as; knowledge and insight for managing menstruation, with adequate water for daily activities such as washing and elimination of used material with privacy and dignity (Kgwere, 2016:32).

Shallo, Willi and Abubeker (2020:1579) posited that the incidence of unsafe MHM practice stands at 53.6% and lack of education, inadequate WASH facilities and age of females are significant influential factors. MHM is believed to be taboo in some communities and an awkward topic to talk about openly, hence an escalating percentage of social prejudice. Godia *et al.* (2014:2) suggest a holistic approach where young girls and women receive sexual reproductive health (SRH) services jointly with the broader community in local health facilities. The study also emphasise that individualised appointments should also be put in place to accommodate the unique needs of young people.

The chapter will focus on reviewing available literature on menstruation and how it is perceived as taboo; knowledge and information on menstruation hygiene management; customs and tradition as contributing factors to menstruation hygiene management; educational and health effects as consequences of menstruation hygiene management; disposal and lack of sanitary facilities around MHM; and experiences of MHM.

2.2 MENSTRUATION

WaterAid (2012:8) reveals that about 52% of the females universally belong to the reproductive age and the majority of these young girls and women will start menstruating and entitled to reproductive health services. Furthermore, WaterAid (2012:24) highlights that menstruation is regarded as a

natural process connected to the reproductive cycle of girls and young women. It is not an illness but then again if it is not accurately controlled, menstruation may have negative health consequences on young girls and women (WaterAid, 2012:24). Menarche is referred to as the start of menstruation, indicating that the feminine body is ready for childbearing. Menarche is further regarded as an exclusive natural indicator of female development, which translates to transition from adolescence into adulthood and maturity (Brantelid, Nilvér & Alehagen, 2014:611; WaterAid, 2012).

Chrisler (2013:129) and WaterAid (2012) concur and define menstruation as a biological development and emphasise that the perception of menstruation develops from the cultural background. Furthermore, menarche can happen anytime from 10 years of age and delayed menarche occurring after 16 years of age, of which the regular onset is anticipated between 11 and 15 years of age. In addition, Belayneh, Mareg and Mekuriaw (2020:1) state that menstruation is normally a common occurrence that is distinctive to the females during the reproductive age. Nonetheless, the topic of menstruation is considered social taboo and women are often embarrassed to discuss the topic.

Brantelid *et al.* (2014:611) record a similar phenomenon by indicating that menstruation promotes the position of women and rather than demeaning them should be recognised as positive and not harmful. On the contrary UNFPA (2017:16) puts forward that, girls are terrified to divulge menarche to their family members because menarche is considered to be associated with active sexual behaviour, which is considered to be inappropriate.

In addition, Brantelid *et al.* (2014:601) argue that social and cultural issues influence menstrual knowledge and cultural views presume that menstruation is a female private development. Chrisler (2013:130) disputes that these factors appear as humiliation and may impact on the women's impression and sexual health. Generally, menstruation is expressed as intimate and a subject that should not be discussed in public and with others. Nonetheless, "the culture of silence" about menstruation escalates the perception of menstruation as rather appalling and needs to be a secret and this may emphasise misinterpretations and bad attitude towards menstruation, United Nations Educational, Scientific and Cultural Organisation (UNESCO, 2014:17).

Research studies show that most parents, teachers and caregivers feel embarrassed to have a conversation about menstruation with young girls. The perception to hide menstruation and the shortage of knowledge associated with menstruation and MHM results in the dissemination of fabricated information throughout generations and block young girls from obtaining and sharing information on how to cope with menstruation hygiene (UNICEF, 2012). There are noticeable

inconsistencies; on the one hand, women understand and experience menstruation and affirm it as a normal natural part of life, and on the other hand, it is annoying and associated with harmful feelings (Brantelid *et al.*, 2014:610).

The researcher established that menstruation is a normal event according to available literature. The researcher further accentuates that, young girls are often unaware of the menstrual onset and the hygienic methods; and neither kept informed nor appropriately educated by their parents and teachers (Chinyama *et al.*, 2019:4). Regarding the above information, the present study referred to menstruation as a natural maturity process and views it from the participants' perception, incorporating the cultural, educational and social background of the participants.

2.3 MENSTRUATION HYGIENE MANAGEMENT KNOWLEDGE AND INFORMATION

Menstruation hygiene management education is a fundamental characteristic of adolescent health education, whereas culture, knowledge and the socio-economic position influence women's menstrual practices. In spite of this, educational programs for women often do not concentrate on menstrual hygiene practices and related illnesses (Chothe *et al.*, 2014:1).

There is lack of information and knowledge of menstruation amongst adolescents where introducing a discussion on sexual reproductive health becomes awkward or is non-existent (Ramathuba, 2015:2). Information on menstruation and hygiene in black rural communities is communicated by specific persons in the family, such as aunts, because mothers were found to be unwilling to impart that information to their daughters. Generally, adolescents acquire incorrect facts and myths about menstruation from their peers (Ramathuba, 2015:2). In addition, Daniel (2016:25) emphasises that the majority of young girls received information that MHM entails practices such as washing with soap, bathing and changing the pad numerous times per day and using sanitary pads to avoid blotting on the clothes.

Chinyama *et al.* (2019:4), in a study in Zambia found young girls learn about menstruation at menarche and are not aware of the physiological information related to menstruation. Brantelid *et al.* (2014:601) share similar findings about menstrual education that women obtain and how the information can influence their approach concerning MHM and sexuality. A study in Cameroon found that MHM information and education received by young girls was restricted to the utilisation of menstrual products and did not cover identification of physiological aspects (Aidara & Gassama-Mbaye, 2020:533).

Furthermore, Belayne, Mareg and Mekuriaw (2020:2) highlight that the way young girls perceive menstruation could have an impact during menarche and that women with a better understanding of

menstruation are expected to have safe hygiene practices. In addition, a study conducted in Gauteng, South Africa showed a dearth of formal knowledge in MHM among young women and highlights that most of the knowledge they have regarding MHM was acquired from their parents, sisters and friends. However, the information disseminated by these informants is often incorrect and incomplete (Chothe *et al.*, 2014:2; Ramathuba, 2015:2). In contrast, Brantelid *et al.* (2014:605) accentuate that the mother of a teenager forms part of a supportive relationship and is responsible to make menstruation a natural concern. The mother plays a thoughtful role in enabling the transition where young women discover self-confidence in their new personality.

Adolescents and young women who obtain insufficient or incorrect menstrual knowledge experience difficulties with menstruation and appear restrained to talk about menstruation because socially they were not trained on how to communicate about the subject (Thapa, Bhattaral & Aro, 2019:7). Lack of basic information and knowledge about MHM and sexual reproductive health emerges even with evidence of available sources of information, where women are constrained by emotions of embarrassment and perceptions of taboo around menstruation (UNFPA, 2018). Educational programmes associated with MHM predominantly focuses on incorporating MHM into school curricula on comprehensive sexuality education and adolescence, whereas in out-of-school education programmes MHM has been excluded or given less focus (UNFPA, 2017:17). Hindrances to quality MHM education are related to inconsistency of topics and the content included in puberty education, which does not include an adequate and comprehensive view of MHM. Thus, education approaches may be an obstacle towards delivering quality MHM education. A systematic review in Kenya, Malawi, Ethiopia and Uganda confirms that teachers and mothers of menstruating girls are uncomfortable discussing menstruation, thus inadvertently promoting misconceptions about menstruation (UNFPA, 2017:14).

Ramathuba (2015:2) argues that adolescents and young women who received correct information on menstruation at menarche are more likely to perceive menstrual experience as positive and that can be linked with affirmative health conduct. Most African countries lack preparation for menarche where young women are provided with inadequate information concerning physiological matters. However, there is an abundance of literature relating to general perceptions and information of menstruation between adolescents' girls in low- and middle-income countries and reviews reveal that girls are commonly unacquainted and scared to look for medical attention when mandatory (UNFPA, 2017:14). Internationally, most young girls and women lack adequate information on menstruation and MHM, thus causing insufficient preparation for menarche and inadequate MHM (UNICEF, 2012).

The research findings showed dearth on information about menstruation and facts about sexuality and sex and the incapacity of parents to share and disclose information about menstruation. Lack of basic information and knowledge about MHM and sexual reproductive health emerges even with evidence of available sources of information, and women and girls struggle with embarrassment and taboos around menstruation (UNFPA 2018).

The researcher recognised that sufficient and correct information about menstruation and the promotion of good MHM is limited. Furthermore, the researcher identified that girls are not adequately educated about menstruation before menarche, thus, their first experience of menstruation is without preparation and contributes to the general silence about menstruation. In the context of the study MHM knowledge and information focused on the participants' experiences at menarche. The study further described MHM information from the participants' perspective and explored MHM awareness and information for future development in managing menstrual hygiene.

2.4 CONTRIBUTING FACTORS TO MENSTRUATION HYGIENE MANAGEMENT

2.4.1 Customs and tradition

Young girls are led to absorb certain cultural beliefs regarding menstruation from a young age. In black African cultures, menstruation is usually connected with varying religious and cultural beliefs. Several adolescent girls stay in a society where traditional beliefs influence and prevent these young girls from embracing good menstrual hygiene practices (Ramathuba, 2015:5).

Some cultures perceive menstruation as a sign of adulthood and fertility while others see it as a form of impurity. The menstrual customs and beliefs which prevail in numerous societies, impact mainly on the lifestyles of women and girls, their emotional state as well as health (Thapa *et al.*, 2019:2). In some communities women dread talking about their menstrual episodes with male members and are also constrained to perform daily activities. Menstrual hygiene management continues to receive attention in the low- and middle-income countries (LMIC's) and collaborated raising awareness and providing sanitary products. Nonetheless, there is still inadequate evidence to indicate the spread and effectiveness of these interventions (Garg & Anand, 2015:184).

Kuhlmann *et al.* (2017:2) reported that women and young teenage girls inhabiting rural areas of low-and-middle-income countries have poorer menstrual health and hygiene status with less effective MHM interventions because of lack of cultural recognition of menstrual products and social support. Thapa *et al.* (2019:2) indicate that most rural communities of Nepal regard menstruation as immoral and unclean and experience menstrual limitations and societal stigma. The restrictions comprise of a practice to seclude women during menstruation known as "Chhaupadi" and regarded as generally

the extreme form of menstrual restrictions. This practice has health implications such as pain in the lower abdomen and urinary problems (Robinson, 2015:193).

Similarly, Kaundal and Thakur (2014:194) point out that controlling menstruation and personal hygiene is unacceptable as 98% of girls assume that they should not bath consistently during menstruation. These girls reported that they were following their cultural procedures by not bathing regularly. In addition, Sumpter and Torondel (2013:1) argues that young women and girls acquire individual coping tactics towards menstruation and these coping mechanisms differ from country to country. The coping measures depend on locally practiced rituals and cultural beliefs, education and obtainable resources. Under these circumstances, women in deprived settings are bound to manage menstruation with unhygienic methods.

The researcher brought to light how some African cultures practice different customs and routines towards menstruation and hygiene management. The present study refer to customs and traditions as contributing factors to MHM based on the participants' beliefs and cultural acknowledgement that they practiced previously and still applies.

2.5 CONSEQUENCES OF MENSTRUATION HYGIENE MANAGEMENT

2.5.1 Educational and health effects

Johnson, Calderón, Hilari and Long (2016:2) state that earlier national policies did not incorporate MHM into the education, WASH and health sectors. A study in Bolivia in 2012 conducted an assessment on MHM in schools and the results revealed that young schoolgirls felt terrified and embarrassed during their menstrual cycle due to the absence of confidentiality when dealing with periods. Early pregnancy, non-attendance and decreased school participation seem to be the main challenges faced by schoolgirls due to lack of biological knowledge, guidance on MHM, inadequate facilities and menstrual materials. It is vital to include MHM programs and activities to improve women's' educational outcomes (Tull, 2019:2). Hennegan, Dolan, Wu, Scott and Montgomery (2016:2) adds that the effects of the relationship between MHM and health, education and psychosocial are not fully known. Suffice to say that poor MHM impact on young girls' and women's self-esteem thereby hindering their participation in and contribution to society. In addition to experiences of humiliation in public and traditional practices, young girls and women experience physical symptoms, such as cramps, mood swings and feeling sick, during menstruation thereby negatively shaping their perception of MHM (Johnson *et al.*, 2016:17).

Young girls and women in low-income countries and communities do not only face MHM as the only challenge; they also experience anxiety due to dearth of menstruation understanding, menstruation

prohibitions and humiliation which play a pivotal role in contributing to these results (Hennegan *et al.*, 2016:12). Furthermore, it is assumed that access to resources enhances MHM and produce positive outcomes, as such young girls who can access menstruation hygiene resources are expected to present improved health results (Hennegan *et al.*, 2016:12).

In contrast, Sumpter and Torondel (2013:4) clarify that the meaning of 'good' and 'bad' MHM has not been consistent. In some instances, using disposable sanitary pads was believed to be good hygiene habit whilst the use of reusable cloths was considered a bad hygiene practice. However, reusable cloths were measured as good MHM practice when they were washed and dried in the sun compared to the cloths not washed or dried inside. Similarly, women and young girls have developed surviving strategies where there is no access to toilets by drinking less and eating less (Aidara & Gassama-Mbaye, 2020:533). In spite of this, UNFPA (2018) specifies that reviews of studies show lack of research that validate the effect of MHM on women and young girls' health and well-being.

Regardless of the recognition in WASH policies that menstrual hygiene management influences school attendance of young girls, there is insufficient evidence connecting school attendance or dropping out with MHM. This is similar to weak ambiguous proof that supports the relation between poor MHM and other health consequences (Sumpter & Torondel, 2013:13). WaterAid (2012:32) highlights that it must be emphasised that there is lack of evidence on the authenticity of the health risks connected to MHM and there is a demand for more research, predominantly in low-income environments.

The researcher is of the view that menstruation management poses major challenges for women in low income environments and that the impact of poor MHM continues to be ambiguous. A gap exists in the evidence of the effects to women out of school and the degree to which MHM effects school attendance and dropping out. The present study focuses on female youth in and out of school and explored MHM effects in the education and health environment to strengthen future approaches in the educational and health sectors.

2.6 DISPOSAL FACILITIES

Shallo *et al.* (2020:1580) highlight MHM as one of the challenges that adolescent girls face at school. Most schools in African countries are not well-resourced with essential facilities for menstrual management. There is still a huge lack of water, menstruation materials and changing rooms (Tegegne & Sisay, 2014:2). Consequently, disposing used menstruation products poses a threat for many countries as most waste is dumped into household solid waste or garbage bins (Shallo *et al.*, 2020:1580).

Young girls and women are embarrassed to sun-dry their reusable pads and resort to secretly putting them in drawers due to socio-cultural perceptions about menstruation (WASH United & UNICEF, 2017). In addition, alternatives for disposing used sanitary material continues to be limited as there is inadequate knowledge about which sanitary materials are simpler to eliminate, compost or reuse (WASH United & UNICEF, 2017).

There is vast evidence of reported inadequate sanitation, water and disposal facilities in most African countries. A study in Zambia reports that culture poses a threat in MHM as young girls reported that they prefer to dispose used menstrual material in the pit toilet rather than using bins at school (Chinyama *et al.*, 2019:4). The question is: where is the menstrual material kept whilst at school? Maintenance of MHM involves accessibility to menstruation material and clean water and soap (Chinyama *et al.*, 2019). However, the MHM knowledge gap still exists even after several MHM awareness practices around the world (Shallo *et al.*, 2020:1586).

The researcher observed that young women still encounter constraints during their periods and that regulates the way in which they dispose used menstrual products. The available literature exposed the omission disposal of menstrual waste in most MHM education programmes. The present study referred to disposal facilities as methods used by participants such as burning, using latrines, burying used absorbents underground, and disposal in municipal bins.

2.7 MENSTRUATION AS A TABOO

Kaundal and Thakur (2014:192) accentuate that a taboo refers to social exclusion involving divine or prohibited social practises grounded on ethical decisions or spiritual principles and furthermore, highlight that it is unacceptable for society to break the taboo and generally menstrual taboo is regarded as social taboo. Aidara and Gassama-Mbaye (2020:530) share a similar phenomenon that in the Central African communities, menstruation is a topic of taboo fixed in the beliefs and fictions that menstrual blood is unclean. Moreover, menstruation is considered a delicate topic where practices differ from one culture to another. Kaundal and Thakur (2014:193) highlight that, popular restrictions include playing games together, handing or accepting things and sharing a meal. Menstruation taboo has been used to keep women away from occupying positions in the church. Thompson (2016:8-10) argues that communities see menstrual taboo as polluted and dangerous in order to defend their space and differentiate between the ambiguous and the consecrated. As such, community leaders frequently produce taboos to stabilise structures that are in control and community relationships. Consequently, it appears that the concept of menstruation as taboo is common and focused on culture although the intensity of taboo and its significance possibly vary from community to community (Thompson, 2016:9).

Chege (2013) accentuates that in the Hindu culture, during menstruation the women's touch is thought to be unclean, hence they are refrained from worship and preparing food. In other occasions, the menstruating woman is assumed to cause damage to crops if she walked through the field. These cultural beliefs and taboos ultimately contribute to the women's view of menstruation and dealing with it. The taboo associated with menstruation expands to the young girls and women's sexuality and physiology; however it includes the humiliation and shame that often lead to prohibiting women from educational, social and household activities (UNFPA, 2018). Chege (2013) augments that menstrual taboos make women believe that discussing menstruation is embarrassing and dangerous, hence young girls use codes or jargon when referring to menstruation. Taboos were established as a coping measure towards menstruation; nonetheless, taboos associated with menstruation carry major effects on the education, health and joy of young girls and women (Hennegan *et al.*, 2016:2).

UNICEF (2012) emphasise that myths and taboos associated with menstruation are spread through mass media during campaigns that expose public expectations that menstruation should be a secret and not vocalised publicly. Consequently, it appeared that the concept of menstruation as taboo is common and focused on culture although the intensity of taboo and its significance possibly vary from community to community. The present study defined menstruation taboo as the attitudes and viewpoints of participants regarding hiding menstruation through actions and verbal interactions.

2.8 LACK OF SANITARY FACILITIES

Amenities for sanitation present an opportunity for MHM. However, lack of sanitation facilities is a major obstacle in MHM as about one third of schools internationally have been reported to have insufficient sanitary facilities (UNFPA, 2017:24). WHO (2019) estimates that 2.4 billion people all around the world have no access to quality sanitation whereas 1 billion of them do not have access to sanitation resources at all. Inadequate sanitation amenities deprive young girls to cope with menstruation, manage it hygienically and are highly unlikely to use such facilities when there is no assurance for privacy; hence the initiatives for delivering sufficient sanitary amenities are taken into account (WaterAid, 2012).

Chinyama *et al.* (2019:6) accentuate that young girls cannot maintain hygiene during menstruation at school because of lack of seclusion in the toilets. A study in rural Zambia demonstrated that toilets were small with restricted space, without doors or locks or even a wall separating the entrance into the toilet. In this regard, girls experienced interference when using these facilities for MHM purposes (Chinyama *et al.*, 2019:6). WHO (2019) agrees that available WASH facilities do not meet WHO standards because of lack of doors, locks, sufficient water, soap and other cleansing materials.

WASH United & UNICEF (2017) report that worldwide, more than 500 million young girls and women experience lack of sanitation amenities for MHM where there are no private toilets for girls, no water to maintain hygiene and no facilities to dispose used sanitary materials. WaterAid (2012) acknowledges that there is inadequate water and sanitation facilities which present challenges to young girls' health and school attendance, especially in rural areas.

Despite information of shortage of amenities, there has been an indication of development in addressing lack of sanitary facilities (Tull, 2019:7). In the context of the present study, sanitary facilities signify the available amenities, such as ablution system and WASH facilities in the community.

2.9 EXPERIENCES OF MENSTRUAL HYGIENE MANAGEMENT

UNFPA emphasises that menstruation hygiene management is not recognised as a concern since MHM is not generally perceived as a life-threatening matter; hence there has been little attention to MHM except for sexual reproductive health (SRH) on girls beyond 15 years of age (UNFPA, 2017:4). In addition, the 2015 Global Strategy for Women's, Children and Adolescents' Health makes no reference to the topic. Tull (2019:15) highlights that menstruation is seen as a negative event and impacts on the experiences of WASH facilities and is the cause of psychosocial tension. Lack of knowledge, incorrect information concerning menstruation and lack of education are common factors that affect young girls' perception and experience of MHM. Studies have established that young girls feel content to converse about menstruation and hygiene with their peers (Smiles, Short & Sommer, 2017:6). Through the stories that they share, it is evident that their experiences of menstrual hygiene management unite and keep them very close. Young girls and women share a common perception about their experiences on menstruation, which is essential for each young girl and woman to realise their gender identity (Brantelid *et al.*, 2014:611).

Sumpter and Torondel (2013:2) consider period pain as a normal reaction, including young girls who described being terrified, confused and embarrassed due to the smell and stains on the clothes, pestering by male students and teachers and fear to fall pregnant. WaterAid (2012) communicates a similar phenomenon that WASH overlooked menstrual hygiene management and other sectors in the Sexual and Reproductive Health (SRH), thus young girls and women are deprived of their human rights to WASH, education, health and gender equity. Furthermore, young girls and women feel left out from decision making in menstrual hygiene experiences, because of lack of participation. As a result WASH interventions frequently fail to tackle the needs of young girls and women.

WaterAid and the Water Research Commission focused mainly on absenteeism and drop-out from school as their main interest in MHM. These bodies report that the young girls' experiences of

absenteeism during menstruation contribute to physical and psychological stresses. These institutions outline the shortage of physical necessities for MHM as secluded private toilets, water and soap for washing, isolated open area to dry wet used cloths or closed containers. Absenteeism has been associated with feelings of anxiety, shame in class due menstrual leaks, smell and stains on uniform (Sumpter & Torondel, 2013:2; Tull, 2019:15).

WaterAid (2012) affirms that sexual reproductive health is seen as a delicate subject which further incites humiliation and shame about menstruation. A common example that explains shame and embarrassment is when a local shop owner hides menstrual products or does not stock them and young girls are insecure to ask for them (WaterAid, 2012:27). Brantelid *et al.* (2014:611) concurs that young girls are more likely to speak about menstruation with their closest friends with the result that this intensified their unity as friends. Furthermore, the young women's stories appear to be binding and augmenting their unity.

A systematic evaluation from surveys in Kenya, Malawi and Uganda revealed coherence of insufficient knowledge and negative viewpoints about menstruation as causing distress among women as a result of being banned from cooking, attending religious ceremonies, socialising or touching water (UNFPA (2017:12). However, women have an impression that menstruation is a natural occurrence and should not be hidden but seen as a social norm. For instance, women are aware that menstruation symptoms disturb performance of activities of daily living, which indicates that they will not be helpful as anticipated in the social environment (Brantelid *et al.*, 2014:608).

There has been a lot of attention focusing on addressing MHM while at the same time gaps in research policy that need urgent response to curb unsafe practices have been identified (Johnson *et al.*, 2016:2).

The researcher recognised that perceptions of young girls and women were different and persuaded by numerous issues, such as menstruation waste management, hygienic sanitation services, information and knowledge received and other related customs and beliefs. The present study described experiences of menstrual hygiene management as perceptions of participants, taking into consideration their social, physical and psychological viewpoints.

2.10 SOCIAL WORKER'S ROLE IN MENSTRUAL HYGIENE MANAGEMENT

The social work profession is diverse and includes multi-disciplinary teams in primary health and social care (Nandhini, 2017:348). Social work concentrates on developing the wellbeing of individuals, groups and communities (Nandhini, 2017:348). The profession is committed to the value of early intervention and prevention programs. To accomplish this, the Social Worker can do

awareness campaigns about MHM by offering counselling and teaching young girls on the impact of menstrual hygiene (Nandhini, 2017:348).

Dhavaleshwar (2016:62) outlines the principal responsibilities of Social Workers that comprise of diverse services such as case management (connecting users with services that will meet their psychosocial demands), counselling, community development, activism, teaching and research. Asquith, Clark and Waterhouse (2005:18-19) further reiterates the roles and responsibilities of Social Workers as being counsellors with responsibilities for providing therapy and supporting individuals. As an advocate and partner, the Social Worker assists disempowered individuals and groups. Social Worker's role as case manager entails arranging for alternative care whilst directly involved with the client. In addition, WaterAid (2012: 136;202) recommend that Social Workers should respond to the humanitarian strategies that integrate MHM and associated to WASH, SRH, primary health care, education from primary to secondary school that covers sanitation, hygiene and availability of sanitary products for girls.

Social Workers may perform these roles in various contexts in their profession. The roles as a caseworker, facilitator, counsellor, all fulfil the duties to meet the psychosocial needs of community members and increase awareness of significant current issues (Dhavaleshwar, 2016:63). Overall, the approach on reproductive health appear to focus less on MHM, hence the purpose of empowering young girls and women is necessary (UNFPA, 2017:4)

In the present study, Social Workers were requested to work with young girls who needed alternative care after sharing their experiences. Working in the multi-disciplinary team is vital to address the impact of psychosocial related issues. The present study further recommended social work services in improving MHM.

2.11 SUMMARY

The social work profession has a responsibility to develop the community and its members. Therefore, there is an essential demand of qualified and dedicated social workers to enhance the socio-economic position and the value of existence for community members (Dhavaleshwar, 2016:63). The researcher noticed that there are glaring gaps in research studies on young girls' perceptions and experiences on menstruation and at menarche in relation to MHM. A study by Paria *et al.* (2014) emphasises intensifying awareness in rural areas given that the dissemination of information about menstruation is skewed towards urban adolescent girls.

Social Workers can play a pivotal role in exploring experiences of young girls and women and providing awareness regarding MHM through focus groups and engagements at community level.

The 28th of May is observed as Menstrual Hygiene Day according to the Department of Women. This day could be used to address inadequate information on MHM and menstruation for young girls before menarche and after to maintain hygiene and reduce infections.

The next chapter provides a detailed description of the research methodology and the empirical findings.

CHAPTER THREE

RESEARCH METHODOLOGY AND EMPIRICAL FINDINGS OF THE STUDY

3.1 INTRODUCTION

This chapter presents the research methodology that was used to accomplish the research goal focusing mainly on the research question, research approach, type of research, and the research design. The chapter also discusses the population and sampling methods used, the pilot study and the data collection process and analysis approach used. The ethical consideration considered during the study will also be discussed.

The empirical findings of the study are also presented in this chapter. The goal of the study is to explore and describe the perceptions of female youth regarding MHM in Kameeldrift, Tshwane. Data was gathered from a sample of ten menstruating female youth in Kameeldrift through face-to-face interviews and using a semi structured interview schedule. The data was analysed through using thematic analysis and the findings are presented including the direct quotes from the participant's interviews and literature validation.

3.1.1 RESEARCH APPROACH

The study adopted the qualitative research approach. Nieuwenhuis (2020:59) distinguishes qualitative research as research that relies on words rather than numerical data. The researcher collected narrative data on perceptions of female youth regarding MHM. Advantages of qualitative research as described by Rahman (2017:104) include collecting data that is based on the participant's own meaning, description of participants' feelings, thoughts and experiences. This attributes are beneficial for describing complicated phenomenon and provide insight on particular personal experiences through a subjective and comprehensive data collection process. However, the limitations of qualitative research are that the subjective nature of perceptions makes it difficult to quantify the data and generally the qualitative data collection process is time consuming (Rahman 2017:105).

The study specifically adopted exploratory and descriptive research approaches. Nieuwenhuis (2020: 61) points out that exploratory research is inductive and often utilised when there is insufficient or no knowledge about a phenomenon. Thus, the objective of exploratory research is to increase understanding of the phenomenon under study. Neuman (2014:38) concurs with Nieuwenhuis (2020:62) that exploratory research's primary purpose is to examine phenomenon that is insufficiently and scarcely studied. The researcher chose the exploratory approach to gain insight on perceptions of female youth regarding MHM. Previous studies focused mainly on challenges in menstruation hygiene management rather than perceptions as outlined in literature review.

A descriptive research approach was also adopted in the study. Fouché and De Vos (2011:96) describe descriptive research as an indication of representation of details of circumstances and conditions. The descriptive research approach was relevant for this study as it enabled the researcher to explain and validate the perceptions of female youth on MHM in Kameeldrift.

The feminism research paradigm was selected for this study. Feminist research “aims to attend to women’s marginalised and often silences voices, not just in the social world but also in the production of knowledge” (Kiguwa, 2019:225). Feminism posits a view to change women’s social realities by involving women to share their lived experiences. The study aimed to explore the perceptions of female youth on MHM and allowed young girls and women to share their lived experiences and produced knowledge that could be used for the future. De Vos, Strydom, Schulze and Patel (2011:9-10) espouse the notion of feminism by indicating that feminist inquiry comprises of motive, emotion and perception.

Qualitative research allowed the researcher to explore and describe the perceptions of female youth in their own context and based on their own experiences. The experiences were shared from the participant’s own viewpoint and presented a precise description of their perceptions regarding MHM.

3.2 TYPE OF RESEARCH

Applied research was appropriate for the study. Fouché and De Vos (2011:95) state that applied research aims to solve specific problems and put a strong emphasis on application and solving problems. Applied research is relevant to the study for it addresses a specific goal and aims to facilitate social change (Neuman, 2014:27). The researcher explored and described the perceptions of female youth on MHM. The specific problem in this study was lack of understanding about the perceptions of female youth in MHM and the role of Social Workers in providing such education.

3.3 RESEARCH DESIGN

The phenomenology research design was selected for the study. Nieuwenhuis (2020:85-86) describes phenomenology as an explorative study that clarifies the meaning that several individuals attach to an experience and further describes what participants have in common. The commonality of participants refers to personal experiences and how participants interpret the meaning of those experiences. This design is relevant to the study in terms of its focus, data collection method and data analysis. The phenomenology research design is aligned to psychological phenomenology. Through psychological phenomenology, the researcher was able to generate descriptions of female youth perceptions on MHM, analyse them and reduce them to themes.

Phenomenology attempts to clarify development and make sense of the lived experiences of a particular phenomenon (Fouché & Schurink, 2011:316). The lived experiences in the study referred to the perceptions of female youth on MHM and phenomenology attempted to describe the participants' perceptions as precisely experienced. Menstruation hygiene management was the participant's regular experience from the onset of menstruation to date. In this regard the participants described their perceptions as experienced and also had a chance to share their stories to allow for truthful description of their perceptions.

3.4 RESEARCH METHODS

This section discusses research methodology that was followed. This includes a description of the study population and sampling process, data collection, data analysis, data quality, and the pilot study.

3.4.1 Study population and sampling

3.4.1.1 Study population

Makofane and Shirindi (2018:34) define a study population as "every individual who fits the criteria (broad or narrow) that the researcher has laid out for research participants". In addition, Rubin and Babbie (2010:193) offers another definition that a study population encompass a collection of people that the researcher identifies on account of interest. The population group for the study comprised of all female youth above 18 years of age who are menstruating and living within the municipal boundaries of Tshwane in Kameeldrift.

3.4.1.2 Sampling method and sample

A sample represents a fraction of people to be included in a study or a group of people selected from the larger group (Strydom, 2011:223). Sampling is motivated by the limited time in conducting research. The sampling approach used for the study was non-probability sampling. Strydom (2011:231) outlines that in non-probability sampling the population has no equal chance to be selected because the researcher is not familiar with the population or members of the community.

The method selected for the study was purposive sampling. Neuman (2014:274) describes purposive sampling as a method in which participants chosen seldom represent the entire population and are selected based on their knowledge and experience with the topic under study. Thus, the purposive sampling method allowed the researcher to judge the best participants who can provide best information about the phenomenon under study. The researcher further used snowball sampling to find more potential participants through the participants who already took part in the study. After interviewing each participant the researcher asked them to refer them to the next potential participant.

The inclusion criteria for the study were:

- female and youth above 18 years of age
- Participants were menstruating
- Residents of Kameeldrift, Tshwane
- Were able to communicate in SeSotho/ Sepedi, English and isiZulu, because the researcher was accustomed with these languages
- Were willing to participate in the study and were available
- Provided consent to participate in the study

In order to obtain the participant's informed consent, the researcher explained the purpose of the study to allow them to decide if they were willing to participate or not. Each participant had to sign the letter of informed consent in accordance with research ethics.

3.4.1.3 Sample size

The researcher obtained a sample as it was not feasible to involve the entire population in the study. The sample size could not be established prior until the sample reached data saturation. Data saturation can be accomplished when there is recurrent information from participants and no new information is generated or added. Hence the sample size was determined by data saturation (Nieuwenhuis 2020:92). The researcher interviewed 10 participants.

3.4.1.4 Recruitment process

The recruitment process included using the KamCare Social and Training Services organisation as the gatekeeper in Kameeldrift. KamCare is a Non-Profit organization located north-east of Pretoria. The organization provides care for people with spiritual and physical needs and also manufactures reusable sanitary pads and distributes these to the needy. The researcher approached the manager of the organization and requested assistance with contacts of female youth who received reusable and non-reusable sanitary pads from the organization (Appendix B). KamCare provided the contact details of the researcher to the potential participants but the participants did not contact the researcher, instead the researcher had to go to Kameeldrift and visited the potential participants. Participants who participated in the study referred other potential participants to the researcher by means of snowballing.

3.4.2 Data collection

In order to accomplish the objective of the study, the researcher conducted face-to-face interviews to collect data from participants. Nieuwenhuis (2020:108) defines an interview as a two-way conversation where the researcher collects data by asking participants questions. The researcher

conducted semi-structured interviews with participants of the selected sample. Makofane and Shirindi (2018:40) define semi-structured interviews as flexible interviews that allow additional questioning to guide the discussion and allow participants to express their experiences. Semi-structured interviews were suitable as they allowed the researcher the flexibility to probe participants to gather more detailed information and also gave participants room to respond based on their own experiences. Another advantage of interview as a technique is that it promotes active and interactive discussion between the researcher and the participant.

Limitations of the interview technique are that participants can provide inconsistent information to please the researcher, provide filtered information or information they think the researcher anticipates hearing (Alshenqeeti, 2014: 39-43). The researcher used credibility to address limitations of interviews. Nieuwenhuis (2020:109) explains that credibility of interviews can be enhanced by the researcher asking reasonable questions to produce valid or honest descriptions of the phenomena.

The researcher conducted one-on-one interviews using a predetermined interview schedule and requested the permission of participants to voice record the interviews. The researcher also took field notes to ensure all information and insights were captured. The researcher developed open ended questions in the interview schedule to guide and direct the interview which lasted for 45 minutes to an hour. Interviews were conducted at the participants' home where they felt safe and secure. One-on-one interviews guaranteed exploration of perceptions and also allowed the participants to include information that they thought was relevant and important and could potentially not have revealed in a group setting. The interview schedule is attached as Appendix C.

3.5 DATA ANALYSIS

The researcher used thematic data analysis process to explore the data from interviews as described by Clarke, Braun and Hayfield (2015). The thematic analysis was conducted as outlined in Table 3.1 below.

