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MENSTRUATION AND MENSTRUAL HYGIENE MANAGEMENT  
IN SELECTED KWAZULU-NATAL SCHOOLS

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# CREDITS

- Title:** Menstruation and menstrual hygiene management in selected KwaZulu-Natal schools
- Published:** May 2016
- ISBN:** 978-0-620-71161-6
- Author:** Moeti Kgware
- Editor:** Caitlin Martin
- Design:** LUMO design & illustration ([www.lumo.co.za](http://www.lumo.co.za))
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- Disclaimer:** The views in this publication are those of the respective author and do not necessarily represent those of Oxfam, The Australian Department of Foreign Aid and Trade or any funding agency.
- Given the potentially sensitive nature of menstrual hygiene management, no photos of learners were taken during this research project. All photos where individuals are recognisable were taken previously by Max Bastard and Matthew Willman to reflect other Water, Sanitation and Hygiene (WASH) activities from our partner organisation Woza Moya.

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**Supported by:**



**Australian Government**  
**Department of Foreign Affairs and Trade**



This research was funded under the Australia Africa Community Engagement Scheme (AACES). AACES is a partnership of DFAT (Department of Foreign Aid and Trade), ten Australian Non-Governmental Organisations (NGOs) and their Africa-based partners. It contributes to the DFAT strategy for Africa through community-based interventions across the sectors of food security, maternal and child health and water, as well as sanitation and hygiene. The program focuses on marginalised communities, with particular attention to women, children, people with disability and people vulnerable to disaster.

**Commissioned  
and published by:**



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# **INTRODUCTION AND BACKGROUND**

## BACKGROUND

This study is a follow up of a desktop study that was undertaken to gather baseline information on adolescent girls' knowledge, practices, perceptions and needs in relation to menstruation and menstrual hygiene management in South Africa and in Kwazulu-Natal. The report on the desktop study is attached as an annexure.

The study initially concentrated on 3 schools affiliated with OneVoice, a partner of Oxfam in South Africa. OneVoice offers Life Skills training to grade 8 learners in the selected schools, offered as a series of 14 comprehensive workshops that address critical issues around sanitation and hygiene, HIV and AIDS, Tuberculosis, life skills, sexual and reproductive health and rights, as well as gender and human rights. All topics and tasks take into account the social and cultural realities faced by young South Africans, providing them with the skill to be more assertive in decision-making. The research later included two other schools that work with two other Oxfam partners, namely Woza Moya, and KwaZulu Natal Regional Christian Council (KRCC), representing the rural setting of the study.

The focus of the study was on the impact of menstruation and menstrual hygiene management on girl learners in these schools. Issues related to cultural practices, teachings about menstruation, access to sanitary supplies necessary during menstruation and to sanitation, as well as psychological trauma, particularly at menarche (the time of their first menstruation), were looked at. The study attempted to capture the feelings and experiences of learners and their knowledge at menarche.

## OBJECTIVES

The following were the objectives of the study:

1. To document the experiences of girls at menarche
2. To determine the participants' knowledge, practices and applications related to menstruation
3. To investigate participants' perceptions about menstruation
4. To determine menstrual management practices in the identified schools
5. To determine the extent of impact of the intervention by OneVoice in selected schools.

## STUDY PARTICIPANTS

The participants in the study were female learners in grade 8 in the five schools. The ages of the girls ranged from 13-20 years. Grade 8 was the grade chosen for the study as menstruation is generally observed to start at age 13 or 14.

**TABLE 1: Study participants per location and per school**

	SCHOOL 1	SCHOOL 2	SCHOOL 3	SCHOOL 4	SCHOOL 5
LOCATION	Peri-urban	Urban	Urban	Rural	Rural
NUMBER OF PARTICIPANTS	20	29	36	16	17

## SAMPLING METHOD

A purposive sampling method was used to select the participants. All the girls in grade 8 in the schools were selected for participation. Initially, the inclusion and exclusion criteria were to limit the study to those girls who have had first menstruation, amongst the girls between the ages of 14 and 16. However, in the field, it was discovered that there were girls older than 16 that had also just started menstruating and so they were not excluded. Due to the low numbers of grade 8 girls, there was no need for randomisation and in the end the total number of grade 8 students in the schools, who had already had their first menstruation, were selected.

## STUDY METHOD AND DESIGN

The study was conducted using observational research that involved both descriptive and analytic methods. With descriptive study methods, the research aimed to describe the issues of menstruation and menstrual hygiene management as they occurred at the time of the study. The research then went further to explore why the situation is as it is. A triangulation method was used, where some qualitative data was collected through open-ended questions, and quantitative data through close-ended questions. Using this method allowed the research to follow up on some pertinent questions where a reason or specification was sought.

## DATA COLLECTION TOOLS

The following data collection tools were used:

### 1. QUESTIONNAIRES

Questionnaires were completed by all the 118 participants.

### 2. DIRECT OBSERVATIONS DURING FIELD VISITS

This involved observation of premises, particularly the ablution facilities, as well as waste management and hygiene practices on the school premises.

### 3. DOCUMENT REVIEW OF SPECIFIC DOCUMENTS RELATED TO WASH IN THE SCHOOLS.

These are documents related to the provision of WASH in the schools, notably the South African Policy for the School Integrated School Health Program, and the materials for Life Orientation tuition in the schools.





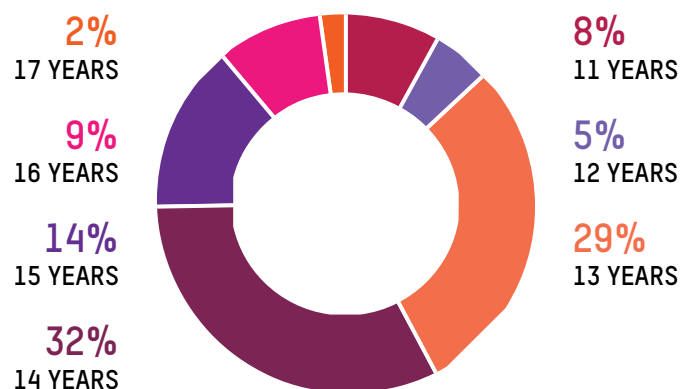
# STUDY FINDINGS

## AGE OF PARTICIPANTS

The study concentrated on learners in grade 8, which in terms of normal school age would be between 13 and 14 years. However, during the course of the research, it was found that there were girl learners in grade 8 who were above the age of 14 and they were not excluded from the study.

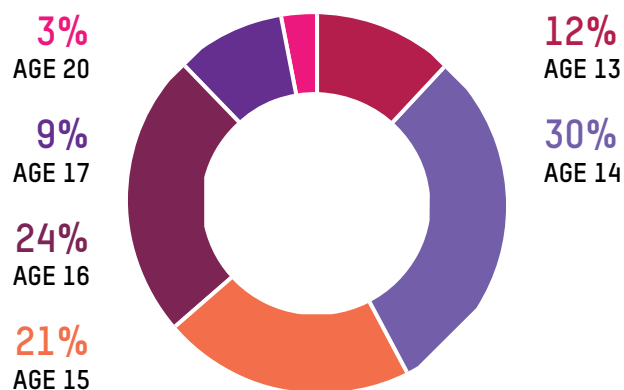
In the urban and peri-urban settings, the majority of participants (32%) were 14 years old, followed by 13 year olds (29%). There was also a significant number of girls that were 15 and 16 years of age (14% and 10% respectively). This was the reason why the age of participation was not restricted to the 13 and 14 age group alone, as this would have left out a significant number of potential participants. The research also found out that the some of the girls actually had their menarche later than the age of 14 years.

FIGURE 1: Age of participants (urban)



In contrast to the urban schools, in the rural schools, the ages of participants in grade eight were higher at 14 years (31%) and 16 years (24%). It was noted that the percentage of girls who are 13 years old is the lowest (12%). The girls in the rural areas were notably older than those in the urban setting.

FIGURE 2: Age at menarche (urban and rural)

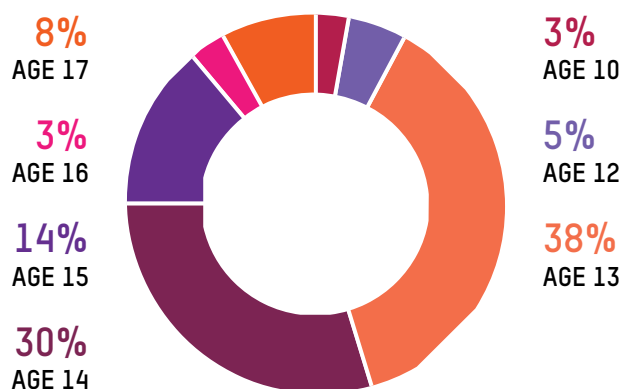


## AGE AT MENARCHE (URBAN AND RURAL)

The highest percentage of participants in the urban setting (26%), reported that they started menstruation at the age of 13 years, which is the common age reported in other studies<sup>1</sup>. A fairly high percentage (19%) reported that they started menstruation at age 11, with reports of menstruation starting at 9 years as well. 4% reported that they started menstruation at age 15 or older.

The age at menarche was also reflected the same way in the rural setting, with a high number (38%) reporting that menarche started at age 13 but with 24% reporting that they first had menstruation at age 15 or later. Mpora et al. (2014)<sup>2</sup> report that menarche in girls living in rural areas in Uganda started later than that of girls in the urban areas. This was supported by a study by Zegeye et al. (2009)<sup>3</sup> which showed similar results in Tanzania and other countries. A study comparing the age at menarche in 67 countries found the mean age to be 13.5 (Thomas, Renaud et al. 2001)<sup>4</sup>.

FIGURE 3: Age at menarche (rural)

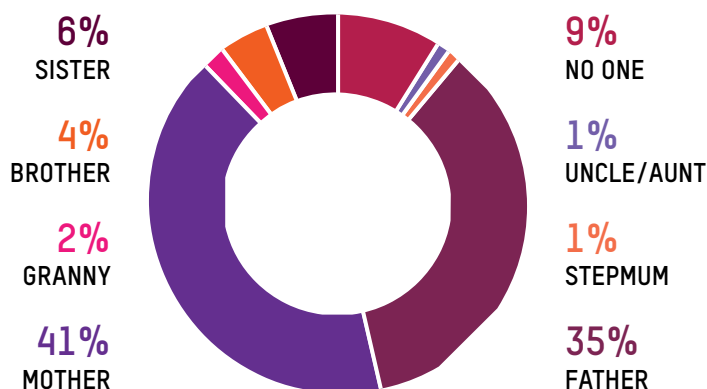


## SOCIO-ECONOMICS

### THE BREADWINNER

In the urban and peri-urban schools, the majority of breadwinners were mothers at 41%, followed by the fathers at 35% and then the rest family members. In the urban setting, 10% of the participants reported that nobody at home was employed. The occupations of the breadwinner in both the urban and peri-urban areas ranged from non-professional occupations such as *domestic worker, cashier, soft-goods sales, builder, general worker, mechanic* to professional jobs such as, *policeman, lawyer, teacher, nurse and manager*.

