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Mahumapelo, Mmabatho

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Mmabatho Mahumapelo

Student Number 457644

MA Health Sociology

School of Social Sciences

SOCL7058A Research Paper

"I thought I was dying": Menstruation experiences, knowledge gaps, and knowledge-seeking practices among young black South African women.

Ethical Clearance Protocol Number: SOCL-2023-03

Supervisor: Dr Kezia Lewins

Date: 16 September 2024

Abstract

This research studies how (if at all) and to what degree knowledge about menstruation and menstrual health is disseminated; how it is received and from whom; how the quality of the source is determined, and how the information received shapes the recipient's understanding of their own body. I contribute to existing literature by investigating how black South African women gather knowledge on menstruation and how the sources of information they encounter shape their perceptions and experiences of menstruation. By drawing upon literature on the menstruation experiences of women in the Global South and especially the African continent, I explore and analyse how the intersectionality of gender, socioeconomic status, religion, culture, and tradition shape what and how South African girls learn about menstruation pre-menarche, at the onset of menarche and post-menarche. Semi-structured interviews with young black South African women of menstruating age from diverse backgrounds in South Africa reveal retrospective accounts of their menstruation experiences from menarche until date. Through these interviews, I establish the important knowledge sources on menstruation in the lives of these women and uncover the effectiveness and reliability of these sources for knowledge on menstruation. I also explore the possibility of knowledge gaps, communication delays and the subsequent knowledge seeking strategies applied to meet any learning deficits. I explore how primary networks such as parents, schools, friends, and peer groups influence menstruators, and consider the awareness of, access to and use of alternative resources like digital media and mHealth tools like period tracking apps to build on prior knowledge. The study draws upon feminist, shame, and self-policing (Foucault) theories to explain the social inferences about menstruation. In addition, I apply Jaccard et al.'s (2002) five aspects of communication to explain how sharing and receiving knowledge on menstruation is influenced by the characteristics of those who are engaging in the communication, their context, the content of the message communicated and how the message is delivered. The study shows that girls and young women pick up information from multiple sources and knowledge accumulates as they progress on their menstruation journey. In some cases, information on menstruation is shared actively by parents or primary caregivers and schools while in other cases, menstruators learn about aspects of menstruation passively. Where information received is insufficient, girls and young women rely on online sources like Google, social media platforms like Twitter and TikTok, and period tracking apps for knowledge. This research contributes fresh insights to the discussion of menstruation in South African women by placing menstruation at the forefront of discussions with youth about sexual and reproductive health.

Keywords: menstruation, menarche, menstrual hygiene, intersectionality, knowledge resources, digital media, mHealth.

Declaration



HONOUR PLEDGE

I …Mmabatho Christophine Mahumapelo…..(full name), a registered student at the University of the Witwatersrand with student number…457644…, pledge that the assessment that I am submitting as part of …SOCL7058A….. (course code) is entirely my own work, except where I have indicated that I obtained information from other sources, such as books or internet sites (where allowed). I pledge that I have not consulted with anyone else, including other students, while completing the assessment task or copied information from any source without referencing it.

I acknowledge that if I am found to have committed any form of academic misconduct, including, but not limited to cheating or plagiarism, I will be subjected to disciplinary action, which may lead to suspension or expulsion.

Signed___ _____

Date___16 September 2024_____

Dedication

To all women, young and old, who are doing what they can with what they know.

Preface

I undertook this study to determine if my personal menstruation experience was unique to me and to establish if black South African women had as lonely a menstruation learning journey as I did. To this end, I have answered my own questions. All women: mothers, grandmothers, aunts, and sisters are doing their best to get through each unique and personal female experience in a patriarchal world with strict social rules of engagement. This study has affirmed the little girl in me who was confused at menarche and has empowered the woman I am today to own her menstruation and reproductive health journey and experiences.

Acknowledgements

I would like to express my sincere gratitude to those who have come before me and those who have taken pleasure in contributing to my education from the very beginning; my maternal grandparents, Mrs Anna Lekharinyane Mahumapelo and the late Reverend Peter Rabontsi Mahumapelo, and my dearest mother Kenosi Melicent Mahumapelo who continues to show immense support where my education is concerned. Thank you for being the biggest blessings from my Heavenly Father.

To the young women who participated in this study and shared so openly and warmly with me their personal experiences as women, I honour you and thank you for being so vulnerable and earnest. My wish for you is to own and celebrate that unique feminine power you embody that sets you apart from the rest.

To my supervisor Dr Kezia Lewins, thank you for the expert knowledge you so freely share. I appreciate your guidance and support in building this special and important body of work.

To my extended family, partner and close friends who have been present, patient, kind and supportive throughout my Masters journey, thank you. You will always be invaluable to me.

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List of abbreviations

MHM – menstrual health management

MHH - menstrual health and hygiene

MTA – menstrual period tracking apps

PCSC – parent-child sexual communication

SRH – sexual and reproductive health

SRHR – sexual and reproductive health rights

I. Introduction

i. Background and Significance

My research topic is inspired by my honours research study. In this study, I researched women's perceptions and understanding of womanhood and uncovered how these can be influenced by patriarchal ideologies that are embedded in various fabrics of society. I specifically studied the knowledge transference on feminine behaviour and identity from mother to daughter and established that some women grapple with determining their own identity. Daughters often mirror what their mothers do and apply their mothers' teachings (verbal or learned through observation) in their own personal contexts. However, I found that as daughters shift into different contexts and grow as individuals, they begin to question the value of some of their mothers' teachings and carefully consider the consequences of applying these principles in their respective personal contexts (Mahumapelo, 2019).

While my findings revealed how women are expected to behave in the household, workplace, and within cultural spaces, the study did not explore the sexual and reproductive aspects of their womanhood. Moreover, I did not explore how, if at all, knowledge of sexual and reproductive health (SRH) is shared by mothers and mother figures. Furthermore, I did not investigate when communication on this subject takes place during the daughters' upbringing, nor did I establish the frequency and content of these conversations.

Given its complex, sensitive, and intimate nature, information on SRH (and behaviours) cannot typically be shared as with any other public topic. Moreover, conservative communities, cultures, and religions can and do restrict the occurrence and limit the nature of conversations on SRH (Vilanculos and Nduna, 2017). I am interested in finding out where women get their knowledge on SRH if people in their immediate environment, especially mother figures, do not share this knowledge or do so in a limited capacity. If daughters generally learn most social behaviours from their mother figures through observation and not open discussion, how do girls and young women learn about more intimate matters such as menstruation which by nature of its physiological and biological manifestations is more private and not visible for easy observation and study? If not from a mother figure, where do girls/young women get their knowledge on menstruation, and how do they differentiate and authenticate quality sources for themselves? Considering this, I predict that many young women acquire knowledge on SRH and menstruation independently, (this includes menstrual health and the menstrual cycle overall).

While various studies have been conducted on parent-child communication on SRH (Ayalew et al., 2014; Shiferaw et al., 2014), the focus has been on adolescents, strategies for accurate information sharing, and creating an environment for safe and open discussion about SRH. While parents are encouraged to be more involved in knowledge sharing on these subjects, some mothers in the sub-Saharan context, for instance, have expressed reluctance to share information on menstrual health for fear of having insufficient knowledge or difficulty expressing themselves (Crichton et al., 2011).

Where does this leave the young South African woman as a knowledge-seeker on the changes taking place in her body? As we journey to answering this question, it is important to consider the diversity of the country in question as approaches to women's health may vary by race, culture, and gender norms. These factors have historically influenced individual and social behaviours, perceptions, and experiences of, amongst others, health (Micklesfield et al., 2013), education (Meier and Hartell, 2009), religion (Elphick et al., 1997), as well as labour and the workforce (Thomas and Bendixen, 2000) in South Africa.

ii. Research Topic

This study ultimately seeks to investigate how (if at all) and to what degree knowledge about menstruation and menstrual health is disseminated; how it is received and from whom; how the quality of the source is determined, and how the information received shapes the recipient's understanding of their own body. I am inclined to consider that there is a relationship between the actors in this scenario where one actor influences the other's views and perceptions on menstruation, consequently shaping how the latter's understanding of the subject is broadly understood and shared moving forward. It is important thus to bring Gidden's theory of structuration and specifically the relationship between society and individuals into this exploration of how menstruation is understood.

Giddens argues that there is a "mutual dependence of structure and agency" (1979: 69) and explains that 'social structure' […] tends to include two elements, not clearly distinguished from one another: the patterning of interaction, as implying relations between actors or groups; and the continuity of interaction in time" (ibid: 62). If this theory is applicable to our understanding of menstruation, it raises the following question: does this mean that social structure influences menstruators' (the actors) perceptions of menstruation and menstruators, too, shape how menstruation is positioned and broadly understood in society?

Taking this as a point of departure, this suggests that menstruators have agency, which is defined as follows:

> [agency] is a concept used to refer to a cluster of ideas about the potential for individuals to determine their lives, to change their environment and, ultimately, to influence the wider structure. The concept of agency, therefore, allows us to appreciate the way in which we are shaped by society, and in turn shape society" (Giddens, 1987 as cited in Gilbert et al, 2019: 42).

This study thus seeks to find out: to what degree is the young South African woman's understanding of menstruation influenced by society i.e., what is or is not said by their mother figure, friends, close networks including teachers in schools, etc., versus their own individual deductions based on personal experience, reflections, and interrogation of available resources.

iii. Research Questions

This study explores these research questions:

- What key questions have young SA women found themselves having about menstruation and SRH throughout their menstruation journey?
- Is it possible to ask these questions?
- Who are their sources of information or knowledge?
    - Family, friends, neighbours, teachers, etc?
    - Are there other alternative sources of information on menstruation?
    - How are these alternative sources of information on menstruation discovered?
    - How do they discern the quality of different sources of information on menstruation?

I raise family, friends, neighbours and teachers as potential first ports of call for information on menstruation as they are the individuals that girls and young women of menstruating age primarily engage with i.e. in their households, neighbourhoods or schools. However, proximity or frequency of interaction does not guarantee that these are the individuals that are trusted and relied upon for information on menstruation. Thus, it is important to consider that girls and young women may prefer other sources of information. Therefore, it is necessary to explore why alternative sources may be sought, how they are discovered, and what knowledge needs these alternative sources meet that others meet only to a degree or not at all. As discussed, knowledge-seeking on an intimate subject that is often not openly discussed in the South African context may be difficult and the consequence of

obtaining and applying false information may have costly implications for a young girl who is acclimatising to a new development in their body. It is thus important to explore whether there is any consideration of the validity of the information they receive and how the quality of this information is discerned. I anticipate that the validity is attributed more to the source of the information than the piece of information itself. For instance, one is likely to trust information that is shared by a teacher as this is an individual who is considered knowledgeable and entrusted to teach. As a result, those who receive information from a teacher are least likely to be compelled to verify the information. In the same breath, I predict that even in the context of menstruation, knowledge-seeking behaviours are the same.

iv. Aims and Objectives

The aim of this study is to explore the journey of young black South African women's education on menstruation and menstrual health, the role of their immediate networks in knowledge-sharing on menstruation, and the use of alternative knowledge resources for information on menstruation.

As such, this study is informed by the following objectives and seeks to investigate:

- the journey to finding and using currently relied upon source(s) of information,
- the assessment of the reliability of their source(s) on menstrual health,
- the impact of these knowledge resources on one's menstruation experience,
- what source or whose voice has had the most impact and proven to be most reliable in the long term,
- the role of trust and how it can lead to the frequent return to a particular source or selection of sources for any further questions on menstruation, and
- the common factors amongst these resources as well as what sets each resource apart and contributes to the full picture about menstruation.

Research paper outline:

This paper is made up for six key sections including the introduction (I). In section II, I share the literature from global and African scholars on menstruation as well as the conceptual framework that grounds the study. This includes an exploration of the menstruation experiences of women in the Global South as well as a look into what scholars say about what and how South African girls and young women learn about menstruation. I will then explain the methodology (section III) that was used for this study and

share the key research questions that informed the direction of the research. In the findings section (IV), I will reveal what emerged from the data and then offer an analysis and discussion (section V) for the study which will unpack the key takeouts. I will conclude (section VI) with a summation of the significance of the findings and analysis from this study and offer considerations for future research on this subject.

II. Literature and Conceptual Framework

In this section, I have drawn links between various literature on women's education on sexual and reproductive health (SRH), feminist theories on SRH, the relationship between menstruation, sex and sexuality, and communication between parent and child on SRH within intersecting contexts (noting specifically religion, culture, ethnicity, gender and regional intersectionalities). I have split this section into five sub-sections which I briefly outline below.

The first sub-section covers the conceptual framework that underpins my study. I am foregrounding this framework by Jaccard et al. (2012) that assesses parent-adolescent communication as I anticipate that it locates the structure and agency duality of learning about menstruation within the context of the parent-adolescent relationship. Thus, it will help me identify and understand the factors that shape communication about menstruation between parent and/or caregiver and girl child.

Secondly, I discuss the journey of learning about menstruation. In this sub-section, I note the intersectionality of religion, culture, and class and their impact on how menstruation is understood and experienced especially in the African context. I also explore how being of menstruating age demands that girls and young women stay away from boys, what 'stay away from boys' means and specifically discuss where this strict teaching comes from, what it hopes to achieve and how this unfolds in practice.

Thirdly, I delve into the barriers to parent-child sexual communication. While menstruation is not a new phenomenon, there is limited literature specifically on conversations between parents and/or caregivers and children about this subject. Rather, there are many resources that discuss parent-child conversations about sex, sexual health behaviours and pregnancy. During these discussions, menstruation is briefly mentioned, more so as the cause of fertility and therefore pregnancy however, very little is discussed about why menstruation takes place, what causes it and how best to navigate this new experience. Thus, it is important to uncover the reason behind this culture of secrecy and shame around menstruation. In this sub-section, I borrow from literature on barriers to parent-child sexual communication in attempts to understand the factors that make speaking about menstruation impossible or strained. I consider amongst others the gender of the parent who is tasked with leading this discussion, the impact of the parents' traditional values, customs, and educational status on their approach to conversations about menstruation, as well as the shame that is experienced by both parent and child during these discussions.

Fourth, I discuss alternative educational sources on sexual health and, therefore, menstruation. In this section, I explore the role and efficacy of school-based sexual education as a source of information on

menstruation as well other potential alternative sources to parents and schools. These include traditional media resources, digital media sources particularly in a world where technological advancements have eased access to information, as well as mobile health (or mHealth) tools such as menstrual tracking apps that help girls and young women track their period cycle using the mobile phone.

Lastly, I discuss menstruation as a personal experience, shifting the focus from the roles of other actors and rather centring the menstruator and their thoughts, emotions, perceptions and behaviours as they manage menstruation from their first menstrual period or menarche. I am particularly interested in how girls and young women receive the teachings (if any) on menstruation, and how these shaped their outlook and experience of menstruation going forward.

In the first section below, I discuss the conceptual framework which will ground my study.

i. Conceptual framework: Assessing parent-adolescent communication

Several studies argue that there is value in parent-based approaches to education on SRH as parents are better informed on their children's mental and emotional capacity to engage in and grasp the subject matter; parents can ensure that any imparted information is in line with the family's fundamental values, and the parent can shape this information to reflect the "social and familial contexts of the adolescent" (Jaccard et al., 2002: 10). It is not clear what the benefits and/or challenges of this approach may be and how exactly the socially or familial curated information has shaped the adolescent's perspective and understanding on SRH as a result, especially long-term. However, and notably, it is likely and can be expected that familial emphases will vary i.e., no two households are the same and as such, their values and thus approaches to one matter will likely differ. As previously highlighted, these values are likely to be influenced by race and culture in the South African context however, it is important to consider that there may be other factors that determine who the actors initiating and engaging in these conversations are, as well as how and when SRH and menstruation are discussed.

Jaccard et al. (2002) have established a conceptual framework that I will foreground while studying the South African context. This framework assesses parent–adolescent communication and has been used by other contributors to the field to "assess the quality and effectiveness of communication in influencing an adolescent's behavioural intent. This framework, based on social-psychological theories of attitude change, persuasion, and behaviour, identifies five aspects of communication that determine

its effectiveness: the characteristics of the source (parent) and the recipient (adolescent), the content of the message, the way the message is communicated, and the context" (Crichton et al., 2012: 22).

I would argue that while this framework allows for the assessment of the quality and effectiveness of communication between parent and adolescent on SRH-related issues, it can also help reveal the drivers of self-education on SRH and specifically menstruation. Given the limited literature on the approaches to communication on menstruation between parent and/or caregiver and girl child, I am compelled to borrow this framework to locate the potential drivers and barriers to communication on this topic. Below, I offer a hypothesis on how the parent and/or caregiver and the girl child may interact as they broach the topic of menstruation using Jaccard et al.'s (2002) framework as a guideline. I anticipate that Jaccard et al.'s (2002) five aspects of communication can help me identify how knowledge gaps on SRH and menstruation can come to exist. For example, communication on menstruation may be limited by:

- the characteristics of the source (knowledge source e.g. parent): the parent's discomfort engaging in the topic (due to e.g., cultural reproach, insufficient knowledge, etc.) which may limit the depth of discussion and consequently the daughter's understanding of menstruation,
- the characteristics of the source (child): the daughter's discomfort engaging in the topic which may limit their ability and willingness to ask detailed questions on menstruation,
- the content of the message: the outcome of the parent-daughter conversation on menstruation may be skewed in one direction and not allow for depth in other areas,
- how the message is communicated: e.g., is there only one "big talk" at the first menstruation and no further ongoing engagement on the subject, and
- the context: "family structure, parenting style, socio-economic status, and broader communication and relationship patterns in the family are under-researched factors that are likely to influence parent–child communication" (Crichton et al., 2012: 22).

These five aspects of communication highlight that there are actors, as well as a specific context within which those who are involved engage and these influence the communication experience and outcome. This is reminiscent of Giddens's structuration theory (1979, 1987) which illustrates the dialectical relationship between structure and agency. Øversveen et al. (2017: 107) encapsulate this relationship as follows:

> "By drawing on structure [a virtual order of rules] in their daily social practices, human actors not only reproduce the social systems they participate in, but also the structural order itself.

> This means that neither agency nor structure is given causal primacy; rather, they are seen as mutually interdependent processes, shaping social life in a dialectical manner"

I consider thus that the approach to discussions on menstruation – when they take place, how they are initiated, what is shared and by whom – are all in response to and further reproduce social systems. Thus, while my critique stems from the expectation that mother figures or caregivers ought to be the teachers on menstruation, there are intricacies which shape how these teachings take place, thus suggesting that elders and caregivers in this context may not be able to apply agency as expected.

The characteristics of the source (the parent or caregiver in this instance) and the context in which the teachings on menstruation are taking place are examples of how agency and structure are mutually interdependent. The parent's approach to conversations about menstruation can be influenced by cultural reproach just as much as the family context and commonly discussed topics in the household can be influenced by the parent. I will apply this lens to uncover the motivations of young women as they seek their own sources of knowledge on menstruation.

I was inclined to consider my biases as I studied the literature on learning about menstruation. I considered that while I and a few peers in my network who are black, middle class young women raised in the urban South African context share a similar somewhat solo learning experience about menstruation, it may not be an accurate reflection of the broader demographic. In the upcoming sections, I highlight noteworthy global literature on menstruation and attempt to establish whether there is a consensus on what learning about menstruation looks like from menarche until early adulthood. I begin with a look at how girls and young women learn about menstruation, followed by an exploration of the potential barriers to communication about menstruation as well as alternative resources of sexuality (and therefore menstruation) education. Additionally, I look beyond knowledge acquisition on menstruation and unpack the general experiences of girls and young women as they acclimatise to their menstruating bodies.

ii. Learning about menstruation

In literature, there is reference to different sources of information on menstruation. While we can acknowledge that it is rare for one to hold knowledge from only one information source, it is important to note that each source carries its own unique weight. As such, we need to investigate how young girls are first introduced to the concept of menstruation, when, and by whom. Furthermore, how do young girls gather information about menstruation as they progress in their menstruation journey and what bearing do the sources of information have on their understanding, perceptions, and experience of menstruation? In this section, I begin by exploring existing literature from the Global South and

especially the African continent that explores what is known about SRH as taught or shared within the nuclear family context, then I explore the extended family, school context, peer groups and the media.

Thornburg (1981) conducted a study on adolescents' sources of information on sex among lower middle to upper middle class midwestern high school adolescents in the United States. The findings from the study revealed that most adolescents are first introduced to the topic of menstruation between ages 9 and 13, and most are introduced to the concept by their mothers, followed by their peers, school and literature. The study which was "also concerned with the degree of accuracy to which individuals learned each sexual concept" also revealed that "[the] two most reliable areas of information were conception and menstruation; and in both cases, [the] mother was the primary contributor" (Thornburg, 1981: 276). This suggests that mothers are the primary sources of information on menstruation and are considered most reliable. This has not changed today as girls still learn about menstruation from their mothers and in schools, however, there is a false assumption that menstruation is more openly discussed in the US now than in past decades. According to Chrisler, "[there] has certainly been an increase in the number of mentions of menstruation, menopause, and PMS in popular culture" (2013: 129) however these mentions are often not positioned to assist girls and young women to understand their cycle and in fact, mock their experience and further fuel the stigma associated with menstruation. Do these findings mirror what is experienced in the Global South? Below, I explore the insights about learning about menstruation from authors in the Global South.

a. Intersectionality and its impact on SRH and menstruation education

Looking closely at the literature, it is evident that religion, culture, and class bear a lot of influence on the experiences of menstruation and menarche by young girls and women in the Global South. Sawo (2020) states that in the Gambia, young girls are considered ready for marriage at the onset of first menstruation; in other words, menarche serves as an indicator of readiness for marriage in this context. Sawo (2020: 94) further discusses what is expected of a young Gambian girl who has reached menarche as follows:

> Menstruation in Gambian society symbolizes maturity, womanhood, and the capacity to conceive; it basically translates to the readiness of a girl to engage in sexual activities. It is also widely believed that the female body grows to a child-bearing stage at this time. Hence, it sends a signal that once a girl begins to have her period, she should be married off for fear of bringing shame to the family by getting pregnant out of wedlock.

As seen above, menstruation in the African and broader global contexts is often conflated with sex and

sexuality. Having the physical ability to conceive, however, does not equate to a readiness for engagement in sexual activities and consequently marriage (and its associated responsibilities). The conflation of the two is problematic and as a result, thwarts the young girl's sense of agency over her body and ability to determine what her future should look like.

There is also a great fear of pregnancy out of wedlock and the shame that it may bring upon a young girl's family. "Marriage was said to occur to protect women from the unwanted sexual advances of men and prevent women from engaging in premarital sex, or falling pregnant outside of wedlock, both of which were described by women as culturally and religiously forbidden" (Hawkey et al., 2020: 102).

However, it is not guaranteed that being married serves as sufficient protection from the unwanted sexual advances of men. While it is culture and religion that encourage women to bear children in wedlock, the shame that ensues following failure to do so is often carried by women only. Should the girl child fall pregnant or contract a sexually transmitted disease, the blame often falls on her for engaging in what society perceives to be reckless behaviour, and subsequently her parents for not guiding their child and helping prevent an unplanned pregnancy (Vilanculos and Nduna, 2017). As a result, some parents within these contexts agree that it is important to discuss sex with their children to forewarn them about the potential consequences of their actions; thus, these parents "remove culpability on their side and avoid being blamed for not having played their role as parents when the child contracted diseases later on" (Vilanculos and Nduna, 2017: 84).