Table 3.1: Phases of Thematic Analysis

Phase	Description and application of phase
1. Familiarisation	<p>Reading and re-reading transcripts, listening to audio recordings and making notes. Familiarisation involves decisively analysing data and identifying what the data means (Braun & Clarke, 2013:204).</p> <p>The researcher kept records of data field notes, transcripts and interview recording, documented reflective thoughts and recorded ideas for coding. The researcher transcribed the recorded interviews by translating recorded language into written language to enhance handling and analysis of the data (Braun & Clarke, 2013:162). In the process of reading and re-reading transcripts, the researcher became aware of emerging insights from the information.</p>
2. Coding	<p>A process of reflection, identifying and labelling relevant features of data by focusing on specific descriptions of data. During coding the researcher systematically worked through the whole data set and each data item. Coding can be hierarchical to allow the researcher to analyse data from a particular level of order (Braun & Clarke, 2013:207,210).</p> <p>The researcher used manual coding by making notes on the participant's interview transcripts. The researcher made scribbles, and gave each data item relevant codes relating to the participant's experiences in MHM.</p>
3. Search for themes	<p>Organising codes into possible themes by identifying universal patterns in the information collected. Themes comprise of a combination of codes that are related to each other but independent from each other (Nowell <i>et al.</i>, 2017:8).</p> <p>The researcher collated codes through inductive analysis and identified similar patterns in the information. The themes pointed to insights and possible conclusions about the experiences of youth in MHM.</p>

Phase	Description and application of phase
4. Reviewing themes	<p>Process of generating themes to ensure that the identified themes reflect the information that was collected. The process allows the researcher to add themes that were missed and discard unsuitable themes (Braun & Clarke, 2013:234).</p> <p>The researcher broke down themes relative to the full data set and coded data. All the experiences of female youth were reduced to attractive information that fits together to tell the overall story including relevant literature to support themes. Furthermore, the researcher had an opportunity to add themes that were missed and rejected irrelevant ones.</p>
5. Define and name themes	<p>Provide a summary of each theme by naming and defining them. The process of refining and adjusting themes is iterative and the researcher can keep repeating this process (Nowell <i>et al.</i>, 2017:10).</p> <p>The researcher generated a clear definition and named each theme and sub-theme accordingly in a brief and informative way.</p>
6. Writing the report	<p>Producing the original text, compiling and editing the existing text to write up the report.</p> <p>The researcher produced a final scholarly report using descriptive and direct quotes from participants' experiences, and supporting these with available literature.</p>

Source: Clarke, Braun and Hayfield (2015)

Thematic analysis was appropriate to interpret the participant's responses and identified the similarities and differences in their responses.

3.6 DATA QUALITY

To ensure data quality, the researcher used the constructs as described by Anney (2014: 276 – 279). Nowell, Norris, White and Moules (2017) describe that trustworthiness is one way to convince researchers and readers that their research findings are worthy of attention. To ensure

trustworthiness to generate quality data for the study the researcher addressed the following aspects: credibility, transferability, dependability and confirmability as described in Table 3.2 below.

Table 3.2: Trustworthiness constructs description

Construct	Definition and application
Credibility	<p>Credibility shows the reliability and accuracy of the data collected (Brink, Van der Walt & Van Rensburg, 2012:172).</p> <p>The researcher engaged with participants for a lengthy period of time to allow for rich data collection, gain understanding of participants' experiences and establish trust. The researcher ensured credibility by consulting with the Academic Supervisor before commencing with data collection and after the pilot study to ensure that the interview schedule was appropriate to the study. Furthermore the researcher verified the transcripts against the actual audio recording to ensure accuracy.</p>
Transferability	<p>Refers to generalising the study meaning that the data collected in the study should be appropriate in another environment or with other participants in an alternative study. Transferability can be confirmed by the reader of the research report (Brink <i>et al.</i>, 2012:173).</p> <p>The researcher provided detailed descriptions on the experiences of female youth in menstruation hygiene management to allow for comparison to other possible contexts. To guarantee transferability the researcher utilised purposive sampling to obtain a variety of perspectives on MHM. The researcher kept records of transcripts, notes taken during the process and the recorded audio of interviews so that the information can be accessed for future reference.</p>
Dependability	<p>Refers to constant findings over time. Dependability emphasizes that similar outcomes should be obtained with similar participants in the same environment (Kumar, 2011:334).</p> <p>The researcher outlined the process of the study and determined dependability through an audit trail. An audit trail allowed the researcher to constantly follow the research procedure. Additionally, the researcher securely filed all</p>

Construct	Definition and application
	transcripts including field notes, audio recordings and other appropriate notes taken throughout the research process for the purposes of an audit trail.
Confirmability	<p>Refers to extent to which researcher can confirm the results of a study. Confirmability is concerned with determining that data and interpretations of the results are not fabricated by researchers' thoughts (Anney, 2014:279).</p> <p>The researcher achieved this through extensive reflection on notes written in the journal kept during data collection and assessment of own perceptions. Furthermore, the researcher used peer debriefing by consulting with the Academic Supervisor about the research methods and further ensured that the planned research procedures were valuable by conducting a pilot study before data collection.</p>

Source: Anney (2014)

3.7 PILOT STUDY

The researcher conducted a pilot study to determine feasibility of the study and to test the interview schedule. Kim (2010:191) defines a pilot study as a small operational assessment conducted to prepare for the key study to test the study methods and its applications.

The researcher conducted a semi-structured interview with one female youth resident in Kameeldrift, Tshwane and who was menstruating. The data was used to test the interview schedule for relevance and adequacy to produce sufficient information and ensure trustworthiness. The pilot study also provided the opportunity to test the recording device, and suitability of venue for interviews. No adjustments were made to the interview schedule after the pilot study. The information collected from the pilot study was valuable; therefore the evidence formed part of the main study.

3.8 ETHICAL CONSIDERATIONS

Mogorosi (2018:75) defines ethics as guidelines of conduct and choices that influence behaviour in human relations. The key ethical considerations of the study were voluntary participation and informed consent, anonymity, confidentiality, deception, no harm, analysis and reporting and working with gatekeepers.

3.8.1 Voluntary participation and informed consent

Babbie (2017:63) defines voluntary participation as participant's free will to be part of the study. The researcher informed participants about the purpose and procedure of the study to assist them to make an informed decision whether to participate or not. Furthermore, the researcher informed participants that they have the right to withdraw from the study at any time with no penalty for doing so.

Informed consent implies that participants' base their involvement in a study on complete awareness of possible risks involved (Babbie, 2017:65). The researcher provided participants with all information concerning the study, purpose, recorded interviews, anonymity, and voluntary participation and lastly that records will be stored at the University for 15 years. The researcher obtained written consent from the participants before commencing with interviews and requested participants for permission to use a recorder during the interview (Appendix D).

3.8.2 Anonymity

Anonymity refers to the researcher retaining the participant's personal information and identification in order to ensure confidentiality (Strydom, 2011:119). Babbie (2017:67) indicates that anonymity in a study is definite when responses cannot be linked to a particular participant by the researcher or readers of the study. However, in this instance the researcher was aware of the participant's identity and anonymity could not be assured.

3.8.3 Confidentiality

Strydom (2011:119) describes confidentiality as handling of the participant's information in private conduct. Confidentiality is viewed as the continuation of privacy. The researcher protected the privacy of participants by conducting interviews in private as per the participant's choice and not discussing information shared with anyone except the researcher's Academic Supervisor or Mentor. The researcher did not use the participant's real names, rather assigned numbers to each participant to guarantee that no data could be linked to a particular participant.

3.8.4 Deception

Strydom (2011:119) defines deception as intentionally providing inaccurate information to participants so that they can consent to participate. Deception is fabricating information. The researcher maintained honesty in all aspects of the data collection process from informing participants about procedures that took place during the study and how data collected will be used.

3.8.5 No harm

Strydom (2011:115) highlights beneficence in no harm to participants. Beneficence implies that participants should benefit from the study instead of being harmed. No harm to participants means that participants will not be subjected to physical and/ or emotional harm. The researcher informed participants to report any emotional pain experienced during the interviews so that they can be provided with counselling. An external therapist was outsourced free of charge to address the participants negative experiences. However there was no need for participants to be referred to the external therapist.

3.8.6 Analysis and reporting

Babbie (2017:72) describes analysis and reporting as an ethical obligation to report on limitations and failures of the study, not the positive findings only. The researcher reported the findings drawbacks and hitches experienced during the study and presented the report in a precise and non-biased way. In the letter of informed consent, the researcher further made the participants aware of the possibility of publishing the research findings.

3.8.7 Working with gatekeepers

McFadyen and Rankin (2016:82-87) describe a gatekeeper as a person or individual in a group or community who determines and permits researcher access to conduct the study. The role of gatekeepers in the research project is fundamental to the success of the study. The researcher approached the Managing Director of KamCare to provide access and assist with recruitment of participants.

3.9 SECTION A: EMPIRICAL FINDINGS

The research findings will be presented firstly, by outlining the biographical profile of participants; secondly, by outlining the thematic analysis process; thirdly, by presenting and discussing the themes generated from the data; fourthly, providing verbatim quotations from the recorded interviews; and finally validating the findings with existing literature.

3.9.1 Biographical profile of participants

Table 3.3 below presents biographical information of participants who participated in the study. The participants were all females and residents of Kameeldrift, Tshwane. Their age ranged from 19 years as the youngest to 41 years as the oldest participant. The participants were from different home languages, that is, Sepedi, Tswana, Xitsonga, Sesotho and IsiNdebele. The highest qualification of participants ranged from Grade 10 to Grade 12.

Table 3.3: Biographical information of the participants.

Participant	Age	Gender	Language	Highest qualification	Racial group	Resident
Participant 1	30	Female	Sepedi	Grade 11	Black	Kameeldrift
Participant 2	41	Female	Sepedi	Grade 12	Black	Kameeldrift
Participant 3	21	Female	Sepedi	Grade 10	Black	Kameeldrift
Participant 4	24	Female	Sepedi	Grade 11	Black	Kameeldrift
Participant 5	26	Female	Xitsonga	Grade 10	Black	Kameeldrift
Participant 6	19	Female	Sepedi	Grade 12	Black	Kameeldrift
Participant 7	21	Female	Sepedi	Grade 11	Black	Kameeldrift
Participant 8	36	Female	Sesotho	Grade 11	Black	Kameeldrift
Participant 9	28	Female	Tswana	Grade 12	Black	Kameeldrift
Participant 10	29	Female	IsiNdebele	Grade 11	Black	Kameeldrift

3.10 SECTION B: THEMATIC ANALYSIS

The following section presents and discusses the themes and sub-themes generated from the perceptions of female youth regarding MHM in Kameeldrift, Tshwane. The themes and sub-themes that were identified during data analysis are aligned with the study objectives. The researcher used verbatim quotes to support the themes and sub-themes. During the data analysis process, six themes were identified and presented in Table 3.4 below.

Table 3.4: Themes and sub-themes generated from the data.

Themes	Sub-themes
Theme 1: Knowledge about reproductive health	1.1 Understanding and knowledge of menstruation/ menstruation cycle 1.2 Source of information
Theme 2: Menstruation experiences and challenges	2.1 Onset of menstruation and awareness of onset 2.2 Preparation and support before onset 2.3 Physical experiences 2.4 Emotional experiences 2.5 Social functioning 2.6 Cultural practices related to menstruation

Theme 3: Menstruation hygiene management and challenges	3.1 Knowledge and understanding of MHM 3.2 Source of information 3.3 MHM challenges experienced 3.4 Coping mechanisms 3.5 Use of sanitary products
Theme 4: Menstruation hygiene management resources	4.1 Community resources available for MHM 4.2 Disposal facilities of used sanitary products 4.3 Support for MHM 4.4 Use of reusable sanitary products
Theme 5: Social Work intervention	5.1 Access to reproductive health education and social work assistance
Theme 6: Recommendations of youth programmes and improving MHM	6.1 Advice to younger girls 6.2 Recommendation for programmes and strategies to improve MHM

3.10.1 Theme 1: Knowledge about reproductive health

The theme provides a general description of the information and understanding of reproductive health amongst female youth. From this theme, two sub-themes emerged: understanding and knowledge of menstruation/ menstruation cycle and source of information.

3.10.1.1 Sub-theme 1.1 Understanding and knowledge of menstruation / menstruation cycle

Most of the participants had information about menstruation before onset except for one participant who mentioned that she had never received any sex or reproductive health education because she was staying with her grandmother and learnt most of the things by herself when she got pregnant. The other participant mentioned that she couldn't remember information about menstruation, but she was taught at school. Their responses are as follows:

Participant 1: "I understand that before you menstruate you experience period pains, which is a sign to show that you are about to menstruate. I do not know about others, but for me I experience period pains".

Participant 2: "Aish, I understand menstruation to be an event that comes differently, such as, it can come in different dates for the same person, they change, maybe the 30th this month and next month the 3rd or so. Is it like that"?

Participant 4: "It is a time when a women start their period as usual, meaning in a month maybe seeing their period once, no not once but seven times. Each month a woman has to menstruate seven days or four days".

Participant 5: "Isn't when a person starts her periods?"

"I get a sign before I menstruate. I experience period pains before and the following day I start menstruating. I now realized that its' that time and I need pads. After a while you will feel that the pad is full and you should change it".

Participant 6: "(laugh), the way I understand, it is a sign to show that you are fertile"

"Yes and that you are a girl enough to conceive and produce that is how I understand"

Participant 7: "It shows that you are not pregnant"

"You should know your date, when you start your menstruation"

Participant 8: "I'm not sure about menstruation cycle"

"Menstruation means to see your periods and if you don't menstruate, it means you are pregnant if you have slept with a man"

Participant 9: "Eish, (rolling eyes), it means you are growing up from being a child to being a woman.

You experience developments and you must take care of yourself and be neat"

Participant 10: "It is to have a cycle of menstruation every month"

"It is when the egg is formed in a woman every month, going in a cycle every month"

The descriptions above provides a clear view that female youth identify themselves as well-informed about menstruation or menstruation cycle based on the information that they acquired from different sources. Supplementary to this, the information that the female youth acquired is not constantly satisfactory and accurate. From the narratives above, female youth understand menstruation as a sign and a monthly event that shows that you are no longer a child. The findings of this study are consistent with the study by Brantelid *et al.* (2014:611) that indicated that menstruation is recognised to be positive and not harmful, instead indicates a sign of life that is not damaging.

Upashe, Tekelab and Mekonnen (2015:4) conducted a study to assess the menstruation hygiene practices and information that young girls have and the findings illustrated that a majority of girls were conscious about menstruation before menarche and how menstruation occurs. Participants were

aware of menstruation although they proved limited understanding of menstrual cycle. Nonetheless, a study by Schmitt *et al* (2017:7) conducted in Myanmar provides opposing results that young girls were not aware of menstruation before menarche.

Based on the microsystem of the ecological systems theory participants showed limited or lack of understanding about menstruation and menstruation cycle. Alharbi *et al.* (2018:1201) describes that most young girls do not have appropriate information related to menstruation hence, there is a need to raise awareness and educate youth.

3.10.1.2 Sub-theme 1.2: Source of information

The participants mentioned the school as the primary source of information about menstruation and the other participant received education at the community hall. However, two other participants did not receive any information. One participant mentioned that she was never taught about menstruation. The school seems to be the most common mentioned source of information. Their responses are captured below:

Participant 1: "I cannot remember the year but I was in Grade 10 when we were taught about sex education during Life Orientation at school".

"We were taught by our teacher, who was also the principal of the school"

Participant 2: "Eish, what can I say, it's long ago when I was still at school and because I did Biology, that's where I learnt about sex education. (laughs)".

Participant 3: "At school"

Participant 4: "Long time ago"

"At the community hall"

Participant 6: "In 2013 grade 7"

"Life Orientation Teacher"

"They taught us about puberty, how it starts and how we recognize it in our body"

Participant 7: "At school.

"I forgot but he was a teacher in my school"

Participant 9: "At school"

“We had a teacher who was doing health every Wednesday from 13h00 to 14h00”

Participant 10: “At school in Grade 9”

From the narratives above, participants consider themselves knowledgeable about menstruation based on the information they received at school and the community hall. The study findings demonstrate that most of the female youth were educated about menstruation during Life Orientation class at school.

Life Orientation is part of the National Curriculum Statement from grade 7 to grade 12. The department envisages that knowledge acquired through Life Orientation will be able to assist the learner to make informed decisions concerning their own health. Life Orientation is purposely intended to assist learners to tackle and manage health and social issues, and address problems with career choices and other societal issues (Department of Education, 2002). In contrast, SNV (2014:1) anticipates that schools should not plan to only assist learners to develop academically, but to also guide them on physical and emotional characteristics of the transition from infancy to adulthood and provide education on services associated with menstrual hygiene.

From the participant's narratives, it shows that female youth received limited information to sex education and puberty and it is because Life Orientation class does not explore menstruation hygiene management in greater detail. This is consistent with a study by Chin (2014:35) that shows that even if menstruation is taught at school, teachers may not be comfortable and consider that it is the parent's responsibility. In addition, Johnson *et al.* (2016:2) confirms that MHM was not integrated into class plans. This reveals that SRH education focusing on MHM is limited.

Insufficient information about reproductive health is a major obstacle in helping young females to understand the physical body changes taking place during the adolescent stage. The study findings revealed the lack of appropriate parental guidance as being the origin of SRH dilemma in young people.

The mesosystem outlines the connections between an individual's microsystems. Based on the mesosystem, the school appeared to be influential towards development of participants' knowledge.

3.10.2 Theme 2: Menstruation experiences and challenges

The theme presents the participant's experiences and challenges they encountered during menstruation. From this main theme, six sub-themes emerged as follows: onset of menstruation and awareness of onset, preparation and support before onset, physical experiences, emotional

experiences, social functioning and cultural practices related to menstruation. The sub-themes are discussed below through participant's verbatim quotes and authentication from literature.

3.10.2.1 Sub-theme 2.1: Onset of menstruation and awareness of onset

Three participants started menstruating at age 15. Two of them started earlier at the age of 13 and another two at the age of 16. One participant started menstruating at 14 years, the other at 17 years and the last one started late at the age of 18 years. The participants provided varied responses about their first experience of menstruation and their reaction. The majority of participants reported their physical and emotional experiences except for Participant 3 who could not remember her experiences at menarche. The responses are presented below:

Participant 1: "I experienced stomach cramps at first and I was at school, by that time I didn't understand what is happening"

"But we were taught about the onset of menstruation that you will feel stomach cramps, breasts becoming bigger, but I was not aware that I can menstruate at age 16. I asked to go home and I slept when I arrived at home. When I woke up after an hour, I realized that I am wet and when I checked I found that it is menstruation"

Participant 2: "Yoh, yoh, yoh because I didn't understand, I experienced a lot of pain under my belly button. It happened when I was sleeping so when I wake up I saw that I have messed up. I called my aunt and showed her and she told me that I am growing up"

Participant 4: "It was not comfortable even to tell my mother because it was my first experience. I was not free, feeling sorry for myself until my mother asked what the problem is and I explained that I experienced a problem, which is menstruation"

Participant 5: "I was playing when I started menstruating and felt wet and I didn't understand what is going on, I ran home and I was scared to report and used a cloth as a diaper. Afterwards I reported because the blood was not stopping"

"Yes I was playing and when I sat down I realized that there's blood and my panty is red. I stood up and went to the house and wipe with a bathing cloth, and I changed the panty. When I'm still standing I noticed that there is more blood coming out and I tore off another cloth and used it. At night I experienced a heavy flow. The following day I realized that the blood is not stopping then that is when I decided to explain to

grandmother about my experience and she said my granddaughter this is normal, and then she went to the spaza shop and bought me pads”

Participant 6: “I didn’t feel anything; actually I stayed the whole day at school with blood”

“No, I noticed when I got home after school, when I take off my uniform, my panty was full of blood and that’s when I recognized that I’m on my periods”

Participant 7: “Yah, I was at school and I saw blood. I didn’t have period pains”

Most female youth mentioned that they were scared, not comfortable; they did not understand what was going on. Although they were taught about onset of menstruation they found it difficult to adjust. A study in Zambia by Chinyama *et al.* (2019:4) shows that young girls learn about menstruation at menarche and are not aware of physiological information related to menstruation.

Participant 8: “I was very scared because I was at school and I was not used to socializing with females, rather males. They told me that I have messed up my uniform and they used their jersey to cover me.”

Participant 9: “I was scared, jumpy and to be aware of any spots especially when you stand up”

First time is always scary, although we were prepared but I didn’t know the exact date. So when it happened I told myself that it has started and I should play as far possible from the boys”

Participant 10: “Eish it was so difficult, I didn’t enjoy it”

“Because I didn’t have anyone to share my experiences and I wasn’t educated about menstruation”

Pertaining to menarche, it is evident that female youth start menstruating at different ages. This finding concurs with the findings from a study by Chrisler (2013:129) and WaterAid (2012:24), which revealed that menarche can happen anytime from 10 years of age and delayed menarche occurring after 16 years of age, of which the regular onset is anticipated between 11 and 15 years of age. One of the participants started late at the age of 18 years. In addition, UNFPA (2018:5) accentuate that the regular age of menarche is 13 years for young girls in poor communities, whilst it is below 10 years of age for young girls in urban communities.

Furthermore, Lacroix, Gondal and Langaker (2021:1) share the same opinion that menarche is usually regarded as early if it happens before 9 years and late if it happens after 15 years. Menarche happens in a time of puberty and one of the participants mentioned that she was taught in Grade 7

about puberty. As a result, it can be deduced that there is no universal average age for menarche; the onset is established by many aspects.

Although female youth had received information about menstruation before onset, most of them did not feel prepared for the onset. They have reflected feelings of shame and fear (Tiwari *et al.*, 2018:75).

Based on the exosystem, menarche is an external experience that directly affects participants, Alharbi (2018:1197) states that puberty is a developmental stage where physical and cognitive changes occur and menarche is the unforgettable experience in adolescence.

Participants further reported on the first person they told when they started menstruating.

Participant 1: "I do not remember telling anyone except when my aunt noticed"

"I didn't trust anyone"

Participant 2: "No, my Mom. She elaborated that growing up and womanhood starts with menstruation (Laughs out loud)"

"She told me that I should run away from boys otherwise I am going to be pregnant, you see, she emphasized"

"She meant that since I am menstruating, it shows woman hood, and if you can sleep with boys, you will get pregnant"

Participant 3: "My sister"

"She told me that it is nature but I was scared"

"She told me that I since I am menstruating, I have to give men a distance because I can be pregnant"

Participant 4: "My mother"

"She told me that I am growing up and since I am experiencing my periods, I should not have sex, and I should always put a pad"

Participant 5: "I decided to explain to grandmother about my experience and she said my granddaughter this is normal, and then she went to the spaza shop and bought me pads"

Participant 6: "My sister"

"She said I'm lying and I showed her, then she told my mother"

"I must stay clean, bath and recycle my pads and be extra careful"

Participant 7: "I told my grandmother that I saw blood and she said it is time and I should take care of myself"

"She told me to take care of myself and shouldn't run with men"

"That I should not sleep with men"

Participant 8: "I told my mother and she gave me what was relevant"

"She told me that since I started menstruating, if I meet a man, I am going to have a child (laughs)"

Participant 9: "My mother"

"Eeee! She laughed and said you are a woman from today, I asked, a woman? And she said yes, a woman from today and you play as far as possible from boys"

Participant 10: "My aunt"

"I told her that I notice menstruation but I reported after two months"

"She didn't look surprised, she guided me, she said I should take care of myself, bath and change and told me to use what and what"

"She meant the diapers, especially the cloth because we didn't have pads"

The above narratives reveal that family members, such as the mother, aunt, grandmother and sister play a pivotal role in educating female youth about menstruation and providing advice on how to manage menstruation. Female youth in the study were comfortable to inform their mothers about their menarche because in most societies young girls are comfortable to talk to their mothers about various matters (Daniel, 2016:42). The study findings are consistent with the study by Ramathuba (2015:2) where the young girls reported that the first person they told about the onset was their mother.

This reveals the existing habitual family practice where mothers of young girls are accountable for passing on information on puberty and sexual reproductive health (Bobel *et al.*, 2020:25). Nonetheless, the information that female youth received from their mothers is not clear; several female youth indicated that they were advised to run away from boys because they could get pregnant. The reason for this explanation is that sex education is considered taboo and mothers are embarrassed to talk about it with their children (Ramathuba, 2015:2). Some participants reported positive education that menstruation is normal, natural and a transition from childhood to womanhood. It demonstrates that the information that female youth receive during onset is closely

connected to MHM as participants were further encouraged to be clean and bath (Brantelid *et al.*, 2014:611; WaterAid, 2012:22).

Based on the mesosystem, Zhang (2018:1766) asserts that interactions with family members are fundamental in supporting the individual's experiences. Mothers, grandmothers and aunts proved to be valuable in giving advice after participants disclosed their first experience of menstruation to them.

3.10.2.2 Sub-theme 2.2: Preparation and support before onset

Only four participants were prepared for the onset and also received support from home and at school. It was also exposed that Participants two, four, seven and eight were never prepared but Participant 10 received education from school and none from home. Participants reported to be scared and afraid to disclose their onset of menstruation. They had to say the following:

Participant 1: "The person who supported me was my aunt, she saw me and asked, I didn't have pad because my mother was in Gauteng and my aunt noticed and asked if I am menstruating. I used socks because I was afraid to tell my grandmother and afraid that she will swear at me that I am menstruating at an early age. My Aunt saw me using socks and she asked what the problem is, I was embarrassed but I always hid my under-ware and kept them in water so that they can be clean"

Participant 3: "My sister"

"She told me to change the pads and should be changed three times, but my menstruation was not heavy so I can change after 3 hours"

Participant 6: "Prepared, yes, my mother taught me about these things"

"Yes, she had bought everything, the pads. She also taught me about the menstruation cycle. If you started on the 18th this month, you should know the following month when you will start menstruating. You need to know your schedule (laughs)"

Participant 9: "My teacher at school who used to do health talk on Wednesdays"

A study by Daniel (2016:42) revealed that the mothers of young girls are responsible for providing information and resources during menstruation and literally the primary person that girls confide in about their onset of menstruation. In contrast with the findings of the study, most of the female youth did not receive any support from their mothers and some received support from their siblings and relatives. The above narratives show that there was a lack of preparation before onset of menstruation and reported to be afraid and scared to disclose their menarche. This is supported by a study conducted by Sophia (2017:19) where research findings revealed that the majority of young

girls were not aware about menstruation and were told about it after, which had caused distress, humiliation and shame during onset of menarche.

The preparation that other participants received was based mostly on the use of sanitary products. This is attributed to lack of support and preparation at menarche.

Based on the mesosystem, Ettekal and Mahoney (2017:4) state that parents are the closest system to support their children. Family members prepared and supported the participant before onset of menstruation.

3.10.2.3 Sub-theme 2.3: Physical experiences

The participants associated menstruation with pain as they described their menarche experience. Most of the participants experienced menstrual pain in the form of vomiting, stomach cramps and swollen breasts. Most of them mentioned period pains as a common experience except for three participants who stated that the pain is mild. Their responses are captured below:

Participant 1: "I experience period pains before and sometimes they take two days before menstruation". "I experienced stomach cramps at first and I was at school, by that time I didn't understand what is happening"

Participant 3: "I firstly feel on my breast, they appear swollen and I also experience period pain until I finish for three days. Even at school they were aware that I cannot attend because they were severe"

Participant 4: "I used to experience pain?"

Participant 6: "Yoh! Yoh!"

"(laughs) every time when its month end or the beginning of the month like now, I get depressed, get so sad because of menstrual pain, period pain. I'm no longer comfortable like before, it's tough"

Participant 7: "When I went to school the pain became worse as months go by and sometimes I vomited"

"I feel good, I don't have period pains, and they come sometimes, but are no longer rough than before"

Participant 8: "I feel pain but not that much"

Participant 9: "Yoh, so much pain, yoh my gosh, very very painful"

From the explanations above, it can be assumed that menstruation is an unpleasant and awful experience for the majority of young girls. Even when young girls are affected by several physical changes, pain appears to be the most common. Period pains are upsetting and uneasy for most young girls (Chhabra *et al.*, 2017:2). Female youth associated menstruation with pain and also indicated that they vomit, experience stomach cramps and swollen breasts.

A study by Chandra-Mouli and Patel (2017:7) share similar evidence that menstruating young girls experience period pains during menstruation which are commonly called Pre-menstruation Symptoms (PMS). Therefore, it can be concluded that the physical changes related to menstruation make them uncomfortable and deprive female youth of opportunity to socialize freely (Chandra-Mouli & Patel, 2017:13).

A heavy flow and period pain play a role in young girl's school attendance and reduces concentration at school. One female youth reported that the school is aware that when she menstruates she cannot attend school. An Ethiopian study confirms the findings that girls reported that they request authorization at school from their teachers to go home when they encounter period pains and a heavy flow without disclosing the reason (Birdthistle, Dickson, Freeman & Javidi 2011:26).

Based on the microsystem, the researcher believes that the pattern of emotions that the participants experienced, contributed towards their behavior. Moreover, Tiwari *et al.* (2018:79) asserts that most participants experience physical problems such as pain during menstruation.

3.10.2.4 Sub-theme 2.4: Emotional experiences

A few participants experienced emotional manifestations, such as being scared, depressed and sad about their menstruation. When asked if they were teased in any way about menstruating, only two participants confirmed that they were teased when they had blotted on their school uniform. Participants reported feelings of being shy and never wanted to go back to school. They said the following:

*Participant 1: "I was scared and didn't know who to tell because my mother was not staying with me but I was staying with my grandmother"
I was afraid to tell my grandmother and afraid that she will swear at me that I am menstruating at an early age"*

*Participant 6: "I get depressed; I get so sad of menstrual pain"
"No, I was never teased; actually I was the last person in my group to start menstruating"
"So it was so easy, and I felt like I'm used to menstruating"*

Participant 5: "I was staying with my grandmother so I was afraid to tell her and she didn't have time to educate me about menstruation"

"Yes, at times when I am at school and blotted on my clothes, they will laugh at me when they notice at the back that I have blotted. I didn't want to go to school for that but my grandmother advised that I should change the pad when I feel that its' about to be full. After that advice I started to accept myself"

Participant 10: At school because sometimes you blot on yourself and other will laugh at you and you become shy".

It is apparent that female youth experience emotional distress during their periods and that brings anxiety, fear and shame. Female youth reported that they were terrified to talk about menstruation to the elders due to cultural beliefs that there are things young people should not talk about. Various reactions and perceptions about menstruation during onset may be determined by the environment and the perceptions about menstruation (Marvan & Abolnik, 2012:359). The emerging finding is that young girls respond negatively to menstruation during menarche. This is consistent with the study finding by Schmitt *et al.* (2017:7), which established that young girls are scared and confused during menarche as they perceive menstruation as an embarrassing event to talk about.

In addition, this indicates lack of sufficient and relevant knowledge regarding menstruation. Young girls are not well informed about the physical developments and possible emotions attached to menarche and how to deal with menstruation (Tiwari *et al.*, 2018:75). As a result, it is vital to expose young girls to information regarding menstruation before menarche.

The ecological systems theory explains microsystem as an independent system. Based on the microsystems dimension, Costello *et al.* (2011:8) affirm that microsystems are capable of contributing and directing individual's contacts where participants describe their emotions and their negative response towards menstruation.

3.10.2.5 Sub-theme 2.5: Social functioning (peer relationships)

Six participants reported that they avoid socialising and going out with friends and experience feelings of discomfort during menstruation. Their assertions are captured as follows:

Participant 1: "Yoh! I cannot go anywhere freely, such as going to town, I can't because I experience a heavy flow so I have to keep on checking myself, check if the pad is not full because sometimes you can feel that the pad is full but sometimes you can't."

Participant 3: "Yes, even at school they were aware that I cannot attend because they were severe"

Participant 4: "Eish, I feel somehow and I'm not free to be around people. I feel like they can see that I menstruate"

Participant 5: "I'm not comfortable, I don't like going out and wearing bright clothes, I like wearing black coloured clothes so that when they is a mistake to blot on my clothes, it won't show especially when sitting around with men. I don't like going out at all"

Participant 6: "I'm not comfortable at all; I just want to stay at home alone"

The study findings reveal that menstruation instigates avoidance to socializing. In addition, female youth reported on their fear to be mocked by their peers when they have blotted on the clothes. These findings concur with the findings from a survey report conducted in Tanzania on MHM that indicated that young girls prefer to isolate themselves from others because they fear menstruation odour, and that others may laugh at them (SNV, 2014:23).

Female youth reported that they are not comfortable to be around people and wearing bright clothes, hence they prefer to stay alone at home. The negative implications of menstruation shows intense impact and deprive young girls to enjoy the normal functioning and partaking in social activities, such as going to the shops and visiting friends (Rosenberg, 2015:22). Consequently, trends of isolating oneself during menstruation may progressively increase the likelihood of depression amongst female.

Four participants stated that menstruation does not affect their social life. They reported the following:

Participant 7: It doesn't affect my social life, I go out and I don't have stress"

Participant 8: Ah! I can go out I don't have a problem because my flow is very low"

Participant 9: "Aaah you just wake up, life goes on and pain will pass because we have paracetamol, panado, you take one and don't take it every time you experience pain"

Participant 10: "As long as I am protected, I can go out"

The study further revealed that menstruation does not affect the social life of some of the female youth. Participants further highlighted that life goes on as normal even when they are menstruating.

Based on the mesosystems dimension, the quality of interaction depends on an individual and Costello *et al.* (2011:8) asserts that the mesosystem include informal social networks. Participants indicated avoiding peer relationships and socializing when they are menstruating.

3.10.2.6 Sub-theme 2.6: Cultural practices related to menstruation

Participants shared the cultural beliefs around menstruation that they practice and some shared practices that they heard other people practice. Four participants were not aware of any practices related to menstruation that is practised by people from different cultures. The common belief that was mentioned is that you are not supposed to touch food or cook when you are menstruating. Their responses are as follows:

Participant 1: "The belief is if you do not prevent (use contraceptives), had started menstruating and having sex, you will be pregnant"

"It is just that your pads should be hidden, we grew up knowing that if you dispose your used pads in public and someone get hold of them and bewitch you, you will never have kids"

Participant 2: "I heard from people, but my mother didn't tell me anything about beliefs. I heard that when you are menstruating, you are not supposed to cook for elders. I don't know, its rumours (laughs), just heard from the streets. That is the only one I know. Huu, there's another one, when you menstruate, you are not supposed to carry a baby because you will damage their waist and will experience pains"

Participant 3: "My mother experience period pains so she had to have a child to get rid of period pains and other people refer to period pains as abscess. I forgot other beliefs"

Participant 6: "My mothers' church, when you are menstruating you are not supposed to touch food, plates and anything, in fact you are not supposed to work"

*Participant 9: "I know that one of my friends took a pad and put it in a pit (buried) as part of prevention"
Yes it worked for her, until the pad was taken out of the pit and they found out that there was nothing and it was in the pit for five years"*

Participant 10: "I heard that when you menstruate, you cannot cook for everyone because you are impure"

Many cultures have various beliefs and practices related to menstruation. These beliefs create restrictions that affect women and young girls during menstruation. The information communicated to young girls from their parents might be inaccurate or include cultural and religious beliefs that limit them from living an ordinary life (House *et al.*, 2012:22).

Participants mentioned that they are restricted to perform routine activities such as not touching anything in the house and not cooking because it is believed that when you menstruate you are impure. A study by Thapa *et al.* (2019:2) affirms this and state that some cultures imagine menstruation as a sign of adulthood and fertility and some cultures see it as a source of pollution and impurity. The menstrual customs and beliefs which prevail in numerous societies impact mainly on the women and girls' lifestyle, emotional state and mainly, their health.

Female youth mentioned practices related to religion that prohibit them from touching anything in the house and other practices, such as getting pregnant to relieve period pains. A study by Chothe *et al.* (2014:1) confirms some of the findings including abstaining from bathing based on cultural beliefs.