FIGURE 4: Breadwinner (urban)

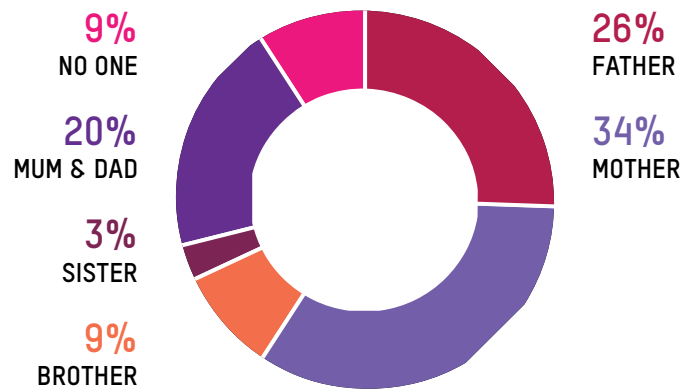


- 1 Shawky, S; Milaat, W (2000) Early teenage marriage and subsequent pregnancy outcomes (PDF). *Eastern Mediterranean Health Journal* 6(1)
- 2 Mpora et al. 2014. Age at menarche in relation to nutritional status and critical life events among rural and urban secondary school girls in post-conflict Northern Uganda available on <http://bmcwomenshealth.biomedcentral.com/articles/10.1186/1472-6874-14-66#Abs1> accessed 28 March 2016
- 3 Zegeye DT, Megabiaw B, Mulu A (2009). Age at menarche and menstrual pattern of secondary school adolescents in northwest Ethiopia. *BMC Women Health*, 5: 9-29
- 4 Thomas F, Renaud F, Benefice E, de Meeus T, Guegan JF (2001). International variability of ages at menarche and menopause: Pattern and main determinants. *Hum. Biol.*, 73(2): 271-290.



25% of the respondents in the rural areas also reported the mother as the main breadwinner followed by the father at 19% while 44% reported both mother and father as breadwinners. The occupations in the rural areas were listed as *domestic worker, security, traditional healer, truck driver, tuck shop owner, teacher, guard, nurse, traffic officer and panel beater.*

FIGURE 5: Breadwinner (rural)



## BREADWINNER SALARY

The salaries in the urban area were much higher than in the rural areas, with the majority of breadwinners in >R3000 as compared to the majority in the rural areas earning R1000 and less.

FIGURE 6: Breadwinner salary (urban)



FIGURE 7: Breadwinner salary (rural)





PHOTO © Matthew Willman



## AWARENESS OF MENSTRUATION

According to WaterAid (2013), a study by UNICEF reported that 1 out of 3 girls in South Asia did not know anything about menstruation before starting to menstruate, and that 48% in Iran and 10% in India believe that menstruation is a disease<sup>5</sup>. In a study from South Africa it was reported that only 27% of participants knew the physical changes related to menarche (Ramathuba 2015)<sup>6</sup>.

In this research, in the urban and peri-urban areas, 53% of the participants reported that they were aware of the onset of menses before they were of menstruation age. In the rural areas, the majority (63%) reported they were not aware of menses before they were of menstruation age. In a study by Paria et al. (2014), it was also revealed that awareness regarding menstruation was much higher in urban adolescent girls as compared to girls in the rural areas<sup>7</sup>.

Figure 8: Awareness of menses (urban)



Figure 9: Awareness of menses (rural)



- 
- 5 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>
- 6 Ramathuba DU. 2015. Menstrual knowledge and practices of female adolescents in Vhembe district, Limpopo Province, South Africa available on [http://www.scielo.org.za/scielo.php?script=sci\\_arttext&pid=S2223-62792015000100040](http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S2223-62792015000100040). Accessed 01 April 2016.
- 7 Paria B, Bhattacharyya A, Das S. A Comparative Study on Menstrual Hygiene Among Urban and Rural Adolescent Girls of West Bengal. *Journal of Family Medicine and Primary Care*. 2014;3(4):413-417. doi:10.4103/2249-4863.148131.

## SOURCE OF INFORMATION ABOUT MENSTRUATION

The mother was the main source of information for the urban participants (52%), and in the rural areas it was mostly the teacher that was reported as the main source of information, as reported by 50% of the participants. In the rural setting, 33% reported the mother as the source. Seekoe (2005) believes that mothers lack skills with regards to sexuality and are uncomfortable to talk about sex with their daughters<sup>8</sup>, and so this responsibility usually becomes that of the teacher.

In both the urban and rural areas, 75% of those that indicated that they had received information on menstruation beforehand deemed the information to have been sufficient.

FIGURE 10: Source of information (urban)

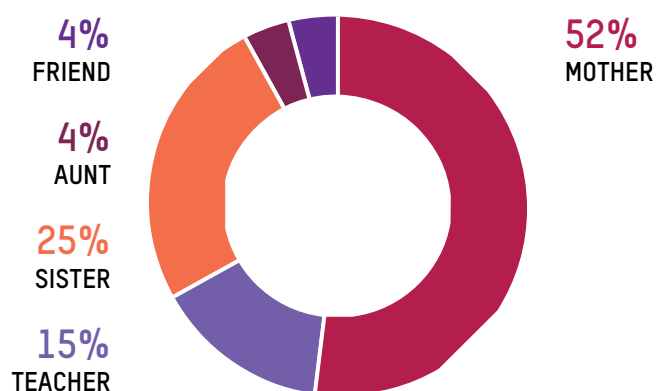


FIGURE 11: Source of information (rural)



## LEVEL OF EDUCATION OF THE MOTHER

There have been reports that the level of education of the mother determines the level of knowledge of menstruation of the girls<sup>9</sup>. This study found out that mothers in the rural areas had a fairly high level of education (31% had matric and higher), compared to 22% in the peri-urban and 46% in the urban schools. Despite the fact that education levels were fairly high, the source of information in the rural areas is still the teacher as compared to the urban and peri-urban setting where the mother is the source of information.

8 Seekoe, E. 2005. Reproductive health needs and the reproductive health behaviour of the youth in managing in the Free State Province: a feasibility study. *Curationis*, 28(3), Aug.:20-30.

9 Busari, A.O. 2012. Menstrual Knowledge and Health Care behavior among Adolescent Girls in Rural, Nigeria available on [http://www.ijastnet.com/journals/Vol\\_2\\_No\\_4\\_April\\_2012/20.pdf](http://www.ijastnet.com/journals/Vol_2_No_4_April_2012/20.pdf) accessed 9 April 2016

## PLACE AT MENARCHE

In both the urban areas and the rural areas, the majority of the participants reported the home as the first place where they experienced menarche (75% in urban and 66% in rural areas).

FIGURE 12: Place at menarche (urban)

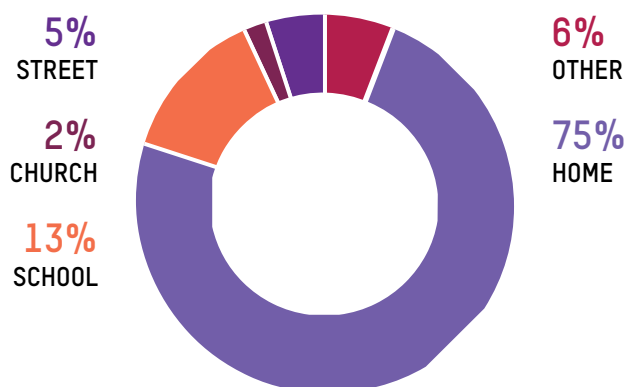
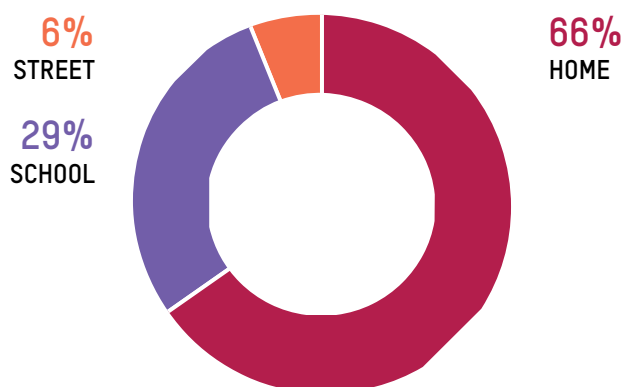


FIGURE 13: Place at menarche (rural)



Menarche is often perceived as a traumatic experience for most girls, and the place where the girls experience the menstruation for the first time can lead to trauma and other uncomfortable feelings<sup>10</sup>. Some of the participants from the research are quoted as saying: *"I thought I was going to die"..."I was afraid that my mother would say I am playing silly games with boys and so I did not tell her, I told my sister who told me to wash myself"*.

10 Pandey A. 2014. Challenges Experienced by Adolescent Girls while Menstruation in Kathmandu, Valley: A Qualitative Study.

## REACTION AT MENARCHE

This question aimed to gauge the participants' reaction at menarche, and there was an array of responses received, with the majority in the urban areas (25%) and the rural areas (69%) reporting that their first reaction was to tell their mother.

Figure 14: Reaction at menarche (urban)

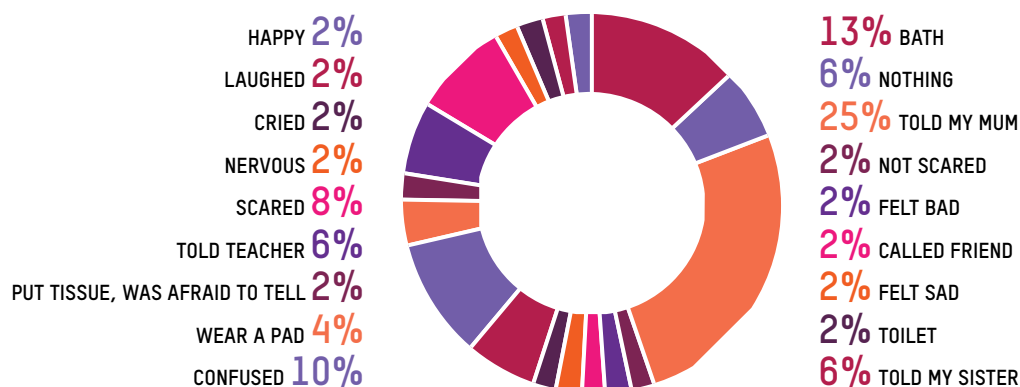
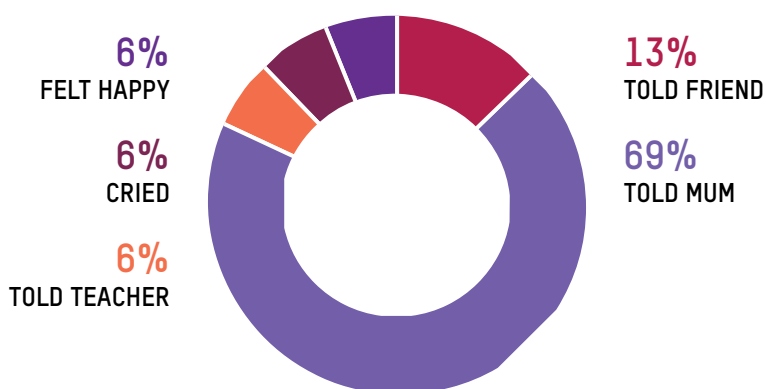


FIGURE 15: Reaction at menarche (rural)



To the question 'who was told first?', the majority of respondents in both the urban and rural settings reported that the mother was the first person they told about menarche. This indicates the important role that mothers have to play in menstrual hygiene. Despite the fact that in the rural areas, the majority (50%) of the girls indicated that they got the information from the teacher (figure 11), the mother was the first person they told at menarche.

FIGURE 16: First person told (urban)

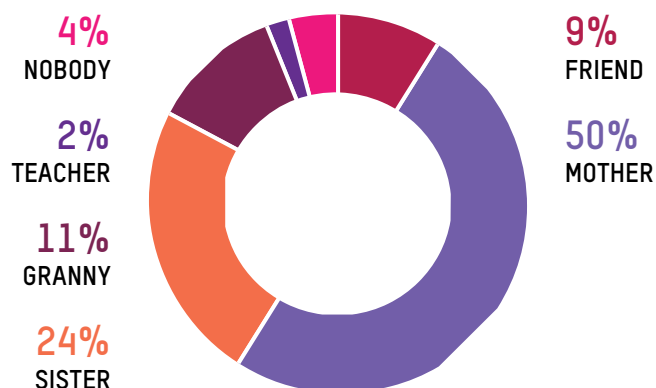
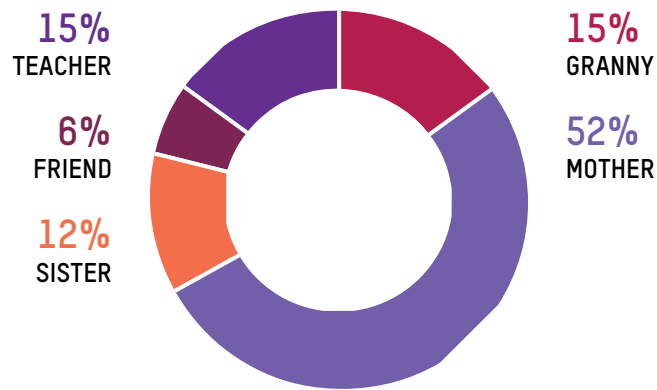


FIGURE 17: First person told (rural)



## REACTION OF FIRST PERSON TOLD

FIGURE 18: Reaction of first person told (urban)

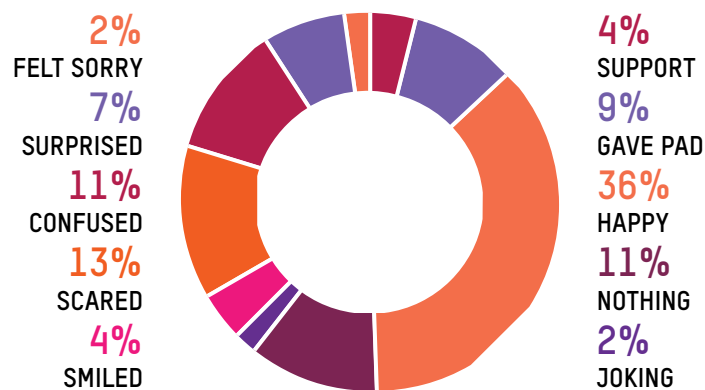
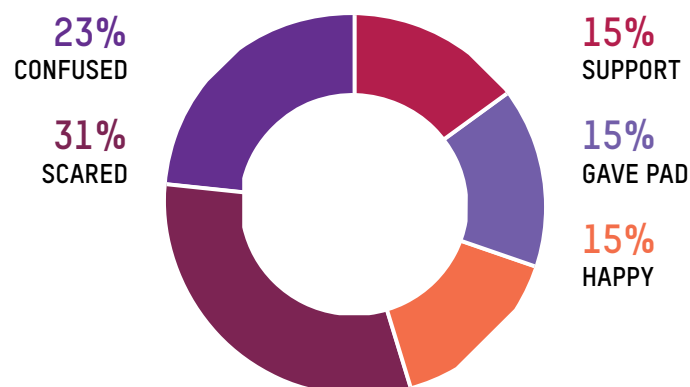


FIGURE 19: Reaction of first person told (rural)



## EFFECTS OF MENSTRUATION ON STUDIES

In response to the question whether menstruation has an effect on their studies or not, the majority of the participants (75% urban and 86% rural), responded that menstruation does not have an effect on their studies.

## ABSENTEEISM

6% of participants in the urban areas and 15% of those in the rural areas indicated that they miss school due to menstruation-related issues. Those issues, listed by both the rural and urban settings were: *“being scared”*; *“not having a pad”*; *“having period pains and being confused”*; and *“not being able to enjoy school”*.

## USE OF MEDICATION DURING MENSTRUATION

It is common that menstruation is accompanied by dysmenorrhoea, and so the participants were asked if they take any medication when they are menstruating, and only 14% in the urban areas and 22% in the rural areas said they take medication. The medication was mainly mild paracetamol (Panado and GrandPa), as well as isiZulu traditional medication, and the responses were from both the urban and rural settings.

## MATERIALS USED DURING MENSTRUATION

The majority of the participants, in both the urban and rural settings, reported that they used sanitary pads. A few of the participants in the urban setting used tampons or the sanitary cloth, while in the rural areas, the participants used either sanitary pads or tampons.

On the question of preference, 89% of the participants in the urban areas selected sanitary pads, while in the rural areas it was 86% sanitary pads and 14% said they would prefer tampons. None of the participants indicated that they would prefer any other material for menstruation.

FIGURE 20: Materials used (urban)

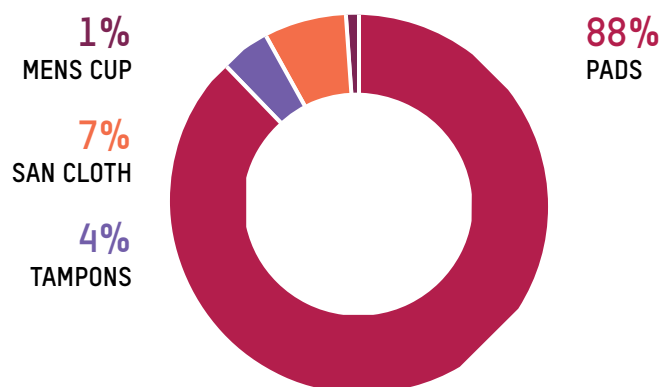


FIGURE 21: Materials used (rural)

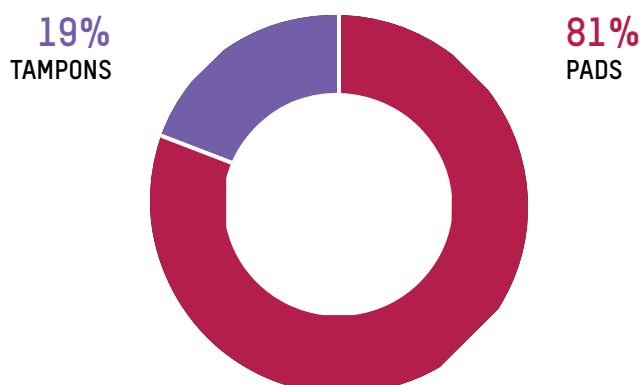




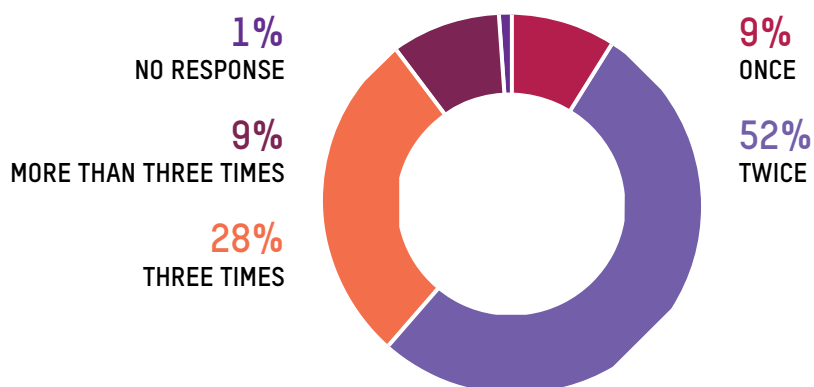


PHOTO © Max Bastard

## NUMBER OF BATHS PER DAY

52% of the participants in the urban areas reported that they take a bath twice a day, with 28% reporting that they take a bath three times. A further 9% responded that they take a bath more than three times.

FIGURE 22: Number of baths per day (urban)



In the rural areas, 67% reported that they bathe twice a day and 33% thrice a day.

Some studies have reported that some girls do not take a bath at all during menstruation, or after the first day<sup>11</sup>, while this research has shown that the girls take at least one bath daily and in some cases the number of baths increase when they menstruate.

FIGURE 23: Number of baths per day (rural)



11 Sadiq MA, Salih AA (2013). Knowledge and Practices of Adolescent Females about Menstruation in Baghdad. J Gen Pract 2:13 doi:10.4172/2329-9126.100

FIGURE 24: Number of baths during menses (urban)

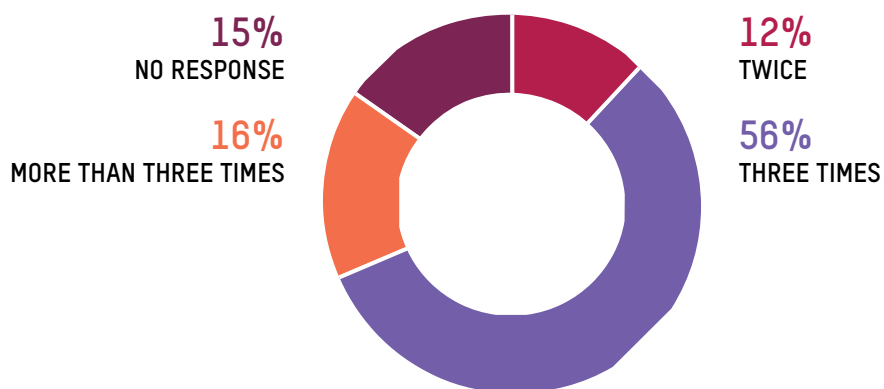


FIGURE 25: Number of baths during menses (rural)



During menstruation, the numbers increase to 57% for those in the urban areas that report that they take a bath three times a day, and 12% for twice a day. 16 % report that they take a bath more than 3 times a day.

In the rural areas, the number that takes a bath 3 times a day increases to 68%.

In both urban and rural settings, the participants reported that they used mainly water and soap during menstruation and not any strong chemicals.



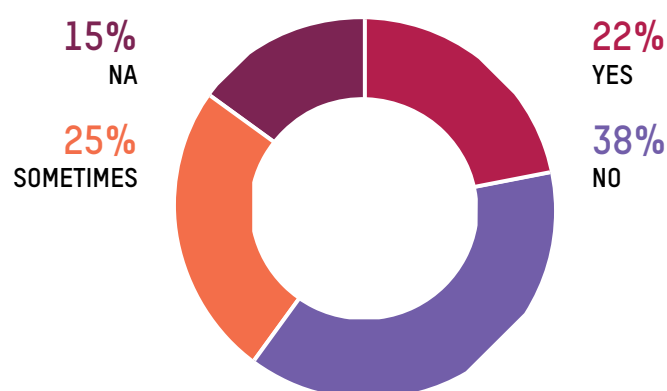
## RESTRICTIONS DURING MENSES

Previous studies have reported that participants indicated that they are restricted during menstruation, and that they are not allowed to carry out some things and not participate in some activities in the home or communities. In a study by Ten, (2007); Kumar & Srivastava, (2011) reported in Mutunda (2013)<sup>12</sup>, the main finding was that when women and girls menstruate, their mobility and behaviour are restricted or controlled, due to myths, misconceptions, superstitions and [cultural and/or religious] taboos, that menstruating females are found to be unclean.

In the study, 25% of the participants in the urban setting reported that they have some or other restriction during menstruation, with 48% replying that this was not the case. 25% reported that it sometimes happens and 5% reported that it is not applicable to them.

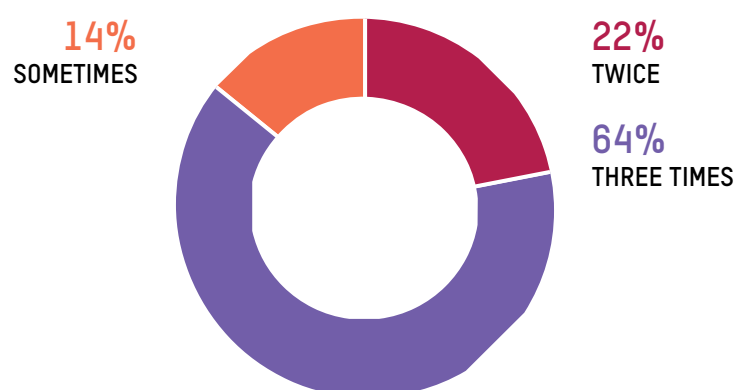
The examples of restrictions were *“not to play with boys”*; *“no cooking when menstruating”*; and *“should not wear a church uniform”*.

FIGURE 26: Restrictions during menses (urban)



In the rural areas, 22% reported restrictions like *“not being allowed to be around boys...”* while the majority (64%) indicated that they do not have restrictions placed on them during menstruation. 14% reported that they are sometimes restricted. 5% responded that it is not applicable to them, and so it was reported as such as it was not clear if this meant they do not have restrictions or not.

FIGURE 27: Restrictions during menses (rural)



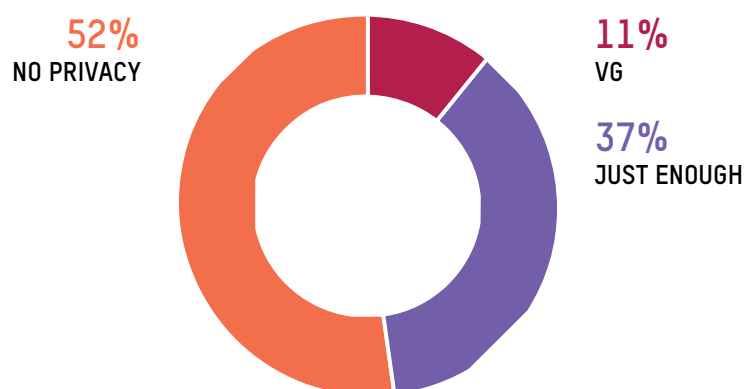
12 Mutunda A. 2013. Factors impacting on the menstrual hygiene among school-going adolescent girls in Mongu District, Zambia. Available from <http://akros.com/downloads/papers/mutunda-study.pdf>. Accessed 02-11-2014.

## PRIVACY OF ABLUTION BLOCKS

In rural Pakistan, more than 50% of girls drop out of school in grade 2-3 because the schools do not have toilet facilities<sup>13</sup>. In another study, Mooijman (2002) assessed 20 schools in rural Tajikistan and reported that all the girls in those schools choose not to attend classes when they have their periods<sup>14</sup>. UNESCO (2013) reports estimate that 1 in 10 African girls miss school during menses, and this eventually leads to a higher school drop-out rate<sup>15</sup>. According to Simon (2015), menstruating adolescent girls require sanitation facilities that are private and specific for their use<sup>16</sup>.

In the three urban and peri-urban schools, the state of privacy ranged from very good to no privacy at all.

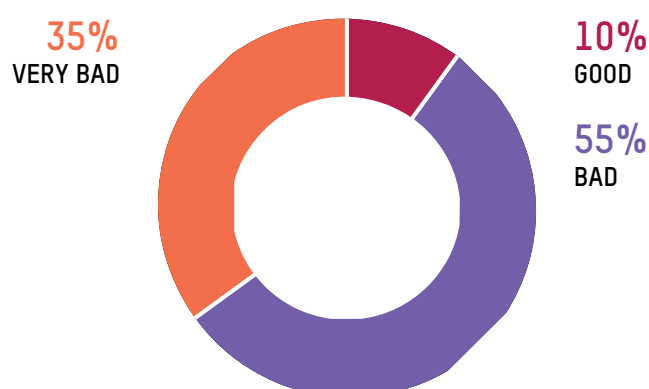
FIGURE 28: State of privacy of ablution blocks (urban)



## STATE OF THE ABLUTION BLOCKS

The state of the ablution blocks differed from good to very bad. One of the participating schools had no water in the students' ablutions blocks, and the state of the blocks was in disrepair. See picture on page 43.

FIGURE 29: State of the ablution blocks (urban)



13 UNICEF (Editor) (2008): Water, Environment and Sanitation. 10 Key Points to Check for Gender Equity; a checklist for managers of water and sanitation programs. New York: United Nation's Children's Fund. Available at: [http://www.unicef.org/wash/index\\_key\\_points.html](http://www.unicef.org/wash/index_key_points.html) Accessed: 2-11-2014

14 Mooijman, A. (2002): Assessment of 1994-2001 UNICEF School Sanitation and Hygiene Project in Khatlon Tajikistan. Almaty: UNICEF CAR (cited on <http://www.sswm.info/print/2058?tid=> . Accessed 5-11-2014

15 <http://menstrualhygieneday.org/advancing-education/> . Accessed 2-11-2014

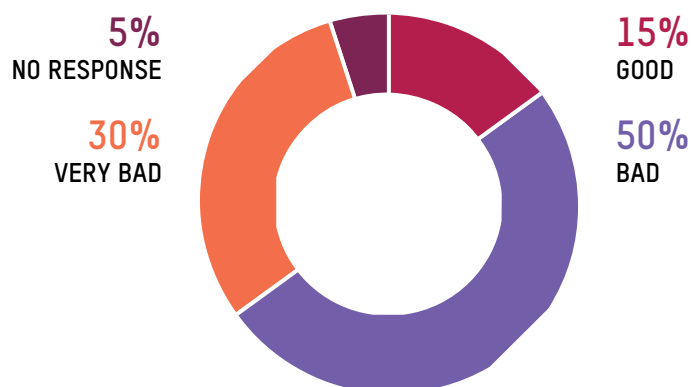
16 Simon M. 2015. Gender-specific toilets can keep adolescent girls in school available on <http://www.creativeassociatesinternational.com/insights/gender-specific-toilets-can-keep-adolescent-girls-in-school/>



## CLEANLINESS OF ABLUTION BLOCKS

The toilets in all but one of the schools have a cleaner employed to clean them. In one school, the learners clean the ablution blocks themselves.

FIGURE 30: Cleanliness of the ablution blocks (urban)



## COMFORT INDEX: ATTENDING SCHOOL DURING MENSTRUATION

50% of girls in the urban areas reported that they are comfortable coming to school during menses. Only 14% indicated that they are uncomfortable, and these were mostly from the school with no water or privacy in the ablution blocks. It is interesting to note that the number of those that are comfortable and those that are only sometimes comfortable and not comfortable, is the same.

FIGURE 31: Comfort index: attending school when on menstruation (urban)

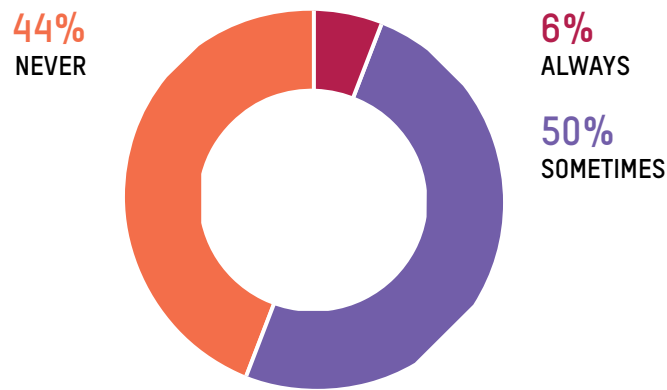


In the rural areas, the number of those uncomfortable was higher at 44%, and those that are only “*comfortable sometimes*”, is high at 50%. In terms of the responses, only 6% of the participants are comfortable going to school during menses, meaning that the majority of the participants suffer a discomfort at school when they are menstruating



PHOTO © Max Bastard

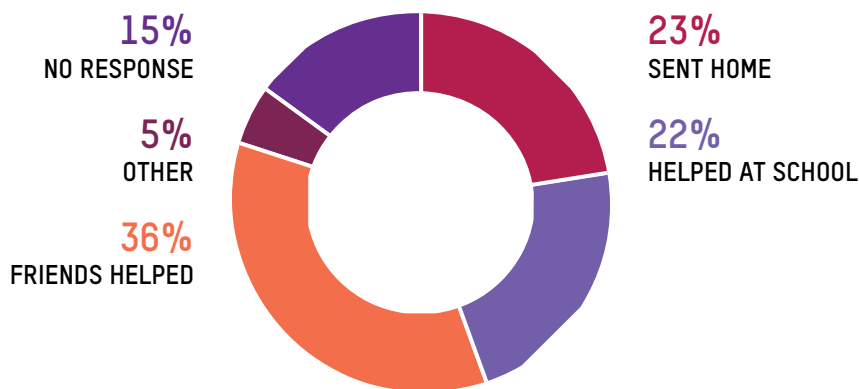
FIGURE 32: Comfort index: attending school when on menstruation (rural)



ACTION TAKEN WHEN MENSTRUATION HAPPENS WHILE AT SCHOOL

The results from the urban setting show that the number sent home (23%) is not as high as the number that remains at school. Those that remain report that they receive assistance at the school (22%) and from friends (36%). The 4% that chose “other”, responded that they leave of their own accord.

FIGURE 33: Action taken when menstruation happens while at school (urban)



In the rural areas, the percentage that reported that they get sent home is 19%, with the majority (62%) indicating that they receive assistance from school, and the rest (19%) getting assistance from friends.

FIGURE 34: Action taken when menstruation happens while at school (rural)



On the question of what their preference would be if menstruation started at school, the majority (46%) in the urban areas would like to be assisted at school, with 29% preferring to be sent home.

The responses in the rural areas also reflected those in the urban areas, with 45% saying they prefer to be assisted at school, and 20% saying they would rather be sent home.

## LESSONS ON MENSES AT SCHOOL

All the participants, in both the urban and rural settings, are in support of lessons on menstruation and menstrual hygiene.

In terms of who should teach about menstruation and menstrual hygiene, the majority of the participants from the urban areas chose an independent person. It is important to note that most of those who chose an independent person were in schools where OneVoice, an Oxfam partner, works. The learners were so sure about their choice that at one of the schools, the researchers were treated to an impromptu free-style rendition by one of the girls, in recognition of the work done by OneVoice.

**FIGURE 35: Choice of who should teach about menstruation issues at school**



In the rural areas, 84% of the participants said they would want the training to be done by a teacher.

## LESSONS FOR BOYS ON MENSTRUATION AND MENSTRUAL HYGIENE MANAGEMENT

41% of the participants in the urban areas agree that boys should learn about menses and menstrual hygiene, with 21% disagreeing and 22% choosing to remain neutral on the matter. In the rural areas, 100% of the respondents are not in favour of boys being taught about menstruation and menstrual hygiene.

During the fieldwork in the rural areas, a male researcher needed to collect something from the room in which participants were completing the data collection tool, and the whole exercise literally stopped until he was out. This occurred despite the fact that the participants did not have to respond orally to any of the questions. In unison they stopped writing and one of them told the lady facilitator to ask the male researcher to leave the room, to much giggles from the rest of the group. It was later discovered that they were not comfortable with a male figure present while they were completing the questionnaire.

## TYPE OF TOILET AT HOME

In the urban and peri-urban areas, the majority of toilets at home are water-closets, and only a small number of learners use a ventilated-improved pit latrine (VIP) at home. In the rural areas, only one participant reported having a water closet at home, the rest had the pit latrine. Some of the learners report that they dispose of their sanitary materials in the toilet. This practice is vastly discouraged as it leads to the blockages of drains or rapid filling up of the pit toilets.

## DISPOSAL OF SANITARY MATERIALS AT SCHOOL

The learners dispose of the sanitary material in the toilets, and some in the boxes or buckets that can be seen in the girls' bathrooms. No sanitary bin was seen in any of the ablution blocks visited during the course of the study.

# DISCUSSION OF FINDINGS



Menarche is a critically important but under-recognised public health issue<sup>17</sup>. Other than the fact that it is related to reproductive health, regular menstruation also indicates a hormonal balance in the body. Research evidence from many studies in different countries indicates that many girls are uninformed, not well prepared and have no support on how to manage their monthly menstrual periods<sup>18</sup>.

## EXPERIENCES OF GIRLS AT MENARCHE

Like many girls in other studies, the participants in this study experienced varied feelings and reactions at menarche. Some were confused, scared, afraid to tell, some cried and some were nervous, but generally, the majority of the girls told their mother (25 % urban and 69% rural). Some of the girls reported that they were happy (2% urban and 6% rural) and some laughed (2%).

The study did not find any glaringly bad report from the participants regarding their experiences at menarche. This could be attributed to the fact that the participants had someone to tell, with the majority telling their mothers, and the teacher, granny, friend and sister. Only 2 participants in the whole study reported that they did not tell anyone when they first had menstruation, one said she bathed and put toilet paper, and the other one said she put on a pad.

## PARTICIPANTS' KNOWLEDGE, PRACTICES, APPLICATIONS AND PERCEPTIONS RELATED TO MENSTRUATION

75% of participants in both the urban and rural areas felt that the information they received on menstruation was sufficient, even though the sources were all different, with the main source in the urban areas being the mother, and in the rural areas, the teacher.

Their understanding of menstruation varied over a large range: *"it means I am able to make babies"*; *"I must now be careful of boys"*; *"I must take a bath more often now"*; *"Menstruation is a natural process to say I am becoming a woman"*; and *"I can marry, but I feel I am young"*.

The responses provided by the participants varied greatly, but even the responses from those who had responded that they had not received any information on menstruation, were not totally off the facts: *"It is what girls get when they are growing old"*; *"It is a natural process"*; *"It is blood from private parts, it is painful, I am afraid of it"*; *"When a girl has it, she must know that the boy, they will make her prec [sic]"*.

In terms of practices, the girls generally reported awareness of hygiene, during and before or after menstruation. As a form of practice the girls bathe, on average, two times a day, with 28% in the urban areas indicating that they bathe 3 times a day. During menstruation, the number of baths per day increase for both the urban and rural set of participants.

The participants use water, or water and soap, when they bathe, and no report was given of the use of any strong chemicals when bathing during menstruation.

The main finding that would require further focus and discussion, is the issue of disposal of the sanitary pad; with the majority of the girls reporting that they use the sanitary pad, education around its safe, hygienic and environmentally friendly disposal is of vital importance. The girls dispose of the sanitary pad in the toilets, in the bins, boxes at school, in the veld and at home.

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17 Putting menarche and girls into the global population health agenda. Sommer et al. Reproductive Health (2015 12:24 available on <http://www.reproductive-health-journal.com/content/pdf/s12978-015-0009-8.pdf> accessed 01-06-2015

18 Ibid

## DETERMINATION OF MENSTRUAL HYGIENE MANAGEMENT PRACTICES IN IDENTIFIED SCHOOLS

According to Archana Patkar (2011), WASH should “define menstrual hygiene management holistically as the i) articulation, awareness, information and confidence to manage menstruation with safety and dignity using safe hygienic materials together with ii) adequate water and agents and spaces for washing and bathing and iii) disposal with privacy and dignity”<sup>19</sup>.

The state of the toilets at all the schools indicates a real need for the issue of menstrual hygiene management (MHM) to be addressed. In the two urban-based schools, the toilets have water, proper water-closets and hand wash basins, but no resources for proper MHM. Generally, many schools lack hygiene facilities like toilets, water, washrooms, changing rooms, pads and painkillers<sup>20</sup>. These are facilities that would help the girls attend school regularly<sup>21</sup>.

Although just a lower percentage of participants report missing school due to menstruation, half the participants do report that they are not comfortable coming to school when they are menstruating. The most reported reasons were “*being scared of the leak*” and “*being afraid of smell*”.

In the peri-urban school, the toilets are in a derelict state, with filth in the buckets and on the floor. The doors are broken and one wonders how the learners get to withstand the smell and the overall state of the ablution block (see page 43).

In the rural areas, there is no water in the toilets, and the learners and the teachers depend on a tanker delivering water to the school (see page 43).

There are no doors in the toilet, and it was observed that girls go to the ablution blocks in pairs or in groups, where one stands guard while the other one is in the toilet (see page 47).

## IMPACT OF THE INTERVENTION BY ONEVOICE IN SELECTED SCHOOLS.

In the two schools where OneVoice was involved, it was evident that the learners were comfortable talking about menstruation and menstrual hygiene management. The students readily settled down and did not require too much clarification in relation to the different terms used in the study. The learners were more at ease with the issue of menstruation and menstrual hygiene management and readily engaged the data collectors.

When the study took place, the learners were already on a break, but on the day of data collection, they came in so many numbers that refreshments had to be increased. There was less giggling as compared to other schools where the OneVoice program is not implemented.

The teachers were also very cooperative. In one of the OneVoice schools, the research team arrived on the day that the matric candidates were writing, but he made sure to meet with the research group and to commend them on the useful work that OneVoice is doing with the learners. The Life Orientation teachers were with the research team from the beginning to the end, and in one of the schools, a psychologist who works as a counsellor at the school joined the group, as she works closely with OneVoice.

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19 Archana Patkar (2011). Preparatory Input on MHM for End Group . Available on [http://www.wssinfo.org/fileadmin/user\\_upload/resources/MENSTRUAL-HYGIENE-MANAGEMENT-Paper-for-END-group-1.pdf](http://www.wssinfo.org/fileadmin/user_upload/resources/MENSTRUAL-HYGIENE-MANAGEMENT-Paper-for-END-group-1.pdf). Accessed 12-06-2015

20 Snnworld (2013). Keeping girls in school with improved menstrual hygiene management. Available on <http://www.snnworld.org/en/regions/africa/news/keeping-girls-in-school-with-improved-menstrual-hygiene-management>. Accessed 13-06-2015

21 Ibid



# RECOMMENDATIONS

The following observations and recommendations are made with regards the study:

- The results of the study have shown trends that are significantly different from most reported results across different countries. While it was reported in other studies the extent of the taboos and restrictions that girls experience during menstruation, the same was not observed during this study. Even the extension of the study to more rural areas did not show some of the issues that come out of other studies – issues such as the taboos, far-reaching restrictions and dire lack of materials available for the young girls to use during menstruation. It is recommended that this study be further extended to Oxfam partners that work with known indigent and deep rural communities. The participants must include community members and teachers as much as possible.
- It is recommended that more qualitative data be collected. In this research, only a few questions allowed for open-ended responses. It will be important to triangulate quantitative data and collect in-depth qualitative data to get a deeper meaning of some of the responses. Focus group discussions can be used for this exercise. This method was tried with a group of university health services students, using the same tool, and the results were more in-depth, and the discussions livelier than responses on paper.
- Boys should be part of the study, in focus groups discussions. Responses received from boys in the earlier attempt through writing were not usable due to illegibility of writing and random responses to questions.
- The study should make provision for inclusion of research on the needs and rights of learners with disabilities.
- In 2012, the government of South Africa introduced the Policy for the School Integrated School Health Program. The policy aims to strengthen the country's school health services and it forms the basis of South Africa's Integrated School Health Program. In 2014, the Departments of Basic Education, Health and Social Development developed a strategy for its implementation. The strategy makes reference to health issues amongst girls of puberty age, brought about by poor sanitation facilities and lack of sanitary pads, and the effect this has on the ability of girls to practice good menstrual hygiene. It is recommended that this policy further be explored as it aims to provide a more comprehensive package of health services at schools, particularly in line with matters of menstruation hygiene management in schools.
- In line with the recommendation above, it is further advised that the school management be made part of the study, to investigate how much of the Integrated School Health Program has actually been rolled out, and what the schools need to do to benefit from the program.
- Based on the positive demeanour of the learners participating in the OneVoice health education program, it is the view of the researchers that this kind of program, within as far as is reasonably possible given budgetary constraints, receives support to reach other areas.

**CONCLUSIONS**



This study had quite a few challenges in its design and subsequent implementation as will be highlighted below. The challenges were, however, not to the point that they impacted on the scientific rigour or the validity and reliability of the study to reach conclusions.

- The timing of the study was not conducive enough to be able to get all the potential participants. For the urban setting, the learners had just finished their examinations and so were not around the school premises and had to be arranged. As a result of the cessation of school activities, it was not possible to get other participants like boys, teachers and the school governing body members. Also as a result of the timing, the study collected mostly quantitative data (which is in line with other studies), and a few responses in a qualitative manner.
- The initial setting of the study (urban and peri-urban), produced results that were skewed towards individuals with better resources because of geographic placement. This then led to the inclusion of the rural schools.
- The numbers were too few to randomise, and therefore a whole population approach was adopted. For example, in one rural school, it was reported that there are 85 students, of which only 28 out of the group are females, and 16 had started menstruating.

Despite the shortcomings, the study has been able to come up with the following conclusive results that show South Africa's challenges in relation to other countries as well as results that show its uniqueness as a developing country.

- **AWARENESS OF MENSTRUATION**

A significant number of participants do have some knowledge of menstruation, from varying sources. No indication was received of the kind of myths and taboos that are reported in other studies.

- **MOTHER AS THE SOURCE OF INFORMATION ABOUT MENSTRUATION**

The study has shown that in both urban and rural settings, the mother plays a role in the teaching of girls about menstruation. The results show that half the participants deem the information to be insufficient, but most of them they do receive it from their mothers.

- **ABSENTEEISM DUE TO MENSTRUATION NOT WIDESPREAD**

The percentage of participants that reported that they missed school due to menstruation was significantly low. **The number that feels uncomfortable** coming to school when they are menstruating is however, high. **The number of girls who might have dropped out of school** potentially because of menstruation could not be verified as it was outside the scope of this study.

- **EFFECTS OF MENSTRUATION ON EDUCATION AND LEARNING**

The response by the participants indicate little to no effect of menstruation on their learning.

- **MATERIALS USED DURING MENSTRUATION**

No indication was received supporting reports of the other harmful materials that girls use when they are menstruating, due to lack of resources. The participants in this study used over-the-counter materials like sanitary pads and tampons during menstruation. However, this is a self-report by the participants which might need to be triangulated with other role-players like parents and teachers.



- **MATERIAL PREFERRED FOR USE DURING MENSTRUATION**

The sanitary pad was the material of choice, followed by the tampon. It is important to note that the majority of the participants might not have good knowledge of the other two choices, namely the menstrual cup and the sanitary cloth. In the schools where the sanitary cloth has been introduced, it was chosen as one of the preferred materials.

- **Restrictions during menstruation**

The responses by the participants, particularly in the urban areas, indicate a significant percentage of some or other form of restriction, but not as high as was reported in literature. This could best be explored with a qualitative tool like a focus group discussion.

- **Choice between staying at school or being sent home when menstruating**

Some participants in both the urban and rural setting indicate that they would prefer to go home when menstruating, but the majority still report a preference to receive assistance at school so that they could stay. The reasons for the participants indicating that they would want to be sent home could be worth exploring further.

- **Lessons about menstruation at school**

There is absolute support from the participants, for lessons about menstruation at school. However, the majority, particularly in the rural areas, would like to have the boys excluded in those lessons. Considering the inclusive nature of the curriculum, and the fact that the young boys are going to be fathers to young girls and husbands to wives, this issue also requires further exploration to find out why the girls are not in favour of this.

- **Disposal of materials used during menstruation**

Most of the girls dispose of the sanitary material in the toilet. This practice requires education on sanitation and environmentally friendly behaviour.

- **Menstrual hygiene management practices are not being followed**

None of the schools were found to prioritise menstrual hygiene principles, and this needs to be followed up at school-level to ascertain if it is by choice or by design. Even the school with brand new toilets did not show evidence that there is a method implemented to preserve the clean state of the toilets.

This is a worthy study, one of a few done in South Africa in this format, and it can be simplified to allow the Oxfam partners to collect data as part of their activities in relation to water, sanitation and hygiene education. Its simple nature renders it possible to be carried out without too much financial outlay, and can be carried out as part of an existing program.



PHOTO © Matthew Willman

# ANNEXURE

## MENSTRUATION AND MENSTRUAL HYGIENE MANAGEMENT IN KWAZULU-NATAL, SOUTH AFRICA: A DESKTOP STUDY

MOETI KGWARE

### 1. INTRODUCTION

The stage of adolescence in a growing girl child brings about a variety of physiological and psychological changes, most of which are permanent, and most that bring about fascination and appreciation, but some bring about fear.

One of those changes that happen to the girl child is the onset of menarche, the first menstruation experience of a girl. This is a natural physiological process that indicates that the girl's anatomical features are getting ready for reproduction. Once the girl starts menstruating, she will normally menstruate on average 3-5 days each month until menopause<sup>1</sup>.

The stage of adolescence is supposed to be a healthy period in the life of a growing girl, but for most girls, lack of preparedness about the change and the lack of access to reproductive health information and services makes this a time of discomfort and fear. In most developing countries, the topic of menstruation and related issues are seen as taboo<sup>2</sup>. The girls are normally not free to talk about issues related to menstruation, and this may lead to incorrect or unhealthy behaviour during their menstrual period.

Many mothers do not have correct information and the skills to communicate to their daughters about menstrual hygiene, and this in turn places the girls in a position that they may pass on false attitudes, beliefs and practices in this regard, to their own daughters<sup>3</sup>. When girls learn about menstrual hygiene at adolescence, it is vital intervention that is likely to persist into adult life<sup>4</sup>.

### 2. RATIONALE OF THE STUDY

It has been noted and reported that the process of menstruation and the management of menstrual hygiene have a major impact on the schooling of girls mostly in developing countries. This study is important for determination of adolescent school-going girls' existing knowledge of menstruation and menstrual management. It is envisaged that once this baseline information envisaged is gathered and interpreted, it will lay a foundation for a more detailed study on adolescent girls' needs in relation to menstruation and menstrual hygiene management in South Africa and in Kwazulu-Natal.

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1 Lawan UM, Nafisa Wali Yusuf, Aisha Bala Musa. Menstruation and Menstrual Hygiene amongst Adolescent Schoolgirls in Kano, Northwestern Nigeria. (Afr. J. Reprod. Health 2010; 14(3): 201-207)

2 Suneela G, Nandini S and Ragini S. Socio-cultural Aspects of Menstruation in an Urban Slum in Delhi, India. Reprod. Health Matters. 2001; 9 (17): 16-25.

3 Ibid

4 Ibid

### 3. STUDY OBJECTIVES AND STUDY QUESTIONS

The study had three objectives to be attained through four research questions:

#### 3.1 STUDY OBJECTIVES

- i. To determine knowledge, practices and applications related to menstruation in South Africa and Kwazulu-Natal
- ii. To determine knowledge, practices and application related to menstrual hygiene management in South Africa and Kwazulu-Natal.
- iii. To identify perceptions about menstruation in South Africa and Kwazulu-Natal.

#### 3.2 RESEARCH QUESTIONS

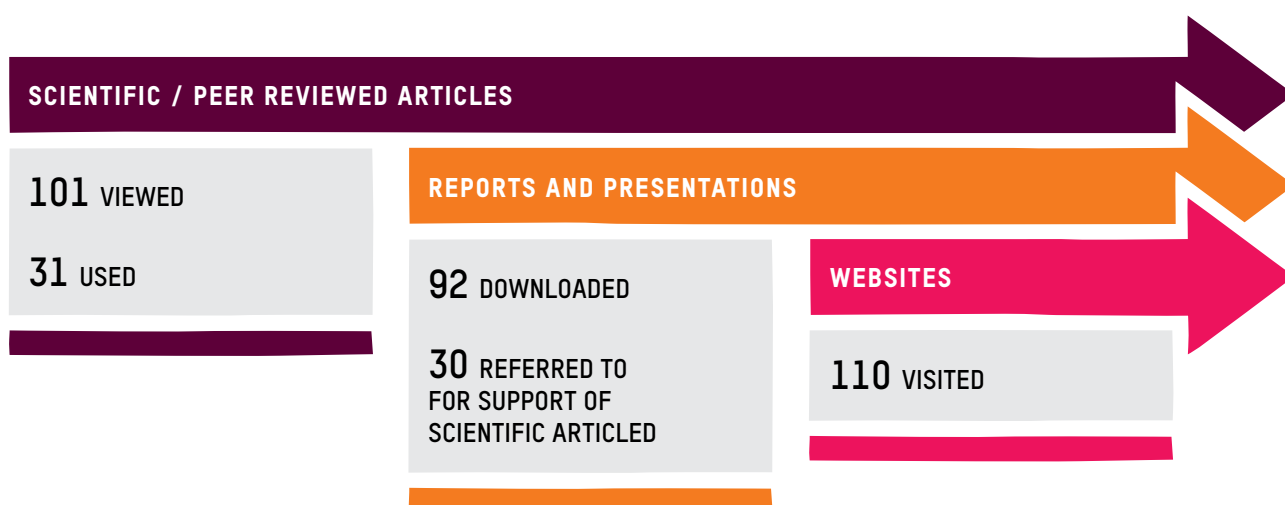
- i. What is the general understanding and knowledge of young girls, young boys, adult females and males around menstruation in South Africa.
- ii. How does the information around menstruation get disseminated to young girls in particular?
- iii. What are the perceptions and religious and cultural beliefs around menstruation in South Africa?
- iv. How do these cultural practices and norms affect young women in relation to health issues and their ability to go about their lives with specific emphasis on accessing education?

### 4. METHODOLOGY

This desktop study used secondary data primarily from published scientific research papers. The searches were conducted in November 2014 using mainly three on-line databases: Medline through EBSCO-host, Emerald Insight and Google Scholar. Google web-search was used minimally to search for commissioned reports and other reported activities from non-government organisations and from government websites.

303 papers dealing with menstruation and menstrual hygiene management were identified and downloaded. In terms of relevance and use, the scale is:

DIAGRAM 1: Sources of data



## 5. FINDINGS

There are not many scientific publications from South Africa related to knowledge, practices and attitudes towards menstruation and menstrual management. In contrast, there are lots of publications from other countries in Africa and internationally, that are a result of scientific research.

In the South African context, very little to no scientific research was found in relation to menstrual management in schools. The data used is mostly from other publications that were found to be relevant to the study.

### 5.1. FINDINGS ON KNOWLEDGE, PRACTICES AND APPLICATIONS RELATED TO MENSTRUATION.

#### 5.1.1 Knowledge related to menstruation

Knowledge around menstruation ranges from myths to taboo, and although studies report that some of the knowledge comes from the mothers, that knowledge is used in some cases to instill fear. Myths abound regarding menstruation, with the oldest recorded one in literature found in the Bible, where it is mentioned that *"if a woman is menstruating, she should be excluded from the community for seven days, and whoever comes into contact with her or whatever she touches is considered unclean and impure"*<sup>5</sup>.

In a study conducted in Soshanguve, Gauteng, South Africa by Maholo, Maja and Wright, participants who lacked information about menstruation, sexuality and sex, blamed their parents for having failed to share information about menstruation. One is quoted as saying: *"I started to menstruate at 13 years. I knew nothing about menstruation. I was embarrassed and reported to my mother. She just said I must menstruate because I am a girl and added that I must go to the clinic for prevention because if I can sleep with a boy, I'll fall pregnant."*<sup>6</sup>

Some of the participants in the Maholo *et al* study indicated that they were informed about menstruation, but were not sure of what that really meant until they experienced how it felt and what to do at the time of menarche. Some of the girls in the same study reported being told to *"stay indoors during menstruation because they would inherit other people's menstruation cycles should they meet them on the street, that if she was to have a cycle of four days, she would end up inheriting more days from those other people."*

Wood and Jewkes report that young girls are not really informed about menstruation as their mothers only told them that menstruation meant that they were now grown up and they could have babies at any time<sup>7</sup>.

Some participants in the Maholo *et al* study expressed feelings of anxiety, anger, guilt and shame: *"I still remember when I started to menstruate at 14 years. I was so anxious and even felt like committing suicide. What made matters worse was that I was going to write an examination at twelve o'clock that day and I just did not know what to do. I was uncomfortable throughout the exam and just passed by luck."*

A study of girls between the ages of 13 and 15 years, conducted in Nepal, reported that the girls' perceptions about menstruation were mostly influenced by cultural beliefs<sup>8</sup>. Young girls also reported that they knew menstruation as the "removal of bad blood from the body to avoid unnecessary infections"<sup>9</sup>. In their study report of 2010, Mahon and Fernandes reported that the girls' information on menstruation was based mainly on ritual practices, cultural issues and caution towards males<sup>10</sup>.

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5 Mutunda A. 2013. Factors impacting on the menstrual hygiene among school-going adolescent girls in Mongu District, Zambia. Available from <http://akros.com/downloads/papers/mutunda-study.pdf>. Accessed 02-11-2014

6 Maholo RB, Maja TMM, Wright SCD. 2009. Relationships, perceptions and the socio-cultural environment of pregnant teenagers in Soshanguve Secondary schools. *Africa Journal of Nursing and Midwifery* 11 (2) 2009 pp. 48–60

7 Wood, K, Jewkes, R. 2006. Blood blockages and scolding nurses: barriers to adolescent contraceptive use in South Africa. *Reproductive health matters*, 14(27), May:109-118.

8 WaterAid. 2009. Is Menstrual Hygiene And Management An Issue For Adolescent Girls? A Comparative Study of Four Schools In Different Settings of Nepal, WaterAid in Nepal. [Online], Available: [http://www.indiahabitat.org/gefi/link/Practices/wa\\_nep\\_mhm\\_rep\\_march2009.pdf](http://www.indiahabitat.org/gefi/link/Practices/wa_nep_mhm_rep_march2009.pdf) Accessed 2-11-2014.

9 Dhingra, R., Kumar, A. & Kour, M. 2009. Knowledge and Practices Related to Menstruation Among Tribal (Gujjar) Adolescent Girls. *Studies on Ethno Medicine* 3 (1): 43-48.

10 Mahon, T & Fernandes, M. 2010. Menstrual Hygiene in South Asia. A Neglected Issue for WASH (water, sanitation and hygiene) Programmes. *Gender & Development*, 18 (1): 99-11





Seekoe (2005) believes that mothers lack skills with regards sexuality and are uncomfortable to talk about sex to their daughters<sup>11</sup>.

### 5.1.2 Practices related to menstruation

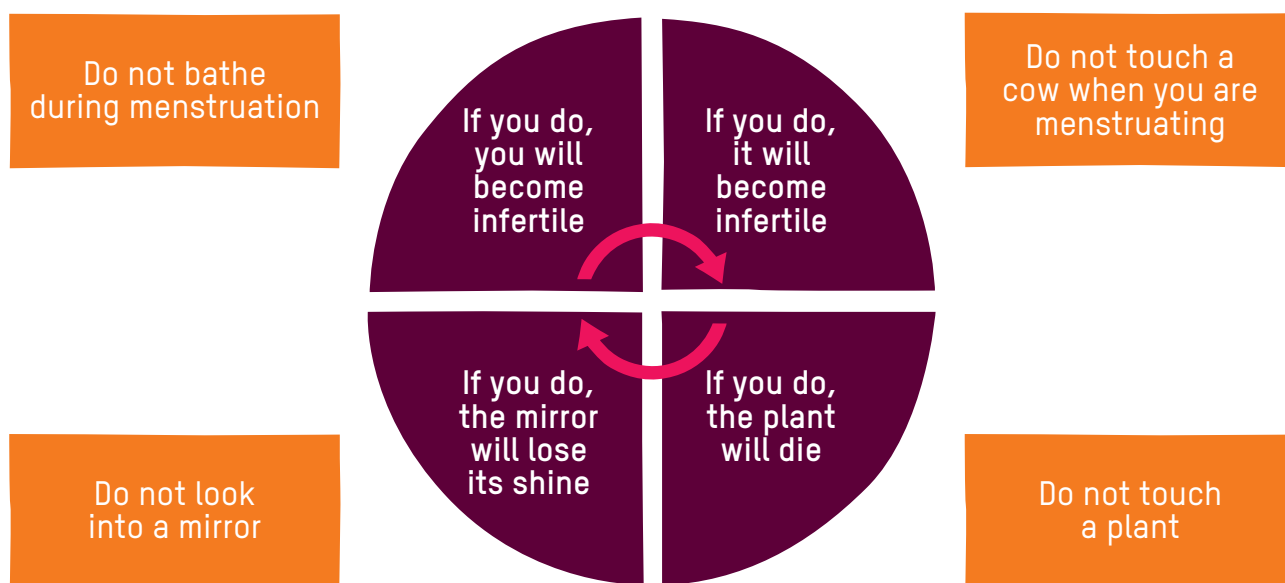
In some communities, especially in developing countries, women are still excluded from the public due to menstruation (Bosch and Hutter, 2002 in Mutunda, 2013)<sup>12</sup>. In some Asian and African cultures, it is believed that menstrual blood “pollutes the home”<sup>13</sup>. This usually leads to young adolescents being banished from the main households during their monthly menstrual periods.

A study undertaken in South India reports a case in which half of the girls attending a school were taken out of school once they had reached menarche, so that they could be married off. Assumptions from the study are that this it is either because of the shame and danger associated with being an unmarried pubescent girl, or because menstruation is regarded as a sign of readiness for marriage, or because of a combination of both.<sup>14</sup> In a 2008 study of girls’ experiences of menstruation and schooling in Kilimanjaro, Northern Tanzania, Sommer reported that due to social pressure, girls were forced into early marriage once they had reached reproductive age<sup>15</sup>.

### 5.1.3 Taboos

Menstruation taboos and other beliefs around menstruation still limit women’s mobility in many cultures<sup>16</sup>. In his paper on the research of the South African Zulus in 1977, Ngubane found out that there was a belief that menstrual blood weakened male fertility and masculinity<sup>17</sup>. Other findings about Southern African taboos are that “menstrual blood is dangerous to men, and the fertility of cattle and crops”<sup>18</sup>.

DIAGRAM 2: Taboos around menstruation<sup>19</sup>



11 Seekoe, E. 2005. Reproductive health needs and the reproductive health behaviour of the youth in managing in the Free State Province: a feasibility study. *Curationis*, 28(3), Aug.:20-30.

12 Mutunda A. 2013. Factors impacting on the menstrual hygiene among school-going adolescent girls in Mongu District, Zambia .Available from <http://akros.com/downloads/papers/mutunda-study.pdf> . Accessed 02-11-2014.

13 Ten, V.T.A. 2007. Menstrual Hygiene: A Neglected Condition for the Achievement of Several Millennium Development Goals. Europe External Policy Advisors. [Online], Available: [http://www.eepa.be/wcm/dmdocuments/BGpaper\\_Menstrual-Hygiene.pdf](http://www.eepa.be/wcm/dmdocuments/BGpaper_Menstrual-Hygiene.pdf) . Accessed 02-11-2014.

14 Ibid

15 Sommer, M. (2008) Menstruation and School Attendance in Sub-Saharan Africa. Girls’ Experiences of Menstruation and Schooling in Urban and Rural Kilimanjaro, in Northern Tanzania. Available: <http://2008youthconference.blogspot.com/2008/04/menstruation-and-school-attendance.htm> Accessed 1-11-2014.

16 Oster E, Thornton R. 2009. Menstruation and Education in Nepal. Available: <http://www.nber.org/papers/w14853>. Accessed 1-11-2014

17 Ngubane, S. (1977). *Body and mind in Zulu medicine*. London: Academic Press

18 Ten, V.T.A. 2007. Menstrual Hygiene: A Neglected Condition for the Achievement of Several Millennium Development Goals. Europe External Policy Advisors. [Online], Available: [http://www.eepa.be/wcm/dmdocuments/BGpaper\\_Menstrual-Hygiene.pdf](http://www.eepa.be/wcm/dmdocuments/BGpaper_Menstrual-Hygiene.pdf) . Accessed 02-11-2014

19 Diagram adapted from House, S., Mahon, T. & Cavill, S. 2012. *Menstrual Hygiene Matters: A Resource for Improving Menstrual Hygiene Around the World*. [Online Available: [www.wateraid.org/mhm](http://www.wateraid.org/mhm). Accessed 2-11-2014



In a study conducted in India, it was found out that Hindu women were not allowed to cook or worship when menstruating<sup>20/21</sup>. There is also the myth in some communities that women's excretions are polluting during menstruation and childbirth as well<sup>22</sup>.

A descriptive study undertaken in 2010 at Isra University, India, to determine the knowledge and different attitudes towards menstruation amongst local young women indicated that young girls in those vicinities were not prepared for the menstrual process. 54% of the girls reported that they felt embarrassed when they first experienced menstruation, and the study recommended early education about menstruation before puberty so that the girls are prepared emotionally<sup>23</sup>.

## 5.2 KNOWLEDGE, PERCEPTIONS AND PRACTICES RELATED TO MENSTRUAL HYGIENE MANAGEMENT

National Research and Surveys in South Africa reported that up to 30% of girls end up being absent from school for about four days in a month while menstruating due to the lack of sanitary pads and fear of staining their uniforms<sup>24</sup>. This is supported by other studies where it was found out that girls miss school or drop-out of school due to lack of sanitary facilities and/or absence of separate facilities for boys and girls<sup>25/26</sup>.

In rural Pakistan, more than 50% of girls drop out of school in grade 2-3 because the schools do not have toilet facilities<sup>27</sup>. In another study, Mooijman (2002) assessed 20 schools in rural Tajikistan and reported that all the girls in those schools choose not to attend classes when they have their periods<sup>28</sup>.

Since the advent of the new democratic government in 1994, South Africa has made steady progress towards increasing the number of schools that have access to on-site water. The number increased from 17366 in 1996 to 22254 in 2006, with 61% of schools having acceptable sanitation on site.

However, a parliamentary reply from a question posed to cabinet in August 2014 revealed that a total of 11 646 schools in South Africa still use pit toilets, and that 3419 of those schools are in Kwazulu-Natal<sup>29</sup>. This poses a big challenge on menstrual management as the lack of water greatly impacts on successful implementation of the programme.

The Department of Basic Education has collaborated with the Department of Water Affairs and Energy to implement and manage the provision of water, sanitation and electricity infrastructure, and has developed the Accelerated School Infrastructure Delivery Institute (ASIDI) in order to eliminate all backlogs in schools including water, sanitation, electricity, fencing and inappropriate structures by 2014. Despite the ongoing efforts for improvement of state schools in South Africa, resources at the state schools are still severely limited and decisions on what to spend money on are great challenges for school management. The maintenance of sanitation at some of the schools is dependent on creative efforts by the school management<sup>30</sup>.

20 Ten, V.T.A. 2007. Menstrual Hygiene: A Neglected Condition for the Achievement of Several Millennium Development Goals. Europe External Policy Advisors. [Online], Available: [http://www.eepa.be/wcm/dmdocuments/B6paper\\_Menstrual-Hygiene.pdf](http://www.eepa.be/wcm/dmdocuments/B6paper_Menstrual-Hygiene.pdf) . Accessed 02-11-2014.

21 Kumar, A. Srivastava, K. 2011. Cultures and Social Practices Regarding Menstruation Among Adolescent Girls, *Social Work in Public Health*, 26 (6): 594-604.

22 Joshi, D. Fawcett, B. 2001. 'Water, Hindu Mythology and an Unequal Social Order in India' paper presented at the Second Conference of the International Water History Association, Bergen, Norway. [Online], Available: [www.wateraid.org/documents/hindumyth.pdf](http://www.wateraid.org/documents/hindumyth.pdf) Accessed 2-11-2014.

23 Anjum, F. Zehra, N. Haider, G. Rani, S. Siddique, A.A. Munir, A.A. (2010). Attitude Towards Menstruation Among Young Women. *Pak J Med Sci* 26 (3): 619- 622.

24 Water Research Commission. 2011. Dialogue: Menstrual Hygiene Management. Supporting the Sanitary Dignity Campaign for Women and Girls. Available: [http://www.ecosanres.org/pdf\\_files/MenstrualHygieneManagementWorkshopReportApril2011.pdf](http://www.ecosanres.org/pdf_files/MenstrualHygieneManagementWorkshopReportApril2011.pdf) Accessed 3-11-2014

25 GWA 2006: Sanitation and Hygiene. Chapter 3.4 . In: Gender and IWRM Resource Guide. Available at <http://genderandwater.org/url/476.html>

26 HANNAN, C.; ANDERSSON, I. (Editor) 2002. Gender Perspectives on Ecological Sanitation. Stockholm: EcoSanRes. Accessed: 2-11-2014

27 UNICEF (Editor) (2008): Water, Environment and Sanitation. 10 Key Points to Check for Gender Equity; a checklist for managers of water and sanitation programs. New York: United Nation's Children's Fund. URL Accessed: 2-11-2014

28 MOOIJMAN, A. (2002): Assessment of 1994-2001 UNICEF School Sanitation and Hygiene Project in Khatlon Tajikistan. Almaty: UNICEF CAR [cited on <http://www.sswm.info/print/2058?tid=> . Accessed 5-11-2014

29 <http://www.politicsweb.co.za/politicsweb/view/politicsweb/en/page71639/page71654?oid=689048&sn=Detail&pid=71654> . Accessed 5-11-2014

30 Abrahams, N., Mathews, S. and Ramela, P. 2006. Intersections of 'sanitation, sexual coercion and girls' safety in schools'. *Tropical Medicine & International Health*, 11: 751-756. doi: 10.1111/j.1365-3156.2006.01600.x

The success of menstrual hygiene management programmes can be greatly enhanced if appropriate sanitation systems are linked with hygiene education. This has been reported by the NGO sector (Wateraid), UNICEF as well as the governments (South Africa) and donors (Bill and Melinda Gates Foundation, Oxfam)<sup>31</sup>.

A 2004 study by Patkar and Bharadwaj observed that there is widespread lack of policy debate and investment on menstrual hygiene and management in developing countries. Cultural issues were cited by the study as one of the major inhibitors of debate in Africa and Asia. Policy advocacy, investments and action on education and improved facilities were recommended to ensure that adolescent girls and women manage their menstrual needs adequately<sup>32</sup>. The study recommended policy advocacy, investments and action, in terms of education and improved facilities (such as gender- friendly toilets, and access to sanitary pads) in order for adolescent girls and women to manage their menstrual needs adequately<sup>33</sup>.

South Africa has an Integrated School Health Policy, which outlines the roles respective departments have to play in ensuring that the health needs of the learners through provision of a strong health service according to clear standards across the country<sup>34</sup>. The policy aims to address health problems that constitute barriers to learning, and to implement interventions for promotion of the learners' health and wellbeing throughout their lives. Within this policy, it is indicated that lessons on menstruation should be covered through the Life Orientation curriculum and co-curricular activities, starting from grade 4 until grade 12.

## 6. CONCLUSION

This study has highlighted that there is a dearth of scientific data and information on menstruation and menstrual hygiene management in South Africa. This, however, does not imply that there is no work done on menstruation and menstrual hygiene management in South Africa. There are pockets of good work being reported by non-governmental organisations that are working independently or in partnership with the Department of Basic Education in South Africa. A lot of information was found online in the form of programme reports, online reports, project blogs and newspaper reports, but these could not be used as it was not possible to separate factual reporting from anecdotal information. Without independent and or peer review of data, validity, reliability and scientific rigour of most of the reports could not be ascertained.

Notwithstanding the lack of scientific information from South Africa, studies from other developing countries have been used to state a case for the need to further explore the menstruation and menstrual management issues in South Africa. Studies have shown that there is correlation between knowledge, practices and attitudes towards menstruation, and the knowledge, practices and attitude towards menstrual management. Poor attitude and low menstrual practices were significantly associated with inadequate premenstrual preparation<sup>35</sup>. That study recommended that girls need to be prepared for menstruation before menarche, and that both girls and their mothers require formal and well-planned formal education. This role needs to be played by the schools and the teachers.

Lack of adequate toilet facilities and hygiene in schools is a major barrier to the attendance of school by girls, and impacts on their education. Simple measures, such as providing schools with water and safe toilets and promoting hygiene education in the classroom, can go a long way in enabling girls to attend school, and to reduce health related risks for all learners<sup>36</sup>.

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31 Roma E, Okema A, Norins J, Wilmouth R, Buckley C1, Hoffman V. 2012. Methodologies to measure acceptability of menstrual management products and their impacts on sanitation systems: Examples from eThekweni Municipality (Oral presentation). Available on <http://www.ewisa.co.za/literature/files/ID85%20Paper291%20Roma%20E.pdf> Accessed 2-11-2014

32 Patkar, A. & Bharadwaj, S. 2004. Menstrual Hygiene and Management in Developing Countries: Taking Stock, Mumbai: Junction Social. [www.mum.org/menhydev.htm](http://www.mum.org/menhydev.htm) Accessed 5-11-2014

33 Ibid

34 Integrated School Health Policy. 2012. Available on <http://www.education.gov.za/LinkClick.aspx?fileticket=x7XUJxMcfvs%3D&tabid=870&mid=2453> Accessed 5-11-2014

35 Jarrah SS, Kamel AA. 2012. Attitudes and practices of school-aged girls towards menstruation. *International Journal of Nursing Practice* 2012; 18: 308-315

36 UN WATER (Editor) (2006): Gender, Water and Sanitation: a Policy Brief. New York: United Nations (UN). Accessed 6-11-2014

## 7. RECOMMENDATIONS

The brief for the study was to collect baseline information related to knowledge, applications, practices and perceptions about menstruation and menstrual hygiene management in South Africa in general, and in Kwazulu-Natal in particular. During the conduct of the study, it was found out that there are very limited publications on these issues in South Africa, and therefore relevant studies from other countries were used for the collection of data. Those studies have raised a number of pertinent points that require further probing and reporting. Those points follow below as recommendations for further study:

There needs to be further research on:

1. The experiences of girls at menarche, including their reactions, reaction from the household and from peers at the school.
2. Participants' knowledge, practices and applications related to menstruation, including formal and informal teachings, access to sanitary requirements and effects of menstruation on their personal and academic life.
3. Participants' perceptions about menstruation, including the perception of boys in the school.
4. Menstrual management practices in the identified schools, including the application and effect of the Integrated School Health Policy, state and availability of infrastructure, sanitary material and support while at school.
5. The extent of impact of the intervention by OneVoice in selected schools, including an assessment of whether the effect is positive to those who receive intervention from OneVoice, and comparing these to the schools that do not receive OneVoice services.
6. The availability and effect (as appropriate) of any other form of menstrual hygiene management services that are available to the learners at school
7. Management of waste related to menstruation at the schools and at home.



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