Other parents however struggle with explicitly explaining how menstruation relates to pregnancy and use messaging that instils fear and, often unconsciously, confusion and shame.

b. What does "stay away from boys" mean?

Boys and/or men are often mentioned in the discussions with girl children about the menstrual do's and don'ts following menarche however this communication does not clearly outline the male role in what appears to be an intimate personal experience for females.

Hawkey et al. conducted a study on the experiences of menstruation of Australian or Canadian migrants from countries such as South Sudan and Afghanistan in the Global South. The study revealed that inadequate education on the link between menstruation and reproduction has consequences for girls and young women (2020: 102-103):

> My mum always told me . . . when you get the period, don't come closer to the men, don't sit with the men . . . you're going to fall pregnant" [(Sudanese) participant]. However, warning messages received by menarcheal girls were often difficult to understand, given absent or

> incomplete information about the association between menstruation, sex, and pregnancy. For some, it was not until well into their menstruating years, or once they had migrated, that they became aware of the role menstruation had in childbearing.

The unclear link between menstruation and sex or sexuality is confusing for the young girl, usually in the mid-teenage years, who is experiencing their menarche and is subsequently considered ready for marriage. As shared by one Afghani young woman, "I remember my uncle's wife told my dad [that I had reached menarche] and that is how I got engaged and married by 14. Before knowing anything I was already a mother" (ibid.). Thus, even after a young girl has been married off, she still has no understanding of why experiencing menstruation means she is of child-bearing age.

In society generally, there is a greater regard and acceptance of males as sexual beings than women. Jewkes et al. (2009) challenge this notion and call for "critical reflection and engagement with men and boys on issues of masculinity, including their role in child rearing, as well as examination within families of their engagement with supporting pregnancy prevention and responses to pregnancies".

c. Menstrual shame from a feminist perspective

The tale of female shame due to their reproductive function has been discussed extensively by feminist theorists in the context of gender and SRH. Fischer (2018) explains from a feminist perspective that while shame plays a critical role in the development of a society's moral compass, it often presents harmful gendered ramifications. "Gendered shame may form a disciplining device operating through structures of oppression, such as gender, but also class, race, ethnicity, sexuality, nationality, and related intersectional categories" (ibid.: 371). This is evident in the contexts of countries such as Afghanistan, the Gambia, and India where failure to adhere to religious and/or cultural expectations (e.g. falling pregnant out of wedlock) can lead to the subordination of the girl child; the consequence is embodied shame and enacted stigma where external sources impose negative qualities upon the individual who is considered to have failed to uphold an expected set of standards (ibid.; Scambler, 2009). As a result, the narrative that is shared in communication about menstruation must be closely watched as presenting menstruation as the possible cause of a potential shameful outcome is not only confusing but may lead to perceptions that menstruation is a curse (Britton, 1996), especially for young girls who lack knowledge and cannot rationalise losing their personal identity, dreams, and aspirations because of a physiological event that they could not avoid.

It is ironic that there is on one hand a general secrecy around menstruation as well as sex and sexuality in some countries in the Global South as illustrated above, and on the other, a great shift that takes place at the onset of menarche, where young girls are expected to understand and accept that their menarche indicates readiness for marriage and motherhood. The information received at this transition is ambiguous and alienates the young woman who is experiencing an inevitable physiological event that is changing her understanding of her body. It is important to investigate the reasons for the lack of adequate communication about menstruation as well as the potential barriers to communication about menstruation between parent and child. What makes menstruation taboo to discuss and what are the implications of being silenced about one's physiological experiences?

Most literature on barriers to communication about SRH between parent and child are usually centred on sex, pregnancy and STIs (Othman et al., 2020; Emelumadu et al., 2014; Kamangu et al., 2017) despite menstruation being an inevitable physiological event that young women cannot opt out of (except through medical interventions such as the contraceptive pill). Given the frequent conflation of menstruation and sexuality, I must keep in mind that the reasons for the lack of conversation about menstruation may very well be the same.

Parent–child sexual communication (PCSC) i.e. the sharing of information and discussions on sex and sexuality between parent and child is said to be "one of the most important ways in which parents influence their children's SRH attitudes and behaviours, using it as a means to educate while also transmitting values, beliefs, information and expectations" (Othman et al., 2020: 313). What are the barriers to (PCSC) and what can the learnings about these teach us about parent-child communication about menstruation?

iii. Barriers to parent-child sexual communication

"Adolescence as a period of growth is characterized by major physical, emotional and psychological changes that make young people vulnerable to many health and social problems [which include] unsafe initiation into sexual activities leading to early pregnancies, unsafe abortions, sexual abuse and sexual transmitted infections like HIV/AIDS" (Kamangu et al., 2017: 46). As such, it is important for adolescents to be equipped with sufficient knowledge and tools to help them navigate puberty from both an individual and social perspective. It has been said that "[youth] who have open communication with their parents on SRH have been found to initiate sexual activity later and to exhibit safer sexual behaviour through the use of birth control and condoms, [however, many] young people approach adulthood faced with conflicting and negative messages pertaining to their SRH that are often exacerbated by embarrassment and silence from adults, including parents" (Othman et al., 2020: 313-314).

In the same breath, Emelumadu et al. (2014) state that parents, especially mothers, cannot be excluded from the conversation about how adolescent girls learn about menstruation as they are believed to be the primary sources of information. Additionally, as parents are also socialised individuals, their communication about SRH and menstruation will likely be framed by their value systems such as religious beliefs, cultural practices, and generational teachings on one hand, and their positionality based on e.g. gender and socioeconomic status on the other.

There are several reasons that learned colleagues in the Global South have identified that explain the poor parent–child sexual communication (PCSC) we see in countries such as Jordan, Syria, Nigeria, Tanzania, Kenya, Uganda, and Rwanda (Othman et al., 2020; Emelumadu et al., 2014; Kamangu et al., 2017). For instance, parents in South Eastern Nigeria who struggle with engaging in these discussions explained why they do not discuss sexuality with their children as follows: "they were too young to know (46.3%), it will corrupt their minds (41.7%), I do not know exactly what to say (35.2%), I do not how to go about it (32.4%), they will not understand (28.7%) and will learn at school (23.1%), I am shy to discuss such things (14.8%), and it is the mother's role/I do not have time (6.5%)" (Emelumadu et al., 2014: 296). These responses are indicators of the barriers to PCSC which I have split into four groups: content, timing, and a culture of shame; gender; educational status, occupation, class, and socioeconomic status; and lastly, culture, traditional norms, conservatism, and religion. I discuss these in more detail below.

a. Content, timing, and a culture of shame

Emelumadu et al. (2014) explain that parents need to understand the impact of their role on the psychosexual development of their child, as well as how timing can shape what this development will look like.

In Othman et al.'s (2020) study of parent–child sexual communication (PCSC) in Jordan and Syria, it is revealed that parents are concerned about the content of their conversations with their children and the timing of these conversations. Parents explain that they struggle to discern what is appropriate to share with their children and worry that their own knowledge on the respective SRH subjects may not be adequate (ibid.). The youth's awareness of their parents' lack of knowledge can also lead to silence on the part of both parents and children with neither feeling comfortable to broach the topic (ibid.: 319). "This silence may perpetuate shame and disenable future generations from managing these topics themselves (ibid.).

"[Studies] in Jordan have found that, in general, discussing sex related issues within families is taboo until marriage, including topics related to puberty, from the belief that learning about such topics may pique their children's interest in sexual activity" (ibid.9). In South Africa too, parents worry that

discussing sex with their children will encourage them to partake in sexual activities and lead to teenage pregnancy (Vilanculos and Nduna, 2017; Jewkes et al.,2009). The high rates of teenage pregnancy in the South African context explain this fear. Data provided by the World Health Organization (WHO) indicates that "South Africa has one of the highest rates of teenage pregnancy globally with nearly one in four girls falling pregnant before turning 20 years old" while 2023 data from Statistics South Africa (StatsSA) shows that young girls fall pregnant as early as 10 years old (news24, 2023).

There is great concern that children will misuse the information they receive from their parents and that the new information will entice them to experiment (Emelumadu et al., 2014: 296). As a result, most parents delay these discussions until after puberty; this is considered too late as "[delaying] the initiation of sexuality discussion by parents also results in the exposure of adolescents to conflicting sexuality information or values from other sources such as their peers and the media" (ibid.: 297). Therefore, parents are advised to start these discussions earlier and to prioritise passing on age-appropriate sex information. (ibid.). There is agreement among some young South African mothers that it is best to introduce these topics even as early as 10 years old because "some sex play and inquisitiveness about sex were observed by some parents to start at younger ages, around five to eight years" (Vilanculos and Nduna, 2017: 85).

Despite the awareness of the general curiosity of children, many parents are not in support of engaging their children in such discussions (Kamangu et al., 2017) and those who feel compelled to broach the subject are often likely to seek strategies that will either relieve them of any pressure as they lead the conversation, or completely free them from this responsibility. In the next section, I discuss how gender can be used as a strategy by parents to avoid conversations about sex and even menstruation.

b. Gender

To manage the feeling of shame when leading conversations about sex, parents use strategies such as gender matching i.e. only sharing sex information with a child of the same sex because, as expressed by a mother from Tanzania, it is considered "shame for me to talk with a child of the opposite sex issue relating to reproductive organs" (ibid.: 46). However, gender matching does not guarantee that one child and their sibling of the opposite gender will receive the same information.

Gender has thus been identified as a common barrier to parent–child sexual communication (PCSC). Mothers are most likely to discuss these issues with their adolescent children, "[The] likelihood of a parent discussing sexuality with a child is quite high if she is a mother" and children in turn are most comfortable discussing these matters with their mothers than fathers (Emelumadu et al., 2014: 296).

Despite feeling neither incapable nor fully equipped to handle SRH discussions with their children, mothers are most likely to take on this responsibility within the household than the fathers (Othman et al., 2020). A Ugandan study on PCSC found that "adolescents perceived their fathers to be stricter, intimidating, unapproachable and/or unavailable" (ibid.: 319). One can predict thus that fathers rarely discuss menstruation with their daughters.

Othman et al. state that "parents [engage] teenage girls in sexuality discussion more than boys […] because girls attain puberty earlier" (2020: 298). Additionally, the "discussion with boys is limited as boys face less reproductive health challenges than girls following puberty" (Kamangu et al., 2017:49). It can be argued that this explanation by parents is reasonable as there are studies that have established a linkage between exposure to sex and the age of puberty attainment among girls. Moreover, it has been found that girls in sub-Saharan Africa are vulnerable to sexual exploitation as "they are more likely to have sex with men who are more sexually experienced than them at their first sex, [and] they are more likely to suffer more from negative health and social consequences of risky sexual behavior such as pregnancy, STI/ AIDS, abortion, early marriage, and disruption of educational attainment" (Othman et al., 2020: 298).

c. Parent's educational status, occupation, class, and socioeconomic status

Another identified barrier to parent–child sexual communication (PCSC) is the educational level or status of the parent. According to Emelumadu et al.'s findings on the South-Eastern Nigeria population of parents, "[the] likelihood of a parent discussing sexuality with a child is quite high if [the parent] is of high social class […] or if he/she […] or his/her spouse […] has high education" (2014: 296). Studies of communication between parent and child on sexuality in East African countries such as Rwanda, Kenya and Tanzania also illustrate that (Kamangu et al (2017: 47):

> educated parents have the patience to talk orally and face to face with their youths as compared to parents with less or without education. Moreover, they can also converse with their children in different ways away from oral or face to face, [for] instance, through giving adolescent children learning materials such as books related to the topics; something which is missing to parents with low or without education.,

Indeed, one's educational level often determines their access to opportunities and resources that ultimately shape their socioeconomic status; this is evident even within the context of PCSC. While some parents may be intimidated by their lack of knowledge on sexuality or even menstruation such that they

feel uncomfortable discussing with their children, educated parents accept that their knowledge may need to be supplemented and are thus more open to seeking and have the privilege of sourcing information that on one hand, may more efficiently express what they struggle to articulate, and on the other, offer more facts and detail that they otherwise may not be able to provide. Educated parents can, therefore, be considered more open-minded in their approach to PCSC and seek alternative means to support their children's learning on SRH. One mother from Nundwe's (2012:39) study of mother-child communication about sexuality in Tanzania said:

> "I used to bring him materials like books and brochures…. I know that my child understands because the materials are written in a language he knows".

While it is commendable that parents facilitate their children's learning on SRH through the provision of resources, I wonder if this may also be a strategy to relieve the parents from the need to converse with their children on intimate topics. If the books, brochures and other resources are intended to replace the conversation between parent and child, this would point to avoidance and reluctance by the parent to directly discuss SRH with their child. Moreover, the child's understanding of the language in which the material is written cannot guarantee contextual understanding of the information. Thus, I would argue that educated parents still need to make a concerted effort to evaluate their children's understanding of what is outlined in the resources. The parent's occupation can also influence PCSC. As a male adolescent from Uganda shared "[some] parents have no time to talk with their children because they always arrive home from work late and tired" (Luwaga, 2004: 47 as cited in Kamangu et al., 2017: 49). Therefore, the parent's occupation can affect the child's perception of their parent's availability and approachability when it comes to PCSC. Parents who are not able to interact with their children frequently due to migrant work or occupations that demand long work hours are unfortunately caught between a rock and hard place as on one hand, their work is their ticket to improving their children's life-chances, however, on the other hand, the inability to bond with them can inadvertently affect their child's life chances should they engage in risky sexual behaviour. Lareau (2003) explains that "sustaining natural growth" is a more passive approach to parenting where the focus is often on meeting the basic needs of the child while the "concerted cultivation" approach involves more communication between parent and child (as cited in Siraj-Blachford, 2010: 473). "For many other disadvantaged parents, supporting their children in their 'natural growth' will be the only option that they have open to them; [additionally, given] heavy workloads and extended family responsibilities, the communications that they have with their children are often largely directive rather than being characterised by negotiation" (ibid.:474). While these parents would like to "adopt concerted cultivation strategies", their focus is diverted to meeting the daily (often tangible) demands that support natural

growth and/or facilitate social progression e.g. food, school fees, school uniform and basic school supplies (ibid.: 473). For these parents, the ability to meet these needs is a great achievement, in itself (ibid.).

"[Class] behaviour […] is based upon the notion that income, consumption and affluence are outcomes of some combination of work, occupation, education and/or wealth"; moreover, "class is 'consequential' to 'life-chances' (so that, for instance, the better off in society are likely to enjoy better education and gain better jobs)" (Seekings and Nattrass, 2016 as cited in Southall, 2019: 650). This is the case in South Africa where parents work hard to afford the school fees to "former racially privileged institutions [that effectively restrict] entry to those who can afford them and [continuously function as] key sites for the production and reproduction of class advantage" (Hunter, 2010 as cited in Southall, 2019: 657). Parents who make such investments in their children's education may expect these schools to cover all bases when teaching their children, and considering their absence due to work, these parents may expect that their children will also learn about sex from school and likely learn far more than what they as parents can communicate.

d. Traditional norms, cultural conservatism, and religion

Traditional norms and cultural conservatism

Traditional norms including value systems passed down from generation to generation also guide parents on how (if at all) to engage in discussions with their children on sexuality. One mother from Kenya explained: "[traditionally], Luo children were socialized on sex related issues by their grandparents, and sometimes uncles and aunts; [the] situation has changed now with the breakdown of the traditional socialization process" (Juma et al., 2015: 4 as cited in Kamangu et al., 2017: 48). Parents are perceived to relate too closely to a child, thus another elder within the family is assigned the responsibility of giving the sex talk.

Perhaps, it may be easier to converse with a niece, nephew, or grandchild on the subject as the assumption is that this form of elder-child relationship is expected to be less strict. "[The grandmother] is one generation removed and thus has the objectivity and wisdom to provide a third and integrative viewpoint to the mother-daughter relationship that is very often too close, too involved and too polarized" (Vorster 1995: 19). However, we can predict that the grandmother is likely to shift into the "too involved and too polarized" mother role if she assumes the role of primary caregiver in the absence of the mother; this would make it difficult for the grandmother to carry out her generational task of providing the sex talk in this context.

In some contexts, however, grandmothers do not speak about sex at all. One focus groups participant in Vilanculos and Nduna's study on parent–child sexual communication (PCSC) among South African parents stated: "for me, I grew up living with my grandmother and she would never say anything; now I am talking on the note that these kids that we have; we must be able to talk to them so that they won't fall pregnant at an early stage like we did" (2017: 85).

"Cultural interpretations of respect for the elderly or parents as equating distance and aloofness negatively affected parent–child communication" and led to silencing about SRHR between parent (or elder) and child (ibid.: 86). This reenforces and continues a generational practice of "cultural conservatism"; this conservatism is argued to be more a sense of "shyness to communicate about sexuality and reproductive health information [that] was attributed to ignorance on the side parent" rather than a cultural or religious influence (ibid.).

When there is a conversation about sex related issues, there tends to be great focus on what is and is not allowed in terms of the vagina especially in South African cultural contexts. The Zulu and Xhosa cultures of South Africa for example still practice virginity testing and reward and celebrate girls who maintain their purity by refraining from sexual activity until marriage (Padmanabhanunni et al, 2018). In the same breath, the use of menstrual hygiene management (MHM) products that require insertion into the vagina such as tampons and menstrual cups is discouraged as these are believed to be likely to break the hymen and thus break one's virginity (Haberer, 2018). As a result, there is a general fear of such MHM products and the implications of their use from a cultural perspective.

Religion

Religion also emerges frequently as a barrier to parent-child sexual communication (PCSC), and in East Africa where most of the population practice Christianity or Islam, there are many tensions about what religion dictates and what is appropriate to teach a child. For instance, one mother from Rwanda shared: "[my] religion also prohibits me to use condom, so I can't direct my child about condom use and I don't like him to use condom as it is not the will of God" (Nundwe, 2012: 29). Therefore, "extreme religious practices have prevented parents to communicate with their children on the best ways to reduce sexual and reproductive health risks in the region" (Kamangu et al., 2017: 48).

Upholding a moral image in society also leads to reactive decisions by some South African parents who are Christian and wish to avoid their daughters experiencing pregnancy out of wedlock by encouraging abortions to "look pure in front of the society" (Vilanculos and Nduna, 2017: 86). "Though this might read like an opportunity that facilitates a parent's talk with her child, [it] is not proactive communication

about pregnancy and abortion [and moral] panic and reactive conversations need to be avoided in favour of honest, open and proactive communication" (ibid.)

iv. Alternative sexuality education resources

Parents who are most uncomfortable with these discussions in Jordan "described relying on outside resources to aid in discussions on topics that they felt unprepared to have with their children" (Othman et al., 2020: 320). In this section, I discuss the resources that may be used for education on menstruation outside of the household to help facilitate conversations between parent and child or to provide children with knowledge that the parent may lack or feel uncomfortable discussing. These include the school and material resources such as traditional media, digital media, and mobile health (mHealth) tools.

a. School-based sexual education

"Historically, families are known to be the primary source of sexuality information for children, but in recent times most interventions to improve adolescent sexual health are largely community-driven, [therefore, expanding] the scope of sexuality-focused interventions is important in reducing and reversing the increasing morbidity and mortality associated with adolescent risky sexual behavior" (Emelumadu et al., 2014: 294). Formal interventions by health professionals such as nurses and clinicians are welcomed as these experts can be trusted to coach parents effectively on these subjects and "model proficient sexual communication skills" (Othman et al., 2020). However, school-based sexual education in particular sets the premise for parents to discuss sexual issues with their children (ibid.). In South Africa, Life Orientation (LO) was included as a subject in the school curriculum in the late 1990s as a form of comprehensive sexuality education (CSE) that is integral in sustaining and strengthening the SRH of the learners (Munyai et al., 2023). Other subjects that include sexuality education in South African schools are Life Sciences, and Natural Sciences (ibid.).

Despite such subjects serving an important educational role in the lives of learners, teachers explain they do not receive sufficient support to navigate teaching about sexuality and training opportunities from the government are lacking (ibid.). Additionally, LO teachers struggle to address the tension between their own cultural and religious beliefs and the content of the curriculum, and as a result, teachers do not want to teach this subject that they believe encourage sexual activity among learners (ibid.). Adekola (2023: 162) explains that there are "misconceptions on the part of learners, educators,

and parents about sexuality education programmes serving to encourage young people to become sexually active or risky sexual explorers, [as well as] poor implementation of its curriculum". While schools are trusted to impart knowledge on sexuality, teachers are evidently burdened as they find these subjects too taboo to discuss. Thus, it is not guaranteed that schools and teachers are prepared to handle the discussions that parents avoid. Additionally, parents confirm that school-based sexual education needs to be aligned with their religious doctrines (Othman et al., 2020). Thus, teachers grapple with their own subjectivities, while equally attempting not to insult the values of their learners' parents.

Resources and support in schools

According to Adekola (2023), female teachers have been found to be more empathetic than their male colleagues when it comes to helping girl learners manage their menstruation experiences and associated symptoms such as back pain, abdominal pain, nausea, and dizziness. However, they recognise that at times learners "tend to manipulate female teachers and use their cycle" and at times, teachers need to be firm to limit absenteeism and refusal to participate in school activities (ibid.: 36).

Regarding resources, there are schools that are not able to supply menstrual health management (MHM) tools such as pads and tampons unless donated by an MHM brand as part of a school campaign (Fennie et al., 2023). Concerns about inadequate WASH (water, sanitation, and hygiene) resources particularly in rural schools in South Africa are well-founded as the toilets within these schools are often unhygienic and not well maintained while most urban schools however are well equipped with running clean water and adequate toilet facilities (ibid.). Thus, it is important to note how availability of resources and support within schools can shape the schooling experience of young girls who are menstruating. However, what happens when communication does not come from a trusted source like a parent or school? Below, I explore potential alternative resources on menstruation. Specifically, I investigate how if at all traditional media, digital/online media as well as mHealth tools like menstrual period tracking apps (MTA) are used for learning on menstruation.

b. Additional sources to parents and schools

"Lack of [parent-child sexual communication] PCSC may cause youth to turn instead to information sources, such as peers, the internet and social media" (Othman et al., 2020: 314). There are studies that have been conducted on the black African females' menstruation experience including knowledge dissemination between mother and daughter on this subject (Crichton et al., 2012; Namisi et al., 2019), variations in how topics on SRH are engaged across rural versus urban environments (Vilanculos and

Nduna, 2017), etc. However, there is an opportunity to explore the young black South African woman's sources of information on menstruation that are external to the household or school environment. As the black population makes up roughly 80% of the South African population (Statista, 2022), I think it is crucial to investigate how young black women engage with and seek information on SRH, especially menstruation, outside of their primary networks such as households and schools.

According to Zhaunova et al., "[there] is a big knowledge gap among adolescent girls and adult women, especially in low and middle income countries, about menstrual cycle health, fertility, healthy pregnancy and overall women's health and wellbeing [and given] the lack of reproductive health knowledge among women, identifying medically credible, easy to access and follow sources of reproductive health–related information is crucial" (2023: 3). It is possible that women seeking knowledge on menstruation may be consulting multiple resources including people in their networks, books, and online resources as each may meet a unique need.

It is important thus to investigate the knowledge resources that women use, their role and efficacy in disseminating information about menstruation, and the perceptions of the quality and reliability of this information on menstruation.

1. Traditional media

There are many forms of resources on menstruation including TV advertisements and booklets published by MHM brands. Johnston-Robledo and Chrisler (2013) have critiqued some of these resources for their negative narrative on menstruation and their role in further stigmatising menstruation and females for menstruating. Additionally, these resources are often driven by a need to drive sales for MHM tools such as a specific brand of pads or tampons rather than imparting information to girl children (ibid.).

Eleboda and Bako (2020: 37) explain the media dependency theory as integral to the success of TV advertisements on sanitary pads and other MHM tools. "The more an individual depends on media, (i.e. television) for having his or her needs fulfilled, […] the more the media will be part of the person's life" (ibid.). In helping us tie this to MHM products, Eleboda and Bako explain this further (ibid.):

> Sanitary pad manufacturers seek to use media advertisement to persuade, educate and inform buyers about their products. Consumers' reliance on media may increase, thereby shaping their beliefs, exposure and knowledge which will later reflect in their choices and buying behaviours.

Thus, manufacturers can construct a narrative that consumers believe about themselves that coincides with their brand goals. For example, "[with] the invention of panty-liners, advertisers began to tell women to use their products every day so that they can feel "confident" that they will always be "fresh" and untainted" (Berg and Coutts 1994 as cited in Johnston-Robledo and Chrisler, 2013: 11). This unfortunately burdens young women with a need to spend money on items that they do not need and worsens the sense of self-consciousness about smelling fresh especially when menstruating (Johnston-Robledo and Chrisler, 2013). Brands thus create the illusion that they are meeting a need but are in fact further stigmatising menstruation and driving the narrative that women ought to keep their period discrete e.g. through MHM products that absorb odour, fluid, prevent leakages and are "not visible through one's clothes" (ibid.: 11). Foucault's theory of self-policing can be used to characterise young women who are menstruating and self-monitoring as they attempt to keep their menstrual status secret (ibid.). It is crucial that we investigate how if at all this behaviour presents in the lives of young black South African women as they navigate menstruation.

2. Digital media, social media, and mobile apps

"Others have resisted and challenged the stigma of menstruation through the creation of a menstrual counter-culture" (Johnston-Robledo and Chrisler, 2013: 15). Activists such as Candice Chirwa, or affectionally the 'Minister of Menstruation', pride themselves in challenging the social ignorance about menstruation and "disempowering [the] narrative surrounding periods [by] reshaping how periods are seen — in a positive light — and having the opportunity to give girls and women who menstruate the ability to be empowered" through their work (Mail and Guardian Power of Women, 2022). Activists use easily accessible platforms like mobile apps and digital media to reach a wide audience and promote debate.

Studies have been conducted on the use of online digital sources for information on SRH. Koren (2019) and Young and Jordan (2013), for instance, have explored the influence of social media on sexual and reproductive health behaviours. The focus of many such existing studies has been on teenagers, ways to mitigate any false information sharing among teenagers and the role of caregivers in such contexts. There is however an opportunity for research that accounts for autonomy in information and knowledge-seeking as the existing body of literature does not reflect the complexities of information sourcing particularly in a growing digital era.

As Zhaunova et al. explain, "individuals should be careful in selecting web-based health sources as they vary in quality, accuracy, and reliability, and wrong information or advice coming from websites may

impact health-related behaviour and decisions" (2023: 3). Thus, I would like to explore the attributes that cue trustworthiness in the digital sources on menstruation.

In my opinion, the media dependency theory which explains that "the more an individual depends on media to get information and messages, the more the media will be part of the person's life" also applies to social media (Eleboda and Bako, 2020: 37-38). Youth engage frequently on social media platforms such as X (formerly Twitter), TikTok and Facebook and depend on these apps for information; thus, they may also seek information about menstruation on these platforms. Additionally, they may encounter information on this topic on these platforms without actively seeking. For instance, their online feed (landing page on the social media app) may present information at random based on previous searches or current topics of interest. Polak's findings on a study of how "American adolescent girls use on-line spaces to talk frankly and openly about menstruation [revealed that] they answered each other's questions, validated each other's experiences, and encouraged one another to talk to their boyfriends about menstruation" on "chat rooms, message boards, websites, and individual girls' homepages" (2006 as cited in Johnston-Robledo and Chrisler, 2013: 15). It will be interesting to find out what role social media and other similar online spaces play in learning about menstruation in the South African context.

3. mHealth

"In the past few years, the rapid growth and acceptance of mobile health (mHealth) applications (apps) specifically designed to address women's health needs made significant progress in the area of reproductive and pregnancy health literacy" (Zhaunova, 2023: 3). Given the need to improve healthcare outcomes, I would like to find out whether there is openness to the use of mHealth tools among South Africans, particularly young women who seek information and knowledge on menstrual health on an ongoing basis.

Currently, there are various accessible mobile apps that allow for menstrual-cycle tracking i.e. menstrual period tracking apps (hereafter MTA), which includes cycle predictions and health advice based on menstrual symptoms and patterns (Levy and Romo-Avilés, 2019). Popular MTA on mobile app download platforms include Flo and Clue. MTA like the Flo app "are dedicated to women's health and wellbeing" and "[offer] its users AI-based period and ovulation predictions and allows them to track their periods, fertile window, ovulation, and symptoms whilst trying to get pregnant or avoiding pregnancy. In addition to tracking functionality, Flo provides its users with evidence-based and expert-reviewed educational content available through the in-app library" (Zhaunova, 2023: 4). More literature needed to develop an understanding on the usage of these apps in the South African context, and the

perceptions of their suitability for the average young South African woman seeking information and guidance on menstruation. These apps may not widely accommodate the South African population given the lower-than-average global mobile penetration, higher-than-average data connectivity costs, etc. I will thus consider these economic factors when investigating the openness to the usage of mHealth.

v. Menstruation as a personal experience

While it is important to investigate the knowledge resources of menstruation and how these are engaged with, it is crucial to remember that menstruation is a personal experience that involves not only monthly bleeding and other physical menstrual symptoms but is characterised by many subjectivities and emotional effects.

"Surprise, fear, and embarrassment were common initial reactions" at menarche and others mentioned dread and self-consciousness as they worried about the shame that they would experience should they soil their clothes (Swenson and Havens, 1987: 201-202). "A more positive attitude toward menses can be achieved if girls are physically and emotionally prepared" (ibid.: 204); preparedness can diminish the association of menstruation with negative feelings such as fear and dread. While the need to maintain menstrual hygiene is well premised, young girls and women have expressed that they do not receive adequate emotional and psychological support as they navigate menstrual discomfort which leads to feelings of inadequacy and shame" (ibid.)). It is important thus to alter the view of menstruation from simply a hygiene crisis to a holistic experience that can shape one's relations with others and with self (Merskin, 1999). Most importantly, it is crucial that the subjectivities of menstruation are noted in teachings. From a previous study on college women's experiences of menstruation, it was found that "girls wanted information that would address their ambivalent feelings rather than materials that downplay the variability of the menstrual cycle from month to month and from person to person, [and for] information about physiology and hygiene to be placed in a larger psychological and sociocultural context" (Erchuil et al., 2002: 459). In addition, "they wanted both accurate information and some consideration of how their personal and social lives would be affected by menstruation" (ibid.).

I anticipate that the marginalisation of the woman and the female body can shape women's access to and engagement with information on SRH and specifically menstruation. I hypothesise that South African women may carry shame for wanting to learn more about their bodies and would like safe access to sources that provide information that is factual, is not influenced by moral expectations by family and society at large and is easy to interpret and apply in their personal contexts. It is also important that they are supported mentally and emotionally as they learn about their bodies. Girls and

young women thus may feel compelled to go about their own devices to learn about SRH outside of the limiting context of their family, culture, religion, social environment, etc.

In the following section, I will dive into the methodology and share the key considerations that directed how data was collected and analysed.

III. Methodology

In this section, I discuss my research approach, beginning with my research method and instrument of choice, followed by my sample selection process. I then discuss how I targeted this sample, my data collection process as well as the data analysis methodologies of choice. I also summarise the ethical considerations that were integral to the completion of this study and share my fieldwork experience and limitations I encountered. I conclude this section with a demographic overview of my research participants whom I have given pseudonyms that will be used throughout the findings and analysis sections.

i. Research method and instrument

I applied qualitative methodology in the form of semi-structured personal interviews. I designed a semi-structured interview guide to help establish viewpoints, considerations, and concerns that otherwise may not be adequately captured quantitatively. I referenced the aims and objectives in designing this interview guide. I also noted the incidence of perspectives and highlight common emerging themes in my analysis. While using a guide, I also noted any emerging insights and probed into the more relevant and interesting areas for each participant. Given the intimate nature of this subject, I followed the participant's lead and encouraged the participant to share only what she was comfortable disclosing.

While I would have preferred to conduct interviews face-to-face interviews with all participants for better rapport and to ensure quality interviews, the late outcome of my ethics application delayed my proposed interviewing schedule; in the end, my fieldwork time coincided with final year assessments and exams for the participants. As a result, all interviews were conducted online via Zoom or Google Meet; the participant's preferred approach was confirmed beforehand and then a meeting invite was sent.

The duration of each interview was intended to be 60-90 minutes however, the sensitive nature of this discussion required that I take sufficient time to build rapport and encourage the participant to engage openly. As a result, each interview was 90min long.

ii. Sampling

For this study, I spoke to young black women born and raised in South Africa who have been experiencing menstruation for 5 years or longer. I focused on South African nationals to evaluate

whether the political and historical landscape of the country may have had an impact on how girls and young women come to engage with SRH and menstruation.

Participant Sample and Qualifying Factors:

- Sample size: 10
- Young South African women who are in their menstruating years:
    - Have been experiencing menstruation for 5 years or longer – these women were anticipated to be able to discuss their menarche and as well as their current menstrual experiences as they continue to grow more comfortable with their menstrual cycle (and body).
- Racial groups: Black.
    - I wanted the sample for my study to represent the largely black population of South Africa and explore how young black South African women navigate their self-education on their menstrual health. I thus aimed to establish any commonalities by political histories, socioeconomic and/or cultural differences among one racial group. I did not specifically select participants by these factors and other demographics but tried not to speak to individuals who had multiple attributes in common (aside from age, being university students, etc.) as this would have narrowed the focus of the study and erased the goal of expressing the diversity of this country.
- Women with an ongoing interest in understanding and navigating their period – while this quality is not obvious, the election by the respondent to participate after reading the participant requirements would suggest an interest in the topic and a willingness to openly reflect on and discuss their menstruation journey.
- Curious about and autonomous over their bodies; comfortable discussing their experiences/learning journey on all things sexual and reproductive health related.
- Age: 18-30 years old
    - Expected to be in menstruation age.
    - Anticipated to be comfortable with their menstrual cycle but still open to learning.
- Students or recent graduates:
    - likely to have access to a compatible device for internet access (laptop, cell phone or tablet) and can afford data connectivity/ have Wi-Fi access thus able to discuss mobile use for information and knowledge-seeking.
    - comfortable using online digital platforms for social engagement and learning purposes.

As health professionals are trusted experts on SRH (Othman et al., 2020), I anticipate that students in training to become experts in health and related fields may be more knowledgeable than others, and their exposure to these fields may influence their perceptions and understanding of menstruation. As such, I excluded health and science faculty students from my sample and sought students from the humanities/social sciences and commerce faculties only. I acknowledge however that studying in non-health or science related fields does not suggest complete unawareness or familiarity with medical and/or scientific concepts pertaining to human biology, anatomy, physiology, etc.

iii. Research site/target population

I initially intended to focus on the Wits student network and thus requested a show of interest in participating in my study from both undergraduate and postgraduate students to account for the age group. I therefore requested permission in writing to the Registrar and followed the necessary steps as outlined on the Wits Research website in this regard.

After I had received written permission from the registrar, I requested that the registrar sends an email to qualifying participants about my study (inclusive of study information and a link that those interested in participating could click on). This link directed them to a Google Form that I designed; in this questionnaire I indicated participant criteria for the study and requested an expression of interest in participating. Students who met this criterion then self-selected to participate based on their interest in the study. I then connected with those interested to verify their eligibility and coordinate interview times.

Despite this straightforward approach, I experienced some limitations in my recruitment journey and consequently had to improvise to find qualifying participants. I discuss this further in the limitations section (viii) within this chapter. In the end, I was pleased that my sample was still comprised of undergraduate and postgraduate students in the social sciences or commerce programmes. I also accommodated recent graduates, and all participants reside in the Greater Gauteng region.

iv. Data collection

I audio recorded the interviews for transcription and analysis purposes. This was cleared with the ethics committee. All participants were advised that the recording of these interviews would allow for in-depth and ongoing analyses and allow me to be immersed in the conversation during our session.

I provided a consent form detailing the purpose of the study, expectations of the participant and interviewer, the process of terminating participation by either party, identification protection as well as what happens with their data. I shared a short questionnaire for participants to complete pre-interview with a few demographic questions to save time and avoid sensitivities; this included, for instance, age and area of residence.

In the interviews, I began by exploring the journey leading up to menarche and the significance of knowledge access and reliable sources about this important event in a young woman's life, before exploring how knowledge on menstruation is gathered following menarche as a young woman grows more comfortable with their body and progresses with their menstruation journey.

v. Data analysis

When analysing the findings from this study I applied two forms of analysis methodology: interpretive phenomenological methodology and thematic analysis.

Interpretive phenomenological methodology was especially crucial to apply to this study as it focuses on how the participant describes or explains an event or experience. Considering that this study is reflective, it was important for me to pay attention to the participants' recount of their experiences, the emotions associated with those experiences and how these are expressed. As Smith and Osborn (2015: 53) state, this form of analysis "involves detailed examination of the participant's life world; it attempts to explore personal experience and is concerned with an individual's personal perception or account of an object or event, as opposed to an attempt to produce an objective statement of the object or event itself". Thus, as I probed the participants' contexts i.e. where they grew up, who they interacted with, and the roles these actors played in their lives, I was able to "make sense of the participant's personal and social world" (ibid.).

Thematic analysis on the other hand allowed me to observe patterns in how participants across the sample discussed and explained their experiences and highlight the meanings behind these expressions (Vilanculos and Nduna, 2017). I also noted the common themes which helped me establish similarities across the sample. Moreover, I was able to identify the fundamental differences between participants i.e. parenting styles of caregivers, the type of schools they attended, etc and how these contributed to the participants' perspectives and experiences of menstruation.

vi. Ethics

I applied for ethical clearance according to the faculty requirements for research study. As discussed, I requested permission from the registrar, completed ethics application forms and submitted to the ethics committee for approval. Following approval, I received an ethics clearance number (Protocol Number: SOCL-2023-03) and then proceeded with recruitment and fieldwork. All ethics documents are attached under appendices (section VIII).

vii. Experience in fieldwork

As previously discussed, the interviews were lengthy to ensure adequate connection building and rapport with participants. This led to participant and researcher fatigue on my part. In addition, I also required space to decompress in between interviews as participants shared emotional and, in some instances, traumatic experiences.

viii. Limitations

Unfortunately, I encountered delays with my ethics approval and thereafter, due to ongoing end of year assessments, the number of Wits students who showed interest and met the criteria was small. As a result, I relied on snowballing and asked the few qualifying participants to invite their friends and colleagues to participate in the study. I also targeted participants outside of the Wits network. To encourage participation, I provided R50 Vida Café vouchers to participants who recommended their friends. As a result, I successfully met my target sample.

For this study, I have focused on female identified and menstruating women only. As I interviewed young women or daughters only, I did not get the perspective of the mother figures or primary caregivers in question to understand their perspective e.g., what possible concerns they had about discussing menstruation with their young daughter at the time, why they did not initiate the conversation earlier, etc. Thus, my conclusions are informed by not only what I have gathered from the participants, but also the literature and evidence I have reviewed to date as well as my own personal inferences that also compelled me to carry out this study.

The conversation with participants was largely retrospective as participants attempted to recall their menstruation experiences from childhood. As such, participants may not recall events as they transpired and have only shared based on memory. Additionally, where participants mentioned the use of sources other than people such as books, websites, social media platforms or apps, I asked them to share the names of these sources for further analysis however participants could not recall the names

of material they used when they were much younger. Moreover, participants would remember significant details as the interviews progressed and amended some of their previous answers as they experienced recall.

I also focused on only one racial group and the study findings may not be representative of what women from other racial groups in South Africa experience with regards to their menstrual health.

ix. Demographic overview of participants

Participant	Age	Current Location	Hometown	Menarche age	Cultural affiliation	Year in university	Study discipline
Atang	25	Alberton, Gauteng	Rustenburg, North West	11	Tswana	Postgraduate	Humanities
Babalwa	22	Braamfontein, Gauteng	Nquthu, Kwazulu Natal	9/10	Zulu	Postgraduate	Humanities
Carol	22	Kempton Park, Gauteng	East London, Eastern Cape	10	Xhosa	Recent graduate	Humanities
Dintle	25	Soweto, Gauteng	Mahikeng, North West	11	Tswana	Postgraduate	Humanities
Esther	24	Phuthaditjhaba, Free State	Bisho, Eastern Cape	12/13	Swati/Tsonga	Recent graduate	Humanities
Precious	22	Pretoria, Gauteng	Bloemfontein, Free State	10	Sotho	3rd year	Commerce
Ntando	27	Roodepoort, Gauteng	Newcastle, KZN	12	Zulu	Postgraduate	Commerce
Sive	24	East London, Eastern Cape	East London, Eastern Cape	15/16	Xhosa	Recent graduate	Humanities
Tumelo	25	Johannesburg East, Gauteng	Johannesburg, Gauteng	11/12	Tswana/English	Postgraduate	Humanities
Violet	22	Midrand, Gauteng	Western Cape & Limpopo	13	Xhosa/Tsonga	Postgraduate	Humanities

Table 1: Participant Demographic Details

IV. Findings

Below, I present the findings and highlight how participants gathered knowledge about menstruation to date, who the key players and/or information sources were, and most importantly, how each learning experience shaped their general perceptions and attitudes towards menstruation pre-menarche, at menarche and post-menarche. I will then analyse and discuss these findings further in the next chapter: Analysis and Discussion.

Learning about menstruation is an ongoing process that occurs in multiple stages, with each stage presenting the menstruator with different pieces of information. The first introduction to the topic of menstruation can occur at one of two stages: pre-menarche (before the first menstrual period) or at menarche (when the first menstrual period takes place). New knowledge can also be obtained post-menarche in the months and years following one's first menstruation experience. Moreover, the learning journey is not uniform, and a female[1] can be introduced to unique information about menstruation at different stages in their menstruation journey. This information usually compounds over time and forms a body of information that is seemingly never complete but can be enhanced with new discoveries as one progresses with their menstruation journey.

i. The menstruation learning journey

Though the menstruation learning journey is continuous, we can better understand it by identifying the key characteristics that distinguish each stage from the other. This can be done by exploring the experiences of young girls and women and the sources of information that they engage with at each stage. Below, I characterise and discuss the stages of pre-menarche, menarche, and post-menarche.

a. Pre-menarche

When thinking retrospectively about what they knew about menstruation before their menarche, participants were able to recall what they did or did not know at the time and how this affected their menarche experience.

<u>Ill-preparedness and lack of knowledge about menstruation, pre-menarche.</u>

The findings indicate that there was very little awareness of menstruation, pre-menarche. Most participants revealed that they did not know what menstruation was, why it happens,

[1] This terminology is used as all participants in this study identify as female.

that there are tools that they would be required to use when it occurs or even that its occurrence is inevitable in the life of a female. Even for those who were familiar with the concept of monthly bleeding, it was still not clear why the bleeding happens and exactly how to use the MHM products.

> "I knew there was something like (a period and that it would happen), I have sisters. I think I knew but I actually thought it was something that I was gonna start maybe at the age of 14 going upwards or something like that. I was aware that there's something called a period, a woman goes through it, it happens every month and all those things. Counting, when your next one would come, I didn't know that and the fact that it came with so much stress on the body in terms of period pains, back pains… [I didn't know that]. I knew it happened, [but] I didn't know why it happened and the processes that happen in the body that lead to it." (Ntando).

Of the entire sample of participants, only one expressed that her mother had sat her down to discuss what menstruation is, thus leading to a sense of preparedness for menarche. Atang's mother told her that she would bleed from her vagina; provided an estimate of how long the bleeding would last during each cycle; she explained and demonstrated how a pad is used and provided her with a pad that was to be always carried on her person in anticipation of her menarche. This conversation took place a year prior to menarche when Atang was 10 years old and in grade 4. Atang found her talk with her mother to be formal as her mother used the term 'menstruations' instead of periods.

In addition to a talk that actively prepared her for menarche, Atang also experienced passive learning about pads through observation and listening to conversations at home i.e. seeing pads in the cupboard of toiletries and witnessing her sister and aunt using them. However, other participants had no awareness of periods at all pre-menarche and had not grown up seeing MHM products such as pads or tampons in their homes. Some recall having seen pads before on TV pre-menarche but did not know their purpose. Esther recalls seeing TV advertisements for pads like *Always* and *Stayfree* growing up, but it was only until a friend who had experienced her menarche before her showed her a pad for the first time that she learned the connection between bleeding and pads. When she saw the pad, she was "traumatised" and kept wondering "why is it so big?".

<u>Information is often introduced by friends and peers in school or at school talks about puberty.</u>

Most participants obtained their first introduction to periods at school. The full sample of participants shared that they had received information about menstruation at school during Life Orientation and/or

Natural Sciences (or Biology) class. In addition, participants recall attending a school talk about puberty, maintaining personal hygiene, and menstruation. These talks took place as early as grade 4 (when learners are aged 9-10) and were usually given by a female teacher or an external expert such as a doctor.

Some participants shared that their schools were visited as part of a campaign tour by brands such as *LoveLife*, a youth-focused initiative that promotes healthy, positive, HIV-free living among South African teenagers" (linkedin.com/company/LoveLife, 2024), or the *Always* brand. Representatives from these brands would 'give the talk' and, in some instances, distribute pads for the learners to use. In some co-education primary schools where male and female learners are taught together, the girls would be called separately to the assembly hall for 'the talk' while other schools accommodated both boys and girls during these talks. In addition, diagrams of the human body would be presented and demonstrations on how to use pads and tampons would also be included.

Following this introduction to menstruation at school, some participants (who had not experienced menarche) felt comfortable sharing with their mothers what they had heard or seen, and this opened a conversation about menstruation. Therefore, school based sexual education certainly does serve as a launching pad for parents to discuss SRH with their children (Othman et al., 2020). Despite the open line of communication, Tumelo did not feel comfortable conversing with her mother about menstruation. As a result, her mother provided a book that explained menstruation and other anticipated bodily changes that would occur during puberty. Tumelo explained the reasons for her discomfort:

> "I was in primary school, I was probably 9 and we had a talk at school about it [menstruation] so then I went home and told my mom about it, and she said 'okay, it's time for the books' so she went and bought me some books (about menstruation). I didn't wanna talk about it [menstruation] or like sex or anything. I don't know why I just felt so awkward about it, to be fair I grew up very shy and very awkward about everything. So, I felt 'this is gross, this is too much information, I don't want to hear about it from you, you are my mom'. So, she bought me a book, it was yellow… it was general, so that was just about your body, what are boobs, what's a nipple, what's a uterus and also about periods and also about sex so it was all encompassing. I found that book really helpful. It had drawings, it had pictures; for example, if it was talking about boobs, it had drawings of multiple different looking boobs, it was actually progressive now that I think about it. It answered all of my questions, and I didn't want to discuss anything with anyone else." (Tumelo)

<u>Class and access to resources shape learning about menstruation.</u>

Tumelo acknowledges that her grasp and command of English at 9 years made it easy for her to learn about menstruation through reading.

> "Because I was encouraged to read so much before I got to that [learning about menstruation], I understood all of the words, so I didn't miss out on any information because I could read and understand everything that was on the page. I think it also really helped that it had all of the pictures so if I didn't wanna read I just looked at all the pictures and would just assume that this and that go together. So, it helped to have both. I don't remember any sex-ed books at that time being in [any] other language but English. This was more than 15 years ago, and I remember that the children's section was English and maybe like 2 or 3 books that were not in English [were] by Gcina Mhlophe or someone. I was lucky that my reading language was English so I could read any book there, so my imagination was allowed to be a lot wider when it came to what's in the books and what I can read. The fact that these educational books were in English and I could speak and read English allowed me to be a lot more educated about that subject especially because I didn't want to talk to anyone about it so if there was another kid who wasn't proficient in English and didn't want to talk to anyone about [menstruation] but wanted to read about it, they didn't have that option." (Tumelo)

Like Tumelo, Violet's learning about puberty was also assisted through books. Her father sourced a book about puberty written from a Christian perspective and took her and her siblings through it every evening as part of family bible study. Tumelo and Violet share similar middle to upper-middle class qualities as both were raised in the suburbs of Gauteng, attended schools and/or were raised in families with a strong religious foundation, and their parents who are professionals were open to and had access to material resources to support teaching on puberty and/or menstruation. For Violet, it was also awkward discussing sex and puberty with her parents, especially her father. As she resided with her father and step-mother at the time and saw her mother periodically (specific durations and frequency unclear), Violet's father may have considered it his personal duty to impart teachings to his child as the only biological parent that lived with her. Thus, while other parents encourage gender matching for discussions on sex and therefore menstruation (Kamangu et al., 2017), the dynamic in Violet's family was unique and required a different approach.

> "They were worried about us hearing things from the street, that we'd learn things we shouldn't be, so they wanted to be the first people to introduce those things to us, like 'what are they learning about sex outside, are they learning the right things, are they influenced badly?' So right before we'd read the bible, they'd say 'okay let's go through some pages of the book today'. I didn't want to talk with my parents about those things, especially my dad, sorry it was just weird. I didn't have that relationship I suppose with my dad, that openness

> necessarily so it was about maybe things that he wanted to talk about or the bible, but it wasn't really an open relationship like that, so it was a bit of a surprising thing that we were even broaching the subject... because I think before that book, it was the usual 'don't do this, don't do that' ... don't talk to boys, don't do anything'... so it was a bit new." (Violet)

As discussed above, there are participants who were fortunate to obtain information and/or had a general awareness about menstruation prior to their menarche, and thus had an idea of what to expect before it ultimately occurred. Most participants however first engaged in a conversation about menstruation with their mothers or primary caregiver on the day of their menarche. After menarche, young girls become exposed to concepts such as reproduction, fertility, and pregnancy. The participants share their experiences at menarche in the next section.

b. Menarche

<u>Parents discuss menstruation at onset of menarche.</u>

On average, participants had their menarche when they were aged between 10 and 13 years old. Prior to this, for most of them, there had been no conversation with their mothers or any other individuals in their network about menstruation. When menarche finally occurred, these participants were fearful, believed that they had done something wrong, and avoided telling anyone about their experience until they had no choice.

Dintle who was raised by her maternal great-grandmother was visiting her mother and relatives in another town when her menarche arrived. Out of fear, she limited movement for a whole day until she had to confront the fact that the bleeding was not stopping.

> "Can I tell you? The first time I learned anything about menstruation was when I got my period. I was 11. I just chilled there [on the sofa] the whole day, didn't move, didn't do anything. I can't move because if I move, I will have to confront what could possibly still be going on. I didn't know this was still an ongoing thing, so I [decided] 'let me just chill here and see what happens'. I haven't eaten anything the whole day, I haven't moved the whole day. I needed to pee, I didn't stand up to pee, I'm just chilling. I can't even drink water because if I drink water then I will need to pee, seriously, and I can't do that. Then comes 9pm and I say, 'okay guys I'm going to sleep' and I was sharing a bed with my mom. Now I'm just walking and I'm thinking 'I hope nothing falls out of me'. I get to the room, take off my pants and I see a stain, so I still have blood [coming out]. I look [at my mom and say] 'okay, I have blood coming out of me'. She doesn't explain what's going on, she says 'okay, take off your underwears' and gives me a pad and says, 'this is how you do it'. By the way, no one explained anything like: 'Hey, by the way,

> this is what's happening; you're gonna get your period again next month'. No. I thought I was done. I thought it was over." (Dintle)

Though Precious visited her maternal grandmother on a regular basis, she did not know how to tell her that she was bleeding. She, too, thought something was wrong. However, her mother assured her that everything was going to be fine.

> "I didn't know what a period was; no one told me that one day I'm going to bleed. I started my period at my granny's place, and I kept quiet because I thought I was dying and then when I went home, I told my mom that I'm bleeding, and I don't know what's going on… I was crying and I don't know even know why, and that's when she started telling me: 'this is what happens when you start becoming a woman'. So, I started my period before knowing what a period was. I thought I was dying, but it's a normal thing". (Precious)

Babalwa had a similar experience at menarche and was reassured by her grandmother and aunt that everything was going to be fine.

> "I went to go pee, I felt that I needed to pee and then I see the blood and I don't know, I was taken aback. So, I call my granny, and I'm like 'Gogo, there's blood!' and she was like 'weehh (oh no), sifikile isikhathi sakho nawe (your time has also come)' and she was sad about it because I was still quite young. The moment I saw the blood, I knew the time had arrived so when she said it, I knew [what it meant]. Then she called my aunt, and then she told her; I think she even made me show her my underwear (laughs). The way they handled it was very good and very reassuring. Yeah, I think they were just sad that I was still quite young, but otherwise, they handled it well. I felt safe. I felt okay. We had had the conversations in passing, so then they were like 'that thing we were talking about, that's what's happening now, and it's okay. It happens to all of us, and it's not going to be the easiest, it's a bit of an inconvenience, but you're going to be fine'". (Babalwa)

Even when there is reassurance, there is a lot of evidence, that 'this thing' is hard to name. There is an awareness of the terminology for menstruation in the respective South African languages such as 'usesikhathini' which means 'you are on time' in IsiZulu or 'umenso' which is short for menses or menstruation in IsiXhosa. However, at menarche, menstruation is hard to name. Moreover, the onset of menstruation cues parent(s)'s awareness of the sudden fertility of their girl child; this leads to concern about the possibility of their daughter falling pregnant at an early age.

Menstruation cues concerns about the possibility of pregnancy.

For most participants, the information provided by significant family members about menstruation when their menarche took place was not detailed. Rather, there was more emphasis on their fertility and the importance of staying away from boys.

> "I remember when my period started, my mom was like, well she said it in Xhosa: 'hayike ntombi (well then my girl), iperiod yakho iqalile (your period has started), so ube careful ke ngamakhwenkwe (be careful with boys)'. With her, starting a period just really meant that 'you really need to be careful with boys'. I think 3 months later, she started the talk of being on contraceptives, and I kept on being like 'no' [I don't need them] and I think, now that I look back at it, it was a way of tracking me, if I wasn't sexually active with a boy. My mom spoke about contraceptives [but not] because I had heavy periods. For her it was very much like 'my child is going to get pregnant' and I understand why because at 20 she had my brother so I can only imagine when she began to be sexually active to the point that she was also stressed that history might repeat itself." (Sive)

> "There was a small hint of 'okay now you actually have to be very careful because you can possibly fall pregnant' from my granny. I think I had it (my period) for like three months and then it stopped for like a few months, I think two months or something and when it first stopped my gran was a bit taken aback, she was like 'did you do anything weird, like are you sleeping with boys?' I was like 'no, I didn't do anything' and then she was like 'okay, but you are still starting out, it does happen that sometimes it stops'. Then it came back again, and I feel like maybe that's when she felt relaxed that I was still getting it (period)." (Carol)

During conversations at the onset of menarche, parents often express a fear of their daughter falling pregnant and discourage interactions with boys to ensure that this is avoided. In addition to the household, concerns about the possibility of child or teenage pregnancy were also shared at the participants' schools.

Schools also instil fear about sexual activity and pregnancy.

The connection between menstruation and pregnancy was also highlighted during school talks on puberty and sexuality. While these talks were informative, some schools assumed a religious perspective and instilled fear in learners about taking part in sexual activities. It is important to note that the religious perspective was usually in line with the religious ethos of the school. Independent experts or brand representatives were not reported as asserting any religious or cultural perspectives during their talks.

In schools with a strong religious foundation, the talks instilled a lot of fear in the learners who were strongly advised against any sexual behaviour. At what was called 'sex camp' in grade 10, Tumelo and other learners at her Catholic high school were given a talk by a male priest about sex, periods, terminating pregnancies, etc., and nurses were present to facilitate conversations. Amongst others, girls at this camp were told: "If you have an abortion, you're gonna go to hell, so don't do that because that's the worst thing you could do… and don't have sex as well" (Tumelo).

Dintle also attended a Christian school in what she describes as a conservative community. At this school, boys and girls were not allowed to hold hands, and in her community, girls and women were always advised to "cover up" otherwise the boys and men would be "distracted". At this school, she and all other learners were required to demonstrate a commitment to upholding strong Christian values regarding sex:

> "I remember I was made to sign a virginity pledge when I was in the 8th grade. I pledged to the Lord and my family that I will not have sex until I get married. Well, we all had to sign it, it didn't matter your gender: 'my husband or wife will be the first person I sleep with'." (Dintle)

While Dintle expected to learn about menstruation, sex, and sexuality in Life Orientation (LO), she says that the subject was not helpful; this may be because of the type of school she attended and its values. In LO class, Dintle says she learned about making friends and peer pressure and took part in physical education (PE); however, there were no teachings about menstruation. Given its conservative nature and religious doctrine, the school and/or teachers may not have been willing to teach on these topics. Rather, it was in Life Sciences class that she was taught about the science of menstruation. Those who learned about menstruation within the scientific contexts, like Precious, found that the information received was useful and detailed in its biological technicality, though more factual than comforting or reassuring.

Parents as sources of information struggle to impart knowledge unto their children about menstruation and typically default to using suggestive language i.e. "that thing", focusing on the hygiene management aspect i.e. how to use pads, or instilling fear about the possibility of pregnancy. For those who may be relying on schools to provide their children with sexuality education, it is important to recognise that this information shared may be determined by the ethos of the school. Post-menarche, the learning experience becomes more about the young girl's understanding of their body as they continue to menstruate. At this stage, the menstruator reflects on their learnings on menstruation till date and begin to realise what they did and did not know as they progress in their menstruation journey. I discuss the post-menarche learning experience further in the next section.

c. Post-menarche

At this stage of the menstruation learning journey, the menstruator becomes aware of and engages with sources of information on menstruation outside their family and school networks. Learning about menstruation becomes a more independent experience and, as their menstruation journey continues, young girls become aware of their own subjectivities and realise, for instance, that the menstruation experience can vary from month to month and from individual to individual.

No further conversations with mothers or family members about menstruation.

For most participants, there was no follow-up conversation about menstruation after menarche had taken place. This may be because of the parent and/or child's discomfort, or the parent's attempt to limit the child's knowledge and thus potential engagement in sexual activities that are considered too advanced for their age. While some participants insist that they would not have been scared to ask their primary caregiver any questions, conversations about menstruation post-menarche were few, very far between and limited in detail. However, Atang says that she felt comfortable to ask her mother any questions post-menarche and still has an open line of communication with her mother and aunts about menstruation and general SRH till date. It is important to consider that perhaps the conversation pre-menarche created an environment that encouraged further communication about anything related to menstruation.

For the most part, participants spent most of their time post-menarche adjusting to their bodily changes especially the reality that they would bleed every month and that the experience may not be the same each time. As such, participants were not certain what they would encounter every month and would feel fearful or concerned if they experienced anything new or unusual. Often, these experiences would drive the menstruator to seek more information about what they were experiencing and raise the discussion with their parent or family member.

Medical concerns facilitate further communication.

Most participants generally only initiate conversation with their primary caregivers in the event of a potential medical issue. When there was a medical concern, the participants felt compelled to ask for advice. When Ntando was faced with irregular periods at age 16, she asked her sister and mother for advice for the first time since her menarche 4 years prior when she was first told about menstruation. When faced with a potential medical issue, the primary caregivers would recommend a consultation with a medical doctor. Doctors, especially gynaecologists, have been found to be very helpful in sharing information about menstruation and overall menstrual health. Ntando was satisfied with how her

doctor explained the reasons for her irregular periods and always thinks back to the advice she received at her consultation.

> "I had no questions up until grade 10 where because of a lot of weight gain I started having a hormonal imbalance which led to them [periods] not coming at all. So, that's when I actually went back [to my mom and eldest sister] and asked, 'okay, I know you guys told me that they stop when you're pregnant but nothing [no sex] has been happening and they stopped so something is wrong here'. Then I went to a gynaecologist [and he] explained that 'there's nothing wrong with you actually. Your oestrogen and your progestrogyn [progesterone] are not balancing off and my guess is it's the weight because the weight that's written here and your age are just not adding up. So, I'd just characterise you as an overweight teenager'. So, he showed me this terrifying machine and he was like 'we have to take this machine and put it in there to clean your uterus so that everything can be fine, or you can just do it the simple way and you can go to gym, eat healthy and the exercising will actually regulate your estrogen and your progestrogyn'. Okay, so I did that. I got a personal trainer, and I joined gym and one a half months into gym, it comes back (laughs)." (Ntando)

Typically, when there is some deviation from an established norm in their menstrual cycle, secondary concerns arise that require advice from a medical expert. Participants with health professionals in their network said that they feel very fortunate to have someone with medical expertise within their reach. For instance, those whose friends are studying or practicing medicine like Atang, can send a medical question via text message or instant messaging apps and receive a prompt response. While this is convenient and quick, when more information is required to make an accurate diagnosis, a physical consultation is highly advised. Parents or family members who are health professionals also recommended a consultation with another expert (e.g. Ntando whose mother and Sive whose sister are nurses) and did not engage with their daughter or sister's menstrual health as they typically do with their patients.

Other participants encountered health practitioners in their local communities. Esther is grateful that her youth leader at church was a nurse who specialised in fertility and was comfortable sharing information about menstruation, personal hygiene, etc.

> "So, where I would ask questions, like in-depth, was the lady who led [the] youth talk sessions. For example, the first time I experienced blood clots it was so scary for me, [I wondered] 'what's going on? Is this normal?' because they just talk about bleeding out, that's it, you think that it's always going to be just normal [blood without clots]. So that's when I would go to her, and I told her 'I experienced this'. She was a nurse, not any regular nurse, she was a fertility nurse so she knew about the whole reproductive system of a female so I would explain to her

> how they [blood clots] look, the consistency and everything and from that information she would reassure me that 'it's actually normal if you get them once in a while as long as they stay within this range and size'. That's where I got to raise these deep, concerning questions regarding periods in general." (Esther)

Menstruators have a lot of questions about symptoms and other factors related to menstruation as they continue to experience their period. Primary caregivers are generally the starting point if there is a concern however, menstruators begin to engage more with secondary knowledge sources as their menstruation journey progresses. As a result, they accumulate knowledge from various sources over time and begin to recognise where there may have been any knowledge gaps and/or delayed and/or omitted information about aspects of menstruation from their primary sources (i.e. the parent(s) and the school).

ii. Menstrual learning journey reflections

As the participants reflected on their menstrual journey from pre-menarche to date, they were able to recognise that there are pieces of information that they lacked at the different stages of their menstruation journey that they feel would have changed their experiences and perceptions of menstruation. Participants explain that a delay in receiving information on menstruation, not knowing enough about different menstrual products, feeling shameful about and/or having to hide their period, and not receiving sufficient emotional support throughout their menstrual journey affected their early menstruation experience. I discuss these further below.

a. Delayed communication on menstruation

Most participants said that information about menstruation should have been shared by their primary caregiver (particularly female caregivers) and most said that the conversation about menstruation ideally should have taken place at least a year before menarche. However, some participants realise that this is not an easy topic to introduce to a child of 9-10 years of age and thus, more age-appropriate techniques could assist in this regard. Despite Precious's worry i.e. "how do you tell a 9-year-old that they are going to bleed from their vagina?" she does agree that the topic of menstruation needs to be discussed much earlier.

> "I think we should be taught early about menstruation because some people have it very early in their lives, and we only get taught about it in grade 6, in natural sciences… was it grade 5? I

> don't know but it's later in life when we get taught about menstruation and I think we should be taught at an early age so we can be prepared about it." (Precious)
>
> "I think for them [mom and sisters], not telling me, is because they had theirs way later than me [14/15 years vs 12 years]. Well because of the food we eat, and the bodies are different, and millennials now have their period way earlier, so I think they were just not prepared. When I did tell my mom it was like 'oh, there's that! I thought we'd have this talk a little later' you know? That's the response she gave me. I think kids should be told about 'the birds and the bees' ["a euphemism for sex" (Los Angeles Times, 2000)] as early as possible, maybe grade 3, grade 4? Age 9? Obviously, you introduce it in a level they can understand but the main point [for them to know] is that there is something like this [menstruation] that happens at a certain stage in a woman's life so that when it does happen, they are not alarmed, they are not scared. They just know that it happens and it's natural." (Ntando)

Most importantly, the narrative about getting pregnant and needing to stay away from boys must be handled carefully.

> "It's important to know that having a period does not necessarily equate to 'you will have a child the minute that you sleep with a boy', that's not what it means at all. They make it sound so dirty. I'd navigate that by saying it's a natural part (of growing up). Like I said, [when it happens] it's like 'oh now you've taken a bite of an apple, like 'I've done something wrong and now I'm gonna be with-child'. They make it sound like a period is something that is not supposed to be happening'. I think it would be better to have that conversation, explain what it means, not just scientifically 'oh your body is going to do this, this, this', no, like what it actually means for a woman." (Carol)

Participants recognise that it may be difficult for parents to tell their girl children that they will one day experience bleeding from the vagina, it is agreed that delaying communication about this eventuality only puts the child at a disadvantage. Thus, participants suggest age-appropriate communication strategies to facilitate the discussion about menstruation.

b. Limited knowledge of menstrual products

Before and at the time of their menarche, most participants, were only familiar with pads as an MHM tool i.e. during their primary and early to mid-high school years. Those who knew about tampons in primary or high school either took part in swimming activities at school where girls were advised to use

tampons to prevent leakage or learned about tampons from friends or peers who swam at school and used tampons. This new discovery led to more inquiry about what tampons are and how they work.

Learning about tampons

Participants who had previously only been aware of pads share that they first encountered tampons when they or a friend asked for a pad and were offered a tampon by a friend or peer in school (Violet), boarding school (Babalwa), or university (Dintle). Dintle shares that she was already in varsity when she first discovered and decided to purchase tampons. She learned about how to use tampons from older ladies in their 40s who were shopping in the same aisle at a health store; they explained how to choose a tampon based on menstrual flow, advised that you should not feel it inside you and that it is best to squat when applying. Dintle was pleasantly surprised by the show of women-women solidarity and non-obligatory support.

> "I'm at Clicks, standing alone, and I'm choosing one. I said to myself [out loud]: 'How do you even use these things?' Two women were like, 'Let's give you a crash course about tampons,' and I thought, 'Wow, you're so amazing! Thank you, strange women.'" (Dintle)

Though Dintle ultimately purchased and tried tampons, she confirmed that she prefers pads as tampons felt uncomfortable for her. Other participants have more positive responses to tampons and those who struggled with leakage when using pads say they wish that they had been told about and encouraged to use tampons much earlier.

> "I definitely would have liked the more in-depth conversation about periods in general, the different things you can use, for someone to dispel my fear about tampons because now I use tampons because there's a lot more freedom for me, I'm a lot more comfortable especially at night." (Violet)

Others delayed the use of tampons intentionally out of fear and concern about the implications of using an MHM product that needs to be inserted into the vagina. Babalwa whose family practices Zulu culture, was told that she may not use tampons as she needs to keep her hymen intact. In many African cultures, there is a myth that tampon use can break the hymen. In some local South African cultures such as the Zulu and Xhosa cultures, young women and girls are periodically taken for virginity testing and are advised to maintain their purity until marriage. The virginity testing or "physical examination of the vaginal area to determine if the hymen is still intact […] is aimed at deterring premarital sex [and] regulating sexual behaviour to ensure that girls remain virgins until marriage, thereby allowing the

family to receive a larger bride price" (Padmanabhanunni et al., 2018: 706). Failure to do so brings shame upon the young woman as well as her family.

> "I remember being very mind-blown when I first heard about them [tampons]. My granny had put so much emphasis on 'nothing to ever go up there, nothing at all'. So, I was just mind-blown at the fact that people were like putting stuff in there and even if it's for your period or whatever it just … even till this day I still never tried tampons. I think I might have been asking someone for a pad then they told me they had tampons, and I was like 'what are those?' and then they showed me and they said, 'stick them up' and I said 'stick them up where?' (laughs). They did explain that you put it in there and it absorbs the blood, but it just wasn't clicking for me. Also, because I come from a Zulu family, and you know they have this whole thing, the reed dance where the girls are checked to make sure that they are virgins, and nothing should have gone [in] there to make sure that your hymen stays intact or whatever. So, I've never actually been to one of those but it's something that my family used to do when we were younger especially the girls in the family [to] check if everything was 'still fine there', if I can put it like that. But it was also a way when you were still young to check that no one was sexually assaulting you then they can ask 'who did what to you or what happened?' So, in my head I'm thinking I'm gonna stick this thing and it's gonna break my hymen, next thing it looks like I'm not a virgin anymore (laughs) I don't know, I just had some fears around that." (Babalwa)

Tampons are actively discouraged in Babalwa's cultural context. Moreover, the hinting at sexual activity without naming e.g. 'nothing to ever go up there' suggest that discussions about sex within her context was limited or rather actively avoided unless to verify one's virginity status. Thus, menstruation and sex are conflated as MHM products that need to be inserted in the vagina are considered as 'bad' as taking part in sexual activities and are discouraged and prohibited in the same way for the same reason.

Consequently, attempts to manage menstruation and maintain MHH can be characterised as shameful in some South African contexts. This leads us to the feelings of shame surrounding menstruation that participants still experience and struggle to address. I unpack participants' feelings of shame regarding their periods in more detail in the next section.

c. Shame and secrecy about menstruation

Within households, schools and other public spaces, there are specific ways that menstruators are expected to conduct themselves to contain their menstrual status. These social pressures and

behavioural norms influence how menstruators experience and perceive periods. For instance, despite openness among schoolgirls about menstruation (Esther, Sive), secrecy about being on your period was still maintained and pads would not be passed around in the open. For some, the need to maintain this secrecy was fuelled by the negative words ascribed to menstruation by both male and female schoolmates, particularly regarding leakages and one's personal scent during their period. Below, I discuss some of the factors that promote secrecy about menstruation, how these add to menstruators' feelings of shame and how menstruators manage these feelings as they continue with their menstruation journey.

Negative social perspectives on periods.

There is great shame that surrounds menstruation in the participants' respective contexts. In schools, code words would be used for periods or to express that there is an awareness that someone is on their period. Often, these code words or expressions carried negative connotations. Babalwa shares that in boarding school "if you woke up and you were on your period and had not been wearing a pad, we said 'oh, I had a crime scene'" (Babalwa). Boys would also add to the shame by suggesting that girls on their period smell; "they'd say 'fish, it smells like fish in here'. I'd always be conscious, like 'do I smell?'" (Violet).

Violet adds that menstruating made her feel self-conscious about her hygiene; she was also concerned about other people knowing that she was on her period:

> "I think the biggest one was the shame, there's so much shame that surrounds being on your period. You go to the bathroom and you're trying to open your pad secretly because you don't want people to know, and you also don't want it to show on your clothes that you're wearing a pad and you're on your period. So, there's so much shame and hiding that you experience at first because you're on your period, you're dirty, you're bleeding. I didn't talk about that with anyone." (Violet)

As a result, navigating her period was a lonely journey at the beginning for Violet as she did not talk about her feelings with anyone. Her silence can be attributed to the need to maintain a state of purity and perfection as women have been conditioned to be by society (Erchull et al., 2002). Negative comments by boys in school further reflect that this conditioning is informed and amplified by the male gaze and the persistent judgement of a woman's appeal (ibid.).

Keeping periods invisible maintains social order.

Some participants however were part of a community of menstruators who would check on each other and offer each other advise on how to manage their periods better. For Esther, the youth talk sessions that she attended at her church allowed girls to gather and discuss their puberty experiences especially menstruation. In addition to the medical advice from the youth leader, the girls would recommend remedies and other strategies to help with any menstrual issues.

> "During those talk sessions you would find that someone would raise a certain thing [that they were experiencing]. We were all girls so you'd want to see if other people are also going through the same thing; you know if someone is going through the same thing you get a sense of comfort that 'okay, at least I'm not the only one experiencing this' but then also if someone goes through the same thing and has something that works for them, once you ask you get different suggestions, 'try this, try that, try a reheating pad, try such painkillers'". (Esther)

Other participants felt a sense of community in their school networks. In girl schools as in the case of Tumelo, there was an openness about menstruation and girls would support each other as much as possible:

> "When you're on your period, you would ask someone 'please can you check my skirt' and you would ask some girl that you weren't even really friends with and she'd be like 'no, you're fine'. From what I've heard from people who went to co-ed schools, that wasn't the same at all schools but at my school ... it was totally normal, it wasn't on the down-low, no one had to be secretive about it". (Tumelo)

There is an ironic tension here as through these open check-ins, Tumelo and her schoolmates on one hand visibly maintained the invisible (the hidden menstrual status) and on the other, actively policed each other to be invisible. As the girls were expected to be comfortable to ask each other if they are 'still fine', this meant that all girls had a duty to help each other maintain a social order i.e. keeping menstruation hidden and secret (Erchull et al., 2002).

<u>Cultural motivations to conceal menstruation.</u>

Participants explained that they were taught that periods must also remain private around friends and within the household, and one participant said she was guided on how to manage her day-to-day experiences while on her period to this end (Atang). This included what to wear, how to navigate play, and how to position herself when sleeping to prevent leakage. Given that other participants did not

express that they were taught this, Atang's experience can be read as supportive. However, these teachings reflect the compulsive nature by society to try to keep a girl's period a secret.

> "They [mothers] don't want the wings of your pad to show when you're playing if you're wearing a skirt so just wear a tight, but it also makes it more secure". (Atang)

Some participants explain that it is important that they keep their period private as that is what culture and their parents' teachings dictate. The instruction given to Dintle for instance was that no one was to know that she was menstruating, especially males; this includes those who reside in the same household.

> "You know how the people say 'yeah, keep your period hidden, men must not see your pad'. I remember I was told [that] my uncle must never see my pad at all so if I had to go to the bathroom, I had to smuggle the pad inside, just hide it. 'He must never see it; he must never know it exists'. So, I got that instilled in my mind so deeply that 'okay, men must never know anything about periods ever in their lives'. So, I remember in 8th grade, they said 'if anyone has periods, please come to us' they were giving out free pads but because I was so embarrassed of my periods I said nope, 'they shall never know that I experience periods, that has never happened to me at all, not me'." (Dintle)

Esther says that culture is the reason for some of these perspectives. Speaking from her experience as a Swati woman, Esther says:

> "Culture plays a big role, in my culture talking about such stuff is considered sacred, it's supposed to be your own little secret. Even if you have information about it, you can't just go around telling all your friends 'okay, now I'm starting my period' because they say it's something that's supposed to be sacred to you. Elderly people have this thing of 'if a child is given too much information about something then it's not right', I honestly don't understand why they believe that. They focus more on the boys thing, staying away from the boys but what about what is taking place inside my body? Culture is what dictates what you can and what you cannot say, it is considered taboo to speak about these things."

It is not clear what informs this cultural perspective. It could be fuelled by the need to protect women from men as in the case of Babalwa who says that one of the advantages of virginity testing was that it could help reveal if a girl child had been sexually assaulted. Considering that in other cultures (e.g. the Gambia) menstruating is an indicator that the girl is now a woman, perhaps the same applies in some South African cultures and the key concern is that men may take advantage of the girl child.

Thus, cultural prohibitions against girls disclosing that they are of menstruating age or currently on their period could effectively be a strategy to protect men from their own perversion and judgements about young women and girls. This however suggests that men have no ability to exercise self-control and respect towards the opposite sex.

The narrative about menstruation largely being about the girl child needing to stay away from boys and the possibility of getting pregnant also reflects this cultural fear. However, this narrative ascribes negative perceptions to this biological event and instils fear in a child who may not understand the link between menstruation and reproduction. Carol would like parents to assume a different approach to how they discuss menstruation:

> "It's important to know that having a period does not necessarily equate to 'you will have a child the minute that you sleep with a boy', that's not what it means at all. They make it sound so dirty. I'd navigate that by saying it's a natural part [of growing up]. Like I said, [when it happens] it's like 'oh now you've taken a bite of an apple, like 'I've done something wrong and now I'm gonna be with-child'. They make it sound like a period is something that is not supposed to be happening. I think it would be better to have that conversation [about menstruation], explain what it means, not just scientifically 'oh your body is going to do this, this, this', no, like what it actually means for a woman." (Carol)

Culture, the need to maintain a social order, and the avoidance of negative utterances about women who menstruate are some of the factors that promote secrecy about menstruation. Some participants shared that they struggle to reconcile with the fact that they experience menstruation amidst this shame and in hindsight recognise that they did not receive sufficient emotional support from their immediate networks as they tried to comprehend what was taking place in their body. In the next section, I discuss where participants felt that they could have appreciated some emotional support and why they say this.

d. Limited emotional support

<u>The emotional burden of menstruation is carried independently.</u>

While the physical effects of menstruation can be difficult to manage with each cycle, participants insist that no one talks enough about the emotional impact. Participants wish that they had received more support during puberty as they navigated their feelings about the physical and hormonal changes that accompany menstruation. It would have also been great, they say, to be guided on how to manage these changes.

> "So, I think conversations about how I feel, my feelings about it, what I'm going through. I don't feel like it was an in-depth conversation, it was just 'okay, you're on your periods, here's pads' and it's like 'oh okay'. What about the emotional changes, what about the fact that you PMS? I think when I learned about PMS for the first time, I heard some boys saying 'oh, she's on her period, she's PMSing' and I thought 'what is that? I don't know what that is'… I had to Google to find out about PMS. [It was never easy to say] I just don't like this, it's uncomfortable, I'm uncomfortable for 7 days, and I think it's okay to not like it without feeling like it's something shameful." (Violet)

Like Violet, Carol did not discuss her feelings around her menstruation experience with anyone. Speaking about navigating menstruation secretly while staying in a small home with 6 other people (5 of whom were male cousins), Carol reveals that there were too many people that needed help and attention. As a result, she avoided adding to the load and felt that she needed to figure out menstruation by herself:

> "The dynamic of having so many people in the house, it's hard to find time to be with yourself. So if something affected me or if something hurt me, I remember I'd always leave the house because there were so many people so I'd leave the house, and there's a spot where I used to hide and I'd just cry (expressed with emphasis to suggest long periods spent crying), proper-proper cry and then come back when I'm feeling better. It [menstruation] was just one of those for me where I've already spoken with myself, I know what's going on, I know how to use a pad now, let's just keep going." (Carol)

This independent approach by Carol meant that she navigated her pre-menarche, menarche, and post-menarche stages of her menstrual journey largely by herself. While she was told "now you can get pregnant" and that she would "need to bath more often" at the onset of menarche, she was not guided on the emotional aspects; thus, the emotional gap remained.

<u>Maintaining menstrual hygiene can be burdensome.</u>

Maintaining menstrual health and hygiene (MHH) while menstruating was highlighted often during conversations about menstruation at home or at school. Menstrual leakages, which participants say are a great source of embarrassment, also add to the emotional burden of navigating periods. Sive who struggled with a heavy flow in high school experienced leakage in class and shares that it was difficult to tell her teacher that she could not stand up to deliver a presentation because she had bled through her school tunic. Eventually, all her classmates would know that she was on her period:

> "I stand up and the chair is a blood massacre, it is red and now the only thing I'm worried about is that blood doesn't start trickling down my leg as this thing is happening. She [the teacher] actually only noticed the severity of the blood that was there when I stood up and she saw that my tunic was actually dirty and said 'okay it's fine, you'll do your presentation tomorrow…' whatever she said that day. I was so mortified and I'm in a co-ed school so there are boys in my class who have seen this who probably have never seen period blood in their life [but saw it on me] because I'm this person who always has scandals of period blood, so it was not fun. I probably did not [tell my mom about the incident]. I have a very 'okay it happened' mentality. [I will think to myself] 'I'm so embarrassed, what's going to happen tomorrow?' and when I see [that] everyone is fine tomorrow, I tend to forget about it. I don't dwell on things, not because it's not an embarrassing memory, I wouldn't love to talk about it, but I feel like the more I talk about it, the more I'm going to sort of depress myself, so I'd rather not think about it." (Sive)

Sive explained that her experience was very unpleasant and that dwelling on it could have led to her feeling depressed from the embarrassment. While her white, female teacher did not provide any assistance after the realisation that she was on her periods, Sive found emotional support from the older, black female cleaning staff at the school.

> "It's a hoërskool [Afrikaans translation for high school, suggests former Afrikaans medium school] in [a small town outside East London]. It was a different type of treatment back then [80s and early 90s] and you [black learners] found solace more so in the black helpers of the school more than the teachers. [Similarly], that's where I found solace, so much, with the ladies that were cleaning the school. They would help me so much but also because I was told that 'you need to go through a full day's worth of school' I really didn't have a mentality that I need to go home [if I experienced a leakage]. I would be like 'okay, this thing happened, it's embarrassing, I'm cleaning my tunic, it's wet… like it's fine, but I'm still going to stay in school and learn something. [The ladies] would give me lost-and-found tunics, like things that would fit me or help me clean the stain and dry it. I remember [on that day], they actually helped me clean my stain and I waited for the stain to dry out with them, basically had my lunch break there, had tea and vetkoeks, we sat, and we'd talk. We talked and … you know old grannies who are just like 'everything is going to be fine'? All you need is a hug from a black granny and you're just like 'everything is actually going to be fine, it's really not that bad, like it's not as bad as I thought'. If they are saying it is not bad, it is not bad, it is really not bad. So, they would honestly emotionally help to lift my mood up." (Sive)

While race has not emerged as a factor that shaped other participants' menstruation experience, Sive's experience highlights that she felt more accommodated and supported by women who looked like they could be her mother or grandmother. She describes the interactions she had with the ladies as personable and comforting as they included hugs, reassurance, sharing of food, and general conversations. Perhaps, in the same way that gender matching is preferred for parent-child conversations on sex (and menstruation), engaging with someone of the same race who likely speaks the same language and shares similar cultural views is possibly more effective. That Sive experienced a menstrual leakage at school where learners are expected to always maintain a tidy and clean appearance potentially added to her embarrassment. Being assisted by "a black granny" thus may have felt like being assisted by a mother. There is a tension in this as Sive previously stated that she did not tell her mother about the incident and in general, had found her mother to be quite conservative and did not discuss menstruation much despite being a nurse. Therefore, the comfort and support received from other black women during these incidents at school filled the emotional gap that was missing in Sive's menstrual learning journey.

In summary, for participants, receiving emotional support as they continued experiencing menstruation would have eased their emotional burden and relieved them from their shame and especially their need to pretend that they have everything under control. As the ladies explained, trying to understand their bodily changes while managing the physical aspects of menstruating by themselves makes for a lonely journey; having sources of information, advice and support go a long way.

As they reflected on their menstruation learning journey, participants were able to identify gaps as well as delays in access to knowledge that could have shaped their menstruation experience especially their menarche. As a result of these missing key components in their menstruation knowledge kit, participants sought information from alternative resources that are secondary to those in their primary networks i.e. their household, schools, and friend groups. In the next section, I discuss how menstruators address any knowledge gaps on menstruation and menstrual health and specifically, the tools that they rely on for information.

iii. Addressing knowledge gaps on menstruation

Where people in their primary networks are not knowledgeable or limited as 'knowledge sources', what knowledge sources do menstruators rely on for information on menstruation? In this section, I uncover

the alternative resources that participants use to address gaps or anything they are curious about regarding menstruation. Participants also shared how these resources are chosen, how the quality of the information from each source is determined, and how they determine whether the resource is effective or not.

The most popular alternative knowledge resources among participants were Google, social media, as well as menstrual period tracking apps (MTA). I profile these resources in more detail below and explore how menstruators engage with them.

a. Google

When asked where they would go for information about menstruation, menstrual symptoms, or any health-related issues today, all participants first mentioned Google. Participants, including those whose primary caregivers are medical professionals, indicate they are more likely to consult with Google than their primary caregiver for any information about periods today. Despite her mother being a nurse, Sive says that she would have liked for her mother to share more about what to expect when it comes to menstruation. When her menarche finally occurred, her mother was primarily concerned that her daughter was fertile and could now fall pregnant.

> "Google is my first stop; I will Google everything before I talk to my mom. My mom is as busy as she was when I was young. So, at times I feel like I need to be a very self-sufficient person, and the way I'm self-sufficient right now is to use Google and to look at Twitter and to read things. If there's a menstrual article, I'm going to read it because maybe there's something I relate to that I didn't think I would relate to then. Do you see WedMD.com? The best! WebMD.com, you just put in whatever worries that you have but also at the same time for me I feel like I become very cautious of the things I allow my mind to take in, especially when I Google certain things. I mean it's what doctors say to us: 'you shouldn't self-diagnose until you actually meet with a doctor'. I think some people may tend to be like, 'Oh, if I search a symptom on Google, it's gonna come up like I have cancer and things like that,' and it happens to me as well. Even with WedMDs, if I'm not sure about the answer or I'm not happy with the answer that Google is giving me, I will tell my mom about it, but my mom is still a very conservative person when it comes to things like that, she'll say 'well, do you want to go to the doctor?' and that's where the conversation ends." (Sive)

All participants did not express a concern about obtaining wrong information on Google however, there is an awareness that not all search results will present the same information. As a result, participants

have unique online searching strategies. Some say that they will not rely on what only one source says but will rather compare the information against at least two other sources to establish a consensus. Participants usually rely on articles that are written by health experts and/or published on a health website, blog, or magazine.

> “Dr Google is my doctor. Every time I feel like everything is weird, ‘why is my period brown?’, ‘what does it mean when I am 5 weeks late?’, ‘why does my discharge look like this?’, ‘why did my period come and then stop and then come again?... everything I need to know, I Google it. I go to, I think, the website that says ‘Women’s Health’ or something, so I know maybe a doctor wrote this or a practitioner or something, not just anything that anyone can just put up there. Those are the ones I specifically read and look at.” (Carol)

> “I always use Google when something unusual happens. I’m just someone that’s very paranoid about pregnancy so maybe if I notice something like just one small thing [I will Google]. I remember this one time I got this other medication, and it started making me lactate and because I’m someone who is so scared of pregnancy, I genuinely thought I was pregnant. So, it’s just instances like those where something unusual around my body [happens] or that relates to my reproductive health then I’ll go Google it.” (Babalwa)

> "I usually look at the first 3 links and if they're saying the same thing I generally take it 'for better, for worse' but I always Google whenever I feel weird like ‘Help Google!' about any symptoms I'm not feeling particularly comfortable with. I think the biggest Google search was when I first started using tampons and there's the common fear factor that you're gonna get toxic shock syndrome [TSS], so I was Googling in depth like 'What is toxic shock syndrome? How likely am I do get it?' because everyone was telling me 'Don't use tampons’. I take [information from Google] with a grain of salt but [then I think to myself] it's 3 medical scientists saying the same thing then maybe I can trust it a little bit [or] if it's a doctor that's writing that blog and then answering specific questions. I also check how recently the article was written; I don't really like to look at information that was [written] more than two years back because things could have easily changed a lot since the last years.” (Violet)

Moreover, participants who are postgraduate university students believe that they have substantial knowledge about searching online and are confident about their ability to identify reliable sources of information. In addition, they have come to know which sources to exclude from their consideration, for example wikiHow where any user of the website can add or make modifications to the content (wikiHow.com; 2024).

Google is a trusted resource that is easily accessible for this demographic of women who use smartphones and have access to the internet. While they are aware that there are many sources of

information that can be accessed through Google, online searching strategies are applied to ensure confidence that the information is valid and reliable.

Participants also loosely say that they would search online. In conversation, “online” alluded to a world of information that can be accessed on the internet, either on a search engine like Google, or on specific websites or blogs written by health experts, or social media platforms. There is a general awareness of health experts who share what is perceived to be reliable information on SRH online on apps, blogs, vlogs, as well as social media pages. These experts are usually academics or medical practitioners who are advocates for the SRHR of women and gender minorities. Those who are medical practitioners also share medical advice as well as information from other sources in their medical network. Participants highlighted activists such as Candice Chirwa (credited for her contributions to ending period poverty), Mona Eltahawy (journalist and social commentator on global feminism) and Anelisa Duswa (creates awareness on polycystic ovary syndrome or PCOS). This activism is commonly demonstrated on social media platforms or apps.

b. Social media platforms

Social media platforms such as X (formerly Twitter), TikTok, and Facebook were also mentioned as sources of information on menstruation. Social media is often used as a digital diary of day-to-day experiences, to entertain or to share information on various topics. On social media apps such as X and TikTok, one’s feed can contain information from various accounts including those that the user does not follow; thus, the user can be exposed to information that they were not seeking and engage with it. Often, sponsored posts or advertisements invade one’s feed based on their interests and pages they follow. Being exposed to information that one was not seeking has its pros and cons as on one hand, one may discover something new, useful, or enlightening, and on the other, come across information that may be triggering, upsetting or irrelevant.

When seeking information about menstruation, participants specifically search for the digital content of either SRH experts whose social media pages are expressly for sharing medical advice from a professional perspective, or lay women whose social media pages are about, amongst others, managing any SRH issues and maintaining personal (including intimate) hygiene; this includes sharing tried and trusted homemade remedies for e.g. menstrual symptoms.

> "In the last couple of years, most of my information that has come to me has been via TikTok, Twitter or someone else just saying 'fun fact, or 'did you know this and this'". (Tumelo)

> "Sometimes I even go on TikTok. With TikTok I don't go there with the kind of questions where I would want an answer from a practitioner or a doctor or whatever, it would be things like home remedies, like 'this and this is happening, how can I solve this?'. It's where I'm looking more for someone's experience rather than factual information. I searched… the other time I was dying with period cramps, I didn't have pills so I just went there and I was like 'how to cure period pains at home' and they were making me do all these exercises so it's things like that I can literally try and I was sitting in all these different positions and I actually did find one that worked and that's exactly what I was looking for, something that just works for people, obviously I know it might not work for me but maybe it might." (Carol)

> If there is a menstruation cycle page or article or blog that is presented on Twitter, I tend to click on it and see if there's any information that I might relate to. I tend to read articles more than the threads because most of the time when someone posts a thread it's about people's experience. Most of the time I click on menstrual articles and blogs then it's something that I feel is more accredited. I'm going to search who published it and who wrote the article and if it's someone that has their history behind them of doing menstrual research then it makes sense to read the article. I'm not going to read something that one person published and it's just an opinion, it's not research, it's not linked to something that is important." (Sive)

Evidently, there is a place for both lay experience and advice as well as professional knowledge on menstruation and SRH. Menstruators typically choose what they are looking for depending on their need and may even sought both for the same issue.

Moreover, online communities can be created through hashtags. Content creators can add hashtags to attract users who are seeking information about a specific topic. Those who are seeking information about the topic can search a hashtag and be presented with information from various sources on the shared topic. The hashtag #GirlTalkZA is popular amongst South African young female users on the social media platform X (formerly Twitter) for all things related to health, beauty, and lifestyle. Participants revealed that they also use this hashtag to gather information on SRH.

> "I found this hashtag by chance when I was scrolling on Twitter, it's called #girltalkZA where women in South Africa basically speak about anything and everything in regard to them, whether it's suggestions about certain things, [usually] female things. I read about some of the things they talk about, so I found it easy for me to also find recommendations or suggestions underneath that hashtag and some of them have helped me and some of them haven't, but what works for one does not work for the other. It's personal experiences from other people in South Africa, around me, so it felt sort of reliable because sometimes Google can suggest things that are way out of reach or something that we don't all have access to especially certain

> medication. So, you'd find under the hashtag #girltalkZA some women would have suggestions or alternatives to certain medication that you can get over the counter and not [by] prescription. Sometimes, Google will suggest something to eat and it's not in South Africa then you'll find alternatives under the hashtag that we all have access to, be it from Dischem, Clicks, Pick n Pay, etc., here in South Africa. It's specifically about South African women but at the same time anyone, even a man, can add anything there and suggest their own ideas which is why sometimes it's best for me to double check on Google [that what is suggested is credible]." (Precious)

Another example of an online community is groups on social media where people with common interests join in to discuss different topics under a common theme. Esther revealed that she learned about many SRH issues from a group that she joined on Facebook that is managed a fertility specialist. The group was recommended to her by a friend during the COVID-19 lockdown period when Esther was experiencing irregular periods and unfortunately could not consult with a doctor because of the restrictions and prioritisation of COVID-19 cases.

> "I became a part of an online support group on Facebook that was ran by this lady who is a specialist [on sexual reproductive health] from an American country. A friend of mine recommended I join this group because I would complain about irregular periods which was not normal for me. It [the group] was for anything around periods including irregular periods; that's where I got information about cysts, fibroids, endometriosis and all those things. Had it not been for that support group, I would have not known about these things that can happen in the body, in the reproductive system. (Esther)

Social media platforms give women a space to connect with one another about topics relevant to them. Communities can also be found within these social networks, and these give women the opportunity to learn more about menstruation and SRH.

c. Menstrual period tracking apps (MTA)

Participants are also aware of apps that can be used on a day-to-day basis to track their cycle. Menstrual tracking apps such as Flo and Clue are popular with this age group (only one participant mentioned PinkBird) and are relied on for the accurate prediction of their next period. Of the full sample, all but one participant have used a period tracking app to date and track their periods, this woman tracks her period using a written calendar (Dintle). Those who no longer use MTAs are on the contraceptive pill which itself helps them track their cycle. MTAs are usually recommended by close friends or are

discovered online through advertisements on social media. These apps are also credited for the available information about menstruation and overall SRH. Participants log their daily activity and symptoms to ensure accurate predictions about the menstrual cycle and track patterns in one's cycle. Esther loves that she can print out her cycle track record from the app and share it with a medical professional for a more detailed analysis of her cycle and more accurate diagnosis.

Babalwa's began using Flo when she thought she was pregnant even though she had never had sex before. Flo was recommended by a friend at the time. She still uses the app till date:

> "I like that now I know when I'm ovulating, or I'll be sitting in my room and I'll feel so sad and I'll be wondering why I feel that way and then I can check on my app and then I'll see that 'oh, I'm just ovulating' or 'oh, it's just the week before my period' so I think it's been very helpful in terms of also just keeping track of how I feel or like the symptoms I experience throughout the cycle." (Babalwa)

Though the app is useful, participants note that it can cause concern:

> "The Flo app said I'm 15 days late and that's why I was like 'I need to delete this app' because when I didn't have this app, I'd just wait and they (period) would come. Now I worry, it stresses me out. The app also said suggestions as to what might be happening and things like that, so I read up on that." (Carol)

Some participants however switch to other apps when access to certain features is restricted and requires a fee. Ideally, participants want an app that is cost-free, offers accurate period predictions and provides trusted health advice:

> "Flo had a section, like an advice section where you could ask questions about the symptoms that you've logged on the app and then they'd give you articles that deal with what you're asking (about). But I stopped using the app because they wanted me to pay because this kind of defeats the point of (using it). It would lock certain features, and the advice section was one of them and that's what I wanted the app for in the first place." (Violet)

Participants did not, however, express any concern about their intimate data being captured on an app or potential malicious use. In fact, due to their comprehensive offering, most participants recommend these apps as a suitable resource for learning about menstruation.

> "For me it was like "I'm just keeping track of the days", if they (Flo) were using the data for anything... I don't know what they'd be using it for but I'm just tracking my period, I wasn't

> really too concerned about that, and I don't think I've seen anything recently (that suggests I should worry)". (Violet)

Online media sources are notable sources in the menstruator's bag of alternative resources on menstruation. It comes as no surprise that South African women rely on digital devices and online resources as we live in a digital age where information is within reach from a pocket device. Moreover, as expressed by the media dependency theory (Eleboda and Bako (2020), frequent use of and trust in, in this case, digital media for information, creates the illusion that one needs it as a resource. Consequently, when information is needed, it is easily sought on these handheld devices that are used every day, consistently and at times for long periods of time.

In the next chapter, I will analyse the findings and, in my discussion, draw links to the literature and theoretical framework.

V. Analysis and Discussion

Having studied the findings and as discussed in the literature and conceptual framework chapter, below I analyse and discuss the key players involved in educating the black South African girl child on menstruation using Jaccard et al. (2002)'s five aspects of communication and analyse their contribution to the menstruator's menstruation learning journey and overall menstruation experience. Thereafter, I summarise the key points from the analysis of the findings.

i. Learnings about communicating about menstruation

The five aspects are the characteristics of the source (i.e. the parent), characteristics of the source (i.e. the child), the content of the message, how the message is communicated and the context within which the communication takes place. Below, I discuss each one to explain how learning on menstruation takes place and is experienced.

a. Characteristics of the source

As seen in the findings chapter, there are multiple knowledge sources that the menstruator engages with at different stages of their menstruation journey. Thus, in this section I discuss all the knowledge sources that the participants highlighted and investigate their respective characteristics as providers of information on menstruation.

1. Parents and/or caregivers

The parent as a source is a dynamic individual whose personal experiences, values and beliefs inform their approach to teaching their children and ultimately their parenting style. From the findings, we can identify the following factors as contributors to parents' approach to menstruation. The parent in this instance is not only the mother (or father) in the child's life but also other caregivers like grandmothers, aunts, and older siblings (usually sisters) who perform the role of social mothering or fathering and provide education on menstruation. The girl child's learnings about menstruation are often informed by the collective views and experiences of all her caregivers even if there is one primary guardian. Timing, the possibility of pregnancy, cultural and religious values, and class inform how the 'parent' approaches communication with her daughter, granddaughter, niece, or sister about menstruation. I discuss these further below.

<u>Timing of conversations about menstruation</u>

Most of the parents of the participants in this study are believed to have been ill-prepared for their girl child's menarche. While some participants can acknowledge that today's environment and diets vary greatly from that of their mothers for example, there is still a general feeling of surprise and confusion at their mothers being "caught off guard" by their child's menarche. Though there is no testimony from any of the mother figures of these participants, we can assume based on the writings of several authors (Vilanculos and Nduna, 2017; Othman et al, 2020; Emelumadu et al., 2014) that parents consider age 10 too early to discuss sex (and therefore menstruation). However, participants in this study who personally started their period at age 10 or have peers who did so, recommend that parents introduce the topic of menstruation to their girl children as early as 9 years old. Parents delay discussions on menstruation to avoid inciting interest in sex and sexual activities (Emelumadu et al., 2014; Jewkes et al., 2009). However, the delay in information sharing, as argued by the participants, has generally negative consequences for their menarche experience where they find themselves clueless and ill-prepared for the changes taking place in their body for the first time. Indeed, the participants affirm that being prepared for menarche could have diminished the general sense of fear that they experienced (Swenson and Havens, 1987; Britton, 1996).

Culture, traditional norms, and religion

Most participants can acknowledge that their parents' communication about menstruation was limited and while parents were not explicitly said to be shy or that talking about menstruation and SRH is disrespectful in their respective contexts, the silence or limited communication across South African households on these matters suggests conservatism (Vilanculos and Nduna, 2017). Furthermore, some parents teach or share knowledge from a particular perspective, for example, Violet whose parents taught her about puberty using a Christian book. In this case, a religious tone which is often considered commanding and critical contrasts greatly with the vulnerability and openness that participants themselves required from their parents during discussions on menstruation and sex. Hence, despite opening a line of communication by reading the book together, Violet always saw her parents and especially her father as a strict Christian man and found it difficult to engage on this intimate subject. This inadvertently closed communication rather than opening it as Violet felt "awkward".

As she resided with her father and stepmother at the time and saw her mother periodically (specific durations and frequency unclear), Violet's father may have considered it his personal duty to impart teachings to his child as the only biological parent that lived with her. Thus, while other parents encourage gender matching for discussions on sex and therefore menstruation (Kamangu et al., 2017),

the dynamic in Violet's family was unique and required a different approach which unsettled gender norms.

Despite the awkwardness their daughter felt, it can be said that Violet's parents attempted a more proactive approach to ensure that their daughter does not engage in sexual activities prematurely and fall pregnant. Additionally, this can also be perceived to be a desire to uphold a moral image in society as generally, South African parents who are Christian fear their daughter having a child out of wedlock (Vilanculos and Nduna, 2017).

Concerns about the possibility of pregnancy

Participants expressed that they were frustrated by the frequent questioning about their sexual behaviour and reminders about the possibility of falling pregnant from their parents, especially given the limited or complete absence of information about how menstruation and pregnancy relate. Thus, in South Africa, girls grow up being clueless about the link between menstruation and reproduction (Hawley et al., 2020), and such messaging instils fear and uneasiness about menstruation as result (Swenson and Havens, 1987). Furthermore, the reminders to stay away from boys sets the burden of avoiding pregnancy on the girl child, resulting in shame that is carried exclusively by the female (and consequently her family) should pregnancy occur. The language used i.e. "stay away from boys" also does not explicitly explain what makes boys bad so suddenly, nor does it adequately protect the child from any sexual advances from males (Hawkey et al., 2020).

Class status informs knowledge parents' sharing approach

In this study, parents of a higher socioeconomic class were more proactive about teaching about menstruation; these parents typically volunteer information pre-menarche (Atang) and/or were generally comfortable engaging in the conversation at the onset of menarche (Precious, Esther, Ntando, Tumelo). When their child is uncomfortable about talking about menstruation, these parents (Tumelo) are willing to source material to support their child's learning and welcome the opportunity to go through the resources with the child to answer any questions. Where this is not possible like with Tumelo who felt awkward about perusing the book with her mother, parents are confident in their children's capacity to read and learn as they are well-versed in the English language by the time they reach menarche following years of schooling in top public and English medium schools.

Children whose parents' occupations kept them busy for long periods and/or away from home (Dintle, Sive) as well as those from working class families (Babalwa, Carol) were typically more independent in their approach to menstruation. However, the participants expressed a great desire for the presence and guidance of their mother while navigating menstruation. The head of household of a working class family is usually concerned with day-to-day survival i.e. ensuring that the basic needs of the family (e.g. food, clothing and shelter) are met (Carol). As a result, and as illustrated by the experiences of the participants, the menstruating girl child is forced to be independent in her menstruation journey to avoid burdening an already weighted living situation. This illustrates the self-regulating ability of girl children, particularly those from working class families; self-regulation is often demonstrated by "the child's willingness to 'work things out for themselves', 'seeing [tasks] through to the end' and 'persevering in [the] face of difficulty'" (Siraj-Blachford, 2010: 471). As evidenced in the participant reports, navigating menstruation is a difficult journey, thus, the willingness to work menstruation out for themselves and persevere is no small task. This self-navigation of the menstruation journey is driven by the need to relieve parents from additional concerns; because of difficult circumstances such as single parenting or financial disadvantages, these parents prioritise sustaining their "children's natural growth" through the provision of basic needs which is considered a "significant achievement in itself" (ibid.:473).

Concerns about the timing of conversations, the possibility of pregnancy, cultural and religious values, and class also inform how each 'parent' approaches communication about menstruation with their child. Moreover, as each elder within the household has a role that they play in the child's upbringing, these varying parenting approaches compound with the general family dynamics (e.g. prioritising tangible vs emotional needs due to socioeconomic status) and cumulatively affect the girl child; this consequently impacts her perceptions and experiences of menstruation.

2. Schools

The school environment (including teachers at school) is another important source of information on menstruation that was common amongst all the participants. Below, I investigate the role and effectiveness of the school as a knowledge resource on menstruation for the participants in this study. From the findings, it is apparent that school-based sexual education is limited and, in most cases, influenced by the values and ethos of the school. I discuss these in more detail below.

Limited school-based sexual education

School-based sexual education is perceived to be a decent intervention that can offer learning and facilitate discussions between parent and child about sexuality (Othman et al., 2020; Munyai et al., 2023). This is true for participants whose discussions with their parents on menstruation and sex were triggered by school talks (Esther, Tumelo). While learning about menstruation at school opened communication with parents for these participants, others' school talks on sexual education particularly menstruation took place too late when they had already experienced menarche and learned about menstruation from home (e.g. Precious and Ntando). Precious who experienced the school talk after menarche was still happy to grow her knowledge despite the teachings being more formal (e.g. in Natural Sciences class) and less reassuring and comforting as the conversation she had with her mothers. Dintle says she learned about the science of menstruation in Life Sciences class however, Life Orientation did not offer her any teachings about menstruation at all, despite the expectation that this subject would offer more comprehensive sexual education (including teachings on menstruation). Thus, though children are in school learning, they are not guaranteed to be receiving salient sexual education (Fennie et al., 2023).

Potential reasons for the limited school-based sexual education are the values of the school especially in schools with a strong religious foundation. I discuss this in more detail below.

Religious perspectives and value systems in schools shape sexual education

Participants like Dintle and Tumelo whose schools were grounded in religious values found that while the schools seek to uphold Christian morals, the dominant narratives about virginity and abortions are said to be "damaging" and ironically, are not guaranteed to stop risky sexual behaviour (Fennie et al., 2023, Munyai et al., 2023). Thus, some approaches invalidate sexual education programmes and make them ineffective.

Additionally, because of the religious perspectives of these schools, it may be difficult for teachers of sexual education programmes like Life Orientation (LO) to teach about topics that are considered taboo or are believed to encourage sexual activity among learners (Munyai et al., 2023; Adekola 2023). Thus, the tension between the proposed curriculum and the values of the school affects learners' opportunity to learn about sex, sexuality and in the case of young girls, menstruation.

Despite female teachers being believed to be the most accommodating and supportive towards girl learners as they navigate menstruation than their male colleagues (Adekola, 2023), Sive's experience during a leakage incident in a female teacher's class suggests otherwise. While it is not clear if other teachers within her school were more supportive towards girls who experienced period-related incidents, Sive's recount of her story suggests that she was more likely to be assisted by cleaning staff

than a teacher at her school. While the race of the teacher was not explicitly expressed to be the reason behind the lack of support for Sive, the fact that the cleaning staff who helped her were black indicates that the intersectionality of race and gender, e.g. Sive being assisted by black women during a vulnerable time, can impact how menstruators receive communication and/or assistance on menstruation. Moreover, given the school's history as a former Afrikaans medium school, it may still be difficult for white teachers to engage closely with black learners particularly about sensitivities such as menstrual leakages. Conversely, the assumed common cultural background between Sive and the cleaning staff may have aided the interaction and added to the sense of comfort and reassurance she received. Thus, there is an intersectionality of race, gender and culture as cultural and/or racial histories also shape how schools, teachers, and school support staff like cleaners approach discussions on sexuality and menstruation with learners.

Attitudes and narratives around menstruation among learners

Fellow learners and the different views that are expressed about girls who menstruate also shape the menstruator's experience. Girls who attend co-ed schools especially worry about boys seeing their period blood (Sive) and saying that they are PMS'ing or smell like fish (Violet) when they are on their period. In all-girl schools however, girls are found to be supportive and accommodating towards each other by looking out for leakages and sharing MHM products with a friend or fellow learner who needs it. Girls however also use language that illustrates negative connotations around menstruation such as 'blood massacre' and 'crime scene' when there has been a leakage incident. Therefore, both boys and girls ascribe negative qualities unto those who are menstruating which exacerbates the shame associated with menstruation.

Schools (including their values and ethos), teachers, support staff and fellow learners therefore play an important role in sharing information and perspectives on menstruation. The learnings in this space are not always formal i.e. experienced within the classroom only, but are cumulative of class teachings, school talks, narratives, and attitudes around menstruation as well as treatment towards menstruators. The formal aspects such as LO class and the school talks can become effective with the support of government and capacity building and training for teachers (Munyai et al., 2023).

3. Friends

In primary and high school, girls often learn about menstruation from peers and friends who have experienced menarche before them. Friends of the same gender, and other girls and women remain

important sources of information throughout a young woman's menstruation journey, e.g. Dintle first learned about tampons in varsity and was taught how to use them by friendly women in a store. Violet also felt comfortable about trying tampons when she was much older and had met more people who have experienced the benefits of using tampons. Peer groups offer a sense of solidarity and community among menstruators and while some of these interactions may be seasonal or fleeting e.g. friends in boarding school (Babalwa), meeting strangers who offer advice on using tampons (Violet) or chatting as girls in a youth session at church (Esther), they bring comfort and assure each other of their normalcy as they continue to learn about their new disposition as menstruators. Thus, education on menstruation cannot only be provided by parents (including social parenting figures) or a formal school education. Rather, women are brought together by their shared experiences; the commonality they share as individuals who have all experienced menstruation makes it easy to connect, discuss and share advice amongst each other, thus maintaining a sisterhood.

4. Digital and social media

Google is a top online resource for learning about SRH and menstruation and is the most relied upon source of information aside from primary resources such as parents and school. Google is usually used by those who are post-menarche and are attempting to fill in any knowledge gaps as they go. Participants trust their ability to search for information online and look for indicators of credibility such as the name of the website (must allude to health or medical), if the website is specifically about SRH (or women's health, fertility, etc.), the author (is it a respected researcher in the field), and most importantly, whether other sources (at least two to three others) share similar information.

Twitter (formerly, X) and TikTok are popular amongst Black South African women in their 20s for information about menstruation and SRH. Information can be shared on the platform by an expert or by peers who have experienced the same health issues and want to share advice. These platforms provide a different form of community that does not exist in the 'physical' world but is equally important as it reminds the menstruator that "I'm not the only one going through this".

5. Menstrual period tracking apps (MTA)

There is big uptake of MTA such as Flo and Clue as 9 of the 10 participants report having used a tracking app for their menstrual cycle before. MTA are updated often, in most cases daily, to ensure accurate predictions about the menstrual cycle. Participants log in their symptoms including emotional wellness and physical activity to track their period particularly if they easily forget and are not on contraceptive

methods that help them track such as the contraceptive pill. 7 participants continue to use MTA while the other 2 rely on their contraceptive pills to track their cycle. Participants are averse to apps that charge fees for access to advice and other SRH information however, these apps are loved for their knowledge features that are written by SRH experts (Zhaunova, 2023).

6. Health experts

Least interaction though highly trusted for expert knowledge

There appeared not to be any medical issues of major concern within this age group, thus most participants do not consult with medical professionals about their SRH and menstruation often. Despite this, there is an agreement that they are highly reliable and the most informed (Esther, Ntando). However, most participants who use social media and MTA to manage their SRH say that these tools are more cost-effective e.g. it is best to check that a symptom they are experiencing is typical and not a cause for concern before having to pay for a consultation. Those who still practice advice received from medical professionals (e.g. Ntando) agree that these experts communicate about sexuality and SRH well (Othman et al., 2020).

Though participants engaged with many knowledge sources throughout their menstruation learning journey including their parents, schools, friends and peer groups, media resources, mHealth tools like MTA as well as health experts, participants still prefer that information about menstruation be shared by mothers or primary caregivers. Participants believe that parents should be more forthcoming and not too strict when imparting knowledge. All the sources discussed offer their own unique contribution to menstrual learning however to varying degrees at different stages of the cycle. Key sources like parents and schools offer a more active form of teaching while sources like TV advertisements have not been highlighted in this section as these can be considered more passive. Digital media on the other hand is used most frequently. While users can engage with information on online spaces passively (e.g. online algorithm feeding information at random) or actively (e.g. actively seeking information online or on an mHealth app), as participants have indicated, they have the agency to discern what resonates and what does not.

b. Characteristics of the source (child)

Lacks knowledge pre- and at menarche.

The girl child often lacks knowledge about menstruation pre-menarche due to non-exposure to the subject (e.g. Dintle and Carol); the limited discussion about menstruation at menarche for these specific

participants and their parents' emphasis on the need to stay away from boys highlight that parents believe that discussing such matters with a child is taboo (Othman et al., 2020) or will encourage their partaking in sexual activities and result in pregnancy (Vilanculos and Nduna, 2017). Those who have been exposed to menstruation learned about it passively for instance from seeing pads on TV advertisements or seeing pads at home (e.g. Atang and Ntando). Others learn from more intentional and active teaching by their parents pre-menarche but this study indicates that there is predominantly, little to no voluntary engagement in the pre-stage as only 1 out of 10 participants reported their parent sharing knowledge on menstruation before they could raise the topic.

Child finds it difficult to engage when topic arises

Perhaps the assumptions that children are too young to understand concepts such as menstruation and sex have some premise as some participants found it difficult or awkward to talk about menstruation with their parents. For the girl child, there is a sense of awareness that this subject is intimate and unusual and thus can be quite intimidating to discuss. This awkwardness seems to indicate that there could be in/direct messages that children have picked up about 'the body' over time. This points to the complex relationship between age and developmental stage as the average biological age at which menarche takes place may be perceived to be too early or young for a young girl to be experiencing such developmental changes.

Girls who did ask about questions at menarche were met with varied responses however for the most part, no one was instructed not to ask any further questions. However, the long wait for a parent to initiate a conversation and/or show openness about discussing the topic can silence the child and create the impression that this is subject is not to be raised to maintain respect (Vilanculos and Nduna, 2017). In addition, the limited communication can encourage the child to navigate menstruation independently (Carol, Sive). Perhaps cultural perspectives can be credited for the limited communication. As Esther shared, in South African cultures such as the Swati, it is said that children are not to know about intimate matters lest they be encouraged to partake (ibid.). The cultural conflation of sexual and reproductive matters takes away from the significance of the menstruation experience in a girl's life and feeds the perspective that menstruation is burdensome (Britton, 1996).

Learning is more independent post-menarche and more dependent pre- and at menarche

Girls rely on their parents for information about menstruation pre-menarche and at menarche when the experience of menstruation is still new. At this stage, more information and support are required i.e. girls need emotional support as much as they require information about MHM products, tracking

their cycle, and managing menstrual hygiene (Swenson and Havens, 1987). Emotional support includes reassurance that everything is going to be fine and that they have done nothing wrong, as well as acknowledging that they are experiencing something new, difficult, and uncomfortable.

In summary, participants shared that they feel they would have been better prepared had they been guided in this way pre- and at menarche. Post-menarche and especially in the years following high school, girls become more independent in their choice of MHM products and take it upon themselves to find answers to questions about SRH and menstruation (be they big or small). The trusted source of information for anyone who is not able to (or chooses not to) ask their primary caregiver or teacher in school is usually digital media sources like medical journals or articles on Google as well as SRH information available on social media platforms and MTA.

Seeking knowledge in this way becomes an inherently solitary and secret journey even though approximately 50% of the population experiences this at some point in their life. Women who are menstruating, self-educating and self-monitoring as they attempt to keep their menstrual status secret are a physical representation of Foucault's theory of self-policing (Ussher, 2004). Only communicating their knowledge gaps online can be perceived to be a form of self-silencing in the physical world where conversations with others about menstruation, especially as they progress in their menstrual journey post-menarche, become less frequent. Women may believe that they are empowering themselves with knowledge in their private domains by searching online or tracking their menstrual symptoms on an app. However, the frustration experienced alone and in secret at the outcome of some of their findings on their health these sources indicate that self-surveillance and guilt about not being able to control the blame persist and may even increase (Ussher, 2004). The stress that Carol experienced when Flo notified her that her period was delayed by 15 days illustrates this clearly.

c. Content of the message

This study found that the content of the message about menstruation at the time of communication impacts how it is received and shapes further communication. The content of the message can create confusion and close door to further inquiry and communication. Below I discuss the common statements that are made at the onset of menarche and how this messaging can impact further communication on menstruation.

"You will need a pad".

The focus on MHH and MHM products places the focus on hygiene and the physical aspects of menstruation and does not address the impact these physical changes have on one's being (Swenson and Havens, 1987; Erchuil et al., 2002). Participants in this study have explained that their parents were quick to show them how to use a pad, but some did not adequately explain what was happening and why (e.g. Carol and Dintle). The focus on the physical management of periods i.e. the tools and products to use and how to use them may offer parents a sense of achievement as maintaining the general hygiene of the child is another aspect of sustaining their natural growth (Siraj-Blachford, 2010). However, there remains a gap in information on why menstruation takes place and what this means for the menstruator.

"Stay away from boys" / "You will get pregnant" / "Don't put anything inside there".

Concentrating on the possible incidence of pregnancy because of menstruation is confusing and the fear of teenage pregnancy takes away from what should be a full and comprehensive conversation about menstruation, why it occurs and what this means for the young girl experiencing it (Hawley et al., 2020). Mothers and mother figures fear that their child will have to carry the burden of pregnancy and raising a child, and while fathers are not discussed much by participants, those who actively communicate or hint at their fears (e.g. Violet's father) illustrate a moral and safety concern about early exposure to sexual activity and a potential unwanted pregnancy (Vilanculos and Nduna, 2017). The repeated conflation of sex and reproductive matters without clear linking of the two makes it difficult for the child to adjust to and accept their new disposition as a menstruator and participants say that communication about menstruation at menarche should be less about boys and more about the significance about what is taking place in the child's body.

"It is normal" / "You are becoming a woman".

Participants who were told that menstruation is a normal part of their growth before or at the onset of their menarche felt reassured and comforted by their mother or primary caregiver (Atang, Babalwa, Precious, Ntando). Highlighting the normalcy of this occurrence reduces feelings of fear, shame, and self-consciousness (Swenson and Havens, 1987). Despite this, normalisation was minimal and was generally seen among participants from either middle to upper-middle income households with educated and/or professional primary caregivers (Atang, Precious, Ntando) or households where there were multiple generations of women who openly discussed menstruation even if only in passing and not through direct teaching about the subject (Atang, Babalwa). These participants say that they would be comfortable asking their parents questions today, but this is contradictory as they have expressed that they are likely to ask Google before their parent.

In summary, despite the parent's sense of duty to teach their child about menstruation and/or sex, their responsibility as a parent is to protect the child from what they feel is too advanced for them to know that can bring shame upon the child and the family. Parents need to recognise their own subjectivities when communicating with their child about menstruation and sexuality and take note of how the content of their messaging can affect their child's perception of them and consequently the child's likelihood to return for questions.

d. How the message is communicated

In this section, I explore how the frequency of communication, tools used during communication as well as how concerns are expressed by a parent to their child can influence the child's menstruation experience and perceptions.

One talk, no ongoing discussion

At the onset of menarche, the conversation about what is happening is usually brief and focused on the MHM products (i.e. pads) that are needed and how they are to be used and disposed. Moreover, the conversation is often a once-off and while some aspects are explained, there is often missing detail such as the existence of other MHM products like tampons, that there are other symptoms that accompany the menstrual bleeding, etc. The child usually fills in these gaps or obtains new information from peers, school, or material resources. Those whose parents volunteer information or actively offer to answer any questions have an open line of communication and it is up to the source (child) to engage. However, there are other factors that make it difficult for the child to ask questions, even where the child is bold and comfortable to ask such questions. These include the parent's availability or unavailability due to long working hours (Sive), the absence of the parent due to migrant work (Dintle), etc. The child is then left to work with what little information they received and works towards filling in gaps as they progress in their menstruation journey.

Use of demonstrations

Demonstrations are memorable methods of learning and the use of interactive and visual learning methods work well in facilitating menstruation education. Participants remember all incidences where they witnessed a demonstration e.g. of how to use an MHM product, what the process of menstruation looks like in the uterus, etc. For most however, the demonstrations were a once-off event e.g. when they were shown the functioning of a uterus during a school talk (Atang, Babalwa), when first being

taught how to use a pad at the onset of menarche (Dintle, Esther, Ntando), etc. Parents can also use illustrative books to facilitate learning (e.g. Tumelo's mother) and explain concepts better. Tangible material that the child can return to could be more effective for continuous learning and memory retention.

"Did you do anything weird?"

Communication that sounds accusatory can suggest that something is wrong or that it is expected that one may do something wrong once they start menstruating. Such questions can create guilt on the part of the girl child when she for instance cannot explain the reasons for the irregularity or absence of periods. Moreover, parents in such instances do not express their question explicitly and assume that their child understands what anything 'weird' or 'wrong' means, creating further ambiguity and causing more secrecy (Othman et al., 2020). Babalwa whose grandmother used to verify the virginity of the girls in the family argues that there are some positive aspects to this exercise such as checking that no one sexually assaulted a child however, as her grandmother had previously asked her if she "did anything weird" when her period suddenly stopped, she realises that her grandmother feared that she was having sex or pregnant. Thus, regularly (frequency unclear) checking the virginity status maintained a level of trust. Despite this, Babalwa says she eventually refused to continue the virginity tests when she was in her early teenage years after recognising that she has body autonomy; as a result, she would only confirm her virginity status verbally. It is not clear what inspired this sense of body autonomy however it can be assumed that Babalwa found the test invasive.

In summary, parental styles and communication techniques can shape how the child receives information. The above points illustrate that what is said is just as significant as how it is said. In the next section, I discuss the context within which communication takes place and the role this has on the child's understanding and experience of menstruation.

e. The context

Jaccard et al. (2002) state that the "family structure, parenting style, socio-economic status, and broader communication and relationship patterns in the family [are] likely to influence parent–child communication" (as cited in Crichton et al., 2012: 22). I have discussed these briefly in previous sections as the context often influences the respective characteristics of the source, the message and how it is communicated. I will summarise some of these with a few illustrations below to highlight the impact of the context.

The family structure within one's household context can influence how or if at all sex and menstruation are communicated. For example, someone from a lower income household of 6 extended family members (Carol) versus a household with a biological father and (step)mother (Violet) experience learning about puberty in different ways; Carol's education on this subject was more independent as she wanted to ease the household burden of care while Violet's education was more facilitated through conversations with her parents and books. Carol's experience may have been different if she had books that she could peruse like Tumelo however, Tumelo's household falls under a higher income bracket, has fewer occupants and her mother could afford and access material resources for her as a working professional. Moreover, Tumelo grew up in a household of only women while Carol grew up as the only female cousin and only woman aside from her grandmother in a household of 7. Perhaps if there were another younger female who stayed with her family on a full-time basis, she would have been more exposed to menstruation and been comfortable to share her experiences, fears, and concerns.

In summary, there is evidently an intersection of gender, socioeconomic status, family structure, parenting style and family values that can impact menstruation knowledge sharing within the household context. The school context too (i.e. is it a religious school that avoids delivering comprehensive sexuality education?) can also shape what and how girls learn about menstruation.

Are Jaccard et al's five aspects of communication relevant to the menstruation learning journey?

Jaccard et al. (2002)'s five aspects of communication holistically can teach us about learning about menstruation. The characteristics of the source (i.e. the parent), characteristics of the source (i.e. the child), the content of the message, how the message is communicated and the context within which the communication takes place all overlap and intersect and simultaneously influence the frequency, method of delivery, depth, interpretation, reception and understanding of what is communicated. It would be a disservice to focus only on the content of the communication; rather the actors who engage in communication and their characteristics must be closely assessed to understand the outcome of the communication (Crichton et al., 2012). For instance, a parent may tick all the "right" boxes in their approach to teaching about menstruation but if the child is not receptive or struggles to understand what is communicated to her, the objective of the discussion will not be adequately met.

ii. Key take aways from findings and analysis

a. Menstrual education is ongoing.

Aside from the key players who engage in communication about menstruation and their roles in shaping how menstruation is perceived and experienced, this study has also revealed that learning about menstruation is an ongoing process, and participants are always seeking knowledge on new experiences, symptoms, and remedies amongst others as they continue with their menstruation journey. Participants do not express that they have acquired enough knowledge and are no longer open to learning, rather their continued use of digital media and mHealth tools like menstrual period tracking apps (MTA) suggest that menstruators are always trying to understand their bodies and cycle better. In addition, the body changes as one grows older, and the menstruator is required to constantly acclimatise to the changes (e.g. hormonal) and how these influence her cycle.

b. Preparation for menarche goes a long way.

Participants feel that being adequately prepared for menarche could have made navigating menstruation in the early years a lot easier. Knowing why menstruation happens, how it affects the body i.e. accompanying symptoms, how to treat these accompanying symptoms, how to manage menstrual hygiene, having an awareness of and access to various menstrual products, and understanding the link between menstruation and fertility and/or pregnancy would have mitigated the shame and confusion, and led to acceptance and/or a general positive attitude towards menstruation (Swenson and Havens, 1987; Britton, 1996; Erchull et al., 2002). Moreover, the sources within their networks i.e. parents and schools (including teachers) need to be more objective in their teachings and not allow their biases, beliefs, values, and concerns about maintaining a social order to stand in the way of providing their children or learners with complete and accurate information about exactly what menstruation is about.

c. Menstruators require agency to learn without social restriction.

Silencing, cultural conservatism, and instilling fear about sex has been said to produce feelings of guilt, shame, and heightened self-consciousness among participants as they navigated menstruation. Social institutions restrict how girls and women access education on menstruation and often limit their knowledge out of fear of e.g. unwanted pregnancy or focus on only specific aspects of concern to the source. As a result, knowledge gaps remain, and menstruators consequently pick up information

passively from friends, peers and alternative resources or actively seek information on any sexual and reproductive health (SRH) concern or aspect that they are curious about.

Alternative resources such as digital media including SRH articles and blogs accessed from Google, social media platforms like Twitter as well as menstrual period tracking apps (MTA) like Flo allow the menstruator to seek knowledge independently without the influence of culture/tradition, religion, gender norms, and other social pressures. Even where these sources of information may be influenced by these factors, participants say that they have the freedom to choose which they are most comfortable to engage with and generally seek information that is more explicitly in line with their own values. In addition, as digital media offers access to a world of information, participants say that they can access information from health experts as well as peers on these platforms. Thus, users of these digital tools gain a menstruation learning experience that is supported by others in the global network and offers a balanced perspective on their SRH matter of interest. Furthermore, being able to learn through a mobile device allows them to learn privately and in their own time.

VI. Conclusion

i. Study outcome and conclusions

This study answered the key research questions as follows:

a) Do young South African women receive guidance and/or advice on menstruation from a mother figure or caregiver during their upbringing?

Yes. There are variations in advice shared, and when and how it is shared. Communication between parent and child about menstruation is usually cued by menarche. In some cases, information on menstruation is shared actively by parents or primary caregivers (this is not common) and schools while in other cases, menstruators learn about aspects of menstruation passively. Knowledge shared at the onset of menarche is usually only brief and focuses on the management of menstrual hygiene e.g. you will need a pad, as well as the possibility of pregnancy e.g. you need to stay away from boys.

b) How effective and what is the quality of the communication when young South African women receive guidance and/or advice on menstruation from a mother figure or caregiver?

The limited nature of the information shared by the parent or caregiver reflects limited knowledge and as a result, different sources would supplement where caregivers missed or could not provide more detailed information. Some caregivers acknowledge that they need assistance and rely on material such as books while others keep info limited which reaffirms the belief that a child is not to know too much lest they be enticed to experiment. The religious and cultural perspectives of the parents especially influence their ability to communicate freely about menstruation; there is great fear about early/unwanted pregnancy and the moral implications of this possibility make it difficult for parents to converse about menstruation without raising the issue of reproduction.

c) Where young women receive(d) limited or no communication on menstruation from a mother figure or other caregiver, where and how do they learn about menstruation and menstrual health?

Usually, schools offer guidance about menstruation with talks however, the value systems of schools can limit teachers from providing comprehensive sexual education. Teachers also have their own biases which limit their capacity to engage in discussions that are considered taboo.

The study shows that girls pick up information from multiple sources and knowledge accumulates as they progress on their menstruation journey. Where information received is insufficient, girls and young

women rely on online sources like Google, social media platforms like Twitter and TikTok, and period tracking apps for knowledge.

ii. Study significance and contribution to scholarship

This research contributes fresh insights to the discussion of menstruation in South African women by placing menstruation at the forefront of discussions with youth about sex and sexuality. There are currently many volumes of literature on parent-child communication about sex, pregnancy, and HIV/AIDS especially in the South Africa context. While studies have been conducted about attitudes toward menstruation, local research has not focused on how knowledge on menstruation is accessed and the implications of the nature, quality, availability, and reliability of information received about such an intimate and unavoidable biological event. Moreover, it is important to note that while caregivers and schools have a duty to teach children about their reproductive health, they may not always be equipped due to reasons such as cultural conservatism, value systems, and a lack of knowledge.

I invite fellow scholars in the gender studies, anthropology, sociology and politics disciplines to build on this body of work and establish potential learning interventions for young girls who are yet to or are currently experiencing menstruation.

(32376 words)

VII. References

Adekola, A. P. (2023). *Phenomenological Insights into the Impact of a Sexuality Education Programme on Learners" Sexual and Reproductive Health in Rural Areas of South Africa*. 12: 149–169. https://doi.org/10.31920/2634-3622/2023/v12n3a7

Chrisler, J.C. 2013. Teaching Taboo Topics: Menstruation, Menopause, and the Psychology of Women *Psychology of Women Quarterly*, 37(1): 128-132

Crichton, J., Latifat Ibisomi, L. and Gyimah, S. O. (2012) Mother–daughter communication about sexual maturation, abstinence and unintended pregnancy: Experiences from an informal settlement in Nairobi, Kenya. *Journal of Adolescence*, 35 (2012): 21–30.

Dantas, L.O., Carvalho, C., Pena, C., Breda, C.C., Driusso, P., Ferreira, C.H.J. and Bø, K. (2022). Mobile health technologies for the monitoring of menstrual cycle: A systematic review of online stores in Brazil. *The Journal of Obstetrics and Gynaecology Research*, 48: 5-14.

De Vaus, D.A. (2001). What is Research Design? [Part 1]. *Research Design in Social Research*. Sage Publications, 1-52.

Eleboda, S.S. & Bako, Z.F. (2020) Targeting Sanitary Towel at Female Polytechnic Students: Exploring Television Advertising as an Intrusive Communication Tool. *Journal of Marketing and Consumer Research*. https://doi.org/10.7176/jmcr/69-04

Elphick, R., Davenport, R., and Davenport, TRH. (1997). *Christianity in South Africa: A political, social and cultural history*. R. Elphick and R. Davenport (eds). Los Angeles: University of California Press.

Emelumadu, O. F., Ezeama, N. N., Ifeadike, C. O., Ubajaka, C. F., Adogu, P. O. U., Umeh, U., Nwamoh, U. N., Ukegbu, A. U., & Onyeonoro, U. U. (2014). Parents' perceptions of timing of initiation of sexuality discussion with adolescents in Anambra State, South Eastern Nigeria. *Journal of Pediatric and Adolescent Gynecology*, 27(5): 294–300. https://doi.org/10.1016/j.jpag.2013.12.008

Erchull, M. J., Chrisler, J. C., Gorman, J. A., & Johnston-Robledo, I. (2002). Education and advertising: A content analysis of commercially produced booklets about menstruation. *Journal of Early Adolescence*, 22(4). https://doi.org/10.1177/027243102237192

Fennie, T., Moletsane, M., & Padmanabhanunni, A. (2023). Teachers' reflections on menstrual management among urban and rural schoolgirls in South Africa. African Journal of Reproductive Health, 27(2): 34–44. https://doi.org/10.29063/ajrh2023/v27i2.3

Fischer, C. (2018). Gender and the Politics of Shame: A Twenty-First-Century Feminist Shame Theory. *Hypatia*, *33*(3). https://doi.org/10.1111/hypa.12431

Giddens, A. 1979. *Central Problems In Social Theory: Action, Structure And Contradiction In Social Analysis*. California: University of California Press.

Giddens, A. 1987. *Social Theory and Modern Sociology*. California: Stanford University Press.

Gilbert, L., Walker, L., Cooper, S., Lewins, K., Matshedisho, R., Nunez-Carrasco, L., and Selikow, T. (2019). *Society, Health and Disease in South Africa*. Johannesburg: Wits University Press.

Haberer, L. (2018). Menstruation and School Girls in South Africa: An Intervention Study. Advocates' Forum. University of Chicago. https://doi.org/10.6082/uchicago.7296

Hawkey, A. J., Ussher, J. M., & Perz, J. (2020). "I Treat My Daughters Not Like My Mother Treated Me": Migrant and Refugee Women's Constructions and Experiences of Menarche and Menstruation. In *The Palgrave Handbook of Critical Menstruation Studies*. https://doi.org/10.1007/978-981-15-0614-7_10

Jaccard, J., Dodge, T. and Dittus, P. (2002). Parent-Adolescent Communication About Sex and Birth Control: A Conceptual Framework. *New Directions For Child And Adolescent Development*, 97 (Fall 2002): 9-41.

Jewkes, R., Morrell, R., & Christofides, N. (2009). Empowering teenagers to prevent pregnancy: lessons from South Africa. Culture, health & sexuality, 11(7), 675–688. https://doi.org/10.1080/13691050902846452

Johnston-Robledo, I., & Chrisler, J. C. (2013). The Menstrual Mark: Menstruation as Social Stigma. In *Sex Roles*, 68(1–2): 9–18. *Springer Science and Business Media*, *LLC*. https://doi.org/10.1007/s11199-011-0052-z

Jones, R. (2021). A Brief Theology of Periods (Yes, Really). United Kingdom: The Good Book Company.

Kalampalikis. A., Chatziioannou, S. S., Protopapas, A., Gerakini, A. M. and Michala, L. (2021. mHealth and its application in menstrual related issues: a systematic review. *The European Journal of Contraception & Reproductive Health Care*, 27(1): 53-60.

Kamangu, A.A., John, M.R., & Nyakoki, S.J. (2017). Barriers to parent-child communication on sexual and reproductive health issues in East Africa: A review of qualitative research in four countries. Journal of African Studies and Development, 9(4): 45–50. https://doi.org/10.5897/jasd2016.0410

Koren. A. (2019). Reproductive Health for Teens: Parents Want In Too. *Journal of Sex & Marital Therapy*, 45(5): 406-413.

Lacroix A.E., Gondal, H., Shumway, K.R. and Langaker, M.D. (2023). Physiology, Menarche. StatPearls [Internet]. Treasure Island, Florida: StatPearls Publishing. [Updated 2023 Mar 11]. Available from: https://www.ncbi.nlm.nih.gov/books/NBK470216/

Lee. J. and & Kim, J. (2019). Can menstrual health apps selected based on users' needs change health-related factors? A double-blind randomized controlled trial. *Journal of the American Medical Informatics Association*, 26(7): 655–666.

Levy, J. and Romo- Avilés, N. (2019). "A good little tool to get to know yourself a bit better": a qualitative study on users' experiences of app-supported menstrual tracking in Europe. *BMC Public Health*, 19(1213): 1-11.

Mahumapelo, M.C. (2019). The evolution of patriarchy: an analysis of women as weapons of traditionalist ideologies of patriarchy in the 21st century. (Unpublished Honours Research Paper). Department of Sociology, Faculty of Humanities, University of Pretoria, Pretoria.

Mail & Guardian Power of Women, (2022). The Healing Woman. Retrieved from: https://powerfulwomen.mg.co.za/candice-chirwa-2022/ Accessed 9 December 2023.

Meier, C. and Hartell, C. (2009). Handling cultural diversity in education in South Africa. *SA-eDuc Journal,* 6(2): 180-192.

Merskin, D. (1999). Adolescence, advertising, and the ideology of menstruation. *Sex Roles*, 40:11–12. https://doi.org/10.1023/A:1018881206965

Micklesfield, L. K., Lambert, E. V., Hume, D. J., Chantler, S., Pienaar, P. R., Dickie, K., Puoane, T., and Goedecke, J. H. (2013). Socio-cultural, environmental and behavioural determinants of obesity in black South African women. *Cardiovascular Journal of Africa*, 24(9-10), 369–375. https://doi.org/10.5830/CVJA-2013-069

Munyai, H. S., Makhado, L., Ramathuba, D. U., & Lebese, R. T. (2023). Experiences of life orientation among teachers teaching sexuality education in secondary schools in Vhembe and Mopani

Districts Limpopo Province, South Africa. *African Journal of Reproductive Health*, *27*(3): 47–55. https://doi.org/10.29063/ajrh2023/v27i3.6

Namisi, F.S., Flisher, A.J., Overland, S., Bastien, S., Onya, H., Kaaya, S. and Aaro, L.E. (2009). Sociodemographic variations in communication on sexuality and HIV/AIDS with parents, family members and teachers among in-school adolescents: A multi-site study in Tanzania and South Africa. *Scandinavian Journal of Public Health*, 37(2): 65–74.

news24.com. (2023). Teen pregnancy rife in SA. Retrieved from: https://www.news24.com/news24/community-newspaper/express-news/teen-pregnancy-rife-in-sa-20230314 Accessed: 10 April 2023.

Nundwe, C.S. (2012). *Barriers to Communication between Parents and Adolescents Concerning Sexual and Reproductive Health Issues: A Case Study of Kinondoni Municipality*. M.A Dissertation, Muhimbili University of Health and Allied Sciences.

Ojo, A. I. (2018). mHealth Interventions in South Africa: A Review. *SAGE Open* (January-March 2018): 1–8.

Oksiutycz, A. and Lubinga, E. (2021). Factors affecting the adoption of personal safety apps among millennials in Johannesburg, South Africa. *SA Journal of Information Management*, 23(1): 1-9.

Othman, A., Shaheen, A., Otoum, M., Aldiqs, M., Hamad, I., Dabobe, M., Langer, A., & Gausman, J. (2020). Parent–child communication about sexual and reproductive health: perspectives of Jordanian and Syrian parents. *Sexual and Reproductive Health Matters*, *28*(1). https://doi.org/10.1080/26410397.2020.1758444

Padmanabhanunni, A., Jaffer, L., & Steenkamp, J. (2018). Menstruation experiences of South African women belonging to the ama-Xhosa ethnic group. *Culture, Health and Sexuality*, 20(6): 704–714. https://doi.org/10.1080/13691058.2017.1371335

Radtke, H.L., (2017). Feminist theory in Feminism & Psychology [Part I]: Dealing with differences and negotiating the biological. *Feminism & Psychology*, 27(3): 357-377.

Ragin, C. (2014). *The Comparative Method: Moving beyond Qualitative and Quantitative Strategies*. University of California Press: 34-84, 164-71.

Siraj-Blachford, I. 2010. Learning in the home and at school: how working class children 'succeed against the odds. *British Educational Research Journal*. 36 (3): 463–482.

Smith, J. A., & Osborn, M. (2015). Interpretative phenomenological analysis as a useful methodology for research on the lived experience of pain. *British Journal of Pain*, 9(1): 53-80. https://doi.org/10.1177/2049463714541642

Southall, R. (2014). The black middle class and democracy in South Africa. In *Journal of Modern African Studies*, 52(4): 647–670. Cambridge University Press. https://doi.org/10.1017/S0022278X14000445

Statista Research Department, 2022. Total population of South Africa in 2021, by ethnic groups. Available at: https://www.statista.com/statistics/1116076/total-population-of-south-africa-by-population-group/ [Accessed: 12 June 2022].

Thomas, A. & Bendixen, M. (2000). The Management Implications of Ethnicity in South Africa. *Journal of International Business Studies*. 31(3): 507-519. doi: 10.1057/palgrave.jibs.8490919

Thornburg, H. D. (1981). Adolescent Sources of Information on Sex. *Journal of School Health*, 51(4): 274–277. https://doi.org/10.1111/j.1746-1561.1981.tb02188.x

Vilanculos, E. and Nduna, M. (2017). "The child can remember your voice": parent–child communication about sexuality in the South African context. *African Journal of AIDS Researc*h, 16(1): 81–89.

Vorster, F. H. (1995). The mother-daughter relationship within a Jungian framework: An Educational Psychological View. MEd. (Educational Psychology) [Unpublished]. University of Johannesburg. Retrieved from: https://ujdigispace.uj.ac.za/

wikiHow (2024). Retrieved from: https://www.wikihow.com/Main-Page Accessed 16 February 2023.

Young, S.D. and Jordan. A. H. (2013). The Influence of Social Networking Photos on Social Norms and Sexual Health Behaviors. *Cyberpsychology, Behavior, and Social Networking*, 16(4): 243-247.

Zhaunova, L., Bamford, R., Radovic, T., Wickham, A., Peven, K., Croft, J., Klepchukova, A., & Ponzo, S. (n.d.). *Characterisation of self-reported improvements in education and health among users of Flo period tracking app: cross-sectional survey*.

VIII. Appendices

A. Permission Request for Research



University of the Witwatersrand,
Robert Sobukwe Block, 2nd Floor, Office RS242,
Department of Sociology,
School of Social Sciences,
Braamfontein Campus East,
Johannesburg,
South Africa,
2000
Tel: + 27 11 717 4424

University Registrar,
Ms Carol Crosley,
1 Jan Smuts Avenue,
Braamfontein,
Johannesburg,
South Africa,
2000

29 May 2023

Dear Ms Carol Crosley,

Re: Permission to conduct research at University of the Witwatersrand

My name is Mmabatho Mahumapelo. I am studying for a MA in Health Sociology in the School of Social Sciences at the University of the Witwatersrand. I am seeking permission to do research at the University of the Witwatersrand as part of the requirements for my qualification.

I am conducting research on how young, black South African women learn about menstrual health and their menstrual cycle. The title of my research is: "*How I know what I know": exploring knowledge-seeking behaviours around menstruation and the prevalence of self-education on menstrual health among young black South African women.*

My research seeks to answer the following: Where young women have received limited communication on menstrual health from a mother figure or other caregiver pre-and/or post-menarche (first

menstruation), where and how do they learn about their menstrual cycle and overall menstrual health?

Specifically, I will ask the following research questions:

- Who are the key influencers on young black South African women's knowledge and understanding of menstruation and menstrual health within and outside of the household?
- How and when is information about menstruation shared with young South African girls and how does this shape their experience with their body as they mature?
- Were people in their networks are knowledgeable or limited as 'knowledge sources', what material knowledge sources do young girls and women rely on for information on menstrual health?

I have identified the student population of University of the Witwatersrand as a pool from which to find suitable participants from my study as the female student population meets the criteria for my research. The research will entail collecting qualitative data from young black South African female students on their experiences learning about their menstrual health and the knowledge tools they rely on when it comes to this subject.

I hereby request permission to invite students who meet the study criteria to participate in this study. I recognise that students within the health and science faculties especially may have a more advanced knowledge and/or understanding when it comes to menstrual health and, thus, will exclude these students from my sample. I therefore would like to invite female students from the Faculty of Humanities, particularly from the School of Social Sciences students, as a sub-group, as these students understand the nature of qualitative research and may be more interested in participating. This will limit the pool of students from which I can recruit participants, whilst still enabling sufficient sample diversity. Specifically, I am looking for students are who 18–25-year-old black South African females who are comfortable discussing their menstrual experiences and the knowledge resources they use for learning about their menstrual health. I will only require 12 interview participants in total.

If invitees agree, they will be asked to be interviewed in person. I will offer the option to connect online. I will conduct all interviews myself and will request participants to consent to have their responses audio recorded for transcription and analysis purposes. Participants may also share information about their preferred and/or frequently used sources (e.g., websites, apps, etc.) on menstruation post-interview. Participants will be asked to set aside 60-90min for the interview, and these slots will be scheduled to take place at a time that accommodates both interviewer and interviewee.

Participants will be asked to give their written consent before the research begins. Their identities will be kept confidential in all published and written data resulting from the study.

The results will be communicated in my research report as a requirement for the completion of my master's degree as well as any subsequent written publication with the permission of the University of the Witwatersrand.

The research participants will not be advantaged or disadvantaged in any way. They will be reassured that they can withdraw their permission at any time during this project without any penalty. There are no foreseeable risks to participating in this study. Though the nature of the conversations may prove to be of a personal and intimate nature, there is no foreseeable risk that this study presents. The participants will not be paid for participation in this study.

All research data will be preserved confidentially for future reference and reuse by myself with the support of my supervisors.

I therefore request permission in writing to conduct my research at your organisation. The permission letter granted should be on your organisation's headed paper, signed and dated, and specifically referring to myself by name and the title of my study. Following this, I will request that the registrar/appropriate office sends an email invitation to potential participants informing them of my research that includes a link for participants to express their interest. Students who meet this criterion will then self-select to participate based on their interest in the study. I will then connect with those interested to verify their eligibility and coordinate interview times. I hope the students will respond positively to the call.

Please let me know if you require any further information. I look forward to your response as soon as is convenient.

Yours sincerely,

Mmabatho Mahumapelo
+27 72 594 6620 or +27 72 029 3663 / 457644@students.wits.ac.za

Dr Kezia Lewins
+ 27 11 717 4457 / kezia.lewins@wits.ac.za

B. Participation Information Sheet

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Good day,

My name is Mmabatho Mahumapelo. I am a Masters student in Health Sociology at the University of the Witwatersrand, Johannesburg. My supervisor is Dr Kezia Lewins. I am conducting research on how young, black South African women learn about menstrual health and their menstrual cycle. The study title of my research is: ""How I know what I know": exploring knowledge-seeking behaviours around menstruation and the prevalence of self-education on menstrual health among young black South African women".

I am inviting you to take part in an interview. We will discuss how you have learned about menstruation and the sources you rely on for information on menstruation related topics. If you decide to take part, your participation in this research study will last about 60-90 minutes. The interview will take place on a date and time that suits you and myself between the 26 June and 7 July 2023. Interviews will take place face-to-face or online.

With your permission, I would like to audio record the interview. You are also encouraged to share via email any knowledge resources on menstruation that you use such as website links, book titles, etc., for illustrative purposes. This data will be stored on my online private cloud account for 10 years and deleted thereafter. Only I, the researcher, will have access to the data.

During the interview, I will need to ask for some personal information about you, including where you grew up, who you lived with during your upbringing, your religion and/or cultural affiliations and other such information to understand your background and the role this may have on your experiences and views on menstruation.

The interview will be confidential. When I share the results of the research study, I will not include your name or anything else that could identify you. With your permission, other researchers may use the data collected from this research study, but your name and any personal information will not be used or passed on.

If you decide to take part in the research study, it should be because you want to volunteer. You do not have to take part. You can stop being in the study at any time. You do not have to answer any questions if you do not want to. You will not get any direct benefits if you choose to join the research study. You will not lose any services, benefits or rights you would normally have if you decide not to join. Taking part in the research study will not cost you anything. Should you prefer to meet virtually, you will be offered the option to connect online. You will not be paid for being in this research study.

While it is not likely, some of the questions asked may make you feel sad or upset. If this happens, I will stop the interview and continue another time. If you need some support or counselling services following the interview, these are available free of charge at the Counselling and Careers Development Unit (CCDU). The counsellors are available Monday to Friday 08h00-16h30 and the contact details for the counselling service are 011 717 9140 and info.ccdu@wits.ac.za.

This research study will be written up as a research report and/or publication. If you would like to receive a summary of this report, I will be happy to send it to you.

If you have any questions during or afterwards about this research study, feel free to contact me or my supervisors on the details listed below. If you have any concerns or complaints about the ethical procedures of this research study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27(0) 11 717 1408, email hrecnon-medical@wits.ac.za.

Yours sincerely,
Mmabatho Mahumapelo

Researcher:
Mmabatho Mahumapelo, 457644@students.wits.ac.za, +27 72 594 6620 / +27 72 029 3663

Supervisor:
Dr Kezia Lewins, kezia.lewins@wits.ac.za, + 27 11 717 4457

C. Participant Recruitment Form

Research Participation (Google Forms)

Thank you for showing an interest in participating in the research study titled: "How I know what I know": exploring knowledge-seeking behaviours around menstruation and the prevalence of self-education on menstrual health among young black South African women".

Please complete the questions below. Once selected to participate, Mmabatho (the researcher) will invite you to an in-depth, one-on-one interview.

Researcher: Mmabatho Mahumapelo (MA Health Sociology student, School of Social Sciences)
Supervisor: Dr Kezia Lewins (Department of Sociology, School of Social Sciences)

*Indicates required question.

Demographic Info:

All research studies have a sample criteria (the qualities each participant should have in order to participate). The following questions will help me determine if you meet the criteria.

Please indicate your gender: * Mark only one.

- Female
- Male
- Prefer not to say
- Other:

Please indicate your race:* Mark only one.

- African Black
- Coloured
- Indian
- White
- Asian
- Other:

How old are you?*

_____

What is your nationality?* Mark only one.

- South African
- Other:

How long have you lived in South Africa?*

_____

Which South African culture(s) do you and your family identify with?

_____

Please indicate your current area of residence (e.g. Johannesburg CBD, Soweto, Randburg, Wits Residence).* Please DO NOT share your address.

_____

Where is your hometown? (e.g. Newcastle, KZN; East London, EC)

_____

Which faculty does the qualification you are pursuing fall under?* Mark only one.

- Humanities
- Commerce
- Law Management
- Engineering
- Health Sciences
- Sciences

Study content and in-depth interview scheduling:

The following questions will help me gather if you are comfortable with the content of the discussion in the interview and confirm your availability.

When did you experience your first menstrual period?* Mark only one.

- Less than 5 years ago
- 5-10 years ago
- More than 10 years ago

Are you comfortable discussing your first experience with menstruation? (This includes how you felt and why, how you were assisted, etc.)* Mark only one.

- Yes
- No
- I am not sure

Are you comfortable discussing how you experience menstruation currently? (This includes how you navigate your menstrual cycle today, how you learn about menstrual health, etc.)* Mark only one.

- Yes
- No
- I am not sure

Are you comfortable discussing your personal sexual and reproductive health? (This includes your views on sexuality and its relation to your menstrual health).* Mark only one.

- Yes
- No
- I am not sure

How would you prefer to participate in the in-depth interview? Please select all that apply. Tick all that apply.

- Face-to-face
- Online/virtual meeting (e.g. via MS Teams)

Scheduling for one-on-one interviews has begun. Please indicate your availability.* Select all that apply. Tick all that apply.

- Date 1
- Date 2
- Date 3

Please provide your email address so that the researcher can get in touch with you.*

_____

If you are comfortable, please also share your WhatsApp contact number for ease of communication.

_____

Thank you for completing this questionnaire. I look forward to getting in touch with you soon!

D. Participant Consent Form

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Title of project:
"How I know what I know": exploring knowledge-seeking behaviours around menstruation and the prevalence of self-education on menstrual health among young black South African women.

Name of researcher:
Mmabatho Mahumapelo

I, …….., (research participant) agree to participate in this research project.

I agree to the following:

(Please tick next to or circle the relevant options below)

The research study was explained to me. I understand what this study is about.	YES	NO
I understand that I can volunteer to take part in the study.	YES	NO
I agree that the interview may be audio recorded.	YES	NO
I agree that direct quotations from my interview may be used by the researcher in their research report/ written publication.	YES	NO
I agree that my participation will remain anonymous (my name will not be used by the researcher in their research report/ written publication.	YES	NO
I agree that other researchers may use the information I provide in my interview (depending on their own ethics clearance being obtained) but my name and any personal information will not be used or passed on.	YES	NO

…… (participant signature)
…… (name of participant)
…… (date)

…… (researcher signature)
…… (name of researcher/person seeking consent)
…… (date)

E. Interview Discussion Guide

Pre-interview

Hi, my name is Mmabatho. Thank you once again for participating in my research study. As mentioned previously, I am completing my Masters in Health Sociology and this research is a requirement for my degree. The information you share here will only be for the purposes of this research and your identity will not be shared with anyone. I would like to record our session so that I can go back and note what you have shared with me without missing out on any details. There are no wrong or right answers, please feel free to share your experiences and be honest – there is no judgment here. You may choose to stop the conversation if you would no longer like to take part. Should there be any reason that compels me to stop our session, I will let you know. If you agree and are comfortable with all of this, please sign the consent form. If you do not agree with everything or would like us to discuss any of the items further, please let me know. Please also complete the short questionnaire attached to help me get to know you before we begin.

Introduction

Interviewer will share brief introduction and remind participant of purpose of the study.

- Please share a brief introduction so we can get to know each other.
    - Tell me a bit about where you grew up - who was around, what was it like growing up in this neighbourhood?
    - Who were the people around you that helped raise you?
    - Who would you say influenced you the most as a woman? Why this person(s)?

- If you were to think about what it means to be a woman, how would you describe this?
    - Where do you get this idea from?
    - Who taught you this?
    - Is this what you were told and/or what you witnessed/observed?

First Period Experience

- Let's talk about another aspect that people would say is important in a woman's life: menstruation. Can you remember the first time you had your period?
    - Please take me back to that moment:
        - how old were you?
        - where were you?
        - think back to what you felt when you realised what was happening – please describe that feeling to me in as much detail as you can?
        - who was the first person you told? (note if this is the same influence on what it means to be a woman)
        - did you know what to do in that moment? How did you know?

- At the time, did you know that you would ever experience a menstrual period? How did you know this?
    - Did you know what it was? Did you know what having a menstrual period meant?
    - Were you expecting it to happen when it did?
    - Did you feel prepared?
        - What are the things that show preparedness for this occasion? Probe:
            - Having the necessary tools?
            - Knowing when it's coming?
            - Knowing what to do?
    - Are there certain things you had to do and/or not do when your period comes?
        - What are some of these things?
        - How did you know this? / Who told you this?
        - Do you remember when this conversation took place or when you received this information?
        - Would you say this information was helpful? Why/why not?

- Thinking about your first period now, do you think you were well prepared?
    - Looking back, is there anything you wish you knew ahead of your period?
    - How would you say having certain information affected you?
    - How would you say lacking certain information affected you?

- If it were up to you now, how would you have preferred to receive information about menstruation before your first period? Probe: conversation with someone you trust, information from a book, etc.
    - Tell me how you would have liked the conversation to be introduced / for the information to be shared.
    - What specifically would have been most important for you to know then?

Talking about menstruation

- Growing up, do you recall ever hearing any conversations about menstruation, menstrual cycles, or anything to do with periods?
    - Who was present or engaging in these conversations?
    - Were you invited to engage or directly brought into listen to what was being shared?
    - Do you remember what was said? What specifically stuck with you and why?

- Looking back now, what would you say is the reason why this subject was discussed / discussed this way / not discussed at all?
    - What makes you think that this is the reason?

- Since then, has anything been communicated with you by family members/anyone you grew up around about menstruation, menstrual cycles, menstrual health?
    - If yes: How did this come about?

        - How did you feel about what was said?
    - If no: How do you feel about not having any conversations about menstruation with those who are close to you? Why do you feel this way?

- Are there any questions you still have even years since your first period?
    - Is it possible to ask anyone you grew up around or who raised you? Why or why not?

Seeking information about menstruation today

- Where do you go now when you need information?
    - Who do you talk to? Why this person?
    - What resource/s do you consult and why this resource? Probe: books, websites, social media, etc.
    - How did you find or choose this resource? What led to this?
    - What do you look for in a resource that tells you that you can trust the information you have received?
        - Think about your trusted resources around you and/or any books, websites, etc that you use.

- If you have a pressing question right now about anything menstruation related, where will you go/who will you ask and why? You can name only one (person or resource).

- What source would you recommend young girls (pre-menarche) access to get information about periods and why? Please tell me more about this source.

- Is this resource also useful for girls/young women who have been experiencing menstruation for a few years? Why/why not?
    - If not: What source would be better suited for post-menarche menstrual experiences? Why?
- Is there anything else you would like to discuss or ask?

Thank you for your time and valuable input. Draw the interview to an end.

F. Signed Ethics Form

FORM A - Request to conduct Research at the University of the Witwatersrand, Johannesburg

This form is to be completed by registered Honours/Master by Research/ PhD students and staff at Wits wishing to conduct research by using Wits student/staff data. Please email this form with your supporting documents to Research.Deputy-Registrar@wits.ac.za

First Name	**Surname:**
Mmabatho	Mahumapelo

Staff/Student number:

457644	

Degree currently registered:	**School:**
MA Health Sociology	Social Sciences

Research title:
"How I know what I know": exploring knowledge-seeking behaviours around menstruation and the prevalence of self-education on menstrual health among young black South African women.

Has ethics clearance been obtained from the University Ethics Committee/School Ethics Committee?

YES X	**NO**

(If yes, please include a copy of the ethics clearance certificate and protocol number below) ***{PENDING – dependent on registrar's permission}***

Protocol number:

SOCL-2023-03

PLEASE NOTE*: If an unconditionally approved ethics clearance certificate has not been obtained, you will not be granted permission to conduct your research.*

Has your Head of Department/Supervisor granted permission for the research to be conducted?

YES X	**NO**

(If yes please include a copy of the letter of approval) ***{PENDING}***

What is the expected duration of your research, and on which date do you intend submitting the research?

6 months inclusive of recruitment, data collection, analysis, and write-up. The provisional date of submission is 15 February 2024.

Whom is the research and/or questionnaire being conducted on?

Students	**X**
Staff	

(Please tick the appropriate box)

If the research will be conducted on student data, please specify the year of study /Faculty or degree data will be required for:

First Year Students	
Second Year Students	
Third Year Students	
Final Year Students	
Postgraduate Students	
Faculty	Humanities, School of Social Sciences
Degree	

Section A:

How will the research be conducted?

E-Mail (please indicate if school administrators will be assisting in circulating the emails)	I will request the Sociology Post-Graduate Administrator, Sedzani Malada and the School of Social Sciences Administrator, Naledi Mazibuko, to circulate the email invitation to students in the School of Social Sciences. Sedzani.Malada@wits.ac.za; Naledi.Mazibuko.wits.ac.za
Interviews (please attach a copy of the interview questions)	In-depth Interview - Discussion Guide
Other data collection (please specify lists or statistics)	
Focus Groups	
Venues (If using a venue for your research, please indicate venue name and ensure arrangements have been made with the venue manager)	

Section B:

This section only needs to be completed for the circulation of questionnaires, surveys etc. by the University Registrar's Office:

Please provide the link for your questionnaire and attach a copy of the questionnaire (the link will be emailed to students in order for them to complete the questionnaire)	Participant Questionnaire The questionnaire copy is attached to the email.

Please provide us with a brief message that will accompany your questionnaire. This message will be sent as an e-mail to students requesting them to complete the questionnaire.	Dear Student, Do you remember what your first menstrual experience was like? Did you know what to expect and were you prepared? I am conducting research on the sources of information that have helped young, black South African women understand menstruation - from their first menstrual period up until now. The research study is titled: *"How I know what I know": exploring knowledge-seeking behaviours around menstruation and the prevalence of self-education on menstrual health among young black South African women.* If you would like to participate in this study, please complete this Participant Questionnaire. For more information on what the study involves, please follow this link: Information Sheet Kind regards, Mmabatho Mahumapelo, MA Health Sociology candidate, School of Social Sciences (Student/Researcher) Dr Kezia Lewins, Department of Sociology, School of Social Sciences (Supervisor)

NOTE: If using REDCAP, circulation may take place with departmental administrators within your school. You need to make the necessary arrangements with the administrator.
However, if your department/school does not use REDCAP, then complete the section above.

Student signature:…  **Date… 29 June 2023……**

G. Ethics Application Granted

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

DEVELOPMENT STUDIES AND SOCIOLOGY ETHICS COMMITTEE
CONSTITUTED UNDER THE UNIVERSITY HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)

CLEARANCE CERTIFICATE **PROTOCOL NUMBER: SOCL-2023-03**

PROJECT TITLE	"How I know what I know": exploring knowledge-seeking behaviours around menstruation and the prevalence of self-education on menstrual health among young black South African women.
INVESTIGATOR	Mahumapelo,Mmabatho Christophine
SCHOOL/DEPARTMENT OF INVESTIGATOR	Sociology, School of Social Science
DATE CONSIDERED	26 June 2023
DECISION OF THE COMMITTEE	Approved unconditionally
RISK LEVEL	Low Risk
EXPIRY DATE	27 June 2024

ISSUE DATE OF CERTIFICATE 06 July 2023 **CHAIRPERSON**

_____

(Dr Obvious Katsaura)

cc: Supervisor: Dr Kezia Lewins and Dr Catherine Burns

DECLARATION OF INVESTIGATOR

To be completed in duplicate and **ONE COPY** returned to the Chairperson of the School/Department ethics committee.

I/we fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure be contemplated from the research procedure as approved, I/we undertake to submit an amendment of the protocol to the Committee.



__ _____ __07____/__07_____/__23_____

Signature **Date**

H. Student Submission Form

FACULTY OF HUMANITIES

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

STUDENT SUBMISSION OF RESEARCH– please submit an electronic copy of your research to Faculty for examination

Mmabatho Christophine Mahumapelo

Candidate's full names

457644

Student number

"I thought I was dying": Menstruation experiences, knowledge gaps and knowledge-seeking practices among young black South African women.

Title of research

*Please note that if the title has changed from the previously approved title an amendment form must be completed before submission takes place.

I acknowledge that:

I hereby submit my research work (MA research report / MA dissertation / Doctor of Philosophy).

I have checked all of my manuscript and am satisfied that no pages are missing or poorly reproduced.

I declare that I have obtained an ethics protocol number from the Research Office, if my research used human subject, patient records, student data etc.

I confirm that my signed declaration is included in the research submission, in terms of rule G27.

I understand that I need to register as awaiting examiner with the Faculty Office on the day that I submit and that I will be charged tuition fees if I submit after the 30th April 2021.

I understand that I may not graduate unless my University fees have been paid in full.

I understand that I may not submit my research for examination nor graduate if research ethics requirements have been breached.

Ethical Clearance:

Did your research involve animals, human subjects, or medical institutions (medical or non-medical)?

YES	NO

If yes, provide the ethics clearance number:

SOCL-2023-03

Name of Supervisor: Dr Kezia Lewins	Name of Supervisor

Student name and signature: Mmabatho Mahumapelo

Date: 18 March 2024