The other practice related to culture was that you are not supposed to throw your used pads in public because you can be bewitched. Chinyama *et al.* (2019:4) confirms this belief by revealing that young girls chose to dispose used sanitary materials in the pit latrine rather than communal bins because they feared to be bewitched through their menstruation blood and deprive them of their fertility.

The macrosystem describes the customs connected to the individual lives. Members of a cultural group share a common identity and most importantly values. Macrosystems usually develop periodically in anticipation of changes in future generations. Based on the macrosystem dimension of the ecological systems theory, Alharbi (2018:1197) affirms that numerous beliefs and myths about menstruation limit the daily activities of women, limit hygiene practices and instill fear. The macrosystem confirms that the cultural environment that the participant is raised in plays an essential position in their development.

3.10.3 Theme 3: Menstruation hygiene management and challenges

The participants expressed their views on MHM and the challenges they experience. Five sets of sub-themes emerged from this theme: knowledge and understanding of MHM, source of information, MHM challenges experienced, coping mechanisms and use of sanitary products.

3.10.3.1: Knowledge and understanding of MHM

The majority of the participants mentioned practices such as washing, disposing used pads, bathing and changing the diaper numerous times per day. Their responses are captured below:

Participant 1: "It means you have to be clean, bath after changing your pad, do not wipe but bath, you cannot put a new pad on your soiled skin"

Participant 2: "When you menstruate, you use a pad and when you take it out, you are not supposed to dispose it anywhere but wrap it with a tissue"

Participant 3: "For me, to be clean, when I'm about to menstruate I boil Moringa and drink it to clean me", "Oh! I bath"

*Participant 4: "In a day I have to bath three times"
"With soap and water but you are not supposed to put soap underneath"*

Participant 6: "(laughs) you need to bath and recycle pads"

Participant 7 "I have to bath three times and change pad"

Participant 8 "It means to keep checking yourself, bathing and changing"

Participant 9: "It is to be clean, change pads and underwear now and then"

Participant 10: "It means I have to bath and wash and be clean, change my pad"

From the participant's narratives, it is evident that female youth identify MHM with cleanliness and the narratives showed that participants do not recognize the concept of MHM. Shanbhag *et al.* (2012:1356) confirm the findings that practices are influenced by the information that young girls receive from their informants.

The majority of young girls understand MHM as bathing and changing their pads. Engaging with the participants revealed that most of them explained MHM as washing two to three times a day, to be clean, and changing pads and underwear several times per day. A study in Cameroon by Aidara and Gassama-Mbaye (2020:533) confirm that MHM and education received by young girls was restricted to the use of menstrual products and did not cover identification of physiological aspects. However, best hygiene habits are based on correct information, and deficiency in information on MHM could possibly yield insufficient menstruation hygiene amongst young girls.

Based on the microsystem dimension, knowledge and understanding of MHM exists as an individual's perception and in addition, participants' perception of MHM depended on their source of information and own awareness. In addition, House *et al.* (2012) confirm that lack of and insufficient knowledge about MHM has negative health implications. Furthermore, WaterAid (2012:189) supports the participants' responses that menstrual hygiene includes water, sanitation and cleanliness together with reproductive health education.

3.10.3.2 Sub-theme 3.2: Source of information

Interestingly, two participants revealed self-knowledge about MHM and the other mainly mentioned their family members as a common source. Their assertions are captured below:

Participant 1: "Besides my family, my aunt taught me"

Participant 2: "I got the information at work, (laughs), my workplace contributed to my knowledge"

Participant 3: "My mother, since she told me that I should bath and after you change the pad you need to bath unless if you are at school. At school I cannot bath, I just wipe with a tissue".

Participant 4: "At the clinic"

Participant 6: "I just understand that"

Participant 7 "At school"

"They taught us that when you menstruate you need to take care of yourself and when you go to school you carry pads with you in case you might need to change"

Participant 8: (laughs) you just think for yourself as a grown-up"

Participant 9: "The teacher who was doing health talk"

Participant 10: "My aunt"

"After I told her that I have started menstruating, she said I have to be clean, bath, wash and change"

WaterAid (2012:22) accentuates that mothers of young girls believe that they are already conscious about menstruation hygiene management as taught at school or informed by their peers. This is challenging as the majority of young girls do not have sufficient information about MHM matters. The

findings revealed that family members such as the mother and aunt were the major sources of information and even the school contributes to disseminating information.

A study by Ramathuba (2015:3) showed similar results that family members, teachers, friends, relatives, social media and books are the major source of imparting knowledge about menstruation to the young girls. However, it is also seen that information received from these sources is often imprecise and incomplete. Additionally, it depends on how much information the mother has regarding MHM (Chandra-Mouli & Patel, 2017:2).

Based on the mesosystem of the ecological systems theory, Alharbi *et al.* (2018:1201) assert that mothers of young girls are the main source of information and participants who received information about MHM were ready to deal with menstruation and knew what to expect.

3.10.3.3 Sub-theme 3.3: MHM challenges experienced

Participants 1, 3 and 7 reported no challenges with MHM, as long as they have enough water and pads. The majority of participants highlighted their challenges and experiences and their responses are captured below:

Participant 2: I am okay, but the problem is the place that we stay in, we don't have a place where we can dispose and throw away the water that we used to bath and wash. If you can check around, you will see a mess"

Participant 4: "Sometimes I experience a bad smell during the periods and I don't understand if it has to smell like that, you find that the blood has changed and I'm not sure if it is polluted or what"

*Participant 5: "Sometimes when you start menstruating you realize that you don't have pads, You forgot to buy them and you also don't have money to buy"
"Sometimes they are not available"*

*Participant 6: "In Kameeldrift, it is not safe because we don't have pit toilet. You have to put those in a plastic and after you finished menstruating you need to throw them away in the dustbin for the trucks to come and collect waste"
"Yoh! I make sure to use two to three plastic and tie them. Those are our challenges"*

Participant 8: "The biggest problem is pads, sometimes you cannot afford to buy them but I always have water and soap"

Participant 9: "Eish, lack of water. We get water from afar so we budget water the same way we budget for bread. You put aside water for bathing and performing other duties. Because every time you change your pad you need to bath, that is why I am asking for wipes"

Participant 10: "We don't have a place to dispose our pads, we need a special place"

WHO (2019) estimates that 2.4 billion people around the world have no access to better-quality sanitation whereas 1 billion of them do not have sanitation resources at all. Participants described lack of disposal facilities for used menstrual products and a secured place to spill the water used to bath and wash as challenges. A report by UNFPA (2017:24) concurs with the participants by indicating that amenities for sanitation are crucial assets in communities. However, the lack of sanitation facilities pose a major obstacle to MHM as about one third of schools internationally have been reported to have insufficient sanitary facilities. WaterAid (2012:22) articulates that inadequate sanitation facilities deprive young girls and women to cope with menstruation.

The participants reported to have access to water every day, but the water taps are far from where they reside. As such participants use water sparingly thereby compromising their hygiene as they are not able to bath every time they change their pad. Furthermore, due to lack of disposal facilities, participants stay with used menstrual material wrapped in a plastic in the house until they finish menstruating. This causes a foul smell in the house. Hennegan *et al.* (2016:8) confirm that used sanitary material and insufficient secrecy were related increased anxiety about smell.

The above narratives further show that participants experience lack of sanitary products due to economic limitations during menstruation. A study by Sophia (2017:74) confirms the findings that sanitary material can be costly and entail constant purchase, such as monthly, but due to lack of finance the provision of such is inaccessible to most young girls and women in low income communities.

Based on the exosystem of the ecological systems theory, UNFPA (2018:7) asserts that women encounter challenges concerning MHM, such as access to sanitary products and a chance to wash and dry used materials. With reference to the participant's responses, there are challenges of availability of sanitary products, and inadequate sanitary and disposal facilities.

3.10.3.4 Sub-theme 3.4: Coping mechanisms

Participants were asked how they deal with MHM challenges and a variety of responses were given. Some participants mentioned that they do not have coping measures whilst others mentioned material resources as their coping measures. They said the following:

Participant 2: “Eish, (looks down) It is a problem, (yohai), it is stressful. What can we say and do. There’s nothing we can do”

Participant 4: “...so that I can feel okay I need to bath”

Participant 5: “I tell my friend to borrow me money so that I can buy pads”

Participant 6: “Eish, it’s very disturbing”

“We argue because of used pads”

“(laughs) I have to hide them, normally I put them at the corner or in the bin for dirty clothes”

Participant 8: “I use small towels”

Participant 10: “Hmmm, I wish they can come and help us with special disposal facilities”

The narratives above reveal the participants’ distress with the challenges they experience with MHM, such as, disposal facilities for used pads and lack of sanitary material. The coping mechanisms that are in place were borrowing money to buy pads, using small towels in the absence of disposable sanitary pads and hiding the used pads in the house, whilst other participants don’t have any coping mechanisms other than accepting the situation.

A study by Schmitt (2017:4) substantiates these findings that young girls swap sanitary pads with cloths material due to a shortage or lack of access to disposable sanitary material. In addition, WaterAid (2012:23) describes that without money to purchase soap and pads, it is impractical to sustain individual hygiene appropriately.

Based on the exosystem of the ecological systems theory, UNFPA (2018:29) maintains that young girls developed support networks to easily access menstrual products. Furthermore, WaterAid (2012:156) asserts that dealing with menstruation hygiene is an additional challenge where young girls lack money to buy menstrual products hence, asking from friends.

3.10.3.5 Sub-theme 3.5: Use of sanitary products

The participants mentioned that they used various sanitary materials during their menstruation. Most of the participants indicated that they used pads whilst two participants used cloths and the other mentioned that she used anything that she came across, such as pieces of cloths or towels. The common product that was used was disposable pads. Their responses are captured below:

Participant 1: "I used Always pads even now I am still using them because I develop rash when I use other products"

Participant 2: "Yoh, do I know them, I use any brand, I am not specific"

Participant 3: "I used Stay free pads even now I use them. I develop rash when I use other brands"

Participant 4: "Pads, Always and even now I am using Always pads"

Participant 5: "When I started I was using a cloth then my grandmother told me that I need to use a pad"

Participant 6: "Pads, I have been using Always till now"

Participant 7: "Always pads and even now I am still using them"

Participant 8: "I used anything I came across"

Participant 9: "Always pads, the biggest one, we call it a pillow"

Participant 10: "Yoh, firstly I used cloths and I was supposed to wash them, but now it is easier because I have pads that I use and dispose"

Preference for sanitary materials depends on the individual's choice, financial position, accessibility locally and social suitability. The study findings show that most of the participants had their personal choice of disposable sanitary materials that they use during menstruation. Only a few used cloths when they started menstruating because of fear to disclose and financial constraints. A study by Shallo *et al.* (2020:1586) refutes the findings that more than 32% of young girls used home-produced sanitary material to manage their menstruation.

In contrast, Hennegan *et al.* (2016:6) indicate that most participants prefer disposable sanitary pads for comfort and secured fit that prevents leaks and make it simple to move around. Most participants have been using the same product of disposable sanitary material from menarche. Participants reported that they use disposable sanitary pads during their menstruation; however, the study has reported scarcity and inaccessibility of menstrual products due to finances. Availability of sanitary material is based on accessibility and individual choice (UNFPA, 2018:29). Furthermore, accessibility

of sanitary products assists in making the menstruation experience comfortable for young girls and women.

Based on the microsystem of the ecological systems theory, Etekal and Mahoney (2017:3) assert that the system allows people to directly interact with each other hence; the participant's choice of a specific brand of disposal sanitary pads may be influenced through this interaction.

3.10.4 Theme 4: Menstruation hygiene management resources

This theme focuses on the resources available for MHM in the community of Kameeldrift. In this theme, four sub-themes were developed: community resources available for MHM; disposal facilities of used sanitary material; support for MHM and access; and using of reusable sanitary products. The sub-themes are discussed through the participant's verbatim quotes and authentication from literature. The sub-themes are discussed as follows:

3.10.4.1 Sub-theme 4.1: Community resources available for MHM

The majority of participants mentioned that they do not have resources, whilst others mentioned having limited resources. They had to say the following:

Participant 1: "We have water and those toilets we can use when we are menstruating"

Participant 3: "We have toilets but its plastic toilets and used by everyone in the squatter camp. They are not good at all. If Corona was still extensive, we would be all be sick because everyone uses them and there's no sanitiser. It is your responsibility to make sure that before and after use, you should sanitise"

Participant 4: "Yes we have water"

Participant 5: "We buy our pads"..."In the Indian spaza shops"

Participant 7: "Water is available but is far and the dustbins should be in the yard so that when it is full then they come and collect"

The study findings revealed that water is accessible to the majority of households even when participants reported that the water taps are centralized, hence they fetch the water far from where they reside. Studies by Chin (2014:26) and Hennegan *et al.* (2016:11) support the findings that every woman has access to a water supply where most households draw their water from boreholes. In contrast studies in other countries by SNV, WaterAid and UNICEF revealed that young women

experienced lack of consistent water supply. Studies have also highlighted the availability of communal toilets even when they are not safe and hygienic. Because these toilets are also centralised and used by all community members, there is no privacy and requires an individuals' responsibility to maintain hygiene. A study by Daniels (2016:33) also shows that across backgrounds young girls articulated their dissatisfaction with sharing toilets and dustbins.

Access to clean water is of utmost importance for MHM practices. It is impractical when water is not on the residential property where young girls and women are expected to go and fetch water for household purposes and hygienic practices. Based on the macrosystem of the ecological systems theory, Christensen (2016:23) confirms that the macrosystem clarifies the amenities and the environment in a holistic approach that includes the values, perceptions, ideas and social behaviour.

3.10.4.2 Sub-theme 4.2: Disposal of used sanitary material

Participants indicated that they wrap used sanitary products with a tissue and put them in a plastic before throwing in the communal dustbin or toilets.

Participant 1: "I wrap them with a tissue and throw them in the toilet".

"No, plastic toilets on the streets that should be drained. No-one can notice that I am disposing my used pads because I don't just open the toilet door and throw but open and get inside"

Participant 2: I wrap them with a tissue and throw them in the dustbin"

Participant 3: "I wrap them, put them in the plastic and tie it and throw them in the toilet"

Participant 4: "I throw them in the plastic and tie them, then throw them in the dustbin or burn them"

Participant 5: "I put them in a plastic and take to a dustbin that I know it will be collected, such as the one in the community hall; we know that every week the truck comes to collect. I don't use our dustbins around in the house"

Participant 6: "(laughs) I have to hide them, normally I put them at the corner or in the bin for dirty clothes"

Participant 7: "I wrap them in a tissue and put them in a plastic and throw them in the dustbin"

Participant 8: "Because we don't have proper toilets, I soak my pad in water and after that I tear it and flush the water away".

"I pour the water in the bucket and we have a specified spot where we throw our dirty water and the pad will look like just a paper"

Participant 9: "I put them in a plastic and put them aside and when I am done I sprinkle paraffin and burn them"

Participant 10: "I put them in the dustbin"

The narratives above revealed the female youths' disposal methods of used sanitary materials. The study discovered various methods such as, wrapping the used pads with a tissue and throwing them in the dustbin or communal toilet; put them in a plastic and burn the used pads with paraffin; and interestingly soak the pad in water and tear it so that it doesn't show as used menstrual product. A study by Schmitt (2017:2) upholds that cultural beliefs impact on menstrual habits, such as the ways of disposing used menstrual products through burying, burning and communal trash bins.

The study revealed inappropriate disposal techniques where female youth wrapped used menstrual products promoting decomposition. Several studies confirm the inappropriate disposal techniques. Shallo *et al.* (2020:1580) and SNV (2014:20) accentuate that disposal of sanitary pads and cloths were reported as a challenge and a study by Sophia (2017:75) emphasise that appropriate disposal of used menstrual products is fundamental.

The method of disposal of menstrual products is influenced by resources available in the community. Based on the macrosystem dimension, Christensen (2016:23) affirms that individuals develop a culture and adopt a lifestyle associated with their socio-economic status; hence, participants wrap their used material before disposing because of limited and unhygienic disposal facilities.

3.10.4.3 Sub-theme 4.3: Support for MHM

The participants described the type of support that they received in terms of material resources and the persons who provided the support. Only one participant mentioned that she does not receive any support from anyone because she can manage on her own. Their responses were captured as follows:

Participant 1: "My partner, when I don't have pads, he buys them. Otherwise, sometimes I use my child's grant money and buy pads".

“My Aunt gave me support and educated me that if I get a boyfriend, I must take care of myself. She didn’t encourage me to get a boyfriend but should know that if I have sex without a condom, I will get pregnant and contraceptives prevent pregnancy but not the diseases. She also taught me about STI’s and HIV and sexually related diseases”

Participant 3: “All of them, my mother and sister”

“When I experience period pains I cannot do anything, I just sleep so they help with household chores”

Participant 4: “I give myself support and convince myself that I will get over menstruation”.

“I need support, because as families we are not the same financially, if possible, can we get free pads and sometimes you don’t have money for pads and end up using tissues which could cause cancer”

Participant 5: “Oh, that’s my mother”

She buys me pads and sometimes she also remind me to buy for myself when I go to the shops”

Participant 6: Yes, my mother”

“Too much, she provides support. If I am experiencing period pains she takes me for check-up”

Participant 8: “My partner”

“He buys me pads”

Participant 9: “My mother always reminds me of availability of pads. There’s a box where I put my pads in and she will check and tell me that soon I will run out pads”

Participant 10: Yah, I talk to my partner and he supports me”

He supports me so that I’m not worried and he buys me pads”

“Eh! I need pads”

It is apparent from the narratives above that mothers play a pivotal role as support structures for MHM among young girls. Female youth described the type of support in terms of material resources, such as provision of pads or sanitary material. A study by Sophia (2017:90) confirms the findings by elaborating that a support system from home is capable of initiating a healthy communication since

the mother and other family members, such as partners and aunts are relevant and the closest to provide information and support.

The study revealed that female youth are supported with medical assistance to cope with period pains and constant reminder to keep sufficient sanitary materials (Sophia, 2017:91). Female youth revealed that they receive support in a form of material resources from their mothers and partners that include buying menstrual products for them.

Based on the mesosystem dimension, Christensen (2016:23) affirms that in the mesosystem, numerous systems such the microsystem, work together with the individual to meet their needs. This correlates with the support of sanitary products and medical assistance that participants received from their family members.

3.10.4.4 Sub-theme 4.4: Access and using of reusable sanitary products

The participants shared their experiences regarding how KamCare has contributed to their access to reusable sanitary pads. They also shared their experiences in using the cloth pad, whilst others shared their repulsion towards the cloth pads.

Participant 1: "I haven't used them and I think I can use them if they are available"

Participant 2: "I didn't get them, they were distributing cloths pads but I was not given"

Participant 3: "I have but once"

"In fact they are great not better because when it is full you can feel it. They told us that you wash it three times before you can put it out in under the sun. You don't wash it with any soap"

Participant 4: "I have used them"

When I didn't have pads and I have reusable pads from KamCare, I would use them"

Participant 6: "Laughs, no, no, the ones you need to wash no, (laughs)"

"They are disgusting, to think about washing that pad, no"

Participant 7: "Nooooo (with loud voice)"

Participant 9: "Yes I did, and you cannot use it for a longer period because it gets full quickly and you need to wash it. So when you menstruate four to five days it becomes a problem. At least if we can get more"

Participant 10: "No, I haven't used it, unless when I used cloths"
"Yes, I can wash it"

The study participants revealed that they have been in contact with KamCare and used the cloth pads that were distributed. Only three female youth have used the cloth pad and mentioned that it is great because when it is full you can feel it and it is re-useable. Although the study revealed that cloth pad fills up quickly, female youth showed their interest to continue using the pad when it is available. The findings are confirmed in a study by SNV (2014:16) that a few girls choose cloths pads because they are cost-effective and can be reused. Additionally, Chinyama *et al.* (2019:5) confirm the findings that young girls mentioned that cloth pads filled up too fast and emitted an odour that could make other people know when a girl is menstruating.

The choice of menstrual products amongst rural and urban young girls differs with rural girls inclined to choosing cheaper and reusable cloths and those in urban areas opting for the disposable sanitary material. The present study discovered the desire and willingness to try the cloth pad for others who have not used it before (Hennegan *et al.*, 2017:3).

A limited number of female youth highlighted that the cloth pad is disgusting referring to the part where they have to wash them and stated that they will never use them again. Interestingly, the study findings indicate that female youth were educated on the use and management of the cloth pad. This includes washing the pad three times without soap and sun-drying it. The finding is confirmed by Rosenberg (2015:19) that the cloth pad is a sustainable sanitary opportunity; however, it must be cleaned, rinsed and sun-dried because heat is a natural disinfectant.

Based on the macrosystem dimension of the ecological systems theory, Christensen (2016:23) asserts that Kameeldrift is a poverty-stricken community and this influences participants to use reusable pads due to their poor economic status.

3.10.5 Theme 5: Social Work intervention

This theme focuses on the interventions and assistance provided by social workers. Only one sub-theme emanated: access to reproductive health education and social work assistance. The sub-theme is expanded upon, illustrated by verbatim quotes and validated by literature. The sub-theme is discussed below.

3.10.5.1 Sub-theme 5.1: Access to reproductive health education and Social Work assistance

Majority of the participants did not receive any education and assistance and also mentioned that they have not had any contact with Social Workers. Few participants mentioned that Social Workers are available and work with the community. Their responses are captured as follows:

Participant 4 :“(shaking head) I cannot remember anyone coming to educate us”

“There are social workers and they are helping other people but I am not sure with what specifically, maybe with food parcels but not with pads”

Participant 8: “I’m not sure”

“I think they are available but I haven’t seen them”

Participant 9: “Once but it was a long time ago”

“They educated us about HIV and told us that it is not the end of the world, you need to take your medication and take care of yourself. They said HIV is the same as Diabetes”

Participant 10: “Yes, they once came at the hall”

“They were educating us about menstruation”

It is apparent that the majority of participants had never been in contact with the social workers and have never received any reproductive health education from them. WaterAid (2012:22) describes that menstruation hygiene has been ignored in WASH sector and other organisations and rather concentrating more on reproductive health and education. Therefore, majority of young girls and women continue to be deprived of essential MHM knowledge.

The study revealed that social workers are available but most participants did not know what their role in the community is. It is clear that participants are not in regular contact with social workers although there evidence of education that was provided about HIV and menstruation. Chin (2014:36) confirms the findings that lack of education deprives young girls and women of quality menstrual hygiene and generally making informed choices.

Furthermore, Nandhini (2017:348) emphasises that the social work profession is committed to the value of early intervention and prevention programs. To accomplish this, social workers can do awareness campaigns about MHM by offering counselling and teaching young girls on the impact of

menstrual hygiene. Overall, it is apparent from the female youth's responses that there is lack of intervention by social workers regarding education about menstruation and SRH.

As established by the ecological systems theory, Ahmed *et al.* (2017:11) affirm that the mesosystem acknowledges support and assistance provided by social workers as it is an important resource. Nonetheless there was a lack of interventions reported in the present study. Christensen (2016:23) asserts that participants are not actively involved in the mesosystem and do not have the powers to determine social work interventions and assistance.

3.10.6 Theme 6: Recommendations of youth programmes and improving MHM

The theme reflects on the participant's future recommendations and strategies to improve MHM. From the theme, two sub-themes emerged: advice to younger girls; recommendation for future programmes; and strategies to improve MHM. The sub-themes are discussed through the participant's verbatim quotes and verification from literature. The sub-themes are discussed as follows.

3.10.6.1 Sub-theme 6.1: Advice to younger girls

The participants expressed their opinions about the relevant information that could be useful to other youth. They stated the following:

Participant 1: "Tell them that when they start menstruating, they refrain from having sex unless using protection, to be clean and change the pad"

Participant 2: "I will teach them to bath when they menstruate and to dispose used pads in the dustbin. The other one will be (laughing) the advice my mother gave me that you should stay away from boys when you start menstruating"

Participant 3: "I can tell them to do as I was guided, change their pad and when they experience menstruation; they should share their experiences either at home or at school even the cleaner. When you don't share your experiences, you end up using tissue as a diaper and it will embarrass you at school. It is better to talk to other women"

Participant 4: "I can tell them that as women, when you menstruate, you must not have sex, even after you finished menstruating, at least take a break of a week without sex, cause there is a possibility to get pregnant"
"And again I can tell them that they shouldn't panic when menstruating because it is a normal event, every woman should experience it"

Participant 5: "I can tell them that when they start menstruating they should report at home to their parents and not use cloths because using cloths is not good." They should not be scared to talk to their parents"

Participant 6: They should bath, drink water, lot of water and be clean. They shouldn't take acidic drinks whilst menstruating because there are side effects"

*Participant 7: "They should take care of themselves and know that menstruation is normal
"They should know that they will menstruate and be ready. They should also protect themselves so that they do not become angry in front of people. They should also take a spare pad along"*

*Participant 8: "I could advise them to always be clean especially when you are menstruating, and also be in a safe place because there are lots of infection especially in our area. The whole community shares toilets, they are washed sometimes, not always and even when the toilet is locked, there are still a large number of people using it"
"They should know that when you menstruate, you can get pregnant easily, I got pregnant when I was still young because of lack of knowledge"*

Participant 9: "(mmmmm) menstruating, sometimes it is good and sometimes it is bad. The good part of it is that you will experience pain but in other cultures when you menstruate you don't cook, then you will enjoy being served. When you menstruate you don't feel young anymore and don't want to play with young children anymore. You are a sister now"

Participant 10: "I can advise them to talk to their parents or anyone that they stay with, so that they can be educated and know what to do, so that they are not scared when it happens"

Despite the challenges experienced with MHM, female youth showed concern for other young people and shared their advice. Most participants suggested that young girls should talk to their parent when they start to menstruate so that they can be guided. Furthermore, participants advised young girls to keep hygienic during menstruation by bathing, washing and changing their sanitary products. Female youth emphasized changing pads, disposing in the dustbin and refraining from sex to avoid teen and unwanted pregnancies.

Daniels (2016:44) supports the female youth's advice by indicating emphasizing that education on MHM is very significant for both adolescent girls and boys in the school environment. The study further emphasized providing information on menstruation to show that it is a normal and natural event so the young girls should not panic. This finding is supported by Belayneh *et al.* (2020:1) by describing that menstruation is normally a common occurrence that is distinctive to the females during the reproductive age.

Overall, the recommendations complement MHM and reproductive health. Based on the microsystem dimension, Christensen (2016:23) affirms that an individual in the microsystem is not an inactive beneficiary of experiences, but an important person who assist to create an enabling environment. Therefore, based on the exosystem, participants demonstrated that they are committed at a community level to empower others through the advice they offered.

3.10.6.2 Sub-theme 6.2: Recommendations for programmes and strategies to improve MHM

Participants shared their views about improving MHM and made numerous propositions regarding disposal facilities, access to material resources and education about MHM. Their responses are captured as follows:

Participant 1: "We need toilets in the yards and I think I can be free to throw my used pads inside without been seen by anyone"

"To educate the community about MHM"

Participant 2: We need dustbin to dispose our used pads"

"I think we could get dustbins and teach the community that after using the pads, roll with a tissue and throw in the bin and municipality will come and collect to avoid filthy streets"

Participant 3: "Because we have children who are growing up, maybe we can guide them about menstruation, because we come from different families. At least I was lucky, I had my sister who guided before I started to menstruate and others don't get the chance at home and they become scared on their onset of menstruation and doesn't know who to tell"

Participant 4: "People like you should come and educate us, because we have teenagers that are growing up, they also need to be educated"

"To provide pads and bathing material"

Participant 5: "The dustbins should be collected when they are full and on time. They shouldn't wait for rubbish to be thrown outside the dustbin"

Participant 6: "Dustbins, we need dustbins for each and every house. That's when our used pads will be safe because we have cats that tear these plastics and our pads will be lying around"

Participant 7: "You must go to schools and give other children pads because we come from different backgrounds"

Participant 8: "We have disposal facilities but they are far"

Participant 9: "If we can get free pads, Dettol so that we can wash our hands after changing our pads. We would also appreciate the wipes" "Get free pads, the same way condoms are distributed, provide with bins and arrange for collection such as maybe every Thursday and provide wipes"

Participant 10: "It is to have assigned people who can collect this waste special, so that when the dustbin is full, we don't see our pads all over the place"

The above statements reveal the female youths' concerns regarding MHM in their community by describing unhygienic sanitation facilities, inaccessible disposal facilities with lack of confidentiality and a filthy environment due to irregular collection of waste. Participants recommended the following:

- Provision of disposal facilities
- Dustbins for each house to dispose used menstrual products
- Arrangement for bin or waste collection when they are full and should be collected on the agreed time
- Private toilets in the yard
- Distribution of free pads the same way condoms are distributed
- Education about MHM
- Education and guidance about menstruation before menarche

Sommer and Sahin (2013:1556) support the participants' proposals that insufficient sanitation amenities to young girls for the period of menstruation compromise the power to uphold confidentiality and appropriate hygiene. Furthermore, available latrines are unhygienic and hazardous.

Sophia (2017:74) argues that access to menstrual products is an undeniably essential aspect of any intervention regarding MHM. However, the topic of MHM includes so much more than access to products and the literature is beginning to reflect this. It is apparent that confidentiality, suitable disposal facilities, menstrual products, adequate and hygienic sanitation amenities are fundamental to MHM.

Based on the ecological systems theory, Leonard (2011) asserts that the chronosystem shape the nature of interactions and development of individuals over time. Furthermore participants recommended hygienic resources and accessible facilities in line with the macrosystem where material resources indirectly affect the development and interactions of individuals (Ettekal & Mahoney, 2017:5).

3.11 SUMMARY

This chapter focused on describing the research methodology and presenting and discussing the empirical findings of the study. The chapter described the various elements of the research methodology including the research design, research methods, population and sampling, and data collection processes. In addition, the ethical considerations were discussed and finally the research findings and the interpretation of the findings were provided. The chapter outlined the participants' demographic profiles and the themes and sub-themes from the findings were discussed, in order to answer the research question.

The next chapter provides the key findings, conclusions and recommendations for the study.

CHAPTER FOUR

KEY FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

4.1. INTRODUCTION

This is the final chapter that concludes the study. The research goal and objectives are restated and the extent to which these have been achieved established. This chapter also presents a summary of the key findings of the study. The conclusions reached and the recommendations made are presented. The chapter concludes with suggestions for future research.

4.2. SUMMARY

The research goal and objectives are restated to establish the extent to which these were achieved as well as ascertain if the research question was answered.

4.2.1 Goal of the study

The goal of the study was to explore and describe the perceptions of female youth regarding menstruation hygiene management in Kameeldrift, Tshwane, Gauteng Province. This goal was reached through addressing the specific objectives of the study. Below is a discussion of how each of the objectives was met through this study.

4.2.2 Objectives of the study

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

The contextualisation of female reproductive health, menstrual cycle and MHM commenced in Chapter 1 with the description of the background and problem statement. It was stated that despite the growing response and reaction to the consequences of MHM on young girls and women, research reveals a major gap in knowledge on reproductive health, inclusive of pre-menstrual disorders (Sommer & Sahin, 2013:1556). The definition of key concepts also highlighted key aspects related to menstrual hygiene relevant for the study. Notably, MHM is defined as articulation, awareness, information and confidence to manage menstruation with safety and dignity using safe hygienic materials together with adequate water and agents and spaces for washing and bathing and disposal with privacy and dignity (Kgwane, 2016:32).

In the literature review in Chapter 2, Section 2.2 it is stated that most adolescent girls and women did not receive any education on the biology of menstruation and reproductive health (Schmitt, 2017:8). Furthermore, the literature conceptualised menstruation by emphasising the young girls and women's

perception of menstruation, menarche and highlighting the social and cultural issues influencing menstruation. Chrisler (2013:129) and WaterAid (2012) explain that menstruation is a biological development and emphasise that the perception of menstruation develops from the cultural background. Hence, education about the essential facts on menstrual cycle provides the possibility to rectify myths and misconceptions as well as demonstrating the power of culture and social recognition regarding this physiological process.

4.2.2.2. Objective 2: To explore and describe the source and perceptions of sexual reproductive health education among female youth at Kameeldrift

This objective was achieved through a discussion of literature in Chapter 2, Section 2.1. Literature shows that MHM is a human right and as such has been incorporated in the SDGs in Goal 3 (Good health and well-being) and Goal 4 (Quality education). Godia *et al.* (2014:2) also argues that a holistic approach toward educating young girls and women on SRH services jointly with the general community in local health facilities is critical for successful interventions in health and MHM. The author further suggested that young girls should receive individualised treatment to meet their unique needs.

Theme 1, sub-theme 1.1 and 1.2 described the perceptions of female youth regarding knowledge of reproductive health and participants revealed that they were aware of menstruation information although the information they related proved inadequate in understanding of menstruation cycle. Female youth recognise menstruation as separate from SRH and identify menstruation as a sign of puberty and an event during transition from adolescence to adulthood. Female youth also understand reproductive health education as knowledge that is taught at school. Upashe, Tekelab and Mekonnen (2015:4) conducted a study to assess the menstruation hygiene practices and information that young girls have and the findings illustrated that a majority of girls were aware of menstruation before menarche and the how menstruation occurs.

The primary source of information on sexual reproductive health was the school through Life Orientation classes although the information was limited to sex education.

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

This objective was achieved through Chapter 2, Section 2.2 which presented the theoretical outcomes and the perceptions of young women about menstruation. The literature revealed that

almost 52% of the female population universally are of the reproductive age and most of these young girls and women will start menstruating and are entitled to reproductive health services (WaterAid, 2012:8). In addition, the study highlighted that young women considered menstruation as a natural process that is linked to the reproductive cycle.

Chapter 3, Theme 2, sub theme 2.4 and 2.5 further presented the female youth's perceptions of menstruation through the description of physical experiences and emotional experiences. Female youth described menstruation as normal and natural event yet again identified menstruation as a painful experience. The findings indicated physical experiences such as period pains, vomiting and swollen breasts. It can be assumed that menstruation is a terrible and painful experience for most young girls and women. Even when young girls are affected by several physical changes, pain appears to be the most common (Chhabra *et al.*, 2017:2).

In sub-theme 2.5, the study revealed that female youth respond negatively to menstruation during menarche due to anxiety and period pains. Schmitt *et al* (2017:7) confirms the perception and recognised that young girls are scared and confused during menarche as they perceive menstruation as an embarrassing event to talk about.

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

Objective 4 was addressed in the literature review in Chapter 2, Section 2.8 where the universal challenges that young girls and women encounter regarding menstruation management were outlined. WASH United & UNICEF (2017) stated lack of water to maintain hygiene, lack of sanitation and disposal facilities as major challenges.

In Chapter 3, theme 3, sub-theme 3.3 female youth described occasional lack of menstrual products due to the economic status of households. Furthermore, the study revealed that although water, sanitary and disposal facilities as available, the facilities are communal, unhygienic and located far from the female youth residence. WaterAid (2012) acknowledges that there are inadequate water, sanitation and disposal facilities which present challenges to young girls' health and school attendance, especially in rural areas.

The objective was met as it explored and described common challenges regarding menstruation hygiene management. UNFPA (2017:24) presented that MHM amenities play an essential role in rural communities to curb barriers for hygiene during menstruation.

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

This objective is addressed in the empirical findings in Chapter 3. Theme 4, sub theme 4.1 and 4.3 presented the resources available in the community and the support system for female youth regarding MHM. Sub-theme 4.1 identified community resources available for female youth in Kameeldrift as centralised water taps, communal toilets, and dustbins. The study highlighted that water is accessible to most community members even when taps are centralised. Chin (2014:26) supports the findings that every woman has access to a water supply where most households draw their water from boreholes. In addition, it remains an individuals' responsibility to maintain hygiene when using the communal toilets and ensure safe disposal of used menstrual material to communal dustbins. Daniels (2016:33) concurs with the findings that across backgrounds the young girls articulated their dissatisfaction with sharing toilets and dustbins.

Sub-theme 4.3 identified support for MHM where mothers and other family members of female youth play a significant role in the provision of support. Support for MHM mainly entailed provision of menstrual products and sex and reproductive health education. Female youth were supported with sanitary pads, medical assistance for their period pains and reminding them not to run out of sanitary pads. Sophia (2017:90) supports the findings by explaining that support system from home qualifies to initiate a healthy communication since the mother and other family members are relevant and are the closest to provide information and support.

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

Objective 6 was addressed in the literature review in Chapter 2. Section 2.10 described the roles and responsibilities of social workers regarding MHM. The chapter highlighted the fact that social workers play a pivotal role in responding to community issues and working with them through initiatives that include providing education and advocating for disempowered individuals and groups. The literature is supported by WaterAid (2012: 136;202) with a recommendation that social workers should respond to the humanitarian strategies that integrate MHM and associated to WASH, SRH, primary health care, education from primary to secondary school that covers sanitation, hygiene and availability of sanitary products for girls. Social workers are capable of carrying out these roles in different contexts of the profession, such as being a facilitator and counsellor. Dhavaleshwar (2016:63) supports the literature that social work intervention strategies should aim to meet the psychosocial needs of the community members and improve knowledge of substantial current issues such as MHM.

4.2.3 Research question

The study was guided by the following research question:

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

The above research question was answered through qualitative research by interviewing female youth aged 18 and above, were menstruating and resident in Kameeldrift, Tshwane. The research question was answered by conducting individual face-to-face semi-structured interviews. The researcher interviewed ten female youth to explore and describe their perceptions regarding menstruation hygiene management in Kameeldrift. Six themes and several sub-themes about the perceptions of female youth regarding menstruation hygiene management were identified and discussed in detail in Chapter 3 to answer the research question.

4.3 KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

This section outlines the key study findings and conclusions reached based on the analysis of the qualitative data gathered through semi-structured interviews. Furthermore, recommendations will be made related to the empirical findings from thematic analysis. The key findings, conclusions

4.3.1 Theme 1: Knowledge about reproductive health

a) Key findings

The study findings illustrated that participants understood the concept of menstruation as a normal or natural sign and a monthly event that demonstrates maturity from childhood to adulthood. Participants were unable to share their understanding of menstruation cycle. The participants identified the school as the primary source of information through Life Orientation classes although a limited number of participants didn't receive any education and information about menstruation until menarche.

b) Conclusions

It is evident that participants identified themselves as well-informed about menstruation or menstruation cycle based on the information they received at school and the community hall. However, it can be concluded that the information received through Life Orientation subject was limited and inadequate as it did not include reproductive health generally. The information received from school was substandard.

c) Recommendations

The following recommendations are made:

- Incorporate comprehensive sexual and reproductive health education in the school syllabus
- Designate a health ambassador in the local health facility who will disseminate information as and when it is requested and engage with young girls and women
- Introduce outreach programmes in the community in general, the church and in school to increase awareness on SRH services.

4.3.2 Theme 2: Menstruation experiences and challenges

a) Key findings

The study revealed that onset of menstruation starts at different ages for female youth. Participants started menstruating as early as from 13 years and as late as 18 years of age. The findings showed that participants were scared and not comfortable during onset of menstruation because they did not understand what was going on.

The second sub-theme revealed lack of preparation for menarche which contributed to participants being scared to disclose their menarche. The findings indicated support to a limited number of participants by the school and close family members such as aunt and sister. The type of supported revealed was based on provision of sanitary pads and education about menstruation.

The third sub-theme revealed that participants disclosed their onset of menstruation to their family members, mother, grandmother, sister and aunt. However, some participants were hesitant and only disclosed their menarche after months of menstruating.

The fourth sub-theme discovered that participants view menstruation as an unpleasant and painful experience as they experience period pains, stomach cramps, swollen breasts and often vomit.

The fifth sub-theme described emotional experiences such as being scared to talk about menstruation, being sad and depressed by period pains and being teased at school when blotted on their school uniform. The findings revealed lack of appropriate information regarding menstruation, physical development and possible emotions attached to menarche and how to deal with it.

The sixth sub-theme specified that most participants are deprived from socialising with their peers and attending gatherings because of fear to stain their clothes. The findings indicated that participants refrain from wearing bright coloured clothes.

The seventh sub-theme revealed cultural practices related to religion where participants are restricted to perform household chores, particularly touching or cooking food because they are considered impure when menstruating. The study findings further revealed that few participants believed that

used pads or cloths should not be disposed in public for fear of being bewitched and rendered infertile, hence participants are afraid to use communal dustbins and rather prefer to use pit latrines so that they can preserve their fertility.

b) Conclusions

It can be concluded that preparation and support for female youth before onset of menstruation is imperative and should be prioritised. The close family members remain the primary contact during onset of menstruation. Furthermore, it can be concluded that female youth experience physical and emotional manifestations which influences the negative response towards menstruation. The experiences of menstruation establish a hindrance for female youth to entertain themselves as young people. Lastly the cultural practices ratify the misconceptions about menstruation and instil fear in youth.

c) Recommendations

The following recommendations were made:

- Augment awareness about menstruation amongst males and females in the families to reduce the anxiety and challenges associated with menace.
- Intensify sexual education and involve parents to clarify misconceptions and myths regarding menstruation.
- Avail health care providers and psychosocial counselling to female youth.

4.3.3 Theme 3: Menstruation hygiene management and challenges

a) Key findings

The participants understand menstruation hygiene management as bathing and changing menstrual pads frequently and associate MHM with cleanliness. Participants expressed their knowledge with confidence and emphasised that bathing should be frequent up to three times or more per day. Most participants were unsure about the concept of MHM but understood that to be clean when you menstruate, you need to bath and change your pad.

The primary source of information about MHM was the mother and aunt in the families and amusingly the study revealed that other participants thought for themselves what MHM is without being taught.

The findings revealed MHM challenges such as lack of disposal facilities for used menstrual products which contributed to participants staying with used menstrual products in the house until they finish menstruating so that they can discard them in the communal dustbin. Sanitary facilities are available but unsafe and unhygienic since everyone has access to the toilet. The toilets are placed in the public

and provide no privacy. Running water is available but centralised, as a result forcing participants to fetch water far from where they reside and using water sparingly, compromising hygiene MHM. The participants experienced lack of sanitary material due to their economic circumstances and chose to use cloths instead.

To address these challenges the findings revealed that participants had no measures to deal with communal sanitary and disposal facilities other than tolerating the circumstances. Occasionally, the participants deal with lack of sanitary products by borrowing money from friends to buy pads or rather use cloths pads. For the use of sanitary products, participant's preferred Always pads for their comfort and ability to protect leaks. Nonetheless, the findings revealed the use of cloth due to financial constraints.

b) Conclusions

The study concludes that there is lack of accurate knowledge on MHM and its implications. It is apparent that the family remains the reliable primary source of information, especially the mother. The participants are exposed to inadequate and poor facilities for sanitation and disposal of used menstrual products. It can be concluded that even when facilities are available, there is a challenge of accessibility and privacy.

c) Recommendations

The following recommendations are made:

- Incorporate in the curriculum information about menstruation hygiene management and develop appropriate legal framework for menstrual waste management
- Local municipality must provide sufficient and good-quality hygienic sanitation facilities for women.
- The municipality should provide small household bins for used sanitary material to ensure hygiene.
- Create a platform for learners to be open to talk about their menstrual experiences with the teachers so that they can be assisted with menstrual products and supported.

4.3.4 Theme 4: Menstruation hygiene management resources

a) Key findings

The first sub-theme explored the available resources for MHM and the findings revealed access to clean and running water through centralised taps, sanitation and disposal infrastructure. The study findings revealed unhygienic sanitary facilities without privacy and unattended disposal facilities. The participants are of the view that they do not have adequate facilities except for access to water.

The second sub-theme explored disposal of used sanitary material. The findings revealed that participants wrap soiled material with a tissue and put them in the plastic before disposal in the communal dustbins, others burn the used material with paraffin and others soak the used pad in water and tear it into pieces so that it doesn't appear as a pad when disposed.

The third sub-theme outlined support available to participants for MHM. The findings revealed that mothers are the principal supportive structures for menstruation hygiene management. The study showed mothers and partners buy pads for female youth provide medical assistance to relieve period pains and reminded participants to keep stock of pads.

The fourth sub-theme explored access and using of re-usable sanitary products. The findings revealed the impact KamCare organisation has made with provision of reusable cloth pads. Participants who received and used the cloth pad indicated that it is great and you can feel it when it is full and cost-effective. The only challenge is that it is scented, so when it is full the smell draws attention to people around you and they will notice that you are menstruating. Other participants who did not receive the cloth pad showed interest in using the pad if they can access it. Only a few participants described the washing of the cloth pad as disgusting.

b) Conclusions

It is evident that resources are available in the community although some do not meet the participants' needs such as communal toilets that are used by everyone and the municipal dustbins are located far from the participants' houses. Participants developed their own coping mechanisms by wrapping and putting used menstrual products in the plastic to discard at a later stage when it is safe and private to do so. Nonetheless, the act of staying with used menstrual products in the house is highly hazardous to health but participants had no other way to deal with the challenge.

c) Recommendations

The following recommendations were made:

- Provide protected containers and dustbins and separate collection system for used sanitary products.
- Alternatively the dustbins should have lids and collected from frequently to avoid flies, odours and children playing with them.

4.3.5: Theme 5: Social Work intervention

a) Key findings

The study findings showed that participants had never accessed sexual reproductive health education through social workers in the community. Nonetheless, few participants mentioned that social workers are available but scarce and even their role in the community is not clear. Other participants have been in contact with the social workers a while back when they provided education about HIV and AIDS and menstruation at the community hall but have never been in contact with them since.

b) Conclusions

There has not been any recent interventions and assistance provided by the social workers in the community. It can be concluded that there is no access to SRH education and social work assistance for female youth in Kameeldrift.

c) Recommendations

- Enforce compulsory social work services in the community.
- Ensure social work services are accessible in the community.

4.3.6 Theme 6: Recommendations for youth programmes and strategies towards improving of MHM

a) Key findings

The participants sought to provide support to other female youth based on their experiences. The participants suggested that young girls should communicate with their parents about menstruation so that they can be supported and guided on hygiene practices. Moreover, young girls and women were advised to keep clean when menstruating by bathing three times a day, washing and changing their sanitary pads when full. Interestingly the participants encouraged young people to abstain from sexual activities to avoid teen and unwanted pregnancies, change their pads regularly and dispose used sanitary products in dustbin for hygienic purposes.

The study further revealed recommendations to improve MHM. The findings indicated a need for individual household dustbins for disposing used sanitary products and arrangement for bin collection when they are full. The participants emphasised that the municipality should adhere to the collecting schedule to ensure hygiene. In addition, the study revealed a need for private toilets in the yard where possible, distribution of free pads the same way condoms are distributed (sanitary drive), education and guidance about menstruation before onset and finally education on MHM.

b) Conclusions

It is evident that even when resources are available in the community, they need to be intensified to meet the female youth's needs. Participants understand that improved services for sanitation and disposal facility are fundamental to MHM hence the recommendations put forth.

c) Recommendations

- Improved disposal facilities, such as placing dustbins closer to the individual houses and improve on collection when they are full.
- Mobilise organisations to assist with sanitary drive and distribute free menstrual products.
- Promote involvement of social workers in the community.
- Improve the area where taps are located to allow for easy fetching of water.

4.4 RECOMMENDATIONS FOR FUTURE RESEARCH

There is a need for further research regarding MHM and the perceptions of female youth in rural areas and informal settlements around South Africa. The following recommendations are made:

- The study involved a limited number of participants hence the findings did not represent all the female youth perceptions of menstruation hygiene management in Kameeldrift. The researcher recommends conducting a study on a larger scale in rural areas and squatter camps. Furthermore the study should also involve the boys in order to explore their view of MHM.
- The study findings reported limited knowledge and understanding of MHM and also revealed inadequate unhygienic sanitation and disposal facilities. Therefore it is recommended that future research include family members such as mothers as the source of information and for the local municipality to improve sanitation and disposal facilities. Furthermore, the 28th May should be observed and celebrated to address inadequate information on menstruation hygiene management and raise awareness.
- It is further recommended that local development institutions are supported financially to continue research in MHM, mainly focusing on sanitation and disposal facilities.
- It is recommended to that current policies related to MHM be evaluated; and lastly
- A comparative study to compare the perceptions of youth regarding MHM in rural and urban areas for policy reviews.

4.5 CONCLUSIVE REMARKS

It is apparent from the findings of the study that female youth experience menstruation hygiene differently and hold conflicting perceptions about menstruation. The key findings revealed that female youth view menstruation as a normal and natural event and at the same as a painful and

embarrassing experience. Majority of participants described their experiences and challenges that they face regarding menstruation hygiene management. The school and families of female youth such as the mothers, grandmothers and aunts play a pivotal role in providing support, although the information and knowledge disseminated is limited. The study identified challenges with unhygienic sanitation facilities and poorly managed disposal facilities that could pose severe health hazard to female youth. Nonetheless, the study provided an opportunity for female youth to express their perceptions and describe their experiences for improved implementation services. The researcher believes that the study enormously contributed towards exploring and describing the female youth perceptions regarding menstruation hygiene management in Kameeldrift, Tshwane.

REFERENCES

Aidara, R., & Gassama-Mbaye, M. 2020. Practice Note: Menstrual Hygiene Management—Breaking Taboos and Supporting Policy Change in West and Central Africa. In C. Bobel (Eds.) et. al. *The Palgrave Handbook of Critical Menstruation Studies*. (pp. 529–537). Palgrave Macmillan.

Ahmed, R., Bruce, S. & Jurnick, T. 2017. Towards a Socio ecological Framework to Support Mental Health Caregivers: Implications for Social Work Practice and Evaluation. Available: <http://dx.doi.org/10.1080/15332985.2017.1336744> (accessed 2021/11/21)

Alharbi, K. K., Alkharan, A. A., Abukhamseen, D. A., Altassan, M. A., Alzahrani, W. & Fayed, A. 2018. Knowledge, readiness, and myths about menstruation among students at the Princess Noura University. *Journal of family medicine and primary care*, 7(6): 1197–1202.
https://doi.org/10.4103/jfmpc.jfmpc_279_18

Alshenqeeti, H. 2014. Interviewing as a data collection method: a critical review. *English Linguistics Research*, 3(1):39-45.

Anney, V.N. 2014. Ensuring the quality of the findings of qualitative research: looking at trustworthiness criteria. *Journal of Emerging Trends in Educational Research and Policy Studies*, 5(2):272-281.

Asquith, S., Clark, C. & Waterhouse, L. 2005. The role of the Social Worker in the 21st Century. *A Literature Review, Web based publication, Scottish Executive*.
<http://.scotland.gov.uk/Resource/Doc/47121/002082>.

Babbie, E. 2017. *The basics of social research*. 7th ed. Boston, MA: Cengage Learning.

Belayneh, Z., Mareg, Z. & Mekuriaw, B. 2020. “How Menstruation is perceived by adolescent school girls in Gedeo Zone of Ethiopia”. *Obstetrics and Gynaecology International*, 1-6

Birdthistle, I., Dickson, K., Freeman, M. & Javidi, L. 2011. What impact does the provision of separate toilets for girls at schools have on their primary and secondary school enrolment, attendance and completion? *A systematic review of the evidence*. *Social Science Research Unit, Institute of Education: University of London*

Braun, V. & Clarke, V. 2013. *Successful qualitative research: A practical guide for beginners*. London: SAGE.

Brantelid, I.E., Nilvér, H. & Alehagen, S. 2014. "Menstruation during a Lifespan: A Qualitative Study of Women's Experiences, *Health care for women international*, 35(6): 600–16. doi: 10.1080/07399332.2013.868465.

Brink, H., Van der Walt, C. & Van Rensburg, G. 2012. *Fundamentals of research methodology for Healthcare professionals*. 3rd ed. Cape Town: Juta

Bronfenbrenner, U. 1979. *The Ecology of Human Development: Experiments by Nature and Design*. USA: University Press.

Chandra-Mouli, V & Patel, S.V. 2017. Mapping the knowledge and understanding of menarche, menstrual hygiene and menstrual health among adolescent girls in low and middle-income countries. *Journal of Reproductive Health*, 14(30): 1-16. doi 10.1186/s12978-017-0293-6.

Robinson, H. 2015. The affliction of menses in Nepal. *International Journal of Women's Dermatology*. 1(4): 193–194.

Chhabra, S., Gokhale, S. & Yadav, S. 2017. Pre-menarche Information and Dysmenorrhea in Young Girls. *Insights in Reproductive Medicine*. (2)6: 1-6.

Chin, L. 2014. Period of shame. The effects of menstrual hygiene management on rural women's and girls' quality of life in Savannakhet, Lao. Department of International Development and Management. Lund University. (MA Dissertation)

Chinyama, J., Chipungu, J., Rudd, C. *et al.* 2019. Menstrual hygiene management in rural schools of Zambia: a descriptive study of knowledge, experiences and challenges faced by schoolgirls. *BMC Public Health*, 19(16): 1-10. <https://doi.org/10.1186/s12889-018-6360-2>

Chothe, V., Khubchandani, J., Seabert *et al.* 2014. "Students' perceptions and doubts about menstruation in developing countries". *Health Promotion Practice*. 15(3): 319–326.

Chrisler, J. C. 2013. Teaching taboo topics: Menstruation, menopause, and the psychology of women. *Psychology of Women Quarterly*, 37(1), 128-132. doi: 10.1177/0361684312471326.

Christensen, J. 2016. *A critical reflection of Bronfenbrenner's Development Ecology Model*. Available: <http://oaji.net/articles/2016/457-1460961906.pdf>

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

Costello, G.J., Conboy, K. & Donnellan, B. 2011. *An Ecological Perspective on Innovation Management*. Available: <http://mural.maynoothuniversity.ie/10829/1/BD-Ecological-2011.pdf>

Daniels, J.D. 2016. Investigating Fear, Shyness, and Discomfort related to Menstrual Hygiene Management in rural Cambodia. *School of Public Health Theses*. 1059. Yale University. <https://doi.org/10.1007/s00038-019-01209-0>

Department of Education. 2002. *Revised national curriculum statement*. Grades: R-9. *Life Orientation*. Cape Town: FormeSet Printers.

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

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

Dhavaleshwar, C. 2016. The Role of Social Worker in Community Development. *International Research Journal of Social Sciences*, 5(10): 61-63

Ettekal, A.V. & Mahoney, J.L. 2017. *Ecological Systems Theory*. Thousand Oaks: Sage Publications. doi:<http://dx.doi.org/10.4135/9781483385198.n94>.

Garg, S. & Anand, T. 2015. Menstruation related myths in India: strategies for combating it. *J Family Med Prim Care*. 4(2): 184–186.

Godia, P.M., Olenja, J.M. & Hofman, J.J. 2014. Young people's perception of sexual and reproductive health services in Kenya. *BMC Health Services Research*. 14(172):1-10. <https://doi.org/10.1186/1472-6963-14-172>

Hennegan, J., Dolan, C., Wu, M., Scott, L., & Montgomery, P. 2016. Measuring the prevalence and impact of poor menstrual hygiene management: a quantitative survey of schoolgirls in rural Uganda. *BMJ open*, 6(12):1-14

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. *Reprod Health* 14(78):1-12.

House, S., Mahon, T. & Cavill, S. 2012. *Menstrual hygiene matters: a resource for improving menstrual hygiene around the world*. WaterAid.

Johnson, L., Calderón, Hilari, C. & Long, J. 2016. *Menstrual Hygiene Management Impacts Girls' School Experience in the Bolivian Amazon*. United Nations Children's Fund: La Paz Bolivia.

Kanyadi, S. & Metgud, C.S. 2017. Menstruation: gap in knowledge, belief and practice among adolescent girls in an urban area of Belagavi. *Int J Community Med Public Health*. 4(10):3640-44

Kaundal, M. & Thakur, B. 2014. "A Dialogue on Menstrual Taboo". *Indian Journal of Community Health*, 26(2): 192-195.

Kessi, S., Krammer, D., Boonzaier, F. & Learmonth, D. 2019. Photovoice methodologies for social justice. In Laher, S., Fynn, A. & Kramer, S. (Eds). *Transforming research methods in the social sciences: case studies from South Africa*. Johannesburg: Wits University.

Kgware, M. 2016. *Menstruation and menstrual hygiene management in selected KwaZulu-Natal schools*. Oxfam.

Kim, Y. 2010. The pilot study in qualitative inquiry: identifying issues and learning lessons for culturally competent research. *Qualitative Social Work*. 10(2):190-206.

Kuhlmann, A. S., Henry, K. & Wall, L. L. 2017. Menstrual Hygiene Management in Resource-Poor Countries. *Obstetrical & gynaecological survey*, 72 (6):356-376.
<https://doi.org/10.1097/OGX.0000000000000443>.

Kumar, C. R. 2011. *Research methodology: a step-by-step guide for beginners*. Singapore: Sage Publications.

Lacroix, A. E., Gondal, H., & Langaker, M. D. 2021. *Physiology, Menarche*. StatPearls Publishing.

Leonard, J. 2011. Using Bronfenbrenner's ecological theory to understand community partnerships: *A historical case study of one urban high school*, 46(5) 987-1010.

Makofane, M.D.M. & Shirindi, M.L. 2018. The importance of data collection for qualitative research in social work. In Shokane, A.L., Makhubele, J.C. & Blitz, L.V. (Eds.). *Issues Around Aligning Theory, Research and Practice in Social Work Education* (Knowledge Pathing: Multi-, Inter- and Trans-Disciplining in Social Sciences Series Volume 1). Cape Town: AOSIS. <https://doi.org/10.4102/aosis.2018.BK76.02>.

Marvan, M.L. & Molina-Abolnik, M. A. 2012. Mexican Adolescents' Experience of Menarche and Attitudes toward Menstruation: *Role of Communication between Mothers and Daughters*. Institute of Psychological Research, Universidad Veracruzana, Xalapa, Mexico.

McFadyen, J. & Rankin, J. 2016. The role of gatekeepers in research: learning from reflexivity and reflection. *Journal of Nursing and Health Care*, 4(1):82-88.

Merriam-Webster Learner's Dictionary. 2021. Perception.

Retrieved from www.merriam-webster.com/dictionary/perception

Mogorosi, L.D. 2018. Ethics in research: Essential factors for consideration in scientific studies. In Shokane, A.L., Makhubele, J.C. & Blitz, L.V. (Eds.). *Issues Around Aligning Theory, Research and Practice in Social Work Education* (Knowledge Pathing: Multi-, Inter- and Trans-Disciplining in Social Sciences Series Volume 1). Cape Town: AOSIS. <https://doi.org/10.4102/aosis.2018.BK76.04>.

Nandhini, K.S. 2017. Relevance of Social Work and Women's Health: A Study on Menstrual Hygiene and Practice. *International Journal of Current Research*, 9(06):53346-53348.

Neuman, WL. 2014. *Social Research Methods: Qualitative and Quantitative Approaches*. 7th Edition. England: Pearson Education Limited.

Nowell, L.S., Norris, J.M., White, D.E. & Moules, N.J. 2017. Thematic analysis: striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 16(1):1-13.

Oxford Advanced Learner's Dictionary. 2006. 6th Ed.UK: Oxford University Press.

Paria, B., Bhattacharyya, A. & Das, S. 2014. A Comparative Study on Menstrual hygiene Among Urban and Rural Adolescent Girls of West Bengal. *Journal of Family Medicine and Primary Care*, 3(4):413-417. doi:10.4103/2249-4863.148131.

Rahman, S. 2017. The Advantages and Disadvantages of Using Qualitative and Quantitative Approaches and Methods in Language “Testing and Assessment” Research: A Literature Review. *Journal of Education and Learning*, 6(1):102-112.

Ramathuba, D.U. 2015. Menstrual knowledge and practices of female adolescents in Vhembe district, Limpopo Province, South Africa, *Curationis* 38(1):1-6

Rapholo, S.F. & Makhubele, J.C. 2018. Indigenising forensic social work in South Africa. In Shokane, A.L., Makhubele, J.C. & Blitz, L.V. (eds.). *Issues Around Aligning Theory, Research and Practice in Social Work Education* (Knowledge Pathing: Multi-, Inter- and Trans-Disciplining in Social Sciences Series 1:301–326. AOSIS: Cape Town.
<https://doi.org/10.4102/aosis.2018.BK76.13>.

Rosenberg, A. 2015. Overlooking Girls’ Wellbeing – The opportunity cost of education encountered by menstruating schoolgirls in Sub Saharan Africa. (Bachelor Thesis)

Rubin, A. & Babbie, E. 2010. *Essential research methods for social work*. 2nd ed. California: Brooks/Cole.

Shallo, S., Willi, W., & Abubeker, A. 2020. Factors Affecting Menstrual Hygiene Management Practice Among School Adolescents in Ambo, Western Ethiopia, 2018: A Cross-Sectional Mixed-Method Study. *Risk management and healthcare policy*, 13:1579–1587.
<https://doi.org/10.2147/RMHP.S267534>.

Shanbhag, D., Shilpa, R., D’Souza, N., Josephine, P., Singh, J. & Goud, B.R. 2012. Perceptions regarding menstruation and Practices during menstrual cycles among high school going adolescent girls in resource limited settings around Bangalore city, Karnataka, India. *Department of Community Health, St. John’s Medical College, Bangalor*. 4(7)

Schmitt, M.L., Clatworthy, D. Ratnayake, R. Klaesener-Metzner, N. & Roesch, E. 2017. Understanding the menstrual hygiene management challenges facing displaced girls and women: findings from qualitative assessments in Myanmar and Lebanon. *Journal of Conflict and Health*, 11(1):1-11. doi: 10.1186/s13031-017

- Smiles, D., Short, S.E. & Sommer, M. 2017. "I Didn't Tell Anyone Because I Was Very Afraid": Girls' Experiences of Menstruation in Contemporary Ethiopia. *WomensReprod Health*, 4(3): 185–197. doi:10.1080/23293691.2017.1388721.
- SNV. 2014. Girls in control - menstrual hygiene management. Addis Ababa: *Baseline survey report on School Girls' Menstrual Hygiene Management issues*. South African Government. Department of Women.
- Sommer, M. & Sahin, M. 2013. Overcoming the taboo: advancing the global agenda for menstrual hygiene management for schoolgirls. *American journal of public health*, 103(9): 1556–1559.
- Sommer, M., Hirsh, C., Nathanson & Parker, G. 2015. American Journal of Public Health. *Framing Health Matters*. 105(7): 1302-1309.
- Sophia, M.A. 2017. Moving towards a Holistic Menstrual Hygiene: *An Anthropological Analysis of Menstruation and Practices in Western and Non-Western Societies*. The University of Montana Missoula, MT. (MA Dissertation).
- Statistics South Africa. 2012. Census. 2011. *Municipal report – Gauteng*. Pretoria: Statistics South Africa.
- Strydom, H. 2011. Ethical aspects of research in the social sciences and human service professions. In De Vos, A.S., Fouché, C.B., Strydom, H. & Delpont, C.S.L. (Eds). *Research at grassroots: For the social sciences and human service professionals*. 4th ed. Pretoria: Van Schaik Publishers.
- Sumpter, C. & Torondel, B. 2013. A systematic review of the health and social effects of menstrual hygiene management. *PloS one*. 8(4).
- Tegegne, T.K & Sisay, M.M. 2014. Menstrual hygiene management and school absenteeism among female adolescent students in Northeast Ethiopia. *BMC Public Health*, 14(1):1118
- Thapa, S., Bhattarai, S. & Aro, A.A. 2019. 'Menstrual bold is bad and should be cleaned': A qualitative study on traditional menstrual practices and contextual factors in the rural communities of far-western Nepal. *Sage Open Medicine*. 7:1-9. Denmark: SAGE.
- Thompson, S.E. 2016. *Leaking the Secret: Women's attitudes towards menstruation and menstrual tracker mobile Apps*. Colorado: Colorado State University. (MA Dissertation).

Tiwari, G.K., Awasthi, I., Chaubey, A. & Jain, P. 2018. Menstrual Experiences of Adolescent Girls: A Qualitative Study. *The International Journal of Indian Psychology*, 6(1):74-82
doi: 10.25215/0601.087

Tull, K. 2019. *Period poverty impact on the economic empowerment of women*. K4D Helpdesk Report 536. Brighton, UK: Institute of Development Studies.

UNFPA. 2018. *A turning point for girls' and women's menstrual health in Africa*.

Upashe, P.S., Tekelab, T. & Mekonnen, J. 2015. Assessment of knowledge and practice of menstrual hygiene among high school girls in Western Ethiopia. *BMC Women's Health*.
doi: 10.1186/s12905-015-0245

WaterAid. 2012. *Menstrual Hygiene Matters: A Resource Book*. WaterAid

WaterAid. 2013. *Menstrual hygiene Matters*. Available on <http://www.wash-united.org/our-work/issues/menstrual-hygiene-management/articles/our-work-issues-menstrual-hygiene-management>.

WHO. 2019. WASH-Progress on sanitation and drinking water. *Update and MDG Assessment*. New York.

UNICEF. 2019. *Guidance on Menstrual Health and Hygiene*. 1st ed. New York: USA.

Zhang, Y.L. 2018. Using Bronfenbrenner's Ecological Approach to Understand Academic Advising with International Community College Students. *Journal of International Students*, 8(4):1764-1782.

ANNEXURE A: ETHICAL CLEARANCE



Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotheo



23 June 2021

Dear Miss JM Mmola

Project Title:	The perceptions of female youth regarding menstruation hygiene management in kameeldrift, Tshwane
Researcher:	Miss JM Mmola
Supervisor(s):	Dr NJ Bila
Department:	Social Work and Criminology
Reference number:	20706741 (HUM022/0521)
Degree:	Masters

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

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

We wish you success with the project.

Sincerely,

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

Fakulteit Geesteswetenskappe
Lefapha la Bomotheo

Research Ethics Committee Members: Prof I Pikirayi (Deputy Dean); Prof KL Hams; Mr A Bizos; Dr A-M de Beer; Dr A dos Santos; Ms KT Govinder; Andrew; Dr P Gutuza; Dr E Johnson; Prof D Maree; Mr A Mohamed; Dr I Noomé; Dr C Puttergill; Prof D Beyburn; Prof M Soec; Prof E Tshako; Prof V Thebe; Ms B Tsebe; Ms D Mokalapa

ANNEXURE B: REQUEST FOR PERMISSION TO CONDUCT RESEARCH



Faculty of Humanities
Department of Social Work and Criminology

04 March 2021

Ref.: MSW Group Research

Tel.: 082 626 8049

E-mail: judithmmola834@gmail.com

The Manager

Kamcare

ATT: Mrs L Landman

C/O Kameeldrift and Sinagoge Roads

Kameeldrift East

0035

Dear Ma'am

REQUEST FOR A PERMISSION TO CONDUCT RESEARCH IN YOUR FACILITY

I am, **Judith Mokgadi Mmola**, and I am a registered student for MSW Health care 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 N.J. BILA.

I hereby request for 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 Kameeldrift, Tshwane".

The goal of the study is to explore and describe the perceptions of female youth on menstruation hygiene management in Kameeldrift, 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 at Kameeldrift.
- To explore and describe the experiences of female youth regarding their menstruation in Kameeldrift.
- To explore and describe the challenges of female youth regarding menstruation hygiene management in Kameeldrift.
- To explore and describe resources and support available for female youth related to menstruation hygiene management in Kameeldrift.
- To suggest social work intervention strategies for menstrual hygiene management for female youth.

The envisaged target group of the study is: Female youth who benefitted from your reusable sanitary towel project. The empirical part of the study initially entailed conducting personal interviews using an interview schedule with the participants. The researcher has planned to conduct face-to-face interviews. However, in light of the current experienced COVID-19 pandemic the researcher will make a provision for non-contact data collection method in the form of virtual interviews with the participants. 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.

Female youth who are interested will partake voluntarily. They will be required to sign an informed consent form before an appointment for the interview is arranged with them.

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 convenient date.

Yours sincerely,

Name: Judith Mokgadi Mmola

Researcher

J.M. Mmola

Dr N.J. Bila

Senior lecturer and Supervisor



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KAMCARE
SOCIAL AND TRAINING SERVICES

PBO 930/029/982

NPC 2008/020258/08

ANNEXURE C: PERMISSION LETTER FROM KAMCARE

March 2021

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

Dear Dr Bila

RESEARCH CONDUCTED IN KAMCARE

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

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

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

Kind regards

MRS LIEZEL LANDMAN
MANAGER: COMMUNITY DEVELOPMENT

ANNEXURE D: INTERVIEW SCHEDULE

INTERVIEW SCHEDULE

1. Biographic information

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

2. Knowledge about reproductive health

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

3. Menstruation experience and challenges

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

4. Menstruation hygiene management and challenges

- What is your understanding of menstrual hygiene management (MHM)?
- Who told you about MHM?
- What type of support do you receive or do you want?
- What challenges do you experience regarding MHM?
- What do you do to cope with MHM challenges?

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

5. Resources and limitations

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

7. Social work intervention

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

8. Recommendations

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

ANNEXURE E: LETTER OF INFORMED CONSENT



Date: 03 June 2021

Name: Judith Mokgadi Mmola

Email: judithmmola834@gmail.com

Cellphone No: 082 626 8049

LETTER OF INFORMED CONSENT

SECTION A: RESEARCH INFORMATION

Research Information

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

Title of the study

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

Purpose of the study

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

Procedures

You have been told about the study and you will be given the researchers details to call her if you are interested in taking part in the research. The researcher will use face-to-face interviews in order to get information on your perception on menstruation hygiene management as a female youth. By signing this letter, you are agreeing to take part in the study. The researcher will arrange with you

on when the individual interview will take place. The interview will be recorded, with your agreement, to make sure that all the information you are sharing is recorded for the research that is being done. The interview will be done between 45 minutes to one hour. The researcher will ask questions that will be prepared before the interview takes place. Please note that the recordings taken during the interviews will only be used when the researcher analyse the information received and they will be kept confidential. You have a right to get the information you shared at any time you want.

Risks and discomforts

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

Benefits

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

Participants' rights

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

Confidentiality

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

Data usage and storage

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

Access to the researcher

You may contact the researcher at the following number, 082 626 8049 for the time of the study, should there be any questions or doubts about the research and your participation.

Should you need counselling after the interview you can contact the therapist at the contact details provided as follows 081 862 5502. Kindly note the services are free of charge.

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

Yours sincerely,
Judith Mokgadi Mmola
Researcher

SECTION B: INFORMED CONSENT OF PARTICIPANT

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

Participant: -----
Date: -----
Signature: -----

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

Researcher: -----
Date: -----
Signature: -----

ANNEXURE F: LETTER FROM EDITOR

714 Lochiel Street
Faerie Glen
Pretoria 0181, South Africa

December 6, 2021
The Academic Director
University of Pretoria
Pretoria

Dear Sir/Madam,

Ref: Editing services for mini-dissertation for Judith Mokgadi Mmola

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

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

Regards,



Silvester Hwenha
Research and M&E Consultant
MPS International Agriculture and Rural Development (Cornell University, New York, USA);
BSc Agric. Economic (University of Zimbabwe)
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ANNEXURE H: ORIGINALITY REPORT

JUDITH RESEARCH PROPOSAL

ORIGINALITY REPORT

9% SIMILARITY INDEX
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