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Khofi, Lucy

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Menstrual Hygiene and Management in Zamimpilo Riverlea Informal Settlement

Master of Arts (MA) Research Report: Medical Anthropology

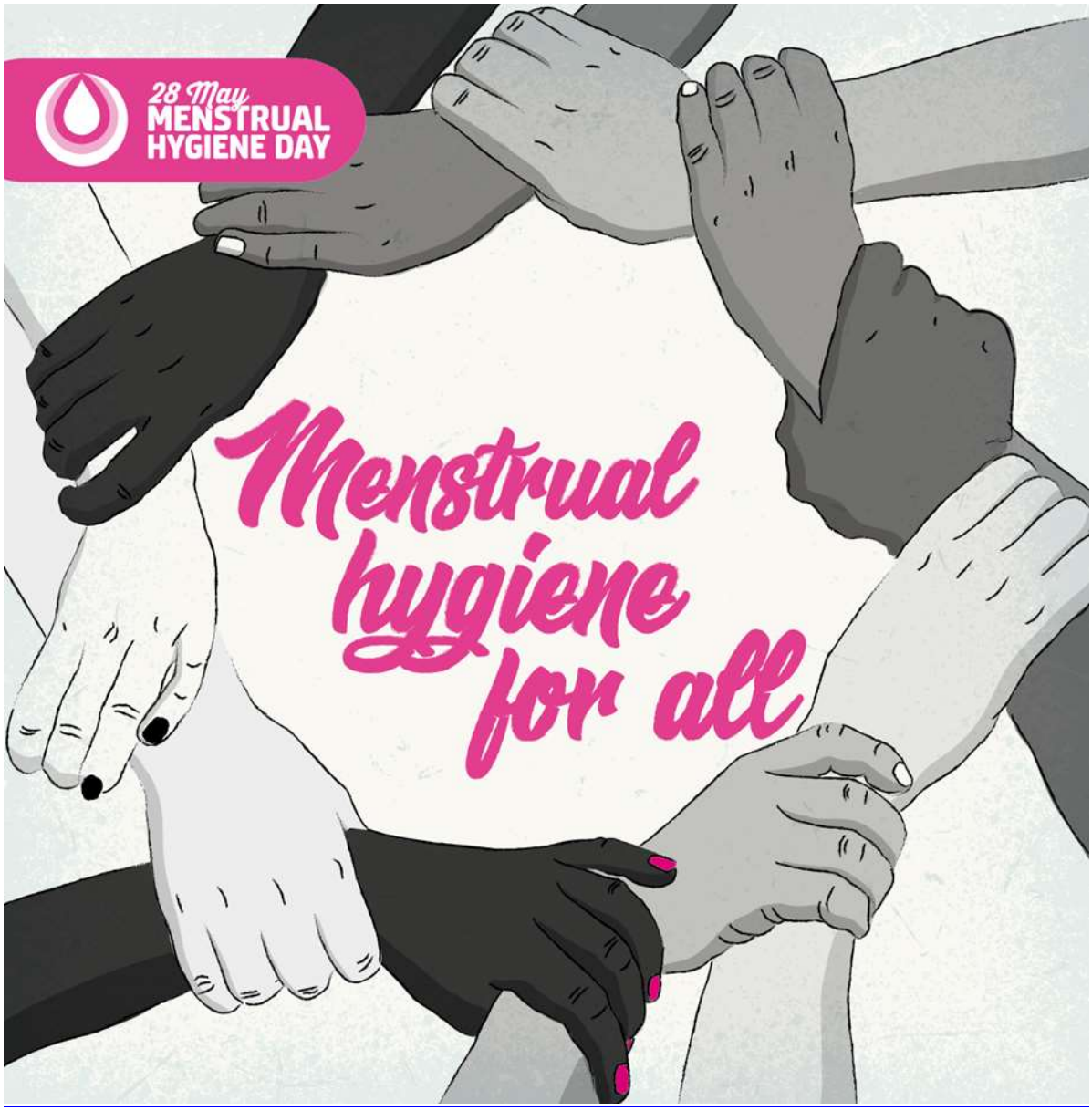
A thesis submitted to the department of Anthropology, University of the Witwatersrand in partial fulfilment of the Degree of Master of Arts by Course Work and Research in Medical Anthropology.

Student: Lucy Khofi – 754809

Ethics Protocol Number: ANTH20/05/04

Supervisor: Professor Lenore Manderson

Date of submission: March 2021



“Menstrual Hygiene Day was not a one day event, but having access to menstrual products, water and sanitation was an everyday lifestyle and a human right” (Lucy Khofi 2020).

Declaration

I declare that this is my own unaided work, it is being submitted for the requirements of the Degree of Masters by coursework and research, at the University of the Witwatersrand, Johannesburg. This work has not been submitted for any examination or degree at any university.

Name: Lucy Khofi

Signature:



Date: 15 March 2021

Acknowledgement

To God be the Glory! “Now unto Him that is able to do exceedingly abundantly above all that we ask or think, according to the power that worketh in us.”

My appreciation goes to #Past3amSquad. Thank you, family, for the amazing support and thank you, Professor Kgethi Phakeng, for establishing this group and for your academic live sessions. They have contributed a lot to how I perceive research and academia.

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Dedication

I dedicate this research to all women in informal settlements, living under hard conditions in which they must manage their menstruation and use alternatives to maintain hygiene.

After meeting all these powerful women, and learning of their different perspectives about menstruation, and mostly seeing menstruation as something positive, I have started to have more conversations. This includes in the church's platforms, where such topics are not normally discussed. I'm also receiving invitations to talk about menstrual hygiene management in various virtual platforms. I'm planning to take this further, to have such discussions on YouTube and to break the stigma and taboos about menstruation. This thesis has birthed my purpose, I have discovered my journey, and have gained a strong passion about women's health. I also dedicate this thesis to my birthed purpose and journey.

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Abstract

Managing menstrual hygiene in low- and middle-income countries is difficult, due to lack of proper facilities. With inadequate WASH (water, sanitation, and hygiene) services and infrastructure, such as proper working toilets and lack of access to sanitary materials, some women end up using unhygienic sanitary materials, such as rags, leaves, sand, tissues and so forth to manage menstruation.

In this study, I used an anthropological approach to describe and analyse women's understandings of menstrual health and hygiene in the informal settlement of Zamimpilo, Johannesburg. Firstly, I looked at how women understood menstruation and how this was influenced by community attitudes and social norms. Secondly, I identified what material, structural and normative factors hindered or enabled women to manage their menstruation and hygiene: shame, embarrassment, level of education, access to information, gender inequality, affordability of pads and soap, access to water, and access to sanitation and hygiene facilities. Thirdly, I explored women's experiences of their bodies, and how menstruation influenced their decisions to go out, go to school, have sex, bathe with others, manage pain, and sleep. I looked also at the practices that women used to manage menstrual waste. As I illustrate, these practices are shaped by cultural, social, and religious factors. I have explored women's creative ways to manage menstruation, menstrual waste, and hygiene under different conditions, and explored the extent to which they have internalised or resisted negative attitudes towards their bodies and bodily products. I emphasise women's narratives. In theorising these questions, I have adapted ideas from *Purity and Danger* (1984) by Mary Douglas, and following her, I have analysed menstruation as something polluting and dirty that contributes to menstrual shame. I have also drawn on Emily Martin's book *The Woman in the Body* (2001) and examined how social and cultural factors shape women's understanding of themselves.

The data on which this thesis was based is drawn from research using qualitative methods. Due to constraints in movement and social interactions associated with COVID-19, primary data were collected through telephonic semi-structured interviews. Twelve women – six young women between 18 and 25 years and six women between 25 and 40 years of age – were each interviewed twice, bringing the total number of in-depth interviews to 24. Participants were recruited through a key informant, using purposeful sampling for maximum variability to ensure diversity of age, ethnicity, religion, education background, among participants. This was significant given that the population of Zamimpilo was diverse and includes people from

different provinces and communities: Xhosa, Zulu, Pedi and other South Africans all live in Zamimpilo, as well as people from other African countries including Mozambique, Zimbabwe, Zambia, and Nigeria.

My findings suggest that women's MHM (Menstrual Hygiene Management) in Zamimpilo is still a huge challenge. The environment is deeply compromised, and no residents have access to adequate housing, water and sanitation. These basic challenges, along with the lack of sanitary products, hinder women from managing their menstrual hygiene. However, I found that these women used alternatives to manage their MH (Menstrual Hygiene), including various herbs for menstrual hygiene purposes and to prevent urinary tract and reproductive tract infections. Women expressed various understandings of their bodies, menstrual blood and menstruation as a process. I describe how the South African Department of Women, Youth and Persons with Disabilities has tried to address 'period poverty' in the country with the collaboration of non-government, non-profit organisations, the private sector, and menstrual activists. However, the need is greater than available resources. In places like Zamimpilo, women still do not receive any assistance from community organisations or from the state, and so they must improvise to manage this most private, routine, mundane event.

Key Words

South Africa, gender, informal settlement, menstruation, Menstrual Hygiene Management (MHM), shame, women's bodies, women's health.

Acronyms and abbreviations

ANC –	African National Congress
BV-	Bacterial Vaginosis
COVID-19 –	Coronavirus Disease of 2019
DA -	Democratic Alliance
DSD -	Department of Social Development
DSM-	Diagnostic and Statistical Manual of Mental Disorders
DWYPD-	Department of Women, Youth and Persons with Disabilities
GBV –	Gender-Based Violence
HIV -	Human Immunodeficiency Virus
ITHPC-	Interim Traditional Health Practitioners Council
IRC -	International Water and Sanitation Centre Globally
IPV -	Intimate Partner Violence
km -	Kilometres
KZN –	KwaZulu Natal
LMIC -	Low- and Middle-Income Countries
MH -	Menstrual Hygiene
MHM -	Menstrual Hygiene Management
MEC -	Member of the Executive Council
MMC -	Member of Mayoral Committee
NGO -	Non-Government Organisation
NPO –	Non-Profit Organisation
NFAS-	National Financial Aid Schemes

RDP - Reconstruction and Development Programme

RTI - Reproductive Tract Infections

PMDD - Premenstrual Dysphoric Disorder

PMS – Premenstrual Syndrome

SA- South Africa

SABC - South African Broadcasting Corporation

SACMHM - South African Coalition for Menstrual Health & Hygiene

SDIF - National Sanitary Dignity Implementation Framework

SSRIs - Selective Serotonin Reuptake Inhibitors

Stats SA- Statistics South Africa

UNICEF- United Nations International Children's Fund

UNFPA SA - United Nations Population Fund South Africa

WASH - Water, Sanitation and Hygiene

WHO - World Health Organization

ZCC - Zion Christian Church

Chapter 1

Background of the study

Monthly bleeding from the vagina is experienced by almost all women. Menstruation is a biological process, when a woman sheds the lining of her uterus in the absence of conception, and menstrual blood flows from the uterus through the opening of the cervix and out through the vagina. Generally, women menstruate three to five days during a 28-day cycle, although frequency and duration vary widely. In high income countries, menarche (first menstrual period) is estimated to occur at some time between the ages of 12 to 13 years, with an average age of 12.4 years (Office on Women's Health 2017). In low- and middle-income countries (LMICs), age at menarche can vary from age 8 to 16, with an estimated mean age at 13 years. In South Africa, according to data published in 2009, the estimated mean age at menarche was 12.5 years for white girls and 12.4 years for black girls (Jones et al. 2009, most recent data available). However, there is a considerable range. Poor nutritional status may result in delays, and menarche may occur between the ages of 10 and 18 years without any medical issues (Edmonds 2007). In LMICs, age at menopause is usually around 50 years. Women do not menstruate during pregnancy (although some women may experience menstrual-like bleeding earlier in their pregnancy), and postpartum amenorrhoea (not menstruating) varies for a number of reasons, including whether or not a woman is breastfeeding. Ages at menarche and menopause, numbers of pregnancies, and length of postpartum amenorrhoea all vary from woman to woman, but even so, in general a woman in an LMIC is likely to menstruate for approximately 1400 days in her lifetime (Sumpter & Torondel 2013: 48-50). Women's capacity to care for themselves when menstruating is therefore a significant issue.

WHO and UNICEF define Menstrual Hygiene Management (MHM) as occurring when women are able to use clean material to collect or absorb menstrual blood. This menstrual material must be kept clean at all times and women should be able to change in privacy as often as necessary during menstruation. MHM practices include being able to wash the whole body with soap and water, and having access to facilities to dispose of menstrual waste (Biran et al. 2012:56; Hennegan, et al. 2016:2). This definition of MHM fails to mention the ways in which social norms, religion, traditions, and cultural factors affect or promote women's practices in LMICs (George 2013), and provides little information on the social, structural and

environmental factors that determine MHM. In this thesis, I use the formal WHO and UNICEF definition of MHM, but I also take account of these social dimensions. I write with the premise that women have a right to access menstrual materials, water and sanitation, the right to privacy, and the right to manage menstruation with dignity.

In this study, my concern is with women between the ages of 18 and 40, that is, post-menarche and pre-menopause, when their menstrual cycle is established and for most women routine. Women's capacity to care for themselves and their bodies is therefore a predictable, routine need in their everyday lives. For the purpose of this study, I use the word 'woman/women' in reference to two groups of women aged 18-25 and 25-40 years old. In some specific cases, women will be identified into these two categories, as young women (18-25) and women (25-40).

In this opening chapter, I lay out the foundation of this study by providing a background to the study. The introduction is based on my personal experiences of menstruation, followed by the problem statement, rationale and relevance of this study. I then lay down research questions, aims and objectives of the study.

* * *

I still recall my first menstrual period; it seems like yesterday. I grew up in a home where my aunty, grandmother and sister openly talked about women's health, including menstruation. They prepared me for such a time, which made me eager to get my first period. However, they did mention that menstruation could be perceived negatively in society and in public areas, especially at school. They told me to always carry a pad in my school bag. They also told me about the shame and embarrassment that happens if you do not have a pad and you are in public, and if people see a blood stain or leakage, and that this was taboo -- blood was perceived as a polluting and dirty fluid among Xhosa living in Maluti in the Eastern Cape. For instance, women and girls were not allowed to participate in church services or family rituals when they were having a period.

When I finally got my first menstrual period, I was over the moon. However, after some time my attitude changed: I hated having a period because I felt like I was dirty, even though I did bathe. For instance, I was serving as an usher in the Pentecostal Church, and we usually usher in church members and show them where they can sit. I felt sad when I was menstruating, I

could not carry out my church duties; I would have to stay at the back and leave immediately after the service was over. How women and girls were treated in church services and family rituals (including funerals, weddings, and *imbeleko* - introducing the newborn child to the ancestors) when having a period, made me regard menstrual blood as dirty. My perception of menstruation turned to be increasingly negative, despite the resources to which I had access to maintain menstrual hygiene management. I still felt uncomfortable. The fact that every month I experience a menstrual period is still uncomfortable, and I always make sure that I bathe as often as possible and carry extra pads. Given my own sensitivity and self-consciousness about menstruation, I was intrigued to know how women managed menstrual hygiene in informal settlements like Zamimpilo, where infrastructure like toilets and water supply is minimal and housing is cramped, where privacy is limited. I wondered how these factors affected women's everyday life, and how on a daily basis woman managed under their particular conditions, for instance, in the context of lack of resources to buy pads and lack of privacy to change them.

Problem statement

Menstrual health and hygiene management globally is still a barrier to women's free participation in education, social and communal life for cultural, social, and religious reasons (Kaur et al. 2018: 3-4; Sommer, et al. 2015; Hennegan & Montgomery 2016). In South Africa, menstrual health, menstruation and MHM have been studied rarely, and mostly in rural areas (Akankasha et al. 2014: Hennegan et al. 2016; Scorgie et al. 2016); the topic has not been addressed among women living in informal settlements. The literature related to informal settlements covers water, sanitation, and hygiene, but far less has been written on sexual and reproductive health, or on related topics including menstrual health and menstrual hygiene management; Fiona Scorgie's research in peri-urban areas of Durban is the exception (Scorgie et al. 2016).

Many factors need to be considered, including women's understandings and perceptions of menstruation and its process; their experiences and practices; and both local and cultural factors that promote or hinder menstrual hygiene management. These include how lack of capacity to MHM excludes women during menstruation from participation in social life, including engagement in social activities, going to work, and attending school. Shame, embarrassment, and limited physical resources, including access to private sanitation facilities, clean water, waste disposal and the availability of absorbent materials, all impact on women's capacity to manage menstrual hygiene. In addition, access to information, education and awareness is

important. In some parts of South Africa, menstruation is still perceived as taboo and there is much stigma attached to the topic (Duby et al. 2019; Padmanabhanunni, Jaffer & Steenkamp 2017). Cultural and religious perceptions of menstruation also affect women's health. Elsewhere in Sub-Saharan Africa, in some cultural and religious settings, menstruating women are prevented from attending religious activities, cultural rituals, and from talking to men, and may not be allowed to prepare or eat certain foods (Dunnavant & Roberts 2013; Padmanabhanunni, Jaffer & Steenkamp 2017). It was important to see how these things affect women in a South African context.

Informal settlements are spaces which are culturally diverse and present their residents with multiple challenges to everyday life. In one such setting, I was interested in looking at how cultural conventions played out. I was interested in the effect of the lack of hygiene infrastructure on women's lives, the huge amount of labour that goes into ensuring sufficient water, which is largely women's responsibility, and how socio-economic status and population density shapes women's experiences. I was interested to see how women manage under these conditions and what they use as alternatives to survive in these circumstances. I also explored the possibilities of freedom from social gaze. This focus provided me with a particular understanding of the (peri)-urban conditions in which poor, low-income women live in contemporary society.

Rationale and Relevance

I am passionate about promoting menstrual hygiene management in informal settlements. It is important that women's menstrual hygiene management is prioritised so that women can have their periods in a dignified manner, and that they are able to attend school and go to work freely when they are menstruating. It is essential to understand what factors prevent women practicing menstrual hygiene management, the challenges to this, and the extent to which such challenges might impact on their reproductive, sexual and general health and everyday interactions. The anthropological approach that I adopted in conducting research with women in one informal settlement was chosen to allow me to see MHM in the context of local social, structural, and economic constraints. This was chosen to provide me with a broad perspective on the lived experiences of women in Zamimpilo. My aim is for this study to contribute to an understanding of the importance of adequate MHM, given its impact on gender equality and female empowerment.

Menstrual Hygiene Management can be experienced in various ways. This study provided women in the informal settlement an opportunity to share with me their understandings, lived experiences and practices. My goal, following completion of this study, is to advocate for women living in poor communities, such as in informal settlements. I have explored how women can be empowered and learn of other ways to maintain menstrual hygiene, despite limited access to resources such as pads. Given that women are systematically treated as inferior, in this study I embrace women and aim to support gender equality. The findings of this study will be disseminated to contribute to policy development and programs aimed at improving conditions in informal settlements, and particularly to ensure MHM.

The Research Question(s)

- What are women's understandings of menstruation as a process in Zamimpilo?
- What are women's experiences and cultural practices in managing menstruation health, personal hygiene, and menstrual waste in Zamimpilo?
- What social, environmental, and infrastructural factors promote or hinder women's management of menstrual waste and hygiene in Zamimpilo informal settlement?

Aim and Objectives of Study

The aim and objectives of this study were to describe and analyse women's understandings, experiences, practices, and challenges of menstruation in Zamimpilo informal settlement, Riverlea, in South Africa. Specific objectives were:

1. To describe and analyse women's understandings of menstruation, menstrual health, and hygiene,
2. To explore women's lived experiences and cultural practices of managing menstrual waste and hygiene management,
3. To contextualise these in relation to understandings of gender and sexual and reproductive health, and
4. To understand social, environmental, and infrastructural factors that promote or hinder women from managing menstrual waste and hygiene in the study area.

The thesis is organised as follows. In chapter 2, I present the framework and a summary of government policy and interventions, and I describe previous studies on menstruation and menstrual hygiene. I unpack the understanding of pollution and matter out of place by Mary

Douglas (1984), on which I draw as a theoretical framework, and I describe how the perception of menstrual blood as dirt has led to shame and embarrassment. I have used Emily Martin's work (2001) to analyse women's understandings of their bodies and to consider how women's bodies are seen as fertile bodies in a social context. The physical environment of the informal settlements, and limited infrastructure, as symptoms of structural neglect. I describe and analyse interventions by the South African government in collaboration with NGOs, NPOs, private sectors and menstrual activists. I also discuss the work of menstrual activists directed at breaking the stigma about menstruation and consider the significance of menstrual cups as sustainable menstrual products.

Gender is an important concept in this study. I have analysed how gender roles are perceived in society and how women manage their menstruation in privacy while living with men – their partners, fathers, brothers, uncles, and sons. I have determined how gender-based violence emerges in reaction to strict gendered roles, and consider the challenges for women to maintain privacy during menstruation. I have looked at menstruation, hygiene and access to WASH (water, sanitation, and hygiene) especially in South Africa, given that there are consistent shortages of water in both urban and rural settings. In considering the importance of menstrual education, I have looked at how schools provide information about menstruation and hygiene, and how society, communities, and households, especially parents, share information with young women. I have discussed how local practices, religion and biomedicine have an impact on how individuals manage their menstrual health, with reference to the medicalisation of menstruation and the cultural and ritual significance of puberty.

In Chapter 3, I focus on methodology and ethics. The remaining chapters on menstruation and matter out of place in Zamimpilo– chapters 4-9 – are presented as ethnographic chapters. These present and analyse the results and discuss the findings of the thesis. Lastly, chapter 10 is the conclusion, and in this I suggest government interventions for women to manage their menstruation with dignity.

Chapter 2

Literature Review

Theoretical Framework

In undertaking this research and reflecting on the findings, I drew on a theoretical framework constructed from the work *Purity and Danger* (Douglas 1984). Mary Douglas begins her analysis of pollution and taboo through an analysis of the 'classificatory system' for edible and non-edible animals drawn from the Old Testament. She argued that these categories are perceived to be most vulnerable at their margins, even when there is a clear boundary between ensuring that one thing is discrete from another. Because of the emphasis on borders and categoric difference, ambiguous things that do not necessarily belong explicitly to one category or another, which exist at these margins, pose danger to the classificatory system and the social system. She extended her analysis to the body as a 'bounded system', with bodily orifices and skin as the boundaries of the system (Douglas 1984). She argues that body orifices are expected to symbolise its vulnerable points. Matter – "marginal stuff" – which passes through bodily orifices, including urine, blood, milk, tears, mucus, saliva and faeces, simply by coming out of the body, traverse the body's boundary. The transgression of "bodily boundaries" by these ambiguous substances, which exist at the margins, is perceived to be an act of "defilement and pollution" (Douglas 1984: 124-125). Through this "act of transgression" these marginal materials become dirt, and this dirt upsets order (Grosz 1994: 192). No person nor object is inherently dirty or dirt, but through these defined categories and boundaries an object becomes dirty, and so is a source of impurity and pollution (Warin 2009; Grosz 1994). For Douglas (1984), the most dangerous marginal bodily fluids are those that are related to reproduction and digestion, including menstrual blood. Douglas argues that menstruation is seen almost universally as polluting and dirty, and this contributes to menstrual shame. In the South African context, menstruation is conventionally hidden, with menstrual blood constructed as shameful, polluting, dangerous and dirty, resulting in menstrual stigma (Padmanabhanunni, Jaffer & Steenkamp 2017: Duby et al. 2019).

In my analysis in this thesis, I have also used Emily Martin's book *The Woman in the Body* (2001) to examine how social and cultural factors shape women's understanding of themselves. She focuses on women's experiences of bodily events including childbirth, menstruation, and menopause. For the purpose of this study, I have only focused on menstruation. She argues that menstruation need not be seen as failed reproduction or waste, and she portrays women's

bodies instead as fertile bodies, even though in many places' menstruation is not perceived as positive. As I illustrate in this thesis, women in Zamimpilo varied in this regard: while some embraced menstruation as evidence of fertility, others adopted a negative stance, with notions of pollution feeding into ideas of reproductive failure and waste.

Interventions

Public and private sector interventions on MHM

In South Africa, the government recognises that not all women are able to manage their menstrual periods with dignity, and it considers this to be a human rights issue. In addressing this, the South African Department of Women, Youth and Persons with Disabilities (Ministry of Women) dedicates 28 May each year as Menstrual Hygiene Day. This day aims to bring together non-government organisations (NGOs), government and private sectors, individuals, civil society and media, with the intention to promote hygiene management and good menstrual health, and to break societal stigma around menstruation (DWYPD 2019).

In addressing this issue, the South African government initiated various interventions to ensure that indigent women were able to manage their menstruation in a dignified manner. The Minister of Finance in October 2018 made an announcement that non-paying schools, such as government schools, were to receive free sanitary products to distribute to young women students. Additionally, in the budget for the year 2019/2020, a provision of R157 million was made available for free sanitary pads to quintile one to three schools (at which no school fees are paid) across all nine South African provinces. Another provision was made in higher learning institutions, by the National Student Financial Aid Scheme (NSFAS), for all female students coming from disadvantaged backgrounds to receive a grant of R275 per month to buy essential personal items, including for menstrual hygiene products (DWYPD 2019). However, there is no evidence that students use this money as allocated for specific essential items, and the women who receive these funds often also struggle to meet the costs of rent and food.

The mandate of the Department of Women, Youth and Persons with Disabilities is: first, to promote women's socio-economic empowerment; second, to promote gender equality; and third, to champion the Sanitary Dignity Program and prioritise the provision of free sanitary products to indigent women. This program is guided nationally by the Sanitary Dignity Implementation Framework (SDIF). SDIF aims to work with the Ministry of Women to ensure sanitary dignity and promote standards and norms in respect to the provision of sanitary products. Those implementing the SDIF visit different disadvantaged communities and

distribute sanitary pads. Minister Dlamini encourages individuals to play a role in their respective communities to counter the taboos around menstruation. The government has called on the private sector to join hands with the government and assist where it can (DWYPD 2019). In this study, in addition to a range of questions about women's own understandings and experiences, I have examined if women in Zamimpilo informal settlement have heard about and have access to these government interventions, at either school or community level. For the purpose of this section, supplementing interviews, I have used social media posts, blogs, newspapers, and government published news.

Menstrual activism

Feminist spiritual menstrual activism emerged in the late 1960s, with the main aim of portraying menstruation as a source of sisterhood and power (Bobel 2007, 2010). The menstrual activists globally fought the stigma of menstruation as being perceived as a curse, nuisance, or contaminating. They offered an alternative conceptual framing of menstruation through art, which included visual art, music, filmmaking, poetry, and rituals around menstruation. These activists are continuously building on the second wave of cultural feminism which first embraced then obscured sexual differences (Bobel et al. 2020). In the year 1971, as described in "The Visual Is Political: Menstrual Art as Change Agent" (Bobel 2020: 1005), Judy Chicago emerged as a feminist 'art pathbreaker'; she created a photolithograph which was perceived to be 'shocking' by the public. This was her self-portrait, her legs were widely spread, with a tampon visibly extending from her vagina. She entitled this artwork 'Red Flag'. Written documentation reported that Chicago had represented something that was greatly absent from the artwork visual landscape; as a result, many people assumed that the protuberance in this image was a penis (Bobel 2020).

Currently, globally, many activists are working as artists, some painting with blood. For example, Sarah Maple, a British visual artist and feminist who exhibits her work in New York, uses the symbolic power of menstrual blood to create her portraits and paintings, which transgress cultural and social borders in order to challenge or break menstruation stigma. In the portrait depicted below, she presents menstruation with pride, while addressing the themes both of being a woman and of shame. She used herself as the subject matter of humiliation, as her painting portrays. The image is crowded, with representatives of mixed gender and ethnicity. Her intention was to challenge the popular belief that women are taught to be ashamed when there is menstrual leakage or a stain on their clothes; she is saying that this normative view is unjust. Women should not be ashamed or embarrassed, but they should stand proud and

menstruate. In the painting, everyone around the woman with menstrual blood has a reaction, but contrast to others, a little child reacts quite differently to the blood. One might say she is not aware of the menstrual blood taboo, which is why her facial expression does not portray the shame, shock, or embarrassment as do others. (Figure 1).



Figure 1: Menstruating with pride. Source: Sarah Maple, oil on canvas 2010

Figure 2, below, was posted on Instagram by poet and artist Rupi Kaur (2016) to challenge social norms and menstrual taboos. The photo caused havoc on social media platforms. Instagram stated that it was against community guidelines to show menstruation, even though the photo did not portray nudity, an act of violence, self-harm, or illegal content, the material primarily prohibited in Instagram's community guidelines. Instagram removed this photo immediately after it was uploaded, stating that this kind of picture was violating its regulations. But some people had taken screenshots and shared the photo, and it went viral. Most men on Instagram used it to raise questions of what they would do if they woke up to find their girlfriend with a bloodstain. Some said this was nasty: they would ask their girlfriend to wake up and spring clean the entire house because of the smell. Others, however, said they would put their girlfriend's clothes in the washing machine, run a hot bath for her, get her favourite snack and massage her – because women go through so much when menstruating, such as experiencing period pains.



Figure 2: Stained pants. Instagram image. Source: Rupi Kaur cited in Green-Cole 2020

After Kaur posted numerous statements against Instagram and various menstruation activists had spoken out on this matter, Instagram wrote a letter to apologise to Kaur and they made her image public again (Green-Cole 2020).

Activism is not confined to particular settings and countries. In South Africa, women have also used menstrual blood to paint. Zanele Muholi, for example, painted her first portraits with menstrual blood (see Figure 3, below), entitled *Isilumo Siyaluma*, meaning period pains (Muholi 2011). She expressed herself through these portraits and poetry. She believes that menstrual blood is something that women need to embrace because it is the reflection of our womanhood and it symbolises the potential of bringing a child to this world (Muholi 2011). For the first time Muholi used menstrual blood as paint, she was expressing her anger towards the South African system, how this system has failed *womxn* who have been raped, especially lesbians. Currently in SA there is an increase in rape cases and GBV statistics -- in some cases, justice has not been served. Therefore, Muholi's work advocates for justice, bringing awareness and it is a voice for those who are voiceless. In 2009 when Muholi exhibited her work in the Constitutional Hill in Hillbrow, the minister of Arts and Culture that time was Lulama Xingwana- she left the exhibition because she believed that Muholi's work was extreme, immoral and it's against nation building, Muholi exhibited a nude picture of a lesbian – trying to portray their daily struggle as a marginalised group. The reaction from a woman minister was not expected to be like this, however, the current minister of Arts and Culture, Mr. Nathi

Mthethwa has been supporting Zanele's work including other artists. When Muholi released *isilumo siyaluma* project in 2011, so many people were shocked as painting portraits with blood is considered to be out of place or taboo or uncommon (Selvick 2015: Sally 2012).

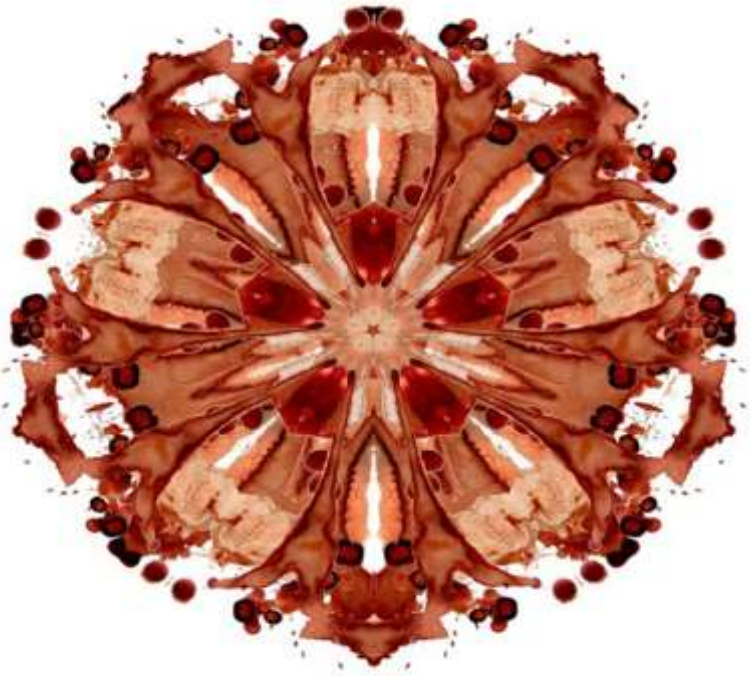


Figure 3: Image courtesy of the artist and Stevenson Gallery. Source: Zanele Muholi 2011

Meanwhile, in order to ensure women are able to maintain menstrual hygiene, activists in South Africa promote the use of menstrual cups, as I discuss in Chapter 9, and various NGOs/NPOs distribute menstrual cups to women in previously disadvantaged communities and schools. In addition, some activists have lobbied the government to include menstrual cups in its distribution, and are working with the Department of Women, Youth and Persons with Disabilities to end period poverty (Johansson & Hellström 2018). I return to these issues later in this thesis.

Then I turn into previous studies as menstrual hygiene management is a global issue, especially in low- and middle- income countries as lack of resource contribute to how woman manage their menstruation in various circumstances.

Previous studies

Menstruation and matter out of place

Globally, anthropologists have described societies that traditionally celebrate menarche as a significant rite of passage for women, embracing the biological point at which young women are considered to enter womanhood (Britton 1996: Moore 1990). Despite celebrations around

this, menstrual blood and its management are most commonly perceived as contaminating and surrounded by rigorous taboo (Sommer et al. 2015). Secrecy is common in both high and low resource settings, with young women needing to adhere to strict menstrual etiquette after menarche (Cicurel & Sharaby 2007; Thubauville,2014). In some settings, menstruation so threatens the social order that women are placed in forced sequestration; in the very different settings of Papua New Guinea, Ethiopia, eSwatini and Nepal, women are relegated to menstrual huts separate from their usual residence for the duration of menstruation (Mohamed et al. 2018; Cicurel & Sharaby 2007; Thubauville,2014; Binti international 2017; The Guardian 2019). This etiquette mostly encourages the management of menstrual discomfort and blood flow to be kept discreet. Knowledge is shared with young women about the importance of hiding menstruation from men and boys (Shah et al. 2019: Sommer et al. 2015). Globally, women maintain this etiquette of keeping menstrual blood as a secret throughout their reproductive years (Sommer et al. 2015: Britton 1996). This secrecy is attached with shame and embarrassment for some women, who see menstrual blood as dirty and pollution (Douglas 1984).

Menstruation and the social construction of fertile bodies

Nancy Scheper-Hughes and Margaret Lock (1987) conceptualise the body in three distinct ways. The first is the individual body, understood in the phenomenological sense of the lived experiences of the body itself. An individual has a sense of their body, and bodily workings, and understands how it works. Individuals experience pain as either mental, physical, psycho-social, or biological (Scheper-Hughes & Lock 1987). Women explain their menstrual experience in terms of how they understand their bodies; for example, during menstruation women report on period pain and other discomfort such as nausea, diarrhea, bloating and headaches; in some cases, girls may miss school for these reasons (Khumalo 2015).

Secondly, Scheper-Hughes & Lock (1987) distinguish the social body, referring to the body as a natural symbol in regard to culture, nature, and society. For instance, Sibisi (1972) showed that societal norms, culture, and religion play a huge role in how women manage their menstruation, and she describes how in Durban C section of KwaZulu Natal, South Africa, Zulu women of all ages were excluded from attending rituals or other events such as funerals, weddings and church gatherings (Shembe religion), and were not allowed to consult a traditional healer at this time (Sibisi 1972; Maranda 1971). Above, I noted my own exclusion from church for this reason.

Thirdly, Scheper-Hughes and Lock (1987) write of the body politic, in reference to the surveillance, regulations, and the control of bodies, individually and collectively, in the context of reproduction and sexuality; in work and in leisure; in health and in sickness; and in relation to various forms of human difference. For instance, in South Africa, apartheid had a significant impact on populations, resulting in systematic structural violence (Farmer 1996), continued inequality, and the extreme marginalisation of some communities. Neglect from this period has led to an accumulation of disadvantages and entrenched poverty. At the everyday level, this is reflected by the number of people who live in poor housing, with poorly resourced toilet facilities, substandard facility maintenance, and lack of access to clean water. These factors have consistently caused health issues and have contributed to low income (Scorgie et al. 2015).

In *The Woman in the Body* (2001), Emily Martin asserts that historically, in Euro-American and other traditions, menstruation was portrayed as failed reproduction. This is consistent with the description of how women's reproduction; this was neither neutral nor considered as a way of demonstrating biological logic. Rather, menstruation was seen to be about dying through the loss of the uterine lining or loss of an egg, and as a sign of degeneration. Martin cited medical texts in which women's bodies were often described as if they were "mechanical factories or centralized production systems" (Martin 2001: 16). She illustrates how through the late nineteenth and twentieth century, science has tended to treat an individual as a machine, with the assumption that the individual's body is something that can be fixed by mechanical manipulations, explaining the increasing medicalisation of biological processes (see further below). This science encourages individuals to be ignorant of other aspects of ourselves, i.e., our relations with others and emotions. Technological developments have allowed this tendency to progress in ways that exacerbate inequality, such that, for instance, the purchase and sale of human body parts can be contemplated (and are a feature, albeit illegal, of transplantation procedures). Martin portrays women's bodies as a social construction of fertile bodies (2001: 112). She argues that by making pregnancy the only end point to which women's reproductive system strives, and by perceiving menstruation as a "wasteful failure," dominant understandings of women's bodies lead women to end up despising menstruation and their own bodies, despite that menstruation is shared by (almost) all women. This is despite that, as Martin also notes, most of the time, most women do not desire and intend to get pregnant, and for these women, the onset of menstruation could be perceived as a welcome sign.

Martin conducted her study on the east coast of the United States with 165 interviews, consisting of women in younger, middle and older age groups of diverse Black and White backgrounds. In her account, she points out how bodily events were actually experienced; for instance, how working-class women explained menstruation to young women, emphasising bodily practices, while middle-class women rooted their answers in the purpose and mechanisms of menstruation. The common ground for all women was how bodily events were experienced, even though these were different (Martin 2001). Martin's notion of perceiving women bodies as fertile bodies as well as failed reproductive bodies, as mentioned above, is key to my research. Hence, for the purpose of this study, I have examined how social and cultural factors shape women's understanding of themselves. I have provided opportunities to women to present their personal perspectives of their own bodies, so ensuring that they have a voice.

Menstrual shame and embarrassment

In *Purity and Danger* (1984), Mary Douglas elucidates the differences between the unclean (which she also refers to as 'pollution' or 'dirt'), and the clean and the sacred, in different time periods and different cultures and societies. She uses the idea of 'matter out of place' as the basis for ideas of pollution and its management, since such matter can be considered threatening and dangerous, and can harm and contaminate others, symbolically and sometimes literally (Douglas 1984). The existence of shame and disgust of menstrual blood was a result of the belief that bodily fluids always needed to be controlled, and not out of context (Grosz 1994). Beliefs about pollution and the importance of adherence to particular behaviors can be used to understand how social systems control members of the society (Douglas 1984):

> It was not difficult to see how pollution beliefs can be used in a dialogue of claims and counterclaims to status. But as we examine pollution beliefs, we find that the kind of contacts which are thought be dangerous also carry a symbolic load. This was a more interesting level at which pollution ideas relate to social categories. I believe that some pollutions were used as analogies for expressing a general view of the social order (1984:3).

Hemachandra and Manderson (2009) build on this understanding to analyse ideas of pollution in Sri Lanka, in situations that manifest at end of life or in reproduction, including menstruation. Although menstruation is a natural process which, from a biomedical standpoint, indicates the health of a woman and her potential fertility, it also indicates the failure of fertility

on each occasion. When a [married] woman menstruates, while this was a sign of her power to have babies, it was also evidence that she had failed to conceive, and so, as explained above, it was surrounded by embarrassment, silence, shame, stigma, secrecy, and taboo (Hemachandra & Manderson 2009).

Referring back to Douglas's concept of matter out of place, in many societies, menstrual blood has been perceived as polluting, dirty, contaminating and unclean. These negative views contribute to devaluing the status of a woman in society (Campkin 2013; Ngubane 1976; Roberts, et al. 2002), but also women's low status means that things associated with women– including blood but also other body products (in some cultures, hair, for instance) – are polluting. Pollution varies in degrees of intensity, as measured by its contagious nature (Douglas 1984). Because menstrual blood was perceived as matter out of place and polluting, taboos imposed were connected to various cultural norms. These norms, grounded in patriarchy, seek to exclude menstruating women who might transfer their "impurity" or contaminate others, particularly men (Winkler & Roaf 2014). Simone De Beauvoir (1953) argues that the concept of 'impurity of the menstrual blood' was not just about 'blood' itself, but rather, the impurity derives from the fact that blood comes from a woman's genitals. "The blood, indeed, does not make a woman impure; it was rather a sign of her impurity" (De Beauvoir 1953:169). Consistent with this, Sanabria (2011) describes that, in her field research conducted in Salvador, Brazil, menstrual blood was seen as neither clean nor dirty; what mattered was where the menstrual blood came from (i.e., the vagina). Therefore, it was crucial to look into particular relationships in which menstrual blood was seen as dirty or positive.

Both women and men commonly perceive menstruation as unclean, even disgusting. Roberts and colleagues (2002) conducted their study on feminine protection in a university in Colorado, US, with 65 participants, both male and female; their study showed that if a woman unintentionally dropped a tampon (which serves as a menstrual reminder) from her handbag in front of others, this resulted in an embarrassing moment for her, but others will physically distance themselves from her rather than act to repair the embarrassment, for example, by simply ignoring the event. Menstrual reminders such as leaking or staining, odor, or the visibility of tampons or pads, increase the objectification of women, and cause embarrassment and shame, because of the reactions by both other women and men (Lee 2009). These reminders emphasise the significant difference between women and men (Roberts, et al. 2002). In addition, menstrual staining and leakage become a visible sign of women's shame and contamination, as it goes against the culturally assigned expectation of women that they must

cover signs of menstruation and other bodily functions to prevent embarrassing others (Lee 1994). Thus, understanding menstruation as polluting, dirty, contaminating, and not conforming with or reinforcing societal expectations of women, helps to explain menstruation as justifying women's inferiority and devaluation (Johnston-Robledo & Chrisler 2013; Winkler & Roaf 2014).

The contradiction is that if somebody did not menstruate, then this was and is experienced as a problem; that is, unless pregnant, failure to menstruate is indicative of infertility. Hence women are in a double bind – they must manage the stigma of menstruation and the stigma of lack of menstruation, and the implications of both on (in)fertility. Disruptions to menstruation may be due to stress, and accordingly menstruation and its regularity or irregularity may be medicalised (Chekoudjian 2009; Ussher 1989). As a result of medicalisation, Ronald (2017) asserts that female bodies are overwhelmed with prescriptive chemicals, while doctors fail to understand that normal hormonal patterns paradoxically are disrupted and intensified by the same medical drugs that they prescribe. In addition, conventional medical approaches including the DSM (Diagnostic and Statistical Manual of Mental Disorders), it is assumed that symptoms that women experience when having a period are best treated as medical problems (Ronald 2017). These is even more so when women report unpleasant symptoms, either of extreme pain or of mood disorders. Lahiri-Dutt (2015) argues that the medical construction of menstruation fails to accommodate the natural biological process of menstruation within a scope of existing sociocultural practices.

Gender

Privacy during menstruation

Women in low- and middle-income countries have a common belief that menstrual blood should be disposed of in a private place, so that it is not seen by children and men (Long et al. 2013: McMahon et al. 2011). However, because menstruation is surrounded by shame and secrecy, appropriate ways of managing menstruation and disposing of menstrual waste has not been prioritised, and this has likely compromised the dignity and privacy of menstruating women (Kjellén et al. 2011; Scorgie et al. 2016).

Biran and colleagues (2012) assert that over 12 billion tampons and pads are thrown away yearly around the world. The disposal of menstrual waste, especially single-use commercial pads, can result in littering the environment. Places like Zamimpilo are covered with garbage, and the municipality does not clean the settlement. For the purpose of this study, I was

interested to know how women dispose of their menstrual waste, and the creative ways they use to maintain their own privacy and to try keep their environment clean. Environmental aspects have received considerable attention within MHM research, including what absorbents women use, the nature of the toilets they have access to, and the disposal of menstrual waste which can affect the environment in various ways. Women's menstruation experiences are framed by multiple factors, such as local sanitation provisions and existing practices and beliefs related to menstrual blood. Some women dispose of their menstrual waste in secrecy in pit latrines, bury used pads, or dispose of pads as garbage. Menstrual waste disposed in toilets may result in blockages in sewer systems (Bharadwaj and Patkar 2004; Unilever Domestos, et al. 2013). In some rural areas, women do not have toilets and use the open waste land to relieve themselves and dispose of menstrual waste there (Ngubane 1997).

For example, Fiona Scorgie and colleagues (2016) conducted a study in Durban, KwaZulu Natal, in the KwaHlathi community, where some young women reported that they were taught by people who were distributing pads in schools to wash the pad after use and dispose of it without the blood. Some women reported that they were scared that dogs would sniff out and pick up their used pads, and so they would dig a hole and bury the used pad. Women reported that they disposed of their menstrual waste where no one could see it, wrapping the waste and then burying it, because of their belief that menstrual blood was sacred and must be disposed of appropriately (Scorgie et al. 2016). However, some women reported that it was hard to dispose of their waste in the context of witchcraft beliefs, as they believed that witches would use their menstrual waste as *muthi* to bewitch them. Therefore, they burned waste material (Scorgie et al. 2016).

Cultural and religious practices influence the perception of menstruation as sacred in some communities, i.e.., because menstruation is linked to reproductivity, menstrual blood is considered to be sacred. Stephens-Chu (2019) completed an ethnographic study focusing on menstruation and the shifts from sacred to secret; she explained that in Japan, menstruation had a significant spiritual quality to it, as women were bleeding without dying, and this was perceived as sacred. This kind of bleeding was symbolic of life – in Japan this granted menstruating women some kind of divinity (Stephens-Chu 2019; Ono 2009: 152). In South Korea, women believed that paper that is dabbed with menstrual blood could be used as a charm, with the belief that this would heal a tuberculosis patient; this belief still exists and is practised in some areas (Gottlieb 2020).

At the same time, religious interpretations of pollution may exclude menstruating women, and in sanctioning some spaces as sacred, women may need to adhere to ritual practices to secure particular social order. Menstruating women may be perceived to pollute non-sacred spaces as well. For instance, according to Jewish law, physical contact was forbidden between females and males during the days of a women's menstruation and a week thereafter (Guterman et al. 2017; Keshet-Orr 2003), subsequently requiring women to bathe in a mikveh bath, according to strict guidelines and supervision, to effect ritual cleanliness before resume relations with their husbands (Ivry 2010; Sered 2011).

But practical issues also influence understandings of menstruation and menstrual blood, and attitudes towards menstruating women. In low-income countries and resource poor settings in all countries, women struggle to care for themselves, and in the context of the lack of privacy and safety, to change and dispose of menstrual waste (Scorgie et al. 2016). Men's perceptions of women's menstrual blood influence the value placed on secrecy and privacy during menstruation. Studies reported that men were uncomfortable when their partners were having a period. Further, some men perceived menstruating women as unattractive due to intensity of the odor of menstrual blood, which some reported as 'unbearable' when sharing a bed with a menstruating woman (Doty et al. 1975; Kuukasja¨rvi et al. 2003; Doty et al. 1994).

Gender Roles

In *The Second Sex* (1953), Simone De Beauvoir examines the means by which women's position was regarded as inferior, and how their status as *the other* was maintained and created historically and culturally through institutions, norms and socialisation. She refers to menstruation as the sign of difference between men and women, which results in women being perceived as inferior and the *other sex*. De Beauvoir (1953: 168) asserts that even though menstrual blood can be perceived as sacred, there was more to how individuals react to menstrual blood in general. As I have already argued, menstrual blood may be considered unusual (matter out of place) while at the same time, it represents the essence of femininity and fertility – the capacity to reproduce. Additionally, Winkler and Roaf (2014) claim that in patriarchal cultures, the inferiority of women is mainly defined by what separates and differentiates them from men, hence menstruation carries particular symbolic importance.

A patriarchal perspective asserts that men possess the power to label and to perceive their bodies as "good" and "normal" (De Beauvoir 1953). Under patriarchy, the male body was set as the norm, and women were regarded as inferior to men for various reasons, including the

fact that their reproductive system was different from men's (Roberts, et al. 2002). Therefore, women's reproductive system and body functions, including that of menstruation, became symbols of deviation and inferiority (Roberts et al. 2002; Kissling 2002). This kind of labelling is a component of gender inequality and it has been seen as a contributing factor to varies forms of discrimination against women, to ideas about their biological vulnerability and inferiority, and to Gender-Based Violence (GBV). Many women are marginalised and inferior in their households and do not have a voice. They end up being subject especially to intimate partner violence (Fulu et al. 2013), the most common form of GBV; this mainly affects women and children, and is mostly perpetrated by men (Sikweyiya 2015; Fulu et al. 2013).

Gender is clearly central in tackling menstrual topics, particularly in societies where a gender hierarchy pertains, and women are positioned as inferior to men. I am interested in the relationship of gender to attitudes towards menstruation, and in this study, I examine how women internalise understandings of gender. This includes women's perceptions of inequality or not in their own households, and their overall experience of gender roles in the Zamimpilo community, and how these factors serve to impact on menstruation and its management.

Menstruation and Hygiene

WASH (Water, Sanitation and Hygiene)

Montgomery and Elimelech (2007) report that the MHM literature addresses women's roles in different ways compared to men's roles in WASH. The WHO declared 2005 to 2015 the Decade of Water, with the aim to provide all people globally with full access to water and sanitation (Montgomery & Elimelech 2007). In addition, 28 May 2014 was declared the first Menstrual Hygiene Day, with the aim to create awareness of the right of all women to manage menstruation hygienically. This day was initiated by the NGO, WASH United – a German-based NGO – with the aim to benefit women worldwide (WashUnited 2013). Fisher (2006) reported that some women do not have access to a nearby toilet; they end up holding themselves throughout the day and only use the toilet at night. This can have serious negative effects: it places women at risk of contracting urinary tract infections, and weakens their pelvic floor, so risking urinary incontinence and developing chronic constipation. It also exposed them to sexual assaults in the dark (Fisher 2006), a particular relevant issue for women in South Africa where such violence is not uncommon (Grogan 2013; Dosekun 2013).

In some rural areas of South Africa, affecting around nine percent of the population, piped water and sanitation are still not available (Hove at al. 2019), and women need to fetch and carry water from distant places, such as rivers. They may have to walk a long distance before they can access river water, and the water is at times polluted with domestic and household waste, animal waste, and industrial waste (Ngubane 1997; Govender et al. 2011; Nel et al. 2013). In peri-urban communities and informal settlements such as Zamimpilo, currently, Rand Water installs taps which individuals share, but at times, pipes corrode, taps leak or break, and communities run out of water; these major challenges are faced by women in poor communities throughout the country (Scott et al. 2013; Padmanabhanunni et al. 2017). For instance, in KwaZulu Natal province, there was a delay in RDP (Reconstruction and Development Programme, government subsidised housing) house delivery and sanitation, and particularly in informal settlements, and even when these areas were upgraded, residents experienced substandard sanitation and water services (Scorgie et al. 2016). According to the South African Human Rights Commission (2014), the level of access to sanitation in KwaZulu Natal Province was below average, but similar conditions exist in all provinces. One in five households nationwide rely on unventilated pit latrines, only 45% nationwide have access to flush toilets, and others use the field or open waste land. Adequate WASH facilities enable good hygiene, but informal settlements do not have adequate facilities. Water is critical to hygiene management, but currently in South Africa, there is a shortage of water everywhere; this is especially the case in informal settlements (Scorgie et al. 2016).

Menstruation and education

Education scholars, policy makers and teachers have received particular attention to MHM, because of an understanding that access to pads, knowledge of menstruation, and improved access to girl-friendly toilets in schools, can increase young women's enrolment rates, attendance and completion (IRC 2006). Adukia (2013) asserts that menstruation was an obstacle for young women to go to school, and was one of the reasons that a high number of young women drop out around puberty. As a result, girl-friendly toilets were created in developing countries including some parts of SA; these provide young women with privacy and enough space to change and wash themselves – however, due to lack of resources not all provinces have these toilets (Global Citizen 2019; Adukia 2013). This assumes that young women have materials such as pads or absorbent reusable cloth to be able to change. Biran and colleagues (2012), however, reported that young women when they were menstruating may

not attend school because they did not have pads, and will ask their friends to cover for them and report a different reason for their absence. Others go home after the attendance register has been signed.

It is difficult to know of the extent to which young women's absence from school is associated directly with MHM, since due to shame and secrecy related to menstruating and menstrual blood, young women may not tell their teachers the true reason for their absence, although teachers may assume that the student was menstruating (Bobel 2010). Scott and colleagues (2013) in their study in Ghanaian schools found a 9 – 14% improvement in girls' school attendance occurred when MHM education was part of the syllabus and sanitary napkins were provided at school. However, Biran and colleagues (2012) have criticised the analysis, arguing that the researchers did not consider the girls' age and already existing MHM school provisions. Sumpter and Torondel (2013) assert that knowledge provided in schools about MHM does not increase girls' attendance rates, because some girls may stay at home due to abdominal pain or other discomfort, shyness, shame and other MHM-related issues. A study conducted by Daniels (2016) investigating fear, shyness, and discomfort related to MHM, in rural Cambodia, showed that some young women choose to keep their menstrual status unknown not because they thought that menstruation was dirty, or they were embarrassed – it was simply, as they explained it, their preferred choice.

In the South Africa context, Haberer (2017) asserts that young women face many difficulties during periods. Her study showed that schoolgirls miss school because of menstrual difficulties, such as embarrassment, pain, and shame. Some young women use tissue as an absorbent, but menstrual odor will increase in hot weather; boys make fun of young women who are menstruating (Haberer 2017). Khumalo (2015) stated that in South Africa, schoolgirls can miss up to five days per month of schooling for these reasons.

Local practice, religion and biomedicine

Culture and religion play a huge role in how women manage their menstruation, restricting a range of activities. House and colleagues (2012) stated that in developing countries, young women were often not told the process of menstruation for cultural restrictions to protect and support them, and the advice mothers shared with their daughters may be incorrect and reflect particular cultural beliefs. In addition to common practices and beliefs, including in relation to pollution and witchcraft, as discussed above, other local differences depending on social context and religion must be considered and identified case by case (Bobel 2010). For instance,

Santina and colleagues (2013) reported that in their quantitative study of young women in Lebanon, 89 of a total of 389 young women practiced individualistic social beliefs such as avoiding water and bathing for the first day of menstruation or the entire menstruation period. Thus, these girls did not follow recommended menstrual hygiene practices. According to Xhosa culture in South Africa, menstruating women were not allowed to attend certain ancestral rituals because they believe that menstrual blood was unclean, and the associated pollution might block the ancestors' communication with the family during the ritual (Padmanabhanunni et al.2017; Khumalo 2015).

Similarly, Kaur and colleagues (2018), in their study in India, looked at MHM and waste disposal, challenges faced by women in rural areas. Their findings highlighted that many women in rural areas still experienced restrictions on work activities, cooking, sexual intercourse, and eating certain foods (such as milk, eggs, slaughtered cows, and sheep) when they are menstruating. These restrictions exist because of people's perception of menstruation as dirty and polluting, and the potential of the pollution to contaminate others (e.g., by cooking food for them or through sexual intercourse).

In contrast, cultural and social practices can produce a sense of belonging and give meaning to menstruation. For instance, when a young woman is celebrated at menarche and receives guidance from her elders, this may add positive meaning to menstruation (Sommer et al. 2015) and can contribute significantly to her understanding of the process and its management. In some LMICs, including in Tajikistan and Kazakhstan in Central Asia, women celebrate menarche; when a girl starts her period, the family will host a small celebration to celebrate the transition from girlhood to womanhood (Rothem & Fischer 2018; Van Gennep 1909). This was highly significant in terms of one's role in the family and society, influenced by culture and religion. Elderly women will sit down with young women, explaining the essential stage that they have reached (Sommer 2009; Sommer & Sahin 2013). The young women will receive advice and guidance, including sex talks. At the same time, from the onset of menstruation, the young women will be expected to be careful around boys or have very limited interactions with them to avoid sexual encounters and so avoid pregnancy (Sommer et al. 2015).

Contemporary social conventions may also influence MHM. Scott and colleagues (2013) in their study in Uganda recommended that menstrual cups should not be introduced due to societal norms of sharing: they believed that teenage girls would share menstrual cups, which could be a health risk. Some women were not comfortable inserting items into their vaginas.

These results opened up discussions about awareness of such sanitary products in countries like Uganda, South Africa and India, especially for young women, and raise questions about alternative menstrual protection, social norms and cultural context (Scott et al. 2013).

For this study in South Africa, I have examined how culture and religion influence women's ways of managing their menstrual health and hygiene management, and how biomedical culture influences women's ways of doing things.

Conclusion

The lived realities and deprivations of everyday life in South Africa, including MHM, are shaped, framed and complicated by legacies of apartheid. Gender inequality is still a main concern across populations, but especially for black people. My study focused on an informal settlement, and only disadvantaged groups of black people live in such places. Apartheid's legacy still continues, despite that South Africa is a democracy and we have a black president (Geismar 2018). There is still structural neglect and structural violence in communities, and under-developed and poor infrastructure and shortage of water are still major issues, including in informal settlements. Douglas (1984) and Martin (2001) provide insight into framing the study and gave me a foundation for my study; however, in understanding MHM in SA, it is essential to include the legacy of apartheid to understand persistent equalities. The literature on MHM in various low- and middle-income countries is relevant to the SA context, and although cultural practices differ worldwide, the challenges for women to manage menstruation, and social attitudes towards this, are shared experiences. Globally, MHM is still a public health concern which is only slowly being addressed with various interventions, including government interventions and menstrual activists.

Chapter 3

Methods

Research site

Zamimpilo informal settlement was established in 1993 and is situated between Longdale industrial area and Riverlea in the west of Johannesburg, Gauteng. The name *Zamimpilo* derives from the Zulu language and means "striving for survival." The term "informal settlement" refers to "an unplanned settlement on land which has not been surveyed or proclaimed as residential, consisting mainly informal dwellings (shacks)" (SA Census 2001:20). An estimated 6000 people live in Zamimpilo, in extremely congested conditions (Stats SA 2017). There is considerable ethnic diversity, including Zulu, Xhosa, Pedi, and Venda people from South Africa, and people from other African countries including Zimbabwe, Zambia, Nigeria, and Mozambique, reflecting migration flows from within the country and beyond to this city, for multiple reasons including for education, employment, and other opportunities. Among those living in the area, some people were self-employed as street vendors and tuck-shop owners. A number of men mine for gold illegally and are referred to as *zama-zamas* (Thornton 2020). Others find part-time construction work, often employed on a daily contract basis. A small number of people work in Roodepoort for private call center companies; a few women get part-time cleaning jobs in households in the suburb of Florida and adjacent areas. Some of the residents from other African countries have qualifications, but in general they are unable to use their qualifications in South Africa because they lack valid work permits and so cannot find appropriate employment. Hence, they end up living in the informal settlements and try to make a living through their participation in the informal labour market. Others resident in the area are unemployed. Stats SA (2020) reported that SA unemployment rate has increased from 7.5% to 30.8% during the pandemic in the year 2020, and significant numbers of unemployed individuals are from informal settlements, townships and rural areas. At the same time, some people who stay in the informal settlements do so to avoid paying rent and so save money, or rent out their RDP home to generate income. Not everyone who stayed in the informal settlement, therefore, was struggling financially, and some households could afford small luxuries: as illustrated below, some shacks had DSTV.

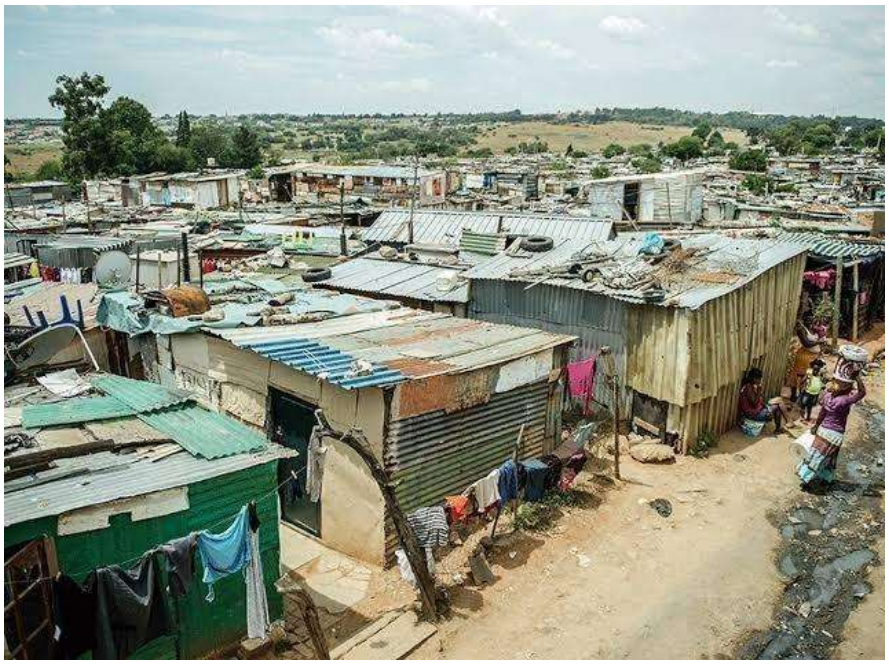


Figure 4: Zamimpilo informal settlement
Source: Ihsaan Haffo, News 24

I chose to work with people living in Zamimpilo, because most studies of informal settlements have been conducted in Alexandra, Diepsloot and other better-known settlements in and around Johannesburg. The majority of these settlements have access to water and electricity, and some residents have been able to extend their shacks or build substantial structures. Zamimpilo is different: by contrast, it has been declared by the South African government as a place not conducive for human habitation. It is located next to factories, and dangerous gas pipelines have been identified that put people's lives at risk. The area sits on a network of old mine shafts that zama-zama continue to work in to look for gold, and as a result, the land on which people live is unstable; in 2018 an area of land collapsed near the settlements of Zamimpilo because of mine shafts, and many shacks (and so people's homes) were affected (Soweto Urban News 2020; Soweto Urban News 2018). Zamimpilo's water supply and the supply of mobile toilets are worse than in many other informal settlements. In places such as Alexandra, for instance, the municipality cleans the toilets at least twice a week; in Zamimpilo, toilets are not cleaned by the municipality. Therefore, people create ways of avoiding using these toilets, such as by using plastic bags for defecation and throwing the plastic bags next to the mobile toilets. This has contributed to extensive littering and pollution. Most women live with their children or extended family (including male partners) in small single roomed shacks, where they bathe using a bucket. Here women might change their pads or absorbent cloth, but some would rather go to the dirty toilet to change their pads than change around men (Soweto Urban News 2020;

Soweto Urban News 2018). This is the setting in which the participants in this study live, and where, had the coronavirus pandemic not interrupted my plans for field work, I would have conducted participant observation.

Study design

Menstruation is a multifaceted and broad subject, inviting various considerations and perspectives. I planned to use a range of qualitative methods to conduct this research, as an appropriate approach for this personal and sensitive topic. Due to COVID-19 and associated restrictions on mobility and social interactions, I did not have an opportunity to conduct ethnographic field work as anticipated. Further, problems concerning menstruation were perceived by and affected women differently. As I describe below, the research methods which I eventually used still contributed to an understanding of how menstruation affects women, how menstruation was perceived in the society, and how this reflects gender norms and is influenced by gender in Zamimpilo. Through semi-structured interviews conducted by phone, therefore, I enquired into the lived experiences of women to interrogate everyday mundane realities in Zamimpilo. Creswell (2003) asserts that different individuals create and understand meaning differently, based on various experiences and situations. As a researcher, a qualitative approach enabled me to rigorously engage with participants and the subject of enquiry, to best gain insight into the actual realities and experiences of their lives. The resultant data have allowed me to determine the need for support for menstrual hygiene management in the community. Broadly, this study contributed to an understanding of the importance of adequate MHM, including with regard to gender equality and female empowerment.

Study population

The population for this study were women from the ages of 18-25 and 25-40 years old residing in Zamimpilo informal settlement. I chose to work with a cohort of younger women because I wanted to get in-depth details about their experiences, including their recent menstrual experiences in high school, at a household level, in the community, and at their workplaces or college. Older women were chosen to determine whether there were differences in their experiences and how things were done in their time in school, their overall experience of menstruation in the community, workplace, and household, and now with their daughters.

Sampling and study participants

The primary data were generated from a sample of 12 women. I worked with six young women between 18 and 25 years and six women between 25 and 40 years of age, and I interviewed each participant twice, bringing the total number of in-depth interviews to 24.

In 2014, a group of 15 women was established in Zamimpilo, with the intention to create a safe space for women to discuss women's health and other women-related issues. The decision of these women to meet was precipitated by the case of a young girl who had been gang raped in the open waste land while relieving herself. Such cases were not common in the community; but this issue brought the community together and everyone wanted justice for the young girl. The group was initiated by a woman I will call Naomi (pseudonym), who started sharing her knowledge as a midwife with a few of the women in the community. Since the group was formed and to the present, its meetings have taken place in her shack.

I was introduced to Naomi by a student, Linda, at the University of the Witwatersrand, and I met Naomi during my observational exercise for the Craft of Anthropology course (ANTH 4021). Naomi agreed to assist me to identify women willing to share their menstrual experiences. With her help, I decided to include in my study three women who attended meetings of the above-mentioned group she convened, and another three women who were not part of the group, ensuring a spread of opinions. This resulted in six women aged 25-40 years. Another six young women, ages of 18-25 years, were introduced to me by Naomi and were not part of the group. Three of these young women withdrew from the study because, they explained, they found the topic embarrassing and they were not used to talking about such personal topics. I replaced these participants with three other young women of the same age, who were again referred to me by Naomi.

In developing the proposal for this study, I had intended to use snowball sampling; however, Naomi assisted me and referred all of the participants. Palinkas (2015) asserts that purposive sampling provides non-probability samples that can result in a selection based on a range of characteristics that are present within an overall study and specific population. This technique enables the researcher to recruit participants who can provide in-depth and detailed information about the phenomena under investigation (Palinkas 2015). Maximum variability sampling was used to ensure that the sample was diverse, considering that Zamimpilo has diverse inhabitants from different South African provinces and different African countries, as mentioned above. For women aged 18-25, this included those who were in and out of school, with and without

children, with and without work, and of diverse ethnic background. Among the women aged 25-40, sampling included with or without children, with education and with no education, different ethnic background, and married or not married.

About the participants

In this study, the six women 25 and 40 years old (ages: 28, 33, 35, 35, 40, 40) and the six young women between 18 and 25 years (ages: 18, 20, 21, 21, 24, 24) were interviewed twice – a total of 24 interviews. Seven women were unemployed; two women self-employed; one was a student. Two women were employed – one was working in a call center, and one was working as a cleaner (maid) in a Florida suburb 20 km from her home (see Appendix C). Level of education also varied: one woman was a midwife, one a nurse, two women had one-year college certificates, two women had left school in grade 9, four women after grade 12, one young woman was still a student, and one young woman had dropped out of high school and as unemployed. The women with formal post-secondary qualifications residing in Zamimpilo were from other countries in Africa, while most South Africans had either grade 9 or grade 12 qualifications. Three women were originally from KwaZulu Natal (Nomuhle, Dumazile, Zanele), one from Limpopo (Pfuluwani), and one from Eastern Cape (Noxolo) in South Africa; four women were originally from Zimbabwe (Nomalanga, Fikile, Naomi, Ropafadzo), one from Mozambique (Adelina), one from Zambia (Tiwonge) and one from Nigeria (Chioma). All names are pseudonyms.

All participants shared one single-roomed shacks with three to eight family members, as indicated in Appendix A; all women had a man living in their household who oversaw finances, either a partner, older brother, uncle, or grandfather. All women staying in this informal settlement came to Johannesburg looking for opportunities for work and education, due to the high rate of unemployment in rural areas of South Africa or from another country. Because of their lack of resources, they ended up living in Zamimpilo. Each woman spoke of her aspirations to move to a better environment and to get an RDP (Reconstruction and Development Programme) government subsidised house.

Data collection

In response to COVID-19, from late March all South Africans were placed under harsh lockdown, with among the strictest conditions in the world (Manderson & Levine 2020; Ross 2020; Levine & Manderson 2020). Conventional fieldwork – staying in or regularly visiting

the people with whom I wished to work – was out of the question. As a result, I used telephonic semi-structured interviews and online sources to analyse menstruation as a discourse and as an empirical grounded practice, placing these in conversation with theories and previous research to understand women's menstrual hygiene management experiences.

As indicated above, the primary data were gathered from women in Zamimpilo informal settlement, located in west Johannesburg. The interviews took place over a period of four weeks (1 July 2020 – 31 July 2020). Semi-structured in-depth interviews with women living in Zamimpilo were conducted by telephone. This style of interviewing was appropriate and a particularly efficient way to gain information on people's experiences and perceptions (Creswell 2003); the format allowed individual respondents to offer their understandings and lived experience, providing unexpected insight into issues that might have been overlooked had I used structured interviews. As a researcher I was able to explore themes in-depth because of the loose structure, and I was able, as a researcher, to go beyond obtaining predefined information from respondents. In conducting the interviews, I drew on an open-ended question guide (Appendix F and G) framed by the objectives of this study, and I used detailed-oriented and elaborative questions to help me to engage in gentle probing (Marshall & Rossman 1995).

I conducted all interviews myself, using English language. The women in the group communicated with each other in English to accommodate non-South African residents, as foreign nationals spoke English most of the time, and English was the language of choice for all participants in the study. Translation for this study was not required, since all participants spoke English. Interview questions were asked in English only. However, I am multilingual, so I understand Xhosa, Zulu, Ndebele, Sotho, Pedi, and some Tswana and Afrikaans. I was therefore able to understand specific terms that women used when speaking in a mix of languages, using terms such as *sangoma* (traditional healer) and *intelezi* (aloe vera). Women used a mix of language especially when referring to herbs (see Appendix D). Older women answered the questions easily, speaking to me as a child and sharing their wisdom. However, it was not as easy to speak with some of the younger women, who were very quiet in the first interview, although they opened up in the second interview. As these interviews were done telephonically, I used a true caller app to record the interview sessions. Sound files of interviews were transferred to a password protected computer, transcribed into written word, and were then organised into themes that emerged during the interviews.

Data analysis

No software was used to analyse data. I supplemented the anticipated themes with themes that emerged during interviews, and so I combined an inductive and deductive approach for analysis. In pursuit of making sense of the data, I started with written memos based on the recorded calls from telephonic interviews. I then analysed the merged notes, by transcribing the recorded interviews in consultation with my supervisor. Firstly, I categorised and presented the data in related themes. This process is called coding by Creswell (2013); he asserts that coding is an essential tool to assist the researcher, enabling the researcher to make a summary of the findings, to identify meanings, and to present the experiences and views in a way that will allow the researcher to construct a holistic image of women's lived experiences. I then analysed the coded data using the literature, the framework adopted from *Purity and Danger* (Douglas 1984), which focuses on menstruation as matter out of place, and which links women's menstrual status to shame and embarrassment, especially in relation to leakage or staining. I also used Emily Martin's book *The Woman in the Body* (2001) as a guide to explore women's understandings of their bodies as social fertile bodies.

Social media sources such as Facebook posts, YouTube (news), online blogs, and Twitter were used to analyse menstruation discourses; I also used publically available literature focusing on the interventions and initiatives available to promote Menstrual Hygiene Management in South Africa. The information used only focused on the interventions and initiatives by the government, NGOs, NPOs and the private sector on MHM. Social media discourse was identified through hashtag searches. Pictures of the environment of the informal settlement (not participants) is included in the thesis to illustrate the environmental context and to complement the text. Lastly, published work from other people was read and has been acknowledged appropriately in this research report.

Ethics considerations

Oliver (2010) advises researchers to strive for human dignity. This process includes establishing written or verbal informed consent from the participants. Hence, I adopted the University's research ethics. This study was approved by the Faculty of Humanities Ethics Committee, with an ethics clearance certificate was given to me by the Department of Anthropology at the University of the Witwatersrand.

I prepared a Participation Information Sheet (PIS) for all participants (Appendix H). I had a consent form prepared for all women who participated in the interviews, and because interviews were by telephone, I read the consent form to them. Before each interview I confirmed women's consent verbally. The principles emphasised in the verbal summary of the PIS included:

• *Consensual Participation*: The group leader gave me consent to do telephone interviews with members of this group; I then established consent individually with all women and young women.

• *Voluntary Participation*: I clearly stated to Naomi, the woman leading the group, that the research was for academic purposes and that participation was voluntary. I stated this again to each woman who participated in this study. Taking into consideration that menstruation was a personal topic and the questions I asked might be sensitive, I ensured that the research did not lead to expectations from the participants and I was clear that there was no compensation for participating. I ensured that participants knew that they had a right to stop at any time and I mentioned to all participants that I would not continue with the interview if they felt uncomfortable. Verbal consent did not bind them to participate until the end of the interview, and any woman would be able to withdraw at any time without negative effect. I also made it clear that if a woman were to become upset during the interview, I would immediately discontinue the interview and apologise to her. However, no participants were upset. Some women stated that they were glad that they had an opportunity to discuss the topic, and two women requested a copy of this thesis when it is made available by the university.

• *Confidentiality and anonymity:* Anonymity could not be offered in data collection for participants from the group, since they are known to one another. However, I conducted each interview separately, and so participants would not have been aware of each other's specific responses. I emphasised that I would not use their actual names in the study, and as noted above, I have used pseudonyms to document the findings. No budget was required for this study and no incentives were given to participants for being part of this study.

Limitations

Telephone interviews hindered me from having a one-on-one engagement with participants in natural settings, and limited the extent to which I was able to establish rapport. I was planning

to conduct ethnographic participant observation, but unfortunately due to the COVID-19 pandemic I was not able to have face-to-face interactions. Participants from Zamimpilo did not have access to advanced online platforms such as Skype, Zoom, or Microsoft Team, as these online platforms require more internet access than they have. WhatsApp and Facebook were the basic and most accessible online platforms that can be used in such settings. In consideration of access to data, I decided to call participants only twice, so I did not use any platform that required their data usage. The group leader, Naomi, volunteered to give me their cellphone numbers. The data that were collected at Zamimpilo does not enable general conclusions to be drawn about South African women, their menstrual experiences, or gender inequality, although the findings from this study point to areas where further research might be valuable. This includes attention to menstrual cups to support MHM and to protect health hazards, and to the need for education and support to enable understanding and knowledge about these cups.

Chapter 4
Menstruation and matter out of place in an informal settlement in South Africa

In this thesis, I present and analyse women's understanding and lived experiences of menstruation, drawing on ideas from *Purity and Danger* (1984) by Mary Douglas. Douglas's dominant concern was with the classification of items, and the extent to which classification constructed things (people, objects, plants, and animals) as either pure or polluted. In elaborating on the social functions of labelling and categorising, she emphasised the connection of labels to the social construction of reality by a given group of people. Labelling an object or a person as 'polluted' or 'pure', she argued, served to establish identity and maintain the group, with the label sufficiently dynamic to include some and exclude others. Through such labelling, the moral code of the group can be reinforced, and accordingly members of the group conform to the code/norms. Thus, social orders are imposed on individuals and forms are clarified. This reduces dissonance. With regard to the significance of controlling 'bodily orifices', Douglas recalls a story of the Israelites in the Old Testament. According to their beliefs, all bodily fluids – blood, excreta, pus, etc. -- were polluting. Their restrictions of their own 'body politic' was mirrored in the notion of unity and care for the integrity and purity of their physical bodies. I have used this theory to understand a series of anomalies in my own study on menstruation and menstrual blood.

The setting of this study is Zamimpilo, an informal settlement of around 6000 households established in the west of Johannesburg, roughly halfway between the city centre and Soweto. Zamimpilo is a matter out of place, both physically and symbolically. The shacks are built on abandoned mining land in an environment, as I will show, that it is regarded as a risk zone, not conducive for human inhabitation. The people who live there are doubly marginalised. