

**ENDING PERIOD POVERTY THROUGH THE DISTRIBUTION OF FREE  
SANITARY PRODUCTS THROUGH EFFECTIVE POLICY FRAMEWORK  
IMPLEMENTATION.**

By

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MINI-DISSERTATION

Submitted in partial fulfillment of the requirements for the degree

MASTERS IN PUBLIC MANAGEMENT

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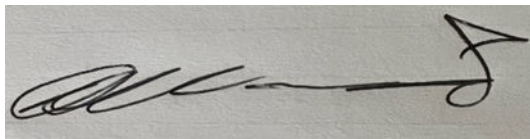
REGENESYS BUSINESS SCHOOL

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## STATEMENT OF ORIGINALITY

I, DIPUO GERTRUDE MANALENG, herewith declare that this **DISSERTATION** for the Regenesys Business School Master of Public Administration degree has not been submitted for degree purposes at this or any other institution previously. This dissertation is my original work in design and execution, and contributions from other sources have been duly acknowledged (*delete details that do not apply to you*).



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## **ABSTRACT**

An empirical study consisting of primary research with a clear design, selected participants, data collection and data analysis were used in this study through a qualitative research approach. The purpose of this study was also to explore human opinions and individual perspectives of the views of the research participants on how their lives could improve through the effective implementation of government policy and the need for the distribution of free sanitary products to indigent women and girls.

The primary research issue is ending period poverty through the provision of free sanitary products through effective policy implementation. The research is founded within feminist theory, which views society as a conflict between men and women. Literature on menstrual hygiene management, sanitary dignity in policy, free access to sanitary products, and adequate water, sanitation, and hygiene facilities are frequently discussed in relation to period poverty. However, governments around the world have made little to no progress on these issues after so many years. To ensure that all women and girls have a safe and private space in which to experience their periods with comfort and ease, investment in improving housing, water supply, and sanitation infrastructure must be prioritized. Additionally, funding must be set aside to address the stigma associated with menstruation and build a more accepting society.

The researcher made use of anonymous semi-structured interviews to avoid limiting the participants in providing one answer to a question and allowing them to provide as much information as they could about a question. The nature of the questions that formed part of the semi-structured interviews looked at the number of young women and girls who had missed school or work because of their periods, the number of young women and girls that cannot afford menstrual hygiene products and the positive effects that the distribution of free sanitary products in all public spaces will have on their lives. For the purposes of this research, a specific focus will be placed on women and young girls from Springvalley Farm in Emalahleni, Mpumalanga.

Key words

Sanitary Dignity, Menstrual Hygiene Management, Period Poverty, Menstrual Hygiene

## **ACKNOWLEDGEMENTS**

This work is dedicated to God and my Ancestors for carrying me throughout this journey. My parents, Clara and Stephen Manaleng have kept me grounded and have motivated me to continue fighting to achieve my dreams and aspirations regardless of how far the target may seem.

Sincerest gratitude to everyone who was involved in the overall research process, both professionally and voluntarily.

## **DEDICATION**

This work is dedicated to God and my Ancestors for carrying me throughout this journey. My parents, Clara and Stephen Manaleng for keeping me grounded and motivating me to continue fighting to achieve my dreams and aspirations regardless of how far the target may seem.

## **ACRONYMS AND ABBREVIATIONS**

CSTL- Care and Support for Teaching and Learning Programme

DWYPD – Department of Women Youth and People living with Disabilities

MHM – Menstrual Hygiene Management

MPH – Menstrual Hygiene Products

SADC – South African Development Agency

TQM- Total Quality Management

UNICEF – United Nations Children’s Fund

WASH – Water Sanitation and Hygiene

WHO- World Health Organisation

## **TERMS AND CONCEPTS USED IN THE STUDY**

### **Period poverty**

Period poverty describes the struggle many low-income women and girls face to afford menstrual products. The term also refers to Period poverty refers to a lack of access to menstrual products, sanitation facilities, and adequate education. This widespread issue affects an estimated 500 million people worldwide. Those experiencing period poverty may have mental health challenges and physical health risks (Geng, 2021).

### **Sanitary dignity**

The preservation and maintenance of the self-esteem of an indigent girl or woman, especially during menstruation; "sanitary products" means disposable sanitary pads that comply with the standards contemplated in this Policy Framework and that are provided to the indigent (D.W.Y.P.D, 2019).

### **Total quality management systems**

An enhancement to the traditional way of doing business, it is the art of managing the whole to achieve excellence. It is defined as a philosophy and a set of guiding principles representing the foundation of a continuously improving organization (TQM: Meaning and Concepts, n.d.).

### **Menstrual cycle**

The menstrual cycle is a series of natural changes in hormone production and the structures of the uterus and ovaries of the female reproductive system that makes pregnancy possible. The ovarian cycle controls the production and release of eggs and the cyclic release of estrogen and progesterone (Cargile et al., 1969).

### **Menstrual health management**

Menstrual hygiene management (MHM) refers to the specific hygiene and health requirements of girls and women during menstruation, such as the knowledge, information, materials, and facilities needed to manage menstruation effectively and privately (Bhandari et al., 2021).

**Pink tax**

The extra amount of money women pay for specific products or services that are marketed toward them (Crawford, 2022).



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## **CHAPTER 1: INTRODUCTION AND BACKGROUND**

### **CHAPTER ONE: INTRODUCTION**

#### **1.1 INTRODUCTION**

The study's objectives, population, various constraints and delimitations, and the questions that must be addressed and resolved at the conclusion of the research are all made clear in this chapter's introduction of the research problem. This chapter will also describe the type of methodology that will be employed, the ethical standards that must be upheld while conducting the study, the research tools that will be used, the theoretical framework for the study, and the research design

#### **1.2 BACKGROUND TO THE STUDY**

Speaking at the Menstrual Health Management Symposium in Johannesburg, South Africa Minister Bathabile Dlamini mentioned that “approximately 7 million South African girls do not have access to, or cannot afford to buy, sanitary products” (News24,2022). As alarming as these statistics are, this is the reality of most young women and girls who are experiencing period poverty in South Africa. Minister Dlamini further stated that access to sanitary products, dignified treatment and education on menstrual health management is a human rights issue that all of us must strive for (News24,2022).

An estimated 3.5 million young women and girls, which is 30% of the 7 million that are experiencing period poverty, do not attend school while they experience their periods because they do not have access to sanitary products and the frequency of period-related mishaps increases when young woman and girls do not have access to sanitary products which already reinforces the existing stigma surrounding menstruation. It is alarming that as more girls miss school while menstruating, it is more difficult for them to learn which is already an infringement of their right to education. With limited education, there is less of a chance for young women and girls to lift themselves and their communities out of poverty. This is the crux of period poverty in South Africa (Philipp, 2021).



Karen Jaynes (Africa Check, 2016) has cited that there are 4713143 girls in South Africa between the ages of 10 and 19, and 3770514 of these young are unable to afford their basic needs (Africa Check,2016).

The Department of Women Youth and People living with disabilities has made some strides in reducing the value-added tax placed on unavoidable sanitary products, known as the "pink tax," and some members of parliament are also providing free and universal access to sanitary towels to poor women. Sustainable interventions that will ensure access to sanitary products are needed.

There is no clarity either as to who or, rather, which department is meant to be held accountable when government departments do not implement policy frameworks effectively. We are unable to ensure that they are accessible through the placement of these sanitary products in public spaces in the same way that condoms are readily and freely available for everyone within these spaces, which also brings the need for the implementation of effective policy and or policy frameworks that ensure the end of period poverty.

The department of women, youth, and people living with disabilities established a framework on "sanitary dignity," which is supposed to be a guideline that intends to ensure the distribution of sanitary products and other requirements to achieve what they refer to as "sanitary dignity." This framework targets indigent persons to improve general health standards and ensure that women and young girls in school can concentrate on teaching and learning without worrying about possible leakage during their menstrual cycle.

That woman and young girls that have reached the age of puberty are informed about menstrual health management skills such as some of the severe health consequences of menstruation, including menstrual disorders, such as dysmenorrhea, emotional, physical, and other psychological changes that come with their menstrual cycle are neglected. The elimination of what they have termed as period poverty which is the inability to afford sanitary products contributes largely to this poverty (DWYPD,2017).

### 1.2.1 Menstrual Hygiene Management (MHM)

According to Budhathoki (2018), in an article on menstrual health amongst young women and adolescent girls, menstruation can be defined as a naturally occurring physiological phenomenon in adolescent and pre-menopausal women. Menstrual Hygiene Management refers to women and adolescent girls using a clean menstrual management material to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required and having access to facilities to dispose of used menstrual management materials. Menstruation necessitates the availability of material resources to absorb or collect menstrual blood, facilitate personal hygiene and dispose of waste, ideally with adequate privacy. Women and girls in low-income settings have low awareness of hygienic practices and lack culturally appropriate materials for menstrual hygiene management (MHM) practices. Menstruation and associated activities are associated with silence, shame, and social taboos manifested in social practices that restrict mobility, freedom, and access to everyday activities (Budhathoki et al., 2018).

They were further stated in research conducted by Medina-Perucha (2020). The importance of menstrual health has been historically neglected by society, primarily due to the evident taboos and misconceptions surrounding menstruation and androcentrism within health knowledge and health systems worldwide. There has also been a lack of attention on 'period poverty, which refers to the financial, social, cultural, and political barriers to accessing menstrual products and education (Medina-Perucha et al., 2020).

According to A Spring of Hope, period myths and taboos are common in most rural and semi-urban areas, impacting girls' shame about menstruation. The lack of menstrual hygiene supplies and knowledge about menstruation leaves young women and girls feeling uncomfortable about attending school during their periods (A Spring of Hope Girls' Club, 2021).

An exploratory study was conducted in one district within the Gauteng province to determine the prevalence of access to sanitary products amongst female learners within schools and to gain a better understanding of the range of needs and challenges

that female learner face in managing their menstrual cycle within a school setting. This was a mixed method study consisting of a qualitative and quantitative component. The qualitative components of the study were exploratory to determine the range of challenges from the perspective of both female and male learners, educators, and parents (mothers). The main goal of the quantitative component was to investigate the severity of the barriers to accessing sanitary products and any other factors related to that. According to the study, providing sanitary products is only one part of a comprehensive menstrual health management strategy that must be positioned within a wider framework.

Continuous attention on the relationship between product access and absenteeism runs the risk of omitting other complex systemic and structural factors that may have a negative impact on learners' lives (Crankshaw et al.,2020).

The study acknowledges that there is still work to be done among educators to improve their knowledge of reproductive health, including gender sensitization and value clarification, making sure that school sanitation facilities are hygienic, private, and safe, including adequate waste disposal containers, and, more broadly, developing environmentally sustainable waste disposal systems (Crankshaw et al.,2020).

The Department of Health, The Department of Women, Youth and People living with disabilities and the Department of Education need to include this plan in their annual performance plans that hold each department accountable for the non-implementation of the policy frameworks they have developed. The issue of menstrual cycles is seen as taboo and is a matter that is not discussed openly in most communities which makes it difficult to gain accurate statistics regarding the number of girls that miss school due to their menstrual cycles.

### 1.2.2 Sanitary Dignity

The Sanitary dignity framework by the Department of Women, Youth and Persons with Disabilities (DWYPD, 2019) has been proposed as a policy which is intended to promote and advance gender equality and the empowerment of women, by allowing them to manage menstruation with adequate dignity (DWYPD, 2019).

Sanitary dignity which can also be referred to as menstrual hygiene management is centered around the provision of menstrual health hygiene products, such as tampons and sanitary pads, to women and young girls who cannot afford these products which is amongst the number of aspects that make it impossible for vulnerable women and young girls to achieve sanitary dignity. The provision of sanitary towels has been viewed as the primary way to manage menstruation for young women and girls in South Africa knowing that menstruation is an uncontrollable inconvenient biological reality which is expensive for most young women and girls (DWYPD, 2019).

The DWYPD (2019) further states the need to be able to manage menstruation with an adequate amount of dignity which is a basic human right. Therefore, the sanitary dignity framework envisages more than just the provision of menstrual hygiene products but also aims to address the issues faced by indigent women and young girls by enforcing what is known as national norms and standards and making provision for a uniform approach to achieving sanitary dignity (DWYPD, 2019).

The Sanitary dignity framework has made provisions for young women and girls who may potentially miss school or work due to the lack of water and sanitation facilities and menstrual hygiene products. This framework has also acknowledged that the lack of these resources will harm indigent women and young girls' health and general well-being (DWYPD, 2019).

Missing school or work because of restricted access to menstrual hygiene products and water and sanitation facilities compromises the rights of indigent women and young girls which has a negative effect on their self-esteem and confidence because of their inability to participate in their daily activities (DWYPD, 2019).

### 1.3 PROBLEM STATEMENT

According to Karen Jeynes (2016), the inaccessibility of sanitary towels to women and young girls from poor backgrounds has led to approximately 6.3 million young girls missing school every month and do not have access to sanitary products which are treated as luxury but are an unavoidable need for all women during their menstrual cycles. Around the world, these human rights concerns, such as sanitary poverty by policymakers are alarming and have a significant impact on the lives of all the

vulnerable and marginalized women and girls within our immediate communities (Africa Check, 2016).

Acknowledging the strides made by the South African Government in establishing frameworks and policy documents that speak directly to sanitary health and ensuring that all women and young girls have full access to sanitary products. The writing and development of any policy document or framework require implementation and the need to hold the government accountable for the non-implementation of these frameworks.

According to Ferreira (2005), the Total Quality Management System is a systemic approach departing from a high-level strategy that works horizontally using functions and departments. It involves the workers, suppliers, and customers and favours learning and the will to adapt to changes as an essential factor leading to organizational success and, in the case of this research, the beneficiaries of these sanitary products within public spaces. Total Quality Management (TQM) systems also refer to principles, tools, and management processes meant to improve, modernize, and render public service quality more effectively. Total Quality Management Systems are productivity improvement strategies needed to ensure that some actual people and departments are held accountable for their work, such as the effective implementation of policy frameworks (Ferreira,2005).

Women and young girls who generally experience period poverty always find themselves in a position where they may have to choose between the purchase of food and /or the purchase of these unavoidable sanitary products (D.W.Y.P. D,2019). This research's leading problem is the lack of access to free sanitary products for all women and young girls, which can only be achieved by effectively implementing sanitary dignity-related legislation and thus ending the period of poverty.

#### 1.4 SIGNIFICANCE OF THE STUDY

The research aims to investigate how the effective implementation of policy frameworks will ensure the end of period poverty and re-emphasize the need for a department to be held accountable for the non-implementation of policy frameworks that benefit the lives of indigent members of the public. These policy frameworks are meant to respond to the rights set out in chapter 2 of the Constitution of the Republic

of South Africa (1996), which are the right to dignity, the right to education, and the right to reproductive healthcare. However, the non-implementation of these policies harms the lives of those that require the most care from the government (Constitution RSA, 1996).

## 1.5. RESEARCH QUESTIONS AND OBJECTIVES

The main research question for this study will be looking at ending period poverty through the distribution of free sanitary products through effective policy implementation.

### 1.5.1. Primary research question

What are the evident policy disparities related to sanitary dignity that stem from the South African Government's promise to distribute free sanitary products to indigent women and girls?

### 1.5.2. Secondary research question

How will the effective implementation of sanitary dignity related frameworks impact the lives of indigent women and girls?

How will ending the period of poverty benefit the lives of indigent women and girls?

### 1.5.3. Primary objectives

To emphasise the policy disparities that exist in sanitary dignity related frameworks that stem from the South African Government's promise to distribute free sanitary products in public spaces.

### 1.5.4. Secondary objectives

To reflect on how the effective implementation of sanitary dignity related frameworks will impact the lives of indigent women and girls.

To demonstrate how ending period poverty will benefit the lives of indigent women and girls.

## 1.6. JUSTIFICATION / RATIONALE FOR THE STUDY

Through the effective implementation of current policy frameworks, such as the Sanitary Dignity framework (DWYP, 2019), which is intended to help ensure that the rights that are guaranteed by the Constitution of South Africa, which are the right to dignity, the right to reproductive health care, and the right to education, are all effectively responded to the need for access to free sanitary products for all women and young girls in all public spaces needs to be reemphasized (Constitution RSA, 1996).

The Sanitary Dignity Framework gives government agencies a clear path for ensuring that women and young girls have access to free sanitary products in public places like offices, schools, and healthcare facilities. Even though period poverty is a problem on a global scale, there aren't enough studies or resources available on the subject the expected sensitivities around the topic and the lack of standardised tools and methods no matter what the researcher is attempting to investigate. (Phillips-Howard et al., 2016),

The study will highlight the systematic exclusion of vulnerable young women and girls from low-income backgrounds in the 20th century, who still have limited access to sanitary products and must rely on unhealthy alternatives, and that there is still a lack of accountability from the government with regard to the situation. Even though non-profit organizations have organized a number of socioeconomic initiatives to help ensure that young women and girls have free access to sanitary products, the government has not made significant progress in eradicating period poverty.

## 1.7. DELIMITATIONS & LIMITATIONS

### 1.7.1. Delimitations of study

According to Theofanidis and Fountouki (2019), "delimitations" in a study are the limitations that are set by the researcher (Theofanidis and Fountouki, 2019). The focus of the study was on ending period poverty through the distribution of free sanitary products through the effective implementation of policy frameworks. The sample was chosen with a focus on young women and girls who have begun their menstrual cycle

and whose lives are impacted by the scarcity or limited availability of menstrual hygiene management systems in order to achieve sanitary dignity, as well as young women and girls who are compelled to use unhealthy alternatives due to the lack of access to sanitary products.

The sample was made up of 10 staff members and volunteers who dedicated their time to helping young women and girls from impoverished communities through this NPO, as well as 35 young women and girls from a local NPO in Emalahleni, Mpumalanga, that focuses on sanitary dignity.

Participants: Participants in the study had to have started their menstrual cycle, be affected by the lack of free sanitary products, particularly in public places, and come from impoverished communities who could not afford to experience their period.

Geographical location: The Non-Profit organization where the research was conducted is in Springvalley Farm which is an informal settlement in Emalahleni, Mpumalanga, and travel was kept to a minimum.

Research costs: There were no costs incurred while conducting this research. The interviews were conducted in person. There was no software used for the research questions or for data analysis and the method used to analyze the data was a thematic analysis which is a method which entails searching across a data set to either identify, analyse, or report repeated patterns was used based on the outcome of the interviews.

Participant exclusion: The only participatory exclusions in this research were the fact that the participants needed to be female menstruators between the ages of 18-35 from an indigent background who do not or have limited access to sanitary products.

#### 1.7.2. limitations of study

Theofanidis and Fountouki (2019) state that a study's limitations are potential flaws that are typically beyond the researcher's control and are closely related to the research design that was selected, restrictions on the statistical models that were used, funding restrictions, or other factors. For instance, if a researcher is looking into survey respondents' responses, they may only have access to a small geographic



area, which would prevent them from getting a broad range of responses (Theofanidi and Fountouki, 2019).

While conducting research of this nature, some limitations may involve the participation of actual human participants who will be willing to voluntarily participate in the research without any expectations, the low response of participants, the limited legislation that speaks to achieving sanitary dignity and thus ending period poverty that may be considered. Some of these limitations could easily overlap with each other and are listed below;

voluntary participation, which would mean that the participants have the free will to choose whether to continue or stop with the research process, which will affect the duration of the research process;

Informed consent would mean seeking specific permission from participants and ensuring that they fully understand the nature of the research, each participant, and the risks that may or may not be involved in participating in this research and ensuring that the participants understand the funding involved in the research if there is any. Should the participants not understand the purpose of the research and their role, they may end up affecting the research process because it could result in them backing out of the research and later affecting the duration of the research;

There may be a reluctance from participants, to be honest about their authentic experiences when it comes to speaking on the effect that the inaccessibility of sanitary products has had on their personal lives, as it may trigger some suppressed emotions and or memories that they may not want to revisit;

There is limited legislation and or policy frameworks that speak to ending period poverty and or achieving sanitary dignity, which will have an impact on the amount of data available to prove the need to implement this legislation effectively;

Menstruation is not spoken about openly in some communities, and this may affect how participants respond during the interview process;

The number of participants that would be willing to participate in this research entirely may decrease due to the willingness or unwillingness of participants to form part of the research voluntarily.

This research will re-emphasize the need for a plan that will outline which government departments need to be held accountable for ensuring the availability of free sanitary products for all women and young girls. This can be achieved through the effective implementation of the policies to try and end period poverty as a means to address the societal and psychological effects of period poverty, especially for all women and young girls who come from impoverished communities.

## 1.8 THEORETICAL FOUNDATION

The main research problem is ending period poverty through the distribution of free sanitary products through effective policy implementation, the lack of effective implementation of policies that are meant to better the lives of young women and girls through achieving sanitary dignity; and unfortunately, there is a lack of urgency when it comes to dealing with issues that only affect young women and girls. The research is founded within feminist theory, which Guy-Evans (2022) has simplified as a set of structural conflict approaches that view society as a conflict between men and women. The notion that various social institutions oppress and/or disadvantage women is supported by the feminist theory, which aims to draw attention to the problems and issues women face in society. Discrimination based on sex and gender, objectification, economic inequality, power, gender roles, and stereotypes are a few of the major areas of focus (Guy-Evans, 2022). Choosing to apply a "feminist approach" to this research entails demonstrating how individuals interact with systems and structures while proposing remedies intended to address injustices (Egbert and Roe, 2020).

The fact that many young women and girls' lives are still disrupted by their menstrual cycle, that there is a lack of or inadequate access to sanitary products on a monthly basis, that you can easily find a pack of condoms in a public restroom, and that their menstrual cycle has been a cause of missed opportunities are alarming.

The feminist theory model shown in the figure below is based on the idea that there are systems in place that oppress and work against people. The model then demonstrates how intersecting identities can lead to discrimination and exclusion by

supporting oppression. The model illustrates the notion that oppressive systems can be overturned to promote change and understanding through awareness and action (Egbert and Roe, 2020).

**Figure 1**  
*Model of Feminist Theory*



(Egbert and Roe, 2020).

## 1.9. THEORETICAL FRAMEWORK

The theoretical foundation of this study is based on the notions that improving access to menstrual hygiene products is a critical component of a menstrual health management strategy and that menstrual health management is a neglected public health issue. These pillars are supported by current literature that focuses on the disparities that young women and girls from indigent backgrounds experience during or as a result of their menstrual cycle. The feminist theory, which examines societal gender inequalities such as stereotypes, gender roles, and economic disparities, supports these inequalities.

The social problems and exclusions that affect young women and girls are further highlighted by the feminist theory. The literature that will be examined emphasizes the significance of fighting period poverty and achieving sanitary dignity through the successful implementation of public policies that are intended to address issues of free sanitary products for all young women and girls. The first piece of literature that will be looked into is a paper titled "Menstrual health management and schooling experience amongst female learners in Gauteng, South Africa: a mixed method study" was written by Tamryn Crankshaw, Michael Straus, and Bongive Gumede (2020) in an effort to try and find solutions to the many problems that are either caused by or a product of menstruation for women and young girls, especially those from poor and or indigent communities (Crankshaw et al., 2020).

The findings of Crankshaw et al (2020) indicate that the provision of sanitary products is only a small part of an extensive menstrual health management response that must be situated within a larger sexual and reproductive health framework, i.e., a framework that actually speaks to implementation and will detail responsibilities. Given the systematic and structural difficulties that can negatively affect students' sexual and reproductive health both within the context of schools and more generally, there is a need for ongoing attention to the relationship between the availability of sanitary products and the risks associated with absenteeism in schools. A lot more work needs to be done to provide everyone with accurate and high-quality information about sexual and reproductive health (Crankshaw et al., 2020).

Sanitary Dignity Policy Framework was created in 2017 by the South African national government's Department of Women, Youth, and People Living with Disabilities in an effort to outline the standards and norms for how all nine South African provinces will guarantee access to sanitary products by addressing sanitary dignity. In 2018, the provincial government made an effort to set up province-based school distribution programs for the provision of disposable sanitary pads to female students. Although the idea behind these efforts is admirable, the truth is that very little research has been done in the South African context to date to help guide the efforts made by government (Crankshaw et al., 2020).

Menstrual health management issues have been connected to inadequate water and sanitation facilities, a lack of private and discrete waste disposal options, and inadequate sanitation facilities that are unsafe in schools where research has been conducted, which has primarily taken the form of small qualitative studies in South Africa. A mixed-method study with qualitative and quantitative components was carried out as part of an exploratory study to ascertain the prevalence of access to sanitary products among female students in schools and to better understand the variety of needs and challenges that female students face in managing their menses in a school setting. The study was carried out in a district within the Gauteng province (Crankshaw et al., 2020).

The exploratory nature of the study's qualitative components helped researchers identify the range of difficulties from the perspectives of both male and female students, teachers, and parents (mothers). The main goal of the quantitative

component was to investigate how severe the barriers to obtaining sanitary products were, as well as any additional factors that may have contributed to these barriers (Crankshaw et al: 2020).

The second piece of literature that was examined for the purpose of the research is titled "Improving access to menstrual hygiene products," and it was written by Kerry Millington from the Liverpool School of Tropical Medicine and Laura Bolton from the Institute of Development Studies as a member of the Health and Education Advise and Research Team (HEART). In this article, they emphasize the importance of providing young women and young girls with sanitary products. When considering the kind of sanitary products that can also be produced and distributed locally to women and young girls, Millington and Bolton further explore how the provision of free or subsidized reusable sanitary products and campaigns that are used around the world would be a more economical, practical, and environmentally sustainable option that the South African government can also consider and or adopt (Millington, 2015).

Millington and Bolton's findings include the following: the fact that menstrual hygiene management has been a neglected priority and rarely appears in all national government policies or advocacy agendas; the fact that, while providing free or subsidized products may be viewed as a positive response, the continuity and sustainability of supply can be a problem in most cases; and the fact that, in comparison to disposable items, reusable ones are more cost-effective, useful, and environmentally friendly. Even better than the free distribution of common menstrual hygiene products that are reusable, there are excellent examples of small-scale local businesses producing inexpensive pads. Additionally, programs designed to support access to menstrual hygiene products do not have formal evaluations made of them, according to Millington and Bolton (Millington, 2015).

#### 1.10. RESEARCH METHODOLOGY

A Spring of Hope is a Non-Governmental Organisation (NGO) that assists young women and girls from impoverished communities in Mpumalanga and Limpopo with a campaign that focuses on providing opportunities for young women and girls by hosting sessions wherein they discuss issues that affect them that are not necessarily taught to them but have a great impact on their wellbeing in order to try and build their

confidence and further strengthen career planning amongst young women and girls. After careful observation and research, it was discovered that female students in Mpumalanga typically face numerous challenges when it comes to finishing their education, which has a detrimental impact on their growth and development as they frequently have to miss class or even resort to dropping out due to household obligations, subpar school sanitation facilities, a lack of or inability to access menstrual hygiene products, poverty, and for a variety of other reasons. It is clear that girls and young women in school need support from their schools as well. Girls frequently receive little to no education about puberty and menstrual health in Mpumalanga (A Spring of Hope, 2021).

According to Medina-Perucha et al. (2020), menstrual health has historically received little attention from society, largely because of the obvious taboos and false beliefs about menstruation and androcentrism that exist in health knowledge and health systems all over the world. In addition, there hasn't been enough focus on "period poverty," which is defined as the obstacles posed by money, culture, politics, and society in the way of accessing education and menstrual products (Medina-Perucha et al., 2020).

The lack of menstrual hygiene products and knowledge about menstruation makes young women and girls uncomfortable about attending school during their periods, which causes many girls to stay home, missing at least three to five days each month, according to A Spring of Hope (2021). In addition, period myths and taboos are also prevalent in most rural and semi-urban areas, which have an impact on the shame girls feel about menstruation (A Spring of Hope, 2021).

Young women and girls frequently experience discouragement at school and hesitate to participate in classroom activities out of the fear of possibly messing on themselves because they have used tissues and or pieces of cloth as a means of protecting themselves against their periods, which makes it even harder for girls to take care of their periods during the school day (A Spring of Hope, 2021).

In the research by Jogulu and Pansiri (2011), the mixed methods research design uses both inductive and deductive research (a method used to draw conclusions from specific to general information) to enable researchers to equally undergo research

generation and thorough hypothesis testing in a single study without having to compromise any aspect of their research due to an inconsistency. By comparing and combining various data sources, processes, and analyses, a mixed methods research design enables the amalgamation of statistics and thematic approaches. This process of triangulation strengthens the findings and inferences drawn from the use of various research techniques, further enhancing the research's credibility (Jogulu; 2011).

To give a more comprehensive picture of what this research paper is attempting to accomplish—which is to advocate for the end of period poverty through the successful implementation of governmental policies through the distribution of sanitary products in public settings for the benefit of all women and young girls from impoverished communities—a mixed method qualitative research methodology will be used. The implementation of current legislation that has been put in place to address the obvious issues caused by period poverty will be examined to determine where the policy disparities are using structured interviews and the policy documents that are currently available (Crankshaw et al., 2020).

The Public Service Commission's (2006) report on gender mainstreaming initiatives in the public sector states that no significant or meaningful empowerment of women is taking place in government agencies. There are no specific programs that recognize women as a distinct interest group with particular interests and needs, including issues that are related to recruitment, training, and addressing the practical needs of women in the workplace, aside from general policies and practices that apply to all employees (The Public Service Commission, 2006).

### 1.11. POPULATION

In order to paint a clearer picture of how the lives of the community's poorest members can be improved, this research will examine further how the implementation of these policies will ensure the improvement of women's and young girls' lives. For the purposes of this research, a specific focus will be placed on women and young girls from Springvalley Farm in Emalahleni, Mpumalanga.

## 1.12. SAMPLE

Young women and girls from Springvalley Farm, which is an informal settlement, will be given the chance to express their honest opinions on how period poverty has affected their lives through semi-structured interviews, allowing the participants the opportunity to elaborate on their responses without restrictions, in order to get an overview of the effects that the non-implementation of these policies that are meant to end period poverty has on young women and girls.

## 1.13. ETHICAL CONSIDERATIONS

In order to better understand how period poverty can be eradicated and how the lives of many young women and girls from underprivileged communities can be improved, this research will look at the effects that women's inability to access sanitary products freely has had on their personal lives. It will be necessary to obtain the participants' written or verbal consent in order to protect their rights and the rights of all other research participants. As mentioned by Bhandari, some of the ethical considerations that will be made while conducting this research include making sure that participants are participating voluntarily, maintaining the confidentiality of their information, maintaining their anonymity, making sure that no personally identifiable information about them is collected, informing participants of the possibility of harm, and making sure they understand the goal of the study (Bhandari, 2022) .

## 1.14 RESEARCH DESIGN

### CHAPTER 1: RESEARCH TITLE, INTRODUCTION, RESEARCH AIM AND OBJECTIVES

The research study is introduced during this chapter. The importance of the implementation of Total Quality Management systems in public sector departments in order to ensure the equal distribution of sanitary products in all public spaces, including schools to eradicate period poverty amongst women and young girls and then further exploring the need for the reduction of the value added tax; “pink tax”, that has been placed on unavoidable sanitary products is reemphasised. The main purpose of the design will prove the importance of these much-needed Total Quality Management Systems to ensure the effective distribution of these sanitary products.



## CHAPTER 2: LITERATURE REVIEW

This part of the study focuses on the overall scope and comprehensiveness of the literature and provides a link between the literature and the objectives of the study.

## CHAPTER 3: RESEARCH METHODOLOGY

The research design, the research population, the various sampling methods that will be used in the study, the various research instruments to be used, validity and reliability of the research along with the ethical considerations and the limitations of the study.

## CHAPTER 4: PRESENTATION OF DATA / FINDINGS

Graphs, tables and or figures will be used to present the overall findings of the study through the further presentation of inferential statistics.

## CHAPTER 5: OVERVIEW

The research question is presented and the questions are then answered through the summary of findings and the sample profile.

## CHAPTER 6: CONCLUSION

This is the final part of the research which summarises the research objectives, provides recommendations for the study and the final summary of findings.

### 1.15 CONCLUSION

The provision of sanitary products is just one part of a comprehensive approach to menstrual health management that must be positioned within a larger sexual and reproductive health framework, i.e., a framework that addresses implementation and outlines roles. In light of the fact that students' sexual and reproductive health can be negatively impacted by structural and systemic issues both within the context of the school and more generally, there is a need for ongoing attention to the relationship between access to sanitary products and the risks associated with absenteeism in schools. There is an urgent need for more work to be done to provide all students with

accurate and high-quality information about sexual and reproductive health, which would entail more work (Crankshaw et al., 2020).

This chapter introduced the background on the study subject and/or construct being studied, from this practical and observed background the researcher presented the problem statement of the research study. The research further presented the research questions and objectives which the research believes will assist in providing solutions to the research problem. The literature review gives a detailed highlight of the work done by researchers on the subjects and presents their findings in supporting the proposed work along with a theoretical foundation that lies in feminism. Finally, this chapter presented the research methodology that is being adopted by the research, which gives an outline of the steps and process that the researcher has adopted for the research study. The main objective of the study is determining the evident policy disparities within public sector departments related to the South African Government's promise to distribute sanitary products in public spaces. Semi-structured interviews which are based on existing literature will be used in collecting data for this study.

## **CHAPTER 2: LITERATURE REVIEW**

### **2.1. INTRODUCTION**

The first chapter introduced the entire research problem, by clarifying what the study aims to achieve, and the objectives that need to be responded to and answered at the end of the research. Several sources of literature were used to respond to the research questions and to explain the main problem.

The feminist theory emphasizes even more the social issues and exclusions that young women and girls face. The literature that will be looked at highlights the significance of addressing the issue of providing free sanitary products for all young women and girls in order to combat period poverty and achieve sanitary dignity. This study is grounded in the feminist perspective that all women and young girls, especially those from disadvantaged backgrounds, lack access to sanitary products because they are unaffordable and because there are no clear implementation procedures for the policy frameworks designed to address the challenges of menstrual health management. Women have historically experienced severe discrimination, ranging from a lack of human rights and limited independence from their husbands to being judged to be less intelligent. Women have long been seen as less than fully human in many societies. When highlighting how women are naturally subordinate to men and thus naturally ruled by them, Benstead et al. (2015) trace the disparity of women back to the philosopher Aristotle. (Benstead et al).

Feminists generally concur, according to Eagly and Heilman (2016), that gender disparities must be known in order to be lessened and eventually eliminated because they are intolerable everywhere in the world. Feminist theorists examine how factors such as race, class, ethnicity, sexual orientation, nationality, and age intersect with gender to understand the differences between women. This theory further promotes giving women a voice by highlighting the various ways in which they have benefited society, including economically, socially, and politically. Feminist theory, or feminism, is in favor of gender equality.

This literature review will allow the reader to have a better understanding of the importance of the effective implementation of menstrual hygiene management systems through the implementation of existing policy frameworks to achieve sanitary dignity and eventually end what we know as period poverty.

To address the research topic which is; Ending period poverty through the distribution of free sanitary products through effective policy framework implementation. This chapter looks at the South African government's promise to distribute free sanitary products in public spaces and restricted access to menstrual hygiene products. The Research will also look into the various effects of menstruating in a world that discriminates against menstruators, available period-related legislature, advocacy programs and institutions, and the various discomforts and misinformation experienced by young women and girls. Lastly, it will also look at menstrual hygiene management and achieving sanitary dignity

To try to find solutions to the many problems that are either caused by or are a product of menstruation, women and young girls, especially those from poor and or indigent communities, there is a paper written by Tamryn Crankshaw, Michael Straus and Bongive Gumede titled; Menstrual health management and schooling experience amongst female learners in Gauteng, South Africa: a mixed method study, written to re-emphasize the fact that there is still a great need for a comprehensive sanitary towel distribution management system which will ultimately bring about the thorough implementation of plans that were drafted to ensure the effective distribution of these sanitary products by also eliminating the issues associated with menstrual health and hygiene (Crankshaw et al.,2020).

According to Crankshaw et al. (2020), findings, the provision of sanitary products is only one component of a comprehensive menstrual health management response which needs to be located within a broader sexual reproductive health framework, meaning a framework that speaks to implementation and will detail responsibilities. There is a need for a continuous focus on the link between access to sanitary products and the risks associated with absenteeism in schools with the full knowledge that there are systematic and structural complexities that can negatively impact the sexual reproductive health of learners within the school context and more broadly (Crankshaw et al.,2020).

Several female learners in Mpumalanga generally need to overcome many obstacles when completing their education which harms their growth and development. They often have to miss school or even resort to dropping out of school due to household responsibilities, poor sanitation facilities at schools, the lack and or inaccessibility of menstrual hygiene products, poverty, and for some, teenage pregnancy. It is evident that young women and girls in school also need support within their schools. In Mpumalanga, girls often receive little education surrounding puberty and menstrual health (A Spring of Hope, 2021).

There is a great need for the provision of high-quality and accurate sexual reproductive health information, and support for all learners would mean more efforts amongst educators to increase their reproductive health knowledge. This includes gender sensitization, values clarification, and ensuring that school sanitation facilities are hygienic, private, and safe, including adequate waste disposal containers and, more broadly, environmentally sustainable waste disposal systems (Crankshaw et al.,2020).

With the findings mentioned above in mind, introducing effective total quality management systems would ensure that public sector departments and people within those public departments would ensure complete access to these sanitary products for women and young girls and ultimately end period poverty.

Another article that was considered for the benefit of the research is an article called Improving access to menstrual hygiene products written by Kerry Millington from the Liverpool School of Tropical Medicine and Laura Bolton from the Institute of Development Studies as part of the Health and Education Advice and Research Team (HEART). The need for the distribution of sanitary products to young women and young girls is emphasized even though the market for menstrual hygiene products in developing countries is expanding rapidly, with efforts from both private demand and public efforts to try and improve the educational outcomes of young women and girls and the general health and dignity of all women and young girls (Millington and Bolton, 2015).

Some of the findings that Millington and Bolton (2015) made include the very point that has been stressed right through the research the fact that menstrual hygiene management has been a neglected priority and rarely appears in all national

government policies or advocacy agendas, the fact that even though the provision of accessible and or subsidized products can be viewed as a positive response. The continuity and sustainability of supply can be a problem in most cases, bringing us back to the need for management systems to be put in place to control the distribution of free or subsidized sanitary products. Reusable products are more economical, practical, and environmentally sustainable than disposable products. Even great examples of small-scale local enterprises manufacturing low-cost pads offer a more sustainable solution than the free provision of reusable ordinary menstrual hygiene products (Millington, 2015).

## 2.2. A WORLD THAT DISCRIMINATES AGAINST MENSTRUATORS

Menstrual activists Bobel and Fahs (2020) have questioned the reasons why the conversations surrounding menstruation have become exclusionary to the point that the menstrual needs of indigent women and young girls who do not come from privileged backgrounds have completely disappeared from the conversation. They acknowledge that the work of menstrual activists before them has led to the conversation about menstruation becoming more mainstream (Bobel & Fahs, 2020).

Bobel and Fahs (2020) further argue that discussion of menstruation often focuses solely on presenting an image of menstruation that is diluted and often negates the essence of shame associated with menstruation and actively avoids any discourse that might undermine the status quo. They further note that "the movement is now overtly engaged in the politics of respectability" as opposed to it being about ending period poverty (Bobel & Fahs, 2020).

The politics of respectability, or menstrual etiquette, often silences discussions about the difficulties of menstruation and its disproportionately negative impact on those who are marginalized, the lack of access to clean running water and menstrual hygiene products. The conversations that are had about menstruation are flooded by conversations that focus exclusively on access to menstrual hygiene products and by exclusively focusing on access to menstrual hygiene products they have inadvertently prioritized the merits of hiding menstruation through adequate access to menstrual hygiene products rather than viewing menstruation as a complex problem that is also

a public health, housing, water and sanitation, social development, and education issue (Bobel & Fahs, 2020).

The realisation of sanitary dignity should be a conversation that takes place between multiple government agencies and not just the Department of Women Youth and People living with Disabilities as the impact on young women and girls affects all aspects of their lives. Instead, the notion that one must keep menstruation private to be an empowered menstruator dominates contemporary discussions about menstruation (Bobel & Fahs, 2020).

In essence, Bobel and Fahs (2020) argue that menstrual activism is currently committed to keeping menstruation socially acceptable, rejects any radical change, and has turned its back on its radical history to reinvent itself as a neoliberal enterprise (Bobel & Fahs, 2020).

To fully understand Bobel and Fahs' critique of contemporary forms of menstrual activism, it is beneficial to understand the term menstrual etiquette as it shapes the politics and discourse around menstruation. Menstrual etiquette is the act of hiding menstruation and its discomfort, whereby society communicates to menstruators that it is important to hide the experience of menstruation and their status as menstruators, especially from boys and men in their communities (Sommer et al., 2015).

Menstrual shame, according to Sommer et al. (2015), is an inevitable part of the social order and has been normalised by the limited representation of menstruation in discourses that focus on health, political and socio-economic issues that menstruators may face. This ingrained shame, widespread even in developed, advanced Western countries, ensures that menstruation is perceived as something abhorrent by both men and women (Sommer et al., 2015).

### 2.3. MENSTRUATING IN THE WORLD TODAY

Every month, at least 500 million people are affected by period poverty. For example, of the 355 million people in India who menstruate, 12% cannot afford period products. People in developed and developing countries are also affected by menstrual poverty due to social and cultural stigmas, misinformation and gender discrimination related to periods. Currently, 800 million people around the world menstruate. Many of them

try to hide the bleeding or have difficulty finding sanitary products. Secrecy, shame and stigma plague people who menstruate (Hub, 2022).

A pressing issue related to period poverty is access to education. In India, about 23 million girls drop out of school every year due to a lack of safe and hygienic menstrual hygiene - including access to products and lack of awareness about menstruation. On the other side of the planet, 70% of Canadian women say they have ever been absent from school or work because of their period. This barrier to quality education can have serious consequences for girls, who have a harder time than boys finding jobs that can help them climb out of poverty (Hub, 2022).

COVID-19 has made it even more difficult to manage the period amid poverty or other deprivation. The problem of inequality has worsened during the pandemic. In 2020, there was an increase in violence against women and girls, a worsening of the situation of slum dwellers and the loss of 8.8% of global working hours, disproportionately affecting young people and women (Hub, 2022).

#### 2.4. MENSTRUATING IN A DEVELOPING WORLD

Menstruators living in insecure shelters such as informal settlements, squatter camps, communes, rural villages and mobile homes also face challenges during menstruation. They share a toilet with several people who may or may not be part of their immediate family. They often do not have a toilet in their house and are used to using unclean toilets. Although at first glance these menstruators are not considered 'homeless', the South African Homeless People's Federation points out that people living in poorly developed and neglected parts of South Africa are 'technically homeless' (Podlashuc, 2011).

In my extensive research for academic writings on menstrual health hygiene (MHH) and how vulnerable menstruators experience their monthly cycle, I found three case studies that highlight what marginalised women in developing countries experience. Menstrual hygiene means "access to clean hygiene materials that can be changed in private as often as needed, access to soap and water for washing, and access to a place where used hygiene materials can be disposed of hygienically or washed if reusable tampons are used" (Kuhlman et al., 2019).



According to Mason et al. (2013) women in developing countries face several challenges, including lack of access to water, hygiene and sanitation (WASH) during menstruation, shame and secrecy around menstruation, limited access to helpful information about menstruation and lack of reliable and safe menstrual health products (MHPs) (Mason et al., 2013).

According to the International Women's Development Agency (2018) access to clean water is one of the basics of life but water is more than what we drink (IWDA, 2018).

Even in countries where sufficient drinking water is available, access to water for washing and clean washing facilities is limited. This has a particularly negative impact on women and girls who are on their periods. For many women and adolescent girls in the countries where IWDA works in Fiji, Solomon Islands and Papua New Guinea, having a period already means being excluded from many aspects of daily life. It can mean bullying, shame and abuse. It can mean making makeshift sanitary towels from whatever material is available to you because quality products are not affordable or available. It can mean burning sanitary products because one is afraid to throw them in the bin where they might be seen. Poor access to sanitation further complicates the situation.

There are wide disparities in the Pacific region when it comes to sanitation, the rights of women and adolescent girls, and access to sexual health and reproductive rights education. But everywhere, women still face major obstacles when it comes to living in safety, freedom and dignity at different stages of life (IWDA, 2018).

It is important to note that Fiji, Papua New Guinea and the Solomon Islands are each unique, with their own cultural and ethnic composition, geographical distribution and levels of gender inequality. But there are not only differences between the countries. There is also a huge divide depending on where you live in these countries (IWDA, 2018).

In Papua New Guinea and the Solomon Islands, most of the population lives in rural areas, where only about 15% of the population has access to improved sanitation facilities such as hygienic and private toilets. Living in rural areas does not just affect sanitation - it can also mean the difference between having access to quality sanitary products and being forced to use inconvenient, often makeshift substitutes. Girls in

rural Solomon Islands, for example, have very limited access to quality, affordable hygiene products. These low-quality products can lead to rashes, discomfort and leakage, causing pain and perpetuating the cycle of shame (IWDA, 2018).

When women and girls do not have access to or cannot afford hygiene products, many resorts to rags, tissues, newspapers or layered underwear. This can prevent girls from fully engaging in school (IWDA, 2018).

Women, especially those engaged in informal work, also find the disposal and personal hygiene at work a problem. In the Solomon Islands, one woman reported going to the sea to wash, which can be a safety hazard. When women go to a remote area alone, they may be exposed to physical, sexual or emotional violence, especially if they only dare to do so after dark due to stigma. In some areas of Fiji's and Papua New Guinea's cities, professional waste disposal services are available, but in most cases, hygiene items, whether professional or makeshift, are bagged and taken home, left near toilets, disposed of in bins on the street, or even burned. Others may avoid changing them altogether, which can lead to skin rashes and other preventable health complications (IWDA, 2018).

The study called “We Keep it Secret so No One Should Know” is centered around what the researchers called the Menstrual Solutions Study which solely focused on school going-girls in Kenya and allowed them to raise issues considered relevant to their menstrual experiences (Mason et al., 2013). This study encompasses aspects such as paying for sanitary towels, how young girls are prepared for menstruation, identifying menstruation as an illness, and addressing the fear and shame that comes with menarche.

According to Mason et.al (2013), young girls face emotional and physical challenges when experiencing their menstruation in rural African populations, Menarche is the first -had no prior knowledge of menstruation and could only describe learning of menstruation only when they experienced bleeding for the first time (Mason et al., 2013).

These young girls’ knowledge of menstruation was rudimentary, but most of the girl’s understood menarche as a sign of being grown up or mature” (Mason et al., 2013).

Once a young girl had begun menstruating, she was more likely to become more vulnerable to being married off or being sexually abused by family members. The young girls reported that they viewed menstruation as a sickness that caused them to feel physically ill. The headaches, stomach aches, backaches and tiredness made housework more difficult for some young girls (Mason et al., 2013).

Other universal factors negatively impact menstrual hygiene, a study conducted by House et al (2012) shows how menstrual hygiene is often neglected by the water and sanitation sector because the provision of menstrual hygiene management tends to be focus on sexual and reproductive health and education (House et al., 2012).

This evident cycle of neglect is constituted by the lack of agency, misinformation, lack of social support, infringing on a girlchild's education, menstruation as an illness and a lack of sustainability, both environmentally and financially (House et al., 2012). The cycle begins when women and girls are excluded from decision-making and management in the development and making of relief programs (House et al., 2012).

This lack of involvement may also be personalised, at a household-level. Women and girls generally have little control over whether they have access to a private latrine or money to spend on menstrual hygiene products (House et al., 2012).

House et.al (2012) further argue that the cycle of neglect is compounded by a lack of information as well as a lack of awareness about menstruation which sparks an evident need for the incorporation of menstrual hygiene management into our education systems. Adolescent girls are not empowered with information about menstruation because their mothers or caregivers also have limited knowledge of menstruation and shy away from discussing the issues with them (House et al.,2012).

Women are also reported to be unaware of the biological facts or good hygiene practices which perpetuates the cultural taboos and stereotypes that restrict them from participating in their everyday activities. Apart from the social factors mentioned above, the cycle of neglect is also perpetuated by a lack of access to menstrual hygiene products and functioning water supply sanitation hygiene facilities. Social factors, such as religious beliefs, taboos and cultural practices, can mean that women are also denied access to water and sanitation when they need it the most because they are

not allowed to use shared water supply sanitation hygiene facilities during their periods (House et al.,2012).

Denying access to functioning water supply sanitation hygiene facilities causes academic suffering amongst young women and girls. After all, they can no longer go to school because they are unable to use shared water supply sanitation hygiene facilities at home or school. The health of menstruators can also be impacted by poor hygiene, which can lead to urinary tract infections and other sicknesses (Parrillo & Feller, 2017).

The cycle of neglect is completed by a lack of sustainability wherein failing to provide disposal facilities for used sanitary pads or cloths can result in significant solid waste issue, and failure to provide appropriate menstrual hygiene facilities at home or at school could prevent water and sanitation services being used as intended (House et al.,2012). Menstrual hygiene products are a basic necessity that many low-income women lack (Kuhlmann et al., 2019).

The need for menstrual literacy and puberty education is central to a comprehensive response to the challenges associated with menstruation. In theory, issues of menstruation should be part of comprehensive sexuality education for both girls and boys and in the wider school community. However, the quality of education is still largely unknown. Information about the menstrual cycle and good menstrual hygiene, coupled with teacher sensitivity and provision of psychosocial support where needed, are important components of an effective menstrual health management approach at the school-going level.

At the community level, among parents, community and traditional leaders, there is a need to increase general awareness of menstruation as a natural, healthy part of physical development and not as a tool that places women in an even more subordinate position to men (Julien, 2022).

The problem of menstrual pain and other diseases related to menstruation has not been sufficiently researched, nor has the extent to which girls and young women in countries with weak health systems access painkillers. More work also needs to be done to explore the potential of natural and traditional painkillers during menstruation (Julien, 2022).

## 2.5. MENSTRUATION- DISCOMFORTS AND MISINFORMATION

The study called “We Keep it Secret so No One Should Know” is centered around what the researchers called the “Menstrual Solutions Study’ which solely focused on school going-girls in Kenya and allowed them to raise issues considered relevant to their menstrual experiences (Mason et al., 2013). This study encompasses aspects such as paying for sanitary towels, how young girls are prepared for menstruation, identifying menstruation as an illness, and addressing the fear and shame that comes with menarche.

According to Mason et.al (2013), Young girls face emotional and physical challenges when experiencing their menstruation in rural African populations (Mason et al. 2013). Menarche is the first -had no prior knowledge of menstruation and could only describe learning of menstruation only when they experienced bleeding for the first time. These young girls’ knowledge of menstruation was rudimental, but most of the girl’s understood menarche as a sign of being grown up or mature (Mason et al., 2013).

Once a young girl had begun menstruating, she was more likely to become more vulnerable to being married off or being sexually abused by family members. The young girls reported that they viewed menstruation as a sickness that caused them to feel physically ill. The headaches, stomach aches, backaches and tiredness made housework more difficult for some young girls (Mason et al., 2013).

Other universal factors negatively impact menstrual hygiene, a study conducted by House et.al (2012) shows how menstrual hygiene is often neglected by the water and sanitation sector because the provision of menstrual hygiene management tends to be focus on sexual and reproductive health and education (House et al., 2012).

This evident cycle of neglect is constituted by the lack of agency, misinformation, lack of social support, infringing on a girlchild’s education, menstruation as an illness and a lack of sustainability, both environmentally and financially (House et al., 2012).

The cycle begins when women and girls are excluded from decision-making and management in the development and making of relief programs (House et al., 2012). This lack of involvement may also be personalised, at a household-level. Women and

girls generally have little control over whether they have access to a private latrine or money to spend on menstrual hygiene products (House et al., 2012).

House et.al (2012) further argue that the cycle of neglect is compounded by a lack of information as well as a lack of awareness about menstruation which sparks an evident need for the incorporation of menstrual hygiene management into our education systems. Adolescent girls are not empowered with information about menstruation because their mothers or caregivers also have limited knowledge of menstruation and shy away from discussing the issues with them (House et al.,2012).

Women are also reported to be unaware of the biological facts or good hygiene practices which perpetuates the cultural taboos and stereotypes that restrict them from participating in their everyday activities. Apart from the social factors mentioned above, the cycle of neglect is also perpetuated by a lack of access to menstrual hygiene products and functioning water supply sanitation hygiene facilities. Social factors, such as religious beliefs, taboos and cultural practices, can mean that women are also denied access to water and sanitation when they need it the most because they are not allowed to use shared water supply sanitation hygiene facilities during their periods (House et al.,2012).

Denying access to functioning water supply sanitation hygiene facilities causes academic suffering amongst young women and girls. After all, they can no longer go to school because they are unable to use shared water supply sanitation hygiene facilities at home or school. The health of menstruators can also be impacted by poor hygiene, which can lead to urinary tract infections and other sicknesses (Parrillo & Feller, 2017).

The cycle of neglect is completed by a lack of sustainability wherein failing to provide disposal facilities for used sanitary pads or cloths can result in significant solid waste issue, and failure to provide appropriate menstrual hygiene facilities at home or at school could prevent water and sanitation services being used as intended (House et al.,2012). Menstrual hygiene products are a basic necessity that many low-income women lack (Kuhlmann et al., 2019).

The need for menstrual literacy and puberty education is central to a comprehensive response to the challenges associated with menstruation. In theory, issues of

menstruation should be part of comprehensive sexuality education for both girls and boys and in the wider school community. However, the quality of education is still largely unknown. Information about the menstrual cycle and good menstrual hygiene, coupled with teacher sensitivity and provision of psychosocial support where needed, are important components of an effective menstrual health management approach at the school-going level.

At the community level, among parents, community and traditional leaders, there is a need to increase general awareness of menstruation as a natural, healthy part of physical development and not as a tool that places women in an even more subordinate position to men.

The problem of menstrual pain and other diseases related to menstruation has not been sufficiently researched, nor has the extent to which girls and young women in countries with weak health systems access painkillers. More work also needs to be done to explore the potential of natural and traditional painkillers during menstruation (Julien, 2022).

The Sanitary dignity framework by the Department of Women, Youth and Persons with Disabilities (DWYPD) has been proposed as a policy which is intended to promote and advance gender equality and the empowerment of women, by allowing them to manage menstruation with adequate dignity” (DWYPD, 2019). Sanitary dignity which can also be referred to as menstrual hygiene management is centered around the provision of menstrual health hygiene products, such as tampons and sanitary pads, to women and young girls who cannot afford these products which is amongst the number of aspects that make it impossible for vulnerable women and young girls to achieve sanitary dignity. The provision of sanitary towels has been viewed as the primary way to manage menstruation for young women and girls in South Africa knowing that menstruation is an uncontrollable inconvenient biological reality which is expensive for the majority of young women and girls (DWYPD, 2019).

The DWYPD (2019) further states the need to be able to manage menstruation with an adequate amount of dignity which is a basic human right. Therefore, the sanitary dignity framework envisages more than just the provision of menstrual hygiene products but also aims to address the issues faced by indigent women and young girls

by enforcing what is known as national norms and standards and making provision for a uniform approach to achieving sanitary dignity (DWYPD, 2019).

The Sanitary dignity framework has made provisions for young women and girls who may potentially miss school or work due to the lack of water and sanitation facilities and menstrual hygiene products. This framework has also acknowledged that the lack of these resources will harm indigent women and young girls' health and general well-being (DWYPD, 2019).

Missing school or work because of restricted access to menstrual hygiene products and water and sanitation facilities compromises the rights of indigent women and young girls which has a negative affect their self-esteem and confidence because of their inability to participate in their daily activities (DWYPD, 2019).

According to Budhathoki et al. (2018), in an article on menstrual health amongst young women and adolescent girls, menstruation can be defined as a naturally occurring physiological phenomenon in adolescent and pre-menopausal women. Menstrual Hygiene Management is; Women and adolescent girls using a clean menstrual management material to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required and having access to facilities to dispose of used menstrual management materials. Menstruation necessitates the availability of material resources to absorb or collect menstrual blood, facilitate personal hygiene and dispose of waste, ideally with adequate privacy. Women and girls in low-income settings have low awareness of hygienic practices and lack culturally appropriate materials for menstrual hygiene management (MHM) practices. Menstruation and associated activities are associated with silence, shame, and social taboos manifested in social practices that restrict mobility, freedom, and access to everyday activities (Budhathoki et al., 2018).

They were further stated in research conducted by Medina-Perucha et al. The importance of menstrual health has been historically neglected by society, primarily due to the evident taboos and misconceptions surrounding menstruation and androcentrism within health knowledge and health systems worldwide. There has also been a lack of attention on 'period poverty, which refers to the financial, social, cultural,



and political barriers to accessing menstrual products and education (Medina-Perucha et al., 2020).

According to A Spring of Hope, period myths and taboos are common in most rural and semi-urban areas, impacting girls' shame about menstruation. The lack of menstrual hygiene supplies and knowledge about menstruation leaves young women and girls feeling uncomfortable about attending school during their periods (A Spring of Hope Girls' Club, 2021).

An exploratory study was conducted in one district within the Gauteng province to determine the prevalence of access to sanitary products amongst female learners within schools and to gain a better understanding of the range of needs and challenges that female learner face in managing their menses within a school setting wherein a mixed method study consisting of a qualitative and quantitative component. The qualitative components of the study were exploratory to determine the range of challenges from the perspective of both female and male learners, educators, and parents (mothers). The primary objective of the quantitative component was to explore the extent of the challenges related to access to sanitary products and any other factors associated with access to sanitary products (Crankshaw et al.,2020).

The Department of Health, The Department of Women, and the Department of Education need to include this plan in their annual performance plans that hold each department accountable for the non-implementation of the policy frameworks they have developed. The issue of menstrual cycles is seen as taboo and is a matter that is not discussed openly in most communities which makes it difficult to gain accurate statistics regarding the number of girls that miss school due to their menstrual cycles.

## 2.6. ACHIEVING SANITARY DIGNITY

Menstrual hygiene. The effective management of menstrual bleeding in women and girls, is an important aspect of reproductive health which, if not managed appropriately, can lead to urinary tract infections, pelvic inflammatory disease and vaginal thrush, as well as bad odour, soiled clothing and ultimately feelings of shame, which in turn violates girls' dignity. International adolescent reproductive health organisations point out that good hygiene practices are essential during menstruation, including: changing clothes and underwear regularly; changing sanitary pads every three to four hours;

showering daily, especially in cases of dysmenorrhea; washing genitals appropriately after each urination and/or defecation; continuing normal routines and daily activities e.g., going to school, playing sports, etc. ; and maintaining a balanced diet with plenty of fruits and vegetables rich in iron and calcium (Oche et al.,2012).

Traditional norms and beliefs, socioeconomic conditions and physical infrastructure influence practices related to menstruation (UNICEF,2008). For example, Bharadwaj and Pakar from India report that menstruating women refrain from cooking and salting food following cultural traditions. Similarly, in certain parts of India and Nepal, women are not allowed to live in the home with other family members but must live in a separate part of the house. If the woman has to leave the house, there is a separate door for her to use. A menstruating Hindu woman has to cook her food and eat separately, these practices prevent girls and women from fully participating in society (Shukla, 2005).

These restrictions also affect how they deal with menstruation. Shukla from India reports that the practical needs associated with managing menstruation are not adequately addressed, leaving girls with very few, if any, options other than to use and reuse rags (Shukla, 2005).

A study conducted in the urban slums of Delhi found that out of 380 women, only 2.9 per cent used sanitary napkins and the rest used either rags or pieces of old cloth. Using rags is not a bad option in a financially constrained culture, but their hygienic handling is equally important. Generally, rags are reused after washing, but they are hidden away rather than dried in the sun, making them more susceptible to bacteria that could lead to infections (Garg et al., 2001).

It is also believed that bathing during menstruation can lead to illnesses ranging from headaches and backaches to mental illness (Khanna, 2005). In addition to bathing, certain foods are also avoided during this period, which is believed to have a 'hot' or 'cold' effect. The Chumash women, Native Americans living in coastal California, were not allowed to eat meat or fat or drink cold water for three days (Hudson, 1993).

These women were confined to a menstrual hut because they were considered at risk of hurting themselves, especially by scratching (Walker and Hudson, 1993).

The complaints commonly reported during this period are oedema, back pain, headaches, irritability and antisocial behaviour. These complaints occur in both the premenstrual and postmenstrual periods. A variety of home remedies are used to manage these complaints, such as black tea, unhygienic homemade vaginal pessaries, protein-free meals, etc. This situation potentially threatens the sexual and reproductive health of millions of women and adolescent girls in developing countries and its consequences impose a significant burden due to the enormous financial cost of health care in these countries. It is therefore important to understand the process, management, associated symptoms and biological significance of menstruation under the influence of different social norms. The study aimed to examine menstrual practices, conceptions, misconceptions, menstrual management, discomfort and coping among non-school-going adolescent girls from the lower socio-economic strata of Karachi, Pakistan (Walker and Hudson, 1993).

To reduce period poverty, menstrual products need to be made more affordable and accessible. In addition, governments, policymakers and educators need to take the issue of menstrual hygiene and education more seriously. Overall menstrual hygiene and awareness need to be improved. In 2021, Scotland will become the first country in the world to provide menstrual products free of charge to all who need them. The Free Provision of Menstrual Products Act was passed unanimously and came into force on 12 January 2021, Scotland. This Act provides: i. that the Scottish Government must create a system to provide free period products to anyone who needs them; ii. that all schools, colleges and universities must provide a range of period products free of charge in their washrooms; iii. that the Scottish Government has the power to direct any public body to provide free period products (Hub, 2022).

Ideally, period products should be free for all people on all premises. Abolishing the tax on period products, commonly referred to as the 'tampon tax', is a media move that more governments can afford to make immediately. In the United States, 30 of the 50 states still impose taxes on period products. Both developed and developing countries have shown that it is possible to abolish this unilateral tax, including Canada, Australia, Kenya, India, Jamaica, Nicaragua, Nigeria, Tanzania, Lebanon, Malaysia, Colombia, South Africa, Namibia and Rwanda (Hub, 2022).

Finally, our understanding of menstruation must evolve if we are to close this gap in a meaningful way. Period poverty and menstruation are not just women's rights issues. Women, non-binary people, trans men and other gender non-conforming people can experience menstruation, and not all women menstruate. Much research still focuses only on women and girls. It is important to de-gender the language we use around periods and menstruation. Using the term 'people who menstruate' is one way to be more inclusive of menstruation (Hub, 2022).

## 2.7. WATER SANITATION AND HYGIENE – W.A.S.H.

Water, sanitation and hygiene (WASH) play a major role in the lives of adolescent girls and women, both biologically and culturally. Gender equity becomes an issue when women and girls do not have access to WASH facilities and adequate hygiene education, which affects girls' education, sexual and reproductive health and dignity. The lack of adequate menstrual hygiene facilities and materials is associated with girls' absenteeism from school during their periods. <sup>1</sup>Many drop out of school permanently at the onset of puberty if toilets are not clean or do not offer girls privacy during their menstruation. Menstruation is a taboo subject in many cultures and can lead to stigma, shame and silence for young girls, often continuing into adulthood and perpetuating the cycle of gender inequality (Hub, 2022).

All over the world, girls try to keep their menstruation a secret while going to school. Without adequate sanitation facilities, girls are unable to manage their menstruation safely, hygienically and with dignity, and are unlikely to use the facilities if there is no guarantee of privacy. Due to social and WASH-related problems, many girls prefer to stay at home during their menstruation rather than manage their periods at school. <sup>3</sup>Other times, girls go to school but face problems such as leakage, smell, discomfort or difficulty concentrating.

When child-focused education programmes that raise awareness about menstrual hygiene (MHM) are combined with safe, private and gender-sensitive sanitation facilities, an accessible water supply and a way to safely dispose of menstrual waste, they can help reduce the burden girls face at school during menstruation. Access to these facilities at home and in health clinics is also important to ensure that women and girls can manage their menstruation safely at all times. MHM is a cross-sectoral

issue. Integrating the efforts of the WASH, education, gender equality and reproductive health sectors will help improve MHM.

## 2.8. MENSTRUAL HYGIENE PRODUCTS – M.H.P

There are different kinds of menstrual needs. Some women use only one kind, others a combination of two or more. Do not be afraid to try everything when considering what you like. Every period is unique, and knowing how your period works will help you plan and find the right tools to contain and control your period (Tantry, 2020).

### 2.8.1. Sanitary pads

Sanitary towels are ideal for lighter days. Many people use this product at the beginning and end of their period and when they are sleeping. Sanitary pads come in many different sizes, so you can get different sizes for each stage of your period.

The pads are self-adhesive, with sticky material on stretchy 'wings' and/or on the bottom of the product. Use the adhesive side of the pad to line your underwear and place the absorbent part over it. Most sanitary pads have super-absorbent technology inside, but some are made of plastic, which can disturb sensitive skin. Remember to change your pad every four to six hours (Tantry, 2020).

### 2.8.2. Tampons

Tampons are cotton-based products that come in either cylindrical or tent-shaped packaging. A tampon is inserted into the vaginal canal with a string hanging out to help with removal later. As the menstrual blood flows into the vaginal canal, the tampon absorbs the blood. The tampon is removed by pulling on the string (Tantry, 2020).

Tampons were invented in the 1920s, but it took about a decade before a patent was granted and they were commercially available. Tampons have helped people become more active during their periods. Some people wear a pad with a tampon to prevent leaking on heavy-period days (Tantry, 2020).

Tampons need to be changed regularly. If they stay in the vaginal canal too long, bacterial toxins can lead to toxic shock syndrome (TSS). Changing your tampon every

four to eight hours and not using it while you sleep can help prevent this TSS (Tantry, 2020).

### 2.8.3. Menstrual cups (Tantry, 2020).

Menstrual cups are flexible silicone-based cups. They can be clamped shut and inserted into the vagina. Unlike tampons, which soak up blood, they catch the blood before it reaches the vaginal opening. They tend to hold more blood than a tampon and do not pose a risk to TSS (Tantry, 2020).

To use a menstrual cup, simply insert it into the vagina so that the open end faces the cervix. Then go about your day. Remove the cup at least every 10 to 12 hours. Once you have emptied it into the toilet, you can wash it and reinsert it. Many people prefer this product because tampons and pads create too much waste in landfills (Tantry, 2020).

### 2.8.4. Period underwear

Period underwear is a relatively new product for periods. It looks and feels like regular underwear, but features technology that absorbs and holds menstrual blood without the need for tampons, pads or cups (Tantry, 2020).

Period underwear has ultra-thin layers of material in the crotch. These layers create a moisture-wicking, odor neutralizing, blood-absorbing and leak-proof barrier. This gives you maximum comfort with minimum effort. To wash your used underwear, simply rinse in cold water, use a cold-water wash cycle and line dry (Tantry, 2020).

### 2.8.5. Panty liners

Panty liners are similar to pads but much less bulky. They are designed for days with light menstrual flow and can protect your clothes without feeling bulky. (Tantry, 2020)

They have a self-adhesive side that sticks to your underwear and absorbs menstrual blood (Tantry, 2020).

### 2.8.6. Menstrual cloth

This type of menstrual product is one of the oldest and consists of pieces of cloth (usually cotton) worn on the outside of the body, in underwear or tied around the waist to soak up the menstrual flow. They are reusable after being carefully washed and dried (Brande, 2022).

## 2.9. MENSTRUAL HEALTH: A PUBLIC HEALTH ISSUE

In 2012, the South African Development Community created a framework called the Care and Support for Teaching and Learning Programme (CSTL) for South Africa. The framework provides an overarching conceptual framework within which care and support activities can be initiated, coordinated and scaled up to promote the right of all children and youth to quality education. It highlights some of the critical vulnerabilities that contribute to low enrolment, high dropout and poor performance in school (S.A.D.C, 2012).

It is well known that young women and girls experiencing period poverty may have to choose between buying food or a sanitary napkin. The Care and Support for Teaching and Learning Programme (CSLT) have introduced 10 priority areas of action in which they need to implement care and support activities in all South African schools to address the vulnerabilities of learners in the country. Ensuring sanitary dignity for young women and girls in schools includes the availability of water supply and sanitation infrastructure, menstrual products and menstrual education (S.A.D.C, 2012). Although the framework was established in 2012, it is still not clear who will be held accountable for non-implementation.

The South African government sought to draft a Sanitary Dignity Policy Framework in 2017 to set out the guidelines or norms and standards for how all nine South African provinces ensure access to sanitary products by addressing sanitary dignity. According to Crankshaw et al (2018), there have been attempts by the provincial government to establish school distribution programmes in the provinces for the provision of disposable sanitary pads to schoolgirls. While the principle behind these efforts is commendable, the reality is that very little research has been done in the South African context to support the government's efforts. If there is research in the South African context, it is in the form of small-scale qualitative studies that address

menstrual health challenges related to poor water supply and sanitation conditions, lack of privacy and discrete disposal facilities, and poor and unsafe sanitation in schools (Crankshaw et al.,2020).

A virtual meeting held by the Department of Women, Youth and Persons with Disabilities (DWYPD) in October 2020 reported on the poor implementation of the Sanitary Dignity Programme in 2019/2020. The national Ministry of Finance provided funding for this framework and disbursed the funds directly to all nine provinces. The implementation of the programmes was delayed in Eastern Cape, Limpopo and Mpumalanga due to deficiencies in procurement, which should not be the case when implementing a framework established three years earlier. The North West only had 25% of the budget, while the Northern Cape had not used the money. Gauteng and Free State were the leading provinces in commissioning women-owned and women-led suppliers to deliver sanitary towels to schools.

COVID -19 hampered progress in 2020/21, resulting in no sanitary towels being supplied in the first quarter. By the second quarter, the Western Cape, Gauteng, Free State and KwaZulu-Natal provinces had started supplying schools. The monitoring and evaluation framework to hold the provinces accountable will be ready in November 2020 (D.W.Y.P.D, 2021). Against this background, it is obvious that the South African government still has a long way to go.

## 2.10. ADVOCACY PROGRAMMES, LEGISLATURE AND ORGANISATIONS

### 2.10.1. DWYPD- sanitary dignity framework

In response to period poverty and recognition of the need for an enabling policy and legislative environment, the South African Department of Women, Youth and Persons with Disabilities (DWYPD) launched the Sanitary Dignity Framework in June 2019. One of the main objectives of the framework is to create an integrated and coordinated responsive government programme for the provision of free sanitary items to girls and women in need in South Africa. In addition to hygiene items, the framework provides for the provision of information and knowledge on menstruation, a clean and reliable water supply, adequate and hygienic washrooms with access to toilet paper, and hygienic and environmentally friendly disposal systems for the products used. The last



point is particularly important as it can take 500-800 years for a sanitary napkin to decompose (Julien, 2022)

The Sanitary Dignity Policy Framework was drafted in 2017 and published in 2019 and is now known as the Sanitary Dignity Framework. The Department of Women, Youth and Persons with Disabilities (DWYPD), which is responsible for gender equality and women's empowerment, has taken on the development of this policy to promote sanitary dignity and set norms and standards for the provision of hygiene items to persons in need (DWYPD, 2019).

In the South African context, sanitary dignity means that every woman and young girl in the country can manage her menstruation in a dignified manner. The Department of Women's Affairs further states that the ability to manage menstruation with appropriate dignity is essential to the human rights of women and girls. Dignity in this context is synonymous with high self-esteem and the promotion of self-worth. A menstruating woman's self-esteem is preserved through the provision of menstrual hygiene products and adequate water supply sanitation hygiene facilities to curb absenteeism from school or work and to ensure that a woman's health and well-being are prioritised. In this way, the DWYPD (2019) aims to correct past human rights violations that prevented indigent menstruators from participating in their daily activities (DWYPD, 2019).

Apart from the obvious violation of human rights, menstrual hygiene products such as pads, tampons and other menstrual products are a financial burden that those who do not menstruate do not have to worry about. According to the ministry, the objectives of the policy are to protect and preserve the health and dignity of girls and women in need as a fundamental human right, to establish an integrated and coordinated responsive government programme for the provision of free hygiene items to girls and women in need to ensure inter-ministerial and inter-governmental cooperation and to expand economic participation in the hygiene commodity value chain to include women's empowerment.

The policy intends on contributing to improving the learning capacity of vulnerable people, especially vulnerable girls, to promoting the participation of persons in need in society and the economy, by provide acceptable national norms and standards on

various aspects related to hygienic dignity and sanitary items and conducting awareness campaigns on sanitary dignity in general and the provisions of this Framework in particular to educate all persons involved on their rights, duties, responsibilities, roles and functions. Lastly, the policy will ensure that the provision of sanitary products is not inappropriately exploited for commercial purposes. For example, the resale of free products; and improving menstrual health and hygiene practices of persons in need with a view to improving their quality of life (DWYPD, 2019).

The programmes and activities that this policy commits to implementing are those that provide menstrual hygiene products and water supply sanitation hygiene facilities to the above beneficiaries. This policy will be implemented countrywide in a manner that prioritises the needs of the most vulnerable. However, it does not prohibit other efforts to promote and protect the sanitary dignity of young girls and women that are not mentioned (DWYPD, 2019).

In implementing this policy framework, one group at a time is being addressed. According to the Ministry of Women's Affairs, sanitary dignity policies are generally not properly regulated and managed. According to the Ministry of Women's Affairs (2019), the problem areas that give rise to the need for this policy are as follows:

There are no national norms and standards for sanitary items or the implementation of sanitary dignity programmes in the country; although some provinces provide hygiene items to some needy persons, this does not necessarily appear to be done under an approved policy. Furthermore, in some cases these initiatives are not adequately funded and coordinated;

the South African approach can be criticised as being too narrow, focusing mainly on maintaining the self-esteem of a needy girl or woman during menstruation through the provision of hygiene items, rather than a comprehensive package of education and water, sanitation and hygiene; the target groups vary from province to province, i.e., there is no clarity on who the beneficiaries should be and hence no consistency in this regard; and the impact and effectiveness of the project are not adequately monitored and evaluated in the provinces (DWYPD,2019).

The Sanitary Dignity Programme - Progress Report for the First Quarter (April-June 2019) The Sanitary Dignity Programme is implemented under the Sanitary Dignity Implementation Framework (SDIF), the main objectives of which are: to protect and uphold the health and dignity of girls and women in need as a fundamental human right; to provide an integrated and coordinated responsive government programme aimed at providing free sanitary items to girls and women in need; (iii) provide inter-ministerial and inter-governmental cooperation; to expand economic participation in the hygiene commodity value chain to promote women's empowerment; to contribute to improving the learning capacity of vulnerable persons, especially needy female students; to promote the participation of vulnerable people in society and the economy; to establish acceptable national norms and standards on various aspects of sanitary dignity and hygiene products; to conduct awareness campaigns on sanitary dignity in general and on the provisions of this Framework in particular, to educate all persons involved on their rights, duties, responsibilities, roles and functions; to ensure that the provision of sanitary items is not inappropriately exploited for commercial purposes. For example, by reselling free products; and improving menstrual health and hygiene practices of persons in need to improve their quality of life (DWYPD, 2019).

In all five categories, the needs of other needy menstruators, apart from school-age girls, are not mentioned.

#### 2.10.2. The World Health Organisation (W.H.O)

Menstrual health was not on the agenda of the International Conference on Population and Development, nor in the Millennium Declaration. It is also not explicitly mentioned in the Sustainable Development Goals for Goals 3 (health), 5 (gender equality) or 6 (water and sanitation). However, it has been placed on the global health, education, human rights and gender equality agenda by grassroots organisations and activists from the Global South, drawing attention to accounts of women's and girls' experiences of shame and embarrassment and the obstacles they face in coping period because they do not have the means to do so, which impacts on their life chances, including their rights to education, work, water and sanitation, non-discrimination and gender equality - and ultimately to health. WHO Welcomes the grassroots workers and activists, especially from the Global South, who are

persistently campaigning for menstrual health and welcomes the inclusion of the issue of menstrual health on the agenda of the Human Rights Council (WHO, 2022).

WHO Calls for three measures. First, to recognise and consider menstruation as a health problem rather than a hygiene problem - a health problem with physical, psychological and social dimensions that must be addressed in a life course perspective - from before menarche to after menopause. Second, to recognise that menstrual health means that women and girls and others who menstruate have access to information and education about it; to the menstrual products they need; to water, sanitation and disposal facilities; to competent and compassionate care when it is needed; to live, study and work in an environment where menstruation is seen as something positive and healthy, not something to be ashamed of; and to participate fully in professional and social activities. Thirdly, it is important to ensure that these activities are included in the relevant sectoral work plans and budgets and that their performance is measured (WHO, 2022).

WHO further recognises that several sectors play an equally important role in promoting and protecting menstrual health. It is committed to strengthening its efforts to encourage health policymakers and programme managers to work with these sectors to promote the rights of women, girls and other people who menstruate and to address their comprehensive menstrual health needs, particularly in humanitarian contexts. WHO is also committed to breaking the silence and stigma surrounding menstruation and to making schools, health facilities and other workplaces (including WHO) menstruation-friendly (WHO, 2022).

### 2.10.3. UNICEF

UNICEF is a global leader in menstrual health and hygiene through development and humanitarian programmes around the world and is committed to developing programmes that build the confidence, knowledge and skills of adolescent girls, women, transgender and non-binary people, and improve access to materials and facilities so they can manage their menstruation safely and with dignity (Menstrual Hygiene, n.d.).

UNICEF works in four key areas for better menstrual health and hygiene:

- Social support, Knowledge and skills
- Facilities and services, and
- Access to absorbent materials and supplies (Menstrual Hygiene, n.d).

UNICEF primarily supports governments to develop national strategies in areas such as health and education that address menstrual health and hygiene. Our programmes are developed to strengthen gender equality (Menstrual Hygiene, n.d.).

#### 2.10.4. IMBUMBA FOUNDATION- CARING FOR GIRLS

The Imbumba Foundation is a non-profit organisation founded by innovative social entrepreneur Richard Mabaso in 2010. The Foundation aims to bring about social change and economic upliftment in rural and economically marginalised communities in Southern Africa by investing in and supporting individuals and communities seeking to improve and empower themselves. The foundation has a subsidiary called "caring for girls", a sanitary pad distribution programme that aims to keep young girls in school during their monthly cycles (Imbumba Foundation, n.d.).

The programme focuses on educating about puberty and adolescence, demystifying myths about menstruation. It aims to address the high rate of school absenteeism due to a lack of proper hygiene protection. Statistics show that poor girls can miss up to 50 days of school per year due to menstrual cramps (Imbumba Foundation, n.d.).

In 2020, the Caring for girl's programme supported a total of more than 400,000 girls in need and reached an additional 27,000 new girls. On 8 December 2020, caring for girls launched its brand of sanitary napkins, which are manufactured locally. The initiative will help create jobs, provide an affordable option for low-income girls and increase the number of beneficiaries through distribution by corporate partners (Imbumba Foundation, n.d.).

In conclusion, no amount of support from the private sector, including from advocacy programs and nonprofit organizations, will persuade the South African government to give ending period poverty a high priority in order to achieve sanitary dignity. At the parliamentary committee meeting for the Sanitary Dignity Program Implementation held on 13 October 2020, the Department of Women, Youth, and Persons with

Disabilities reported on the poor implementation of the Sanitary Dignity Program in the year 2019–20 to Quintile 1-3 schools. According to reports, the National Treasury gave money directly to the nine provinces so they could give out sanitary products in schools; however, the Eastern Cape, Limpopo, and Mpumalanga provinces' implementation of the program was delayed because of flaws in the procurement procedure. Only 25% of the budget in the North West had been used to distribute sanitary products, and in the Northern Cape, not a single cent had been spent from their budgets. The leading provinces in appointing women-led and women-owned suppliers to provide sanitary products to schools were Gauteng and the Free State, but COVID-19 hindered progress in 2020/21, and as a result, no sanitary products had been delivered to schools in that year. Governments' blatant refusal to address menstrual health issues seriously by making efforts to ensure that women and young girls have full access to sanitary products and that there are clear rules regarding their distribution (Sanitary Dignity Programme Implementation, 2020).

The Sanitary Dignity Program's distribution of sanitary towels was funded by a budget that was already allocated to five provinces, but they failed to use all or a portion of it, highlighting the need for a monitoring and evaluation framework. Additionally, there is not enough data to support the continued delay in implementing comprehensive implementation plans. Growing evidence indicates that there is a critical need for the creation of efficient distribution plans in the form of total quality management systems or effective implementation plans to ensure the effective and efficient provision of free sanitary products to women and young girls. This will ultimately necessitate increased efforts to deliver high-quality and accurate sexual and reproductive health education. (Sanitary Dignity Programme Implementation, 2020).

Menstrual health has been incorporated into a number of nations' curricula and health policies. They have even gone so far as to create new distribution channels for women and young girls, which now include locally produced reusable and disposable pads and menstrual cups. We acknowledge that South Africa has made significant efforts to build a supportive environment for addressing menstrual health holistically. There is a significant exclusion of women and girls who do not attend school, which raises the question of whether they do not deserve access simply because they are not in school. This includes, but is not limited to, the development of the Sanitary Dignity

Implementation Framework, the national rollout of the sanitary dignity program, and the removal of value added taxes on sanitary towels, which was done in April of 2019.

## **CHAPTER 3: RESEARCH METHODOLOGY**

### **3.1. INTRODUCTION**

This chapter provides a detailed discussion of the methodological choice and process of the research design of the research study. It mainly relies on the philosophical perspective and the research problem to guide the methodological choice. This chapter also discusses the methods used in the data collection process and analysis adopted by the researcher. Women's empowerment is not taking place in any significant way in government agencies. Apart from general policies and practices that affect all employees, there are no specific programs that recognise women as a distinct stakeholder group with specific interests and needs, which includes issues related to recruitment, training and addressing the practical needs of women in the workplace (The Public Service Commission, 2006). The Department of Women, Youth and People with Disabilities (DWYPD) has developed an inter-governmental policy aimed at providing hygiene items to young women and girls from poor backgrounds who cannot afford them. To achieve decent hygiene, all young women and girls must be able to manage their menstruation normally and with dignity (DWYPD,2019).

### **3.2. PHILOSOPHICAL PERSPECTIVE OF METHODOLOGY**

Philosophical assumptions or paradigms are described as a set of beliefs that prescribe what should be studied, how the research should be conducted, and how the results should be interpreted (Bryman & Bell, 2015). In short, they are general orientations about the world that the researcher holds (Grey, 2014).

Grey (2014) claims that a paradigm contains the researcher's assumptions about how an investigation should be conducted, i.e. (methodology), as well as the researcher's definition of truth and reality, i.e., ontology, and how the researcher arrives at that truth or reality, i.e., epistemology (Grey, 2014).

A researcher's methodological choices are thus determined by philosophical assumptions about ontology/human nature and epistemology (Bryman & Bell, 2015).



### 3.3. RESEARCH DESIGN

According to Bryman and Bell (2015), the research design is a strategic procedural plan for collecting and analysing data to evaluate a perspective and provide answers to the research questions while controlling variance. Subsequently, research studies can be conducted in different ways depending on the researcher. The plan and structure of this study are best realised within the qualitative research design strategy, which was chosen because the study uses semi-structured interviews as data collection methods (Bryman & Bell, 2015).

### 3.4. RESEARCH APPROACH

Broadly speaking, there are three approaches or methods for conducting research: qualitative methods, quantitative methods and mixed methods (Creswell, 2003; Creswell & Plano-Clark, 2007; Teddlie & Tashakkori, 2009). As this study is about collecting and analysing data, a qualitative research approach is used to answer the research questions.

### 3.5. QUALITATIVE APPROACH

Qualitative research involves collecting and analysing non-numerical data to understand concepts, opinions or experiences. It can be used to gain in-depth insights into a problem or to develop new ideas for research (Bhandari, 2022).

In this study, the qualitative method is used to confirm or refute the main research question and other separate specific research questions as follows. The main research question is;

What are the evident policy disparities within public sector departments related to the South African Government's promise to distribute sanitary products in public spaces?

Therefore, conclusions drawn from the analysis of qualitative data will indicate which of the theories better reveals the evident policy disparities within our public sector departments about their promise to distribute sanitary products in public spaces.

There are sub-research questions that will be examined through the qualitative component of this research, which is specified as follows:

How will the effective implementation of government policy impact the lives of indigent women and young girls?

How will ending the period of poverty benefit the lives of women and young girls from indigent communities?

### 3.6. POPULATION

The target population is the population covered by a study in a particular geographical area such as a country, region or city in terms of age group and gender (Kumar, 2014). Kumar (2014) defines a population as a complete group of people who share a set of characteristics. In this study, the research population represents a well-defined collection of people known to share similar characteristics (Kumar, 2014; Meriam & Tisdell, 2015).

Emalahleni Local Municipality, one of the six local municipalities in the Nkangala District Municipality, is located in the province of Mpumalanga. It has a population of 395466, with 47.2% of females and 52.8% of males. With a growth rate of 3.58%, the Emalahleni Local Municipality is located in the western parts of the province and borders Gauteng. Due to its abundant coal reserves and power plants like Kendal, Matla, Duvha, and Ga-Nala, the southern portions of Emalahleni Local Municipality are known as South Africa's Energy Mecca. The Emalahleni region, which has a 27.3% unemployment rate and export opportunities for coal reserves, is connected to the Richards Bay and Maputo harbors by a southward road and rail network. The primary urban center of the municipality is Emalahleni City, and the other activity nodes/towns in the municipal area are Ogies, Phola, Ga-Nala, Thubelihle, Rietspruit, Van Dyksdrift, and Wilge (Statistics South Africa, 2011).

### 3.7. SAMPLE AND SAMPLING PROCEDURE

The sample size is the number of representative respondents who were selected for an interview or completed a questionnaire and or participated from the research population. The number depends on the level of precision required, the population size, the heterogeneity of the population and the resources available (Babie, 2014 & Blakstad, 2016).

This study also explores how the implementation of these interventions improves the lives of women and young girls. The focus is on 45 women and young girls and the staff members and volunteers of a Non-Profit organisation in Spring valley Farm in Emalahleni, Mpumalanga in order to get a picture of how the lives of the poorest members of the community can be improved.

### 3.8. SAMPLING METHOD

#### 3.8.1. non probability sampling

Non-probability sampling entails non-random selection based on practicality or other factors, making it simple to gather data (Mc Combes, 2019).

Due to sample eligibility restrictions, a non-probability sample will be used in the study. Young women and girls between the ages of 18 and 35 from impoverished communities who cannot afford sanitary products and are adversely affected by a lack of access to free sanitary products through the lack of government interventions will be the participants the researcher chooses who meet the requirements for the study. Finding these participants will not be a difficult task as an arrangement made with a local Non-profit organisation that deals with period poverty advocacy programs. Non-probability sampling is defined by Babbie (2014) and Blakstad (2016) as the process of choosing a sample in which each component of the population has an unknown chance of being included in the sample.

#### 3.8.2. Purposive Sampling

A type of non-random sampling method is called purposeful sampling. Purposive sampling refers to the process of selecting a sample with the highest probability of yielding data that will address the research question. The researcher can choose participants with first-hand knowledge of the phenomenon being studied using this kind of sampling technique, which is frequently used in qualitative research (Hassan ,2022).

Purposive sampling, where participants were purposefully chosen based on their position, was used for this study. Purposive sampling was used by the researcher because it gives the researcher flexibility in determining which sources will yield the

most useful data for the study's goals. having good knowledge of period poverty and having chosen participants who have firsthand knowledge of the inequalities associated with menstruation. Menstruation is unfortunately a phenomenon that only affects females, so it was necessary to apply an exclusionary criterion to the participants to prevent drawing in male participants who would be unable to provide adequate information on the effects not having access to sanitary products has had on their lives.

### 3.9. DATA COLLECTION

Data collection is the process of gathering and measuring information about variables of interest in a specified systematic way that allows the research question posed to be answered and the results to be evaluated. Data collection aims to collect high-quality data and conduct a comprehensive data analysis (Kumar, 2014).

Data collection methods are procedures that specify the techniques to be used, the measurement instruments to be used and the activities to be carried out when conducting a research study (Creswell, 2014).

The data collection methods that will be used are inclusive of a survey questionnaire, Open-ended interviews to avoid limiting participants to one answer and to allow them to provide as much information as possible about a question and lastly, the literature reviewed and existing research findings will be used to support this study. The use of different methods of information collection is likely to increase the validity and reliability of the data collected, rather than relying solely on the existing text on end-of-period poverty.

The questions in the interviews will be structured to answer the question of whether period poverty would end if free sanitary items were distributed in all public spaces through the effective implementation of government policy. Furthermore, the question of whether this implementation would have a positive impact on the overall well-being of all young women and girls will shed light on how and whether the non-implementation of this policy has affected the lives of many young women and girls from impoverished communities.

### 3.10. TRUSTWORTHINESS IN QUALITATIVE RESEARCH

According to Suttan and Austin (2015), qualitative research enables researchers to gain access to research participants' thoughts and feelings, which enables the development of an understanding of the meaning that people attribute to their experiences (Austin and Sutton, 2015).

Research trustworthiness is based on four factors, the first of which is credibility, or how confident the qualitative researcher is in the veracity of the study's findings. To ensure that the research's objectives are met and, in doing so, to reveal the truths and lived experiences of the participants in order to increase confidence in the study, the criteria used to select the appropriate participants for participation in this research were followed. The results of the study would then show how the participants' responses. The second factor, transferability, is how a qualitative researcher shows that the research's conclusions can be used in other situations. Transferability also refers to the study's capacity to open up a window for further investigation of the same subject (Saunders et al., 2019). In order to achieve sanitary dignity and to highlight the need for further investigation of studies of a similar nature, the study will then focus on highlighting the limitations that exist in other studies that have been conducted in relation to period poverty.

The degree of objectivity in the research study's findings is described by the third factor, confirmability. In other words, this means that the conclusions are based on participant responses and not the researcher's potential bias or personal goals. Making sure that the interpretation of the research participants' comments does not become biased by the researcher in order to support a particular thesis is necessary to achieve this. By showing that participant responses and the literature supported by the research's theoretical framework adequately addressed the primary issue, it was possible to demonstrate the veracity of the research's conclusions and interpretations. Each emerging theme was illustrated by quotations from participant responses. Lastly, the fourth factor that is demonstrated is dependability, which is the extent to which the study could be repeated by other researchers and that the findings would be consistent over similar conditions, which in this case can also refer to other studies that relate to ending period poverty in order to achieve sanitary dignity.

### 3.11. DATA ANALYSIS

Data analysis is the process of bringing order, structure and meaning to the mess of data collected (De Vos et al., 2014). Data analysis refers to the search for patterns in data, recurring behaviours, objects or bodies of knowledge. Once a pattern is identified, it is interpreted in terms of a social theory or the environment in which it occurred.

Data analysis, according to Mohaiminul (202), is the process of organizing and ordering raw data in order to extract useful information from it. Understanding what the data contain and do not contain depends on how the data are organized and thought about. There are many different approaches to data analysis, and it is infamously simple to manipulate data during the analysis stage in order to promote particular conclusions or agendas. Observations, measurements, and survey responses are all examples of raw data. During the data analysis process, the raw data is arranged in a way that will be helpful. As the data is arranged, trends frequently emerge; by emphasizing these trends, readers can be made aware of them. To back up statements based on data, it's critical to present the data in a way that is both clear and understandable (Mohaiminul,2020). The below diagram provides a simplified view of the steps within the data analysis process;



Source: adapted from Mohaiminul (2020)

- Step 1: Collecting raw data through the use of semi-structured interviews and literature to prove the main problem of the study.

- Step 2: Organising the data and preparing it for manual analysis. This entails transcription of the data from notes taken during the interviews and aligning it to supporting literature in order to assist in coming up with conclusions and recommendations at a later stage.
- Step 3: Cleaning or sorting out the collected data so that it reflects the purpose of the study, responds to the questions and objectives of the study, and it allows for all unnecessary information to be left of the research process.
- Step 4: involves extracting descriptions from the data, which results in the growth of themes. It is important to note that useless data will be removed, a procedure known as winnowing (Creswell & Creswell, 2018).
- Step 5: The last step is to interpret the outcomes of steps one through four of the data analysis process. Even if the interpretation of the data analysis results is not completely conclusive, it should confirm why you conducted it.

The following data analysis methods for qualitative data analysis that are typically employed within a data analysis process: i. Content analysis, which is a research technique used to draw conclusions from textual data that are repeatable and valid. The main characteristic of this method is the connections and patterns between the various concepts that are communicated. Qualitative information can be transformed into quantitative data by methodically analyzing the texts; ii. A thematic analysis, which entails reading through a collection of data and spotting patterns in meaning; iii. A narrative analysis, which refers to a collection of analytical techniques to interpret texts or data that are visual and take on a narrative or story form (Jansen, 2023). For the benefit of this research and to ensure that the lived experiences of young women and girls from indigent communities are documented and interpreted thoroughly, narrative data analysis alongside content analysis will be used.

### 3.12. ETHICAL CONSIDERATIONS

This study seeks to understand how period poverty can be ended through the effective implementation of government policies to ensure the end of period poverty and the improvement of the lives of many young women and girls from impoverished communities. This will seek to understand the impact that the inability to access

hygiene items freely has on their personal lives. To ensure that the rights of all participants who are part of the research are protected, written informed consent was obtained from participants who will actively participate in the research by completing a detailed consent form. Another ethical consideration in conducting this research, which Bhandari (2022) also cites, is ensuring the voluntary participation of participants, the confidentiality of participants' information, anonymity and ensuring that participants' personally identifiable information is not collected. Another consideration would mean, communicating potential harm to participants and ensuring that research findings are shared with participants as soon as they are available (Bhandari, 2022).

### 3.13. CONCLUSION

The research methodology, the approach, as well as the techniques and methods used to gather, handle, and analyze the data, have all been discussed in this chapter along with the research design. The chapter also covered the definition and explanation of the research design, the sample and sampling technique, the data collection instruments, and the steps and methods that will be used for data analysis. This chapter also highlighted the criteria for trustworthiness and ethical consideration to be considered when conducting the study.



## **CHAPTER 4: DATA ANALYSIS**

### **4.1 INTRODUCTION**

In the previous chapter a detailed discussion on the methodological choice and process of the research design that was used for the purpose of the research study , which was guided by philosophical perspectives and the research problem in order to guide the methodological choice of the study. It discussed the methods used in the data collection process and analysis adopted by the researcher. Chapter 4 can be viewed as the presentation chapter where in this chapter, the research problem is addressed and the methods used to collect data will be analysed in order to respond to the objectives of the study and along with the research questions. It will allow the reader to get an overview of the impact that the non-implementation of interventions that are meant to end period poverty has had on young women and girls.

### **4.2 QUANTITATIVE ANALYSIS**

The study aims to find out how effective implementation of policy frameworks can ensure the end of period poverty and to reiterate that a ministry must be held accountable for failing to implement policy frameworks that are meant to benefit the lives of women and young girls in need. All participants who took part in this study did so of their own free will. The responses are of those who either gave written consent by signing the ethical statement or gave verbal consent for us to conduct the study.

Data was collected from young women and girls who are part of a local Non-profit organization (NPO) that focuses on improving the lives of young women and girls from various backgrounds (mainly indigent) through several sanitary hygiene-related programs. 35 young women and girls were recruited to fill out questionnaires anonymously through this non-profit organisation.

The questionnaire addressed issues to highlight and re-emphasise the need for policy frameworks on period poverty to be implemented and to provide free access to sanitary products for all women and young girls. Their dignity should be restored so that they can participate in life and school without any interruptions, i.e., missing school or work due to menstruation, to show that a large number of women and young girls cannot afford to have a menstrual cycle, which is unfortunate because it is a natural

occurrence. The questions within the questionnaire were structured in order to find out what products or material are being used by young women and girls during their menstrual cycle due to the lack of access to menstrual products , the effect the lack of sanitary products has on them, the affordability of these products and the impact that the free access to these products will have on young women and girls.

#### 4.2.1. Demographics of participants

	<b>Gender</b>	<b>Racial Status</b>	<b>Age</b>	<b>Education level</b>	<b>Employment status</b>
1.	Female	African	23	Matric	Unemployed
2.	Female	African	19	Matric	Unemployed
3.	Female	Coloured	33	Matric	Unemployed
4.	Female	African	27	Diploma	Unemployed
5.	Female	African	21	Diploma	Unemployed
6.	Female	African	22	Matric	Unemployed
7.	Female	African	35	Diploma	Unemployed
8.	Female	African	30	Grade 11	Unemployed
9.	Female	African	30	Degree	Unemployed
10.	Female	African	19	Grade 10	Unemployed
11.	Female	African	23	Matric	Unemployed
12.	Female	African	19	Matric	Unemployed
13.	Female	Coloured	33	Matric	Unemployed
14.	Female	African	27	matric	Unemployed
15.	Female	Coloured	25	Diploma	Unemployed
16.	Female	African	22	Matric	Unemployed
17.	Female	African	33	Diploma	Unemployed
18.	Female	African	18	Grade 11	Unemployed
19.	Female	African	30	Degree	Unemployed
20.	Female	African	34	Grade 10	Unemployed
21.	Female	African	23	Matric	Unemployed
22.	Female	African	34	Matric	Unemployed
23.	Female	Coloured	19	Matric	Unemployed
24.	Female	African	27	Diploma	Unemployed
25.	Female	Coloured	34	Diploma	Unemployed
26.	Female	African	22	Matric	Unemployed
27.	Female	African	33	Diploma	Unemployed
28.	Female	African	22	Grade 9	Unemployed
29.	Female	African	30	Degree	Unemployed
30.	Female	African	34	Grade 10	Unemployed
31.	Female	African	23	Matric	Unemployed
32.	Female	African	19	Matric	Unemployed
33.	Female	Coloured	33	Matric	Unemployed
34.	Female	African	27	Diploma	Unemployed
35.	Female	Coloured	19	Matric	Unemployed

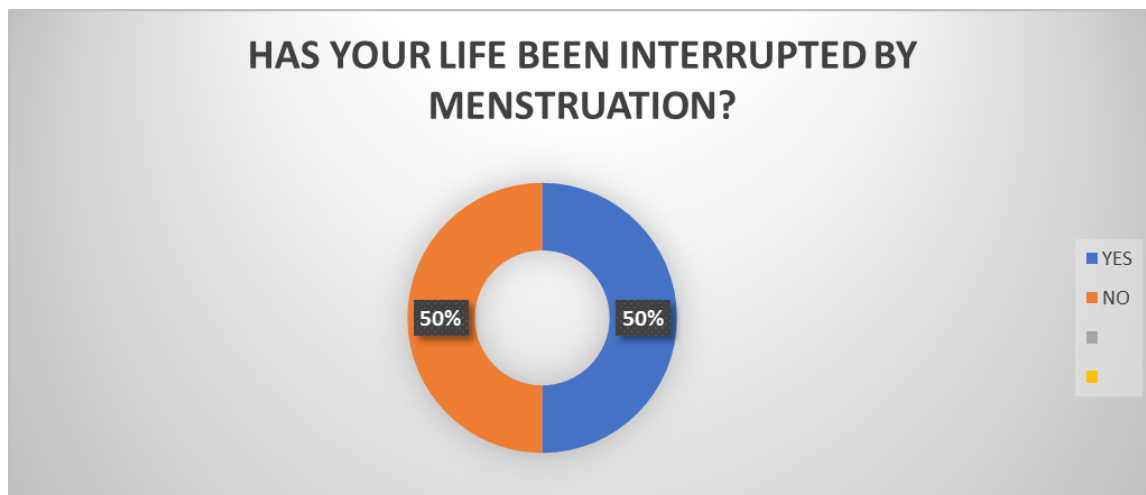
This section of the study presents the results of the survey conducted by the researcher to answer the research questions based on the responses of the study participants.

The following observations were made;

1. All 35 participants were female menstruators between the ages of 18 and 35
2. All 35 participants were unemployed and relied on a grant, donations and or family member for them to be able to have sanitary products
3. All 35 questionnaires were responded to by the participants
4. The reason for the participants wanting to remain anonymous is the taboo or stigma attached to not being able to afford menstrual products.
5. As indicated in the graph below, 80 % of the participants had to resort to an alternative that is not a safe hygiene product, i.e., a sanitary pad or tampon, and they had to use newspapers, towels, toilet paper and socks because they could not afford these products.



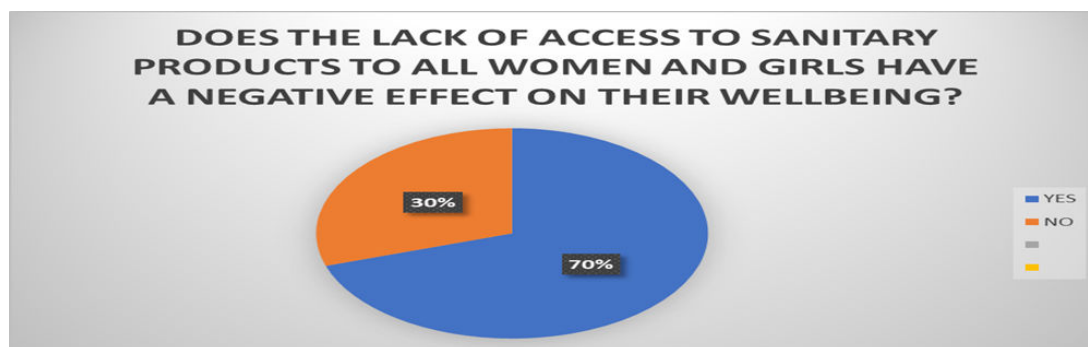
6. According to the below graph, 50% of the participants had to interrupt their lives, i.e., they missed school or work because they did not have access to these products. We need to be clear that the sociological impact of menstrual poverty and lack of access to hygiene products involves more than just missing school or work, but essentially alienation from society during menstruation.



7. According to the below graph, 90% of the participants cannot afford hygiene items and believe that their lives would be easier if they had access to free hygiene items. Access to hygiene items, decent treatment and education on how to deal with menstrual cramps is a human rights issue.



8. As indicated in the graph below, implementing effective policies to end menstrual poverty through the provision of free hygiene items will make life easier for many women and young girls in need. Across the continent, young women and girls are discriminated against in all aspects of life because of their gender, and taking care of their menstrual health and hygiene is a normal part of life that should not be another discrimination for them.



### 4.3 QUALITATIVE ANALYSIS

Participants in this study took part voluntarily and received no remuneration for their participation. Interviews with 10 staff members and volunteers from the same NPO that was used to gather the questionnaires in order to have a better understanding of how the effective implementation of policy frameworks and access to sanitary products can improve the lives of young women and girls.

All participants who took part in this study did so of their own free will. The responses are of those who either gave written consent by signing the ethical statement or gave verbal consent for us to conduct the study.

#### 4.3.1 demographic information of participants

	<b>Gender</b>	<b>Racial Status</b>	<b>Age</b>	<b>Education level</b>	<b>Employment status</b>
1.	Female	African	23	Matric	Self employed (entrepreneur)
2.	Female	African	19	Matric	Unemployed
3.	Female	Coloured	33	Matric	Unemployed
4.	Male	African	27	Diploma	Self employed (entrepreneur)
5.	Female	Coloured	34	Diploma	Unemployed
6.	Female	African	22	Matric	Employed
7.	Female	African	33	Diploma	Employed
8.	Female	African	30	Grade 11	Unemployed
9.	Female	African	30	Degree	Self employed (Entrepreneur)
10.	Female	African	34	Grade 10	Unemployed

The following observations were made;

All 10 participants were female menstruators

1. 3 out of the 10 participants were self-employed (entrepreneurs)
2. 2 of the 10 participants are employed
3. 5 of the 10 participants are unemployed and solely rely on social grants and donations

The interview questions that were used during the interview process are meant to show the policy inequalities within public sector departments related to the South African Government's promise to distribute sanitary products in public spaces which responds to the main research problem which speaks to ending period poverty through the distribution of free sanitary products through effective policy implementation.

The interview questions were structured in such a way that they reemphasise the need for the free access to sanitary products for all young women and girls through the effective implementation of policy which is related to sanitary dignity. Some of the questions that were focused on for the purpose of this analysis were in relation to the participants understanding of menstruation, their affordability in relation to sanitary products, alternative materials used as sanitary products, the effect access to free sanitary products will have on all women and young girls and in their opinion what the government can do in order to address issues related to menstruation.

The themes that emerged from the participants responses were the access and affordability of sanitary products amongst indigent women and girls; achieving sanitary dignity through government interventions and; the effects of menstruation on the lives of indigent women and girls.

#### Access and affordability

The need for free hygiene items for all women in public spaces to restore dignity to all women and girls and hopefully end period poverty is outstanding. The government must be held accountable for its inability to effectively implement policy frameworks to improve the lives of all women and girls by ending period poverty. There have been open appeals to the government and its ministries to prioritise menstrual issues by reducing the unnecessary VAT on these unavoidable hygiene products and ensuring their accessibility. However, there has been little progress in implementing such a

policy concerning the free distribution of hygiene products, women's health and period poverty.

In August 2018, J. McCarthy, a Global Citizens activist, again called on the South African government to meet the hygiene product needs of the country's women and young girls by abolishing the tax that makes menstrual hygiene products such as pads and tampons even more inaccessible to many women and young girls, and by introducing quality menstrual hygiene education (McCarthy, 2018).

Many women and girls do not have access to hygienic facilities or feel unable to manage their periods with dignity, often due to stigma or superstitious or religious dogma around menstruation. Many young women cannot afford menstrual hygiene products to meet their monthly needs, which in itself has a significant impact on their mental health and overall well-being. Therefore, improved access to affordable menstrual products is a great need, and menstrual hygiene is considered a basic need.

For an average of 40 years of their lives, many women have monthly periods. In South Africa, a sizable portion of women still lack access to the sanitary supplies they require each month. Girls and women in South Africa who experience period poverty are unable to work or attend school. This devalues menstruation and has a detrimental impact on their general hygiene (Phillip, 2021).

Advocacy programmes and initiatives that are intended at ensuring the access to free sanitary product for all women and girls from indigent communities need to be assisted by the efforts of government. There is still a large majority of women and girls that are still affected by the lack of access to these products and even though the sample selected for the purpose of the research does not represent all women, accessing sanitary products should not be difficult. When asked whether access to sanitary products has affected them in the past, 8 out of the 10 interview participants still struggle to have a constant supply of sanitary products on a monthly basis.

Question: Has accessing sanitary products affected you in the past?

Participant: “ .....it still affects me now. I don't have pads every month and I cannot afford to buy them every month ”.

When asked whether they have found themselves making use of an alternative method in cases where they had no access to sanitary towels 6 out of the 10 participants admitted to making use of unhealthy alternatives such as tissue paper as a means to help them prevent the blood from seeping through their underwear during their menstrual cycle.

Question: Have you found yourself having to use anything outside of the conventional sanitary products. if so, and what have you used?

Participant: “ yes, I have and it depends on what is available because sometimes we receive pads here so I don’t always have to worry ....but when I do not have any pads, I usually use toilet paper. I have had many instances where I am in public and I don’t have a pad....I obviously had to use something and a toilet paper was my only option.”

When asked how the participants access sanitary products on a monthly basis in order to try and establish the issue of affordability, 8 out of the 10 participants mentioned that they are unable to ensure a consistent supply of sanitary products for themselves because they cannot afford to do so. They are either unemployed or do not receive enough money at the end of the month for them to prioritise sanitary products in their monthly budget. Even though South Africa joined the growing list of nations with no sanitary pad taxes in 2018, the universally essential product is still quite expensive and at most reputable stores, a pack of 16 or 18 sanitary pads costs around R40 (Sithole, 2019).

Question: how do you access sanitary products on a monthly basis?

Participant: “I rely on some the donations that we receive on behalf of the NPO and when we do not have any stock, I make use of what is available. Pads are expensive so I need to improvise”.

## THE EFFECTS OF MENSTRUATION AND ACHIEVING SANITARY DIGNITY

Suppose we want to promote reproductive health and the rights of young girls and women. In this case, existing policy frameworks that address menstrual health should be adapted or such policy frameworks should be created that also address sexual and



reproductive health and rights issues to ensure that the implementation of these policy frameworks is inclusive of all groups of women and young girls (Africa Check, 2016).

To date, there is very little research on how unmet menstrual hygiene needs can affect mental health. More efforts need to be made to ensure that women and young girls receive the same attention as their non-menstruating gender counterparts to ensure equal access to opportunities without being hindered by their monthly cycle, which is inevitable.

A lack of privacy and access to menstrual hygiene products makes it even more difficult for girls to manage their periods during the school day. Often young women and girls feel discouraged at school and are reluctant to participate in classroom activities for fear of soiling themselves because they have used tissues or scraps of cloth to protect themselves from their periods (A Spring of Hope, 2021).

Given the many social initiatives to address menstrual poverty and bring about social change, there is a great need for government support. The Hygiene and Dignity Framework established by the Department of Women's Affairs needs to be effectively implemented along with all other policy frameworks that exist to address menstrual poverty. We acknowledge the efforts of the South African government to create frameworks and policy documents that directly address women's health and ensure that all women and young girls have full access to hygiene commodities. We must admit that when writing or developing a policy document or framework, there is a need to implement these policies or policy frameworks by establishing and implementing systems for comprehensive quality management. These systems are people-centred management systems that focus on increasing customer satisfaction, with a focus on women and girls who need access to free sanitary products.

In November 2020, Scotland became the first country in the world to provide free menstrual hygiene products to all its citizens who need them. This new development in the Global North shows that, if prioritised, developed countries can end period poverty<sup>15</sup> by providing MHPs for free. However, in the developing world, where water and sanitation facilities are underdeveloped and information about menstruation is rudimentary, achieving sanitary dignity is a somewhat greater challenge (Vora, 2016).

It is estimated that 30% of South African girls do not attend school while they are on their period because they do not have sanitary products. The frequency of period-related mishaps increases when girls do not have access to appropriate sanitary products. Without proper access to menstrual hygiene products, young girls are left to suffer the consequences of period-related mishaps. This makes it more difficult for women and girls to voice their concerns about their periods, for fear of being overlooked or made fun of, many people are unable to access sanitary products (Phillip , 2021).

When the participants were asked whether their lives had been interrupted whilst they are menstruating 6 out of the 10 participants cited that their lives are interrupted to a certain extent when they are menstruating, they either have to avoid certain activities, they have to limit their movement, they experience heavy bleeding and or they fall ill during this time.

Question: Has your life been interrupted by menstruation and how has it been interrupted?

Participant: "yes it has, I have a heavy menstrual Cycle so I don't sleep well most night when I am on my period and sometimes, I am forced to stay home because of the pain. Having to worry about leaking on yourself on days when I you have to use a tissue is also not comfortable "".

When asked what can be done to make the lives of the participants easier, all 10 participants cited having access to a constant supply of sanitary products during their menstrual cycles.

Question: What can be done to make your life easier during menstruation?

Participant: "Having access to enough sanitary towels that are reliable and capable of holding my flow and never leak".

Participant: " Besides having pads, there is nothing else "".

When the participants were asked how having sanitary products freely available will make their lives easier, they had similar responses and were interested in the betterment of the lives of all women and girls .

Question: How would having sanitary products freely available to all women and girls make life easier?

Participant: “ By ensuring that all women and girls no longer miss school or work because of their periods, which increases their chances of improving their life circumstances and breaking the poverty cycle and restore their dignity so that they don't ask for handouts “.

The preservation and maintenance of the self-esteem of an indigent girl or woman, especially during menstruation; "sanitary products" means disposable sanitary pads that comply with the standards contemplated in this Policy Framework and that are provided to the indigent (D.W.Y.P.D, 2019).

When the participants were asked what in their view can be done by government to address the issues related to menstruation the participants mentioned the need for sanitary products to be more accessible and for period related matters to be taken more seriously.

Question: What can government do to address the issues related to menstruation?

Participant: “ Pads need to be given the same amount of attention as condoms, we can't keep suffering because of something we cannot control”.

Participant: “ By providing awareness campaigns on menstruation and to make menstrual products accessible or affordable, we cannot be fighting both”.

To achieve decent sanitation in South Africa, investment in improving housing and water supply and sanitation infrastructure must be prioritised to ensure that all women and girls have a safe and private space in which to experience their periods with comfort and ease. Women and young girls in need face a range of issues that vary in severity but are similar. Below are the three main problems homeless women face during their menstruation: There is no safe and comfortable place for them to rest and relieve the symptoms of menstruation, there is no access to W.A.S.H (water, sanitation and hygiene) and no access to quality menstrual hygiene products (Vora, 2016).

The Sanitary Dignity Framework is in the implementation phase and therefore the available information, is the content of the policy document itself and the actions taken

by public administrators and officials to meet the mandates set out in the policy. The policy has now evolved into programmes, small units of tasks and actions designed to fulfil the main objectives of the policy. The Sanitary Dignity Framework addresses only two of these three issues, namely the provision of menstrual hygiene products and water and sanitation. These provisions have been made primarily for women who go to school and menstruate, and exclude several classes of women who are also underprivileged and experience menstruation. Better efforts could be made to ensure that these policies are more inclusive. Making menstrual hygiene products accessible in public spaces will reduce the financial burden on all menstruators.

#### 4.4 CONCLUSION

This chapter presented the findings of the research through data analysis , responding to the problem of the study and the methods used to collect data were analysed in order to respond to the objectives of the study and along with the research questions.

## **CHAPTER 5: DISCUSSION OF FINDINGS**

### **5.1. INTRODUCTION**

This chapter first discusses the findings of the study in line with the research objectives of the study. The researcher goes into detail on whether the objectives of the study were achieved and if so, how they were achieved. The researcher also draws informed conclusions based on the results and findings of the study

### **5.2. OVERVIEW OF STUDY**

Chapter one of the study had a focus on the objectives, population, various constraints and delimitations, and the questions that need to be addressed and resolved at the conclusion of the research are all made clear and further describes the type of methodology used, the ethical standards that need to be upheld while conducting the study, the research tools that were be used, the theoretical framework for the study, and the research design.

Chapter two of the study which is the literature review allows the reader to have a better understanding of the importance of the effective implementation of menstrual hygiene management systems through the implementation of existing policy frameworks to achieve sanitary dignity and eventually end what we know as period poverty.

Chapter three of the study provides a detailed discussion of the methodological choice and process of the research design of the research study. It mainly relies on the philosophical perspective and the research problem to guides the methodological choice. The third chapter also discusses the methods used in the data collection process and analysis adopted by the researcher.

Chapter four of the study can be viewed as the presentation chapter where the research problem is addressed and the methods used to collect data will be analysed in order to respond to the objectives of the study and along with the research questions. It provides an overview of the impact that the non-implementation of interventions that are meant to end period poverty has had on young women and girls.

### 5.3. SUMMARY OF FINDINGS

The findings in this study are founded within the feminism theory which is a theory that which examines societal gender inequalities and reflects on the fact that all women and young girls, especially those from disadvantaged backgrounds, lack access to sanitary products because they are unaffordable and because there are no clear implementation procedures for the policy frameworks designed to address the challenges of menstrual health management. Menstruation is a biological process that only affects women but it should not continue to be the reason indigent women and girls are left out of opportunities that are meant to better their lives because of a lack of access.

The devaluation of menstruation continues to lead to there being insufficient public education on healthy menstrual hygiene practices. The devaluation of menstruation has led to misinformation and neglecting legislation that is centered around ending period poverty in order to achieve sanitary dignity for all female menstruators through the provision of free sanitary products. There is a great need for partnerships by government with private sector organisations that host advocacy programs that are aimed at fighting period poverty in order to use realistic frameworks and implementation strategies based on the lived experiences of all women and girls ensuring that there are no economic or infrastructural exclusions such as affordability and their demographics.

In response to the main problem of the study which is ending period poverty through the distribution of free sanitary products through effective policy framework implementation, the researcher made use of a qualitative research approach which involved collecting and analysing non-numerical data through the use of semi-structured interviews which were supported by a survey questionnaire in order to understand concepts, opinions or experiences of indigent women and girls who experience the inequalities that come with menstruation along with existing literature and legislation that is centered around menstruation and achieving sanitary dignity.

The objectives of the research are; i. Emphasizing the policy disparities that exist in sanitary dignity related frameworks and the south African governments promise to distribute free sanitary products in public spaces; ii. Reflecting on how the effective

implementation of sanitary dignity related frameworks will impact the lives of indigent women and girls; and iii. Demonstrating how ending period poverty will benefit the lives of indigent women and girls. The way in which these objectives were responded to in relation to both the literature review and the research findings is below.

5.3.1. Emphasizing the policy disparities that exist in sanitary dignity related frameworks and the South African governments promise to distribute free sanitary products in public spaces

5.3.1.1 Menstruating in a world that discriminates against menstruators

There is still a long way to go to achieve sanitary dignity and ensure access to free sanitary products for all women and girls. Menstrual etiquette, or the notion that it should be kept private, needs to end, and more activists are needed to combat the injustices caused by period poverty, including the fight for access to free sanitary products, the lack of access to proper sanitation, which continues to restrict the participation of poor women and girls in daily life, and the absence of public menstrual health education. These observations are in line with literature from Bobel and Fahs (2020).

Menstruation is often seen as a financial burden on low-income menstruators around the world.

5.3.1.2. Menstruating in the world today

Literature by Hub (2022) highlighted that women in developing countries face avoidable challenges such as lack of healthy menstrual hygiene management systems, lack of access to water sanitation and hygiene facilities, and lack of reliable and safe sanitary products, putting their lives at risk. The findings of this study are in agreement with Hub (2022), observation as most of the respondents highlighted.

The COVID 19 pandemic caused an increase in violence against women and girls and the loss of 8.8% of global working hours, slowing progress in fighting period poverty.

#### 5.3.1.3. Menstruating in a developing world

Podlashuc (2011) further highlighted that menstrual hygiene is essential for indigent menstruators, as it provides access to clean hygiene products, soap, and water, as well as a place to dispose of used products. Access to sanitary washing facilities is scarce, especially for girls and women going through their periods. Menstrual hygiene is neglected by governments, as it is seen as an incurable illness that interferes with the right to dignity. This perception of menstruation as an illness has created an obvious cycle of neglect. The management of menstrual hygiene should focus on sexual and reproductive health and education, rather than infrastructure. The most important details are that comprehensive sexuality education for both girls and boys should include topics related to menstruation, and that an effective menstrual health management strategy should include education about the menstrual cycle and good menstrual hygiene, teacher sensitivity, and psychosocial support.

#### 5.3.1.4. Menstruation- discomforts and misinformation

Menstrual hygiene management needs to be incorporated into our educational systems because there is a lack of knowledge and awareness about menstruation. Lack of access to menstrual hygiene products and functional water supply sanitation hygiene facilities perpetuates the obvious disregard for menstruation issues.

Mason et al (2013) mentions that for a comprehensive response to the problems related to menstruation, menstrual literacy and puberty education are essential. Comprehensive sexuality education for both girls and boys as well as the larger school community should include topics related to menstruation. The Departments of Health, Women Youth and people living with Disabilities, and Education must each have an action plan in their annual performance plans that holds them responsible for not putting the policy frameworks they have created into practice. Since menstruation is considered taboo and is rarely openly discussed in most communities, it is challenging to collect reliable data on the number of girls who miss school because of their periods.

#### 5.3.1.5. Menstrual health: a public health issue

Sanitary dignity and ending period poverty need to be emphasized in all period related frameworks. The South African Development Community created the Care and



Support for Teaching and Learning Program (CSTL) in 2012 to promote the right of all children and youth to quality education. The framework provides an overarching conceptual framework within which care and support activities can be initiated, coordinated and scaled up to ensure sanitary dignity for young women and girls in schools. However, it is still not clear who will be held accountable for non-implementation.

The Department of Women Youth and People living with disabilities drafted a Sanitary Dignity Policy Framework in 2017 to ensure access to sanitary products. However, little research has been done in the South African context to support the government's efforts. The research that exists is in the form of small-scale qualitative studies that address menstrual health challenges related to poor water supply and sanitation conditions, lack of privacy and discrete disposal facilities, and poor and unsafe sanitation in schools.

The government allocated funds to distribute free sanitary products to schools, but due to poor procurement, the programs' implementation in the Eastern Cape, Limpopo, and Mpumalanga was delayed. Only 25% of the allocated funds were used in the North West, and the remaining funds were not used in the Northern Cape. This is unacceptable when implementing a framework established three years prior that needed to be clear with regards to the overall implementation of it.

COVID-19 hampered progress in 2020/21, resulting in no sanitary towels being supplied in the first quarter. By the second quarter, the Western Cape, Gauteng, Free State and KwaZulu-Natal provinces had started supplying schools. Despite this progress, the South African government has no intentions to end period poverty and intends on doing so "on paper". COVID-19 pandemic cannot be used as an excuse why sanitary dignity does not find expression in policy and why there are no clear action plans to avoid mismanagement of resources meant to benefit indigent women and girls.

### 5.3.2. The Importance of effective menstrual hygiene management systems and interventions

#### 5.3.2.1. Menstrual Hygiene Management

The following was emphasized; menstrual hygiene management is a neglected priority, but accessible and subsidized products can be a positive response to this problem.

Mason et al (2013) further alludes to the importance of functional menstrual health management systems which should be put in place to control the distribution of free or subsidized sanitary products, as reusable products are more economical, practical, and environmentally sustainable than disposable products.

In order for women, girls, and other menstruators to reach their full potential, effective menstrual hygiene management (MHM) is essential.

Improving menstrual hygiene and access to affordable menstrual materials can improve girls' and women's access to education, jobs, promotions, and entrepreneurship, increasing female contributions to the economy.

Ensuring women and girls have access to sustainable and quality menstrual products can reduce global waste.

#### 5.3.2.2 Water Sanitation and Hygiene (WASH)

The following findings with regards to water sanitation and hygiene were made; the lack of adequate menstrual hygiene facilities and materials leads to girls' absenteeism in school in most instances.

Menstruation is still a taboo subject in many cultures, leading to stigma, shame and silence for young girls, perpetuating gender inequality.

women and girls are unable to manage their menstruation safely, hygienically and with dignity if there is no guarantee of privacy.

Menstrual hygiene management programs need to be combined with safe, private and gender-sensitive sanitation facilities, an accessible water supply and a way to safely

dispose of menstrual waste to reduce the burden girls face at school during menstruation.

Access to water sanitation and health facilities is essential for women and girls to manage their menstruation safely.

#### 5.3.2.2. Advocacy programmes, legislature, and organisations

The following was found; sanitary dignity policies are generally not properly regulated and managed.

The sanitary dignity framework, which only focuses on school-going menstruators, should not prevent other initiatives to promote and protect the sanitary dignity of young girls and women that are not mentioned within the framework.

Although some provinces provide hygiene items to some needy people, it does not appear that this is done in accordance with an approved policy. There are no national norms and standards for sanitary items or the implementation of sanitary dignity programs in the country. In some instances, these initiatives also lack adequate funding and coordination.

The sanitary dignity framework is focused on maintaining the self-esteem of a needy girl or woman during menstruation, but the target groups vary from province to province and the impact and effectiveness of the project are not adequately monitored and evaluated.

The South African government will not be persuaded to make sanitary dignity a top priority by any amount of private sector support, including from advocacy programs and nonprofit organizations. The ongoing holdup in carrying out thorough implementation plans cannot be justified by the available data. A growing body of research suggests that efficient distribution plans, such as total quality management systems or effective implementation plans, are urgently needed to ensure the effective and efficient distribution of free sanitary products to women and young girls.

Women and girls who don't go to school are excluded from access to sanitary towels, despite the creation of the Sanitary Dignity Implementation Framework, nationwide implementation of the Program, and elimination of VAT on sanitary towels.

### 5.3.3. Access and affordability of sanitary products

#### 5.3.3.1. Achieving sanitary dignity

Managing menstrual bleeding is essential for reproductive health, as it can lead to infections, pelvic inflammatory disease, and vaginal thrush, as well as bad odor, soiled clothing, and shame.

Women and young girls have very few, if any, options other than to use unhealthful substitutes like toilet paper because the practical needs associated with managing menstruation are not adequately addressed. Menstrual products need to be more readily available and affordable in order to reduce period poverty.

Menstrual hygiene and education are important issues that need to be taken seriously by governments, policymakers, and educators.

Menstrual hygiene in general needs to be improved, as does awareness.

In a perfect world, all women and girls would have free access to period products everywhere.

If we are to meaningfully close this gap, our understanding of menstruation must change. Menstruation and period poverty are not just issues for women's rights.

### 5.4 CONCLUSION

This chapter discussed the findings of the study in line with the research objectives of the study and draws informed conclusions on the results of the study findings.

## **CHAPTER 6: SUMMARY AND RECOMMENDATIONS**

### **6.1 INTRODUCTION**

In the previous chapter, a discussion on the findings of the study in line with the research objectives of the study was provided and drew informed conclusions on the results of the study findings and made recommendations for future studies. In this chapter the limitations of the study, summary of what was concluded in the findings of the study are presented along with recommendations that are based on the narrative discussion of the result was presented in the previous chapter.

### **6.2. SUMMARY OF FINDINGS**

The results of the study were compiled into a report for the readers' comprehension. The report was written in a descriptive and narrative style, outlining the challenges of managing menstrual hygiene. The responses from the participants and the various pieces of literature examined are accurately and clearly represented in the report.

Literature on menstrual hygiene management, sanitary dignity in policy, free access to sanitary products, and adequate water, sanitation, and hygiene facilities are frequently discussed in relation to period poverty. The fact that governments around the world have made little to no progress on these issues after so many years is alarming. Many women and girls struggle to find the financial means to purchase sanitary products and this on its own has a negative impact on their mental health and general wellbeing. Menstrual hygiene is regarded as a basic need, and improved access to cost-effective menstrual products is urgently needed. To ensure that all women and girls have a safe and private space in which to experience their periods with comfort and ease, investment in improving housing, water supply, and sanitation infrastructure must be prioritized.

Public-private partnerships should be prioritized in order to guarantee that period poverty's problems are resolved in order to significantly improve the lives of all women and girls. It is necessary to hold the government responsible for its failure to successfully implement frameworks for policy that would enhance the lives of all women and girls by eradicating period poverty. Sanitary dignity as a public health concern cannot be attained solely by providing sanitary products to poor women and

girls. Instead, there needs to be a multi-departmental strategy that prioritizes menstrual hygiene management systems, ensuring that these products are freely accessible in public areas and reducing the financial burden on indigent women and girls.

In terms of the free distribution of hygiene products, women's health, and period poverty, there hasn't been much progress made in putting this policy into practice. Indigent women and girls who cannot afford menstrual products are disproportionately affected by the lack of action on these issues, which has a negative impact on their health, education, and general well-being. Menstrual hygiene must be treated as a fundamental human right, so the government must act right away to address this problem.

There is a critical need for government intervention given the numerous social initiatives being undertaken to address period poverty and bring about social change. Along with all other existing policy frameworks, the sanitary dignity framework must be successfully implemented to address period poverty. Several classes of women who are also underprivileged and experience menstruation are not included in these provisions because they were made primarily for women who attend school and do so. To ensure that these policies are more inclusive, better efforts could be made. All menstruators will have less financial stress if menstrual hygiene products are made available in public areas.

Menstrual health must be acknowledged as a fundamental right under the health charter. This was never more evident than during the COVID-19 pandemic, when indigent menstruators had a difficult time finding safe, hygienic, private spaces to manage their periods and were also faced with a lack of menstrual products, a necessity for maintaining their health and dignity. More research is required to determine the prevalence and health effects of period poverty. Research is another tool for bringing about social change.

## 6.3. RECOMMENDATIONS

6.3.1. Objective1: To emphasize the policy disparities that exist in sanitary dignity related frameworks and the South African governments promise to distribute free sanitary products in public spaces

### Recommendation 1

Menstrual health and hygiene must be prioritized by governments and policymakers as a fundamental human right, and funding must be set aside to address this problem. Breaking the stigma associated with menstruation is essential, as is building a more accepting society that caters to the menstrual needs of all women and girls.

### Recommendation 2

Efforts are needed to ensure that women and girls have access to affordable and sustainable menstrual hygiene solutions, as well as to address the root causes of gender-based violence. This will require a coordinated effort from governments, NGOs, and the private sector to ensure that no woman or girl is left behind.

### Recommendation 3

In addition to having an adverse effect on girls' and women's physical health, the lack of access to menstrual hygiene products and proper sanitation facilities also limits their opportunities for economic advancement and educational advancement. Governments must take steps to provide adequate resources for menstrual hygiene management and acknowledge the significance of this issue.

### Recommendation 4

To address the cultural taboos and stigmas surrounding menstruation in order to create a supportive environment for women and girls.

### Recommendation 5

In order to ensure that community leaders and healthcare professionals understand the significance of eradicating taboos and stigmas associated with menstruation as well as providing access to affordable menstrual products that will lessen the burden

and shame associated with menstruation, it is essential to involve them in these efforts.

#### Recommendation 6

Educating both girls and boys about menstrual hygiene management in order to break the taboo surrounding menstruation and promote gender equality which will help to ensure that young people have access to accurate information and resources to manage their periods with dignity and confidence. It can also contribute to reducing absenteeism and drop-out rates among girls due to menstruation-related issues.

#### Recommendation 7

The lack of sufficient data related to menstrual health management highlights the need for more research and advocacy to address the issue of menstrual health management and its impact on girls' education. Additionally, providing access to menstrual hygiene products and education can help reduce absenteeism and improve academic outcomes for girls.

#### Recommendation 8

In order to ensure the successful implementation of policy frameworks related to sanitary dignity and hold responsible parties accountable for any failures or shortcomings, it is essential to establish clear accountability mechanisms within sanitary dignity-related policy frameworks or interventions. This might entail defining clear roles and responsibilities for various stakeholders and putting in place monitoring and evaluation systems to monitor progress and spot areas that need improvement.

#### Recommendation 9

Comprehensive research is needed to fully understand the extent of menstrual health challenges in South Africa and to develop effective interventions, which could include large-scale quantitative studies and collaborations between researchers, policymakers, and community organizations.

#### Recommendation 10



Monitoring and evaluation systems are required to guarantee that resources, particularly those set aside to end period poverty, are utilized effectively. To ensure that frameworks and policies are successfully implemented, it is crucial for the government to address these issues.

6.3.2. Objective 2: To reflect on the Importance of effective menstrual hygiene management systems and interventions

#### Recommendation 1

Providing menstrual education and destigmatizing menstruation can also lead to improved health outcomes and empowerment for girls and women. This can ultimately contribute to greater gender equality and social progress.

#### Recommendation 2

Functional menstrual health management systems should control distribution of free or subsidized sanitary products.

#### Recommendation 3

Access to water, sanitation, and health facilities is essential for women and girls to manage menstruation safely. The lack of adequate menstrual hygiene facilities and materials leads to girls' absenteeism in school in most instances.

#### Recommendation 4

Women and girls need privacy to manage menstruation safely, hygienically, and with dignity; therefore, menstrual hygiene management programs should be combined with safe, private, and gender-sensitive sanitation facilities, accessible water, and safe disposal of waste.

#### Recommendation 5

It is important to have a comprehensive approach to address the issue of menstrual hygiene management and ensure that all girls and women have access to adequate facilities, products, and education regardless of their age or location. This can be

achieved through collaboration between government, civil society organizations, and the private sector.

#### Recommendation 6

The sanitary dignity framework aims to improve the self-esteem of indigent women and girls while they are menstruating, but the target populations differ from province to province, and the impact and effectiveness of the project are not sufficiently tracked and evaluated. It is crucial to establish a clear and comprehensive policy that outlines the distribution of hygiene items to those in need, with the involvement of government, civil society organizations, and the private sector to ensure effective implementation and monitoring. This will help address the issue of inconsistent distribution and ensure all women and girls receive sanitary products in a timely and equitable manner.

#### Recommendation 7

The government needs to take action to ensure equitable and comprehensive sanitary policies for indigent women and girls through the establishment of efficient distribution plans that are needed to ensure the effective and efficient distribution of free sanitary products to all women and girls. Women and girls who do not go to school are excluded from access to sanitary towels within sanitary dignity related frameworks as the focus is solely school going menstruators. Despite the creation of the Sanitary Dignity Implementation Framework, nationwide implementation of the Program, and elimination of VAT on sanitary towels there is a need for targeted outreach programs and policy to reach all women and girls to ensure they have access to these essential products.

6.3.3. Objective 3: To demonstrate how ending period poverty will benefit the lives of indigent women and girls

#### Recommendation 1

Managing menstruation is essential for reproductive health, and period poverty must be addressed by increasing the accessibility and affordability of menstrual products.

## Recommendation 2

Menstrual hygiene and education are important issues that need to be taken seriously by governments, policymakers, and educators. Access to menstrual products is a basic human right, and a lack of access can lead to health problems and missed opportunities for education and work. It is crucial that we work towards eliminating period poverty in order to promote gender equality and improve the lives of women and girls around the world.

## Recommendation 3

Menstrual hygiene in general needs to be improved, as does awareness. Access to affordable menstrual products and proper sanitation facilities is crucial in addressing menstrual hygiene, while education on menstrual health and hygiene should be integrated into school curricula to reduce stigma and increase awareness.

## Recommendation 4

In a perfect world, all women and girls would have free access to period products everywhere. Our understanding of menstruation must change if we are to significantly close the period poverty gap. Menstruation and period poverty are not only concerns for women's rights. They are also concerned about the advancement of both public health and economic initiatives. Half of the world's population experiences menstruation, which demands attention as a fundamental human right.

## 6.4. LIMITATIONS OF THE STUDY

The study's limitations included the fact that there isn't much legislation addressing the implementation of sanitary dignity, which restricted the amount of literature we could use and the resources we could access. It was a little challenging for some of the participants to respond in a way that felt comfortable because menstruation and discussions related to it are still taboo in most communities. This is likely because some people find it awkward to discuss their menstrual management experiences with strangers. The study is qualitative in nature, was developed based on the specific study context, and used purposive sampling, which does not always represent the entire study population, making it difficult to generalize the findings. As a result, the

results may not be easily applied to those in a different context. In comparison to the number of women and girls who menstruate in the selected population, the study sample is quite small, and a larger sample size might have given a more accurate representation of the study population.

#### 6.5. RECOMMENDATIONS FOR FUTURE STUDIES

A complete representation of the menstrual management experiences of all poor women and girls may not have been possible due to the small size of the sample used in the study. The execution of a larger-scale study is advised. To prevent menstruation from being solely perceived as a "female issue," it is important to adequately capture the perspectives of males in society and their understanding of menstrual hygiene management. The goal of this study is to add to the body of knowledge; however, the findings may also serve as a springboard for further investigation.

#### 6.5. CONCLUSION

The limitations of the study, the summary of what was concluded in the findings of the study are presented along with recommendations that are based on the narrative discussion of the result was presented in the previous chapter.

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## **ANEXURE A**

### **INTERVIEW QUESTIONS**

You are being invited to consider participating in a study that involves research on ending period poverty through the distribution of free sanitary products through effective policy framework implementation.

The aim and purpose of this research is to find out the different types of sanitary products that are used as alternatives and how having sanitary products freely available to all women and young girls would benefit them. The study is expected to involve women and girls from indigent communities within eMalahleni Local Municipality, Mpumalanga. It will involve the completion of a questionnaire and interview questions anonymously. The duration of your participation if you choose to enroll and remain in the study is expected to be 20 minutes to complete the interview questions. The study is not funded by any external stakeholders. We hope that the study will create an awareness on the importance of ensuring that sanitary products are freely available to all women and young girls in all public spaces and for government to ensure the implementation of all policies that are aimed to end “period poverty”.

**PLEASE CHOOSE THE APPLICABLE ANSWER FOR EACH QUESTION BELOW**

**1. HOW OLD ARE YOU ?**

**2. ARE YOU A STUDENT ?**

**2.1. YES**

**2.2. NO**

**3. HAVE YOU EVER EXPERIENCED ANY ISSUES BUYING SANITARY PRODUCTS SUCH AS TAMPONS, PADS AND OR MENSTRUAL CUPS?**

**3.1. YES**

**3.2. NO**

**4. WHAT IS MENSTRUATION?**

**5. CAN YOU AFFORD TO BUY SANITARY PRODUCTS EVERY MONTH?**

**5.1. YES**

**5.2. NO**

**6. WHAT IS YOUR SANOTARY PRODUCT OF CHOICE?**

**7. IF YOU DO NOT HAVE ANY ACCESS TO OR ARE UNABLE TO BUY SANITARY PRODUCTS , WHAT DO YOU OR HAVE YOU USED AS AN ALTERNATIVE?**

**7.1. TISSUE / TOILET PAPER**

**7.2. NEWSPAPER**

**7.3. SOCK**

**7.4. TOWEL / CLOTH**

**7.5. OTHER.....(PLEASE SPECIFY)**

**8. WOULD YOU BE HAPPY IF SANITARY PRODUCTS WERE FREELY AVAILABLE TO ALL WOMEN AND YOUNG GIRLS WHENEVER THEY NEEDED THEM?**

**8.1. YES**

**8.2. NO**

**9. DOES THE LACK OF ACCESS TO SANITARY PRODUCTS TO ALL WOMEN AND GIRLS HAVE AN EFFECT ON THEIR WELLBEING?**

**9.1. YES**

**9.2. NO**

**10. HOW WOULD HAVING SANITARY PRODUCTS FREELY AVAILABLE TO ALL WOMEN AND GIRLS MAKE LIFE EASIER?**

**11. HAS YOUR LIFE BEEN INTERRUPTED BY MENSTRUATION?**

**11.1. YES**

**11.2. NO**

**IF YES, HOW HAS IT AFFECTED YOU?**

**12. HAVE YOU HAD TO BORROW MONEY TO AFFORD SANITARY PRODUCTS?**

**12.1. YES**

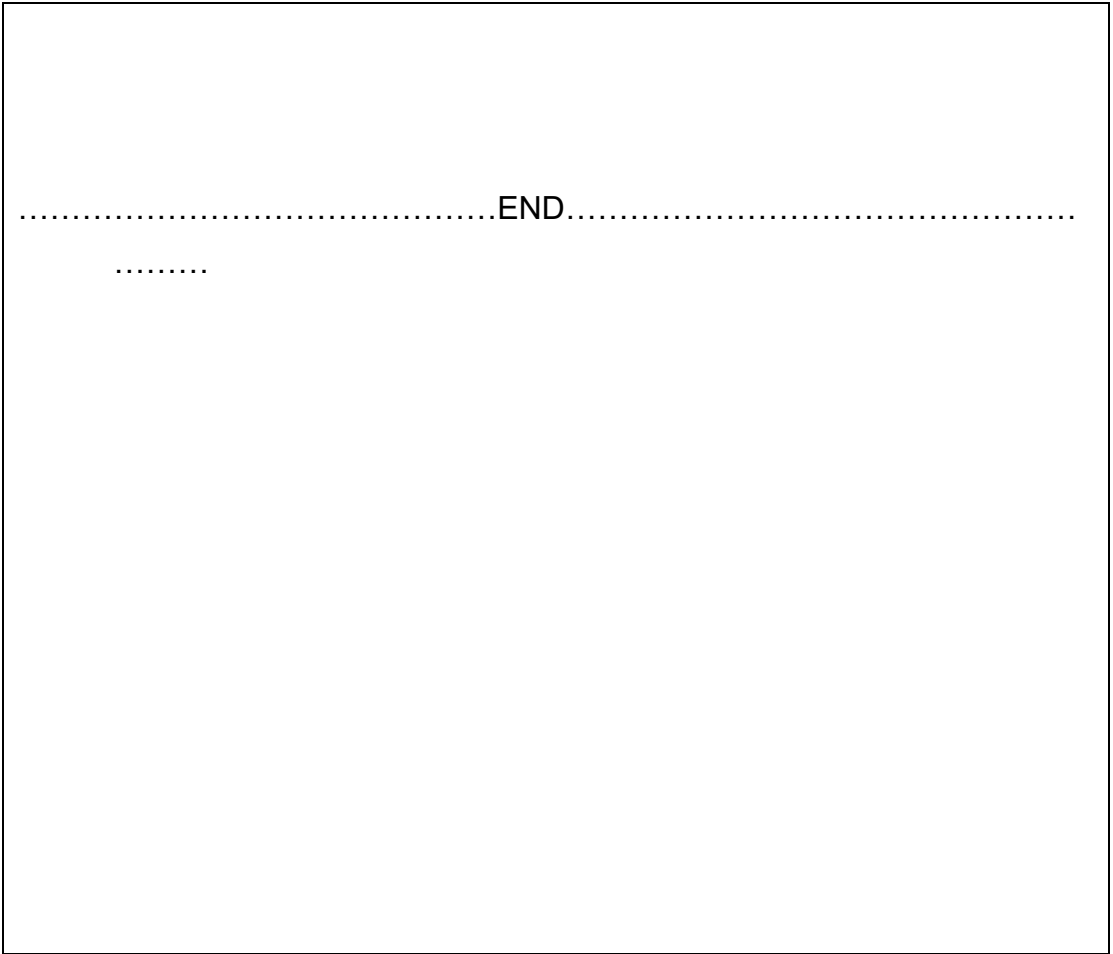
**12.2. NO**

**13. ARE YOU CONFIDENT ENOUGH TO FACE EACH DAY WHILST ON YOUR PERIOD?**

**13.1. YES**

**13.2. NO**

- 14. WHAT CAN BE DONE TO MAKE YOUR LIFE EASIER DURING MENSTRUATION?**
- 15. WHAT CAN GOVERNMENT DO TO ADDRESS THE ISSUES RELATED TO MENSTRUATION?**
- 16. HOW MUCH DO YOU SPEND ON SANITARY PRODUCTS ON A MONTHLY BASIS AND CAN YOU AFFORD TO DO SO ?**
- 17. WHAT IN YOUR VIEW IS THE SOUTH AFRICAN GOVERNMENT DOING TOWARDS ENDING PERIOD POVERTY?**
- 18. HOW HAS ACCESSING SANITARY AFFECTED YOU IN THE PAST?**
- 19. WHAT HAVE YOU HAD TO DO IN ORDER TO AFFORD SANITARY TOWELS?**
- 20. WHAT HAS YOUR EXPERIENCE BEEN WITH MENSTRUAL HYGIENE?**
- 21. WHAT CAN VBE DONE TO MAKE YOUR LIFE EASIER DURING MENSTRUATION?**
- 22. HAS YOUR LIFE BEEN INTERRUPTED BY MENSTRUATION?**
- 23. WHAT CAN BE DONE TO MAKE YOUR LIFE EASIER DURING MENSTRUATION?**
- 24. HAVE YOU EVER FOUND YOURSELF HAVING TO USE ANYTHING OUTSIDE OF THE CONVENTIONAL SANITARY PRODUCTS SUCH AS PADS**
- 25. WHAT HAS YOUR EXPERIENCE BEEN WITH MENSTRUAL HYGIENE?**
- 26. HOW IS YOUR LIFE AFFECTED ON THE DAYS YOU ARE MENSTRUATING**





## ANEXURE B

### SURVERY QUESTIONNAIRE

#### **QUESTIONNAIRE**

You are being invited to consider participating in a study that involves research on ending period poverty through the distribution of free sanitary products through effective policy framework implementation.

The aim and purpose of this research is to find out the different types of sanitary products that are used as alternatives and how having sanitary products freely available to all women and young girls would benefit them. The study is expected to involve women and girls from indigent communities within eMalahleni Local Municipality, Mpumalanga. It will involve the completion of a questionnaire and interview questions anonymously. The duration of your participation if you choose to enroll and remain in the study is expected to be 10 minutes to complete the survey questionnaire. The study is not funded by any external stakeholders. We hope that the study will create an awareness on the importance of ensuring that sanitary products are freely available to all women and young girls in all public spaces and for government to ensure the implementation of all policies that are aimed to end “period poverty”.

**PLEASE CHOOSE THE APPLICABLE ANSWER FOR EACH QUESTION BELOW**

**1. HOW OLD ARE YOU ?**

**2. ARE YOU A STUDENT ?**

**2.1. YES**

**2.2. NO**

**3. HAVE YOU EVER EXPERIENCED ANY ISSUES BUYING  
SANITARY PRODUCTS SUCH AS TAMPONS, PADS AND OR  
MENSTRUAL CUPS?**

**3.1. YES**

**3.2. NO**

**4. HAVE YOU MISSED SCHOOL / WORK BECAUSE OF YOUR  
PERIOD?**

**4.1. YES**

**4.2. NO**

**5. ARE YOU ABLE TO AFFORD SANITARY PRODUCTS EVERY  
MONTH?**

**5.1. YES**

**5.2. NO**

**6. IF YOU DO NOT HAVE ANY ACCESS TO OR ARE UNABLE TO  
BUY SANITARY PRODUCTS , WHAT DO YOU OR HAVE YOU**

**USED AS AN ALTERNATIVE?**

**6.1. TISSUE / TOILET PAPER**

**6.2. NEWSPAPER**

**6.3. SOCK**

**6.4. TOWEL / CLOTH**

**6.5. OTHER.....(PLEASE SPECIFY)**

**7. WOULD YOU BE HAPPY IF SANITARY PRODUCTS WERE FREELY AVAILABLE TO ALL WOMEN AND YOUNG GIRLS WHENEVER THEY NEEDED THEM?**

**7.1. YES**

**7.2. NO**

**8. DO YOU SUFFER FROM ANY PERIOD RELATED SICKNESS SUCH AS ENDOMETRIOSIS ETC**

**8.1. YES**

**8.2. NO**

**9. DOES THE LACK OF ACCESS TO SANITARY PRODUCTS TO ALL WOMEN AND GIRLS HAVE AN EFFECT ON THEIR WELLBEING?**

**9.1. YES**

**9.2. NO**

**10.HAVE YOU MISSED SCHOOL OR WORK BECAUSE OF YOUR PERIOD?**

**10.1. YES**

**10.2. NO**

.....END.....

.....



## CONSENT FORM

Date:

Dear Participant

My name is Dipuo G. Manaleng from Regenesys Business School – School of Public Management  
([dmanaleng@gmail.com](mailto:dmanaleng@gmail.com) / 0662249392)

You are being invited to consider participating in a study that involves research on ending period poverty through the distribution of free sanitary products through effective policy framework implementation.

The aim and purpose of this research is to find out the different types of sanitary products that are used as alternatives and how having sanitary products freely available to all women and young girls would benefit them. The study is expected to enroll 40 young women from indigent communities within eMalahleni Local Municipality, Mpumalanga. It will involve the completion of a questionnaire and interview questions anonymously. The duration of your participation if you choose to enroll and remain in the study is expected to be 10 minutes to complete either the questionnaire or 20 minutes to complete the interview questions. The study is not funded by any external stakeholders.

The study may involve the following risks and/or discomforts i.e. participants being reluctant to share their true experiences when it comes to menstruation. We hope that the study will create an awareness on the importance of ensuring that sanitary products are freely available to all women and young girls in all public spaces and for government to ensure the implementation of all policies that are aimed to end “period poverty”.

In the event of any problems or concerns/questions you may contact the researcher at:  
[research@regenesys.net](mailto:research@regenesys.net)  
0116695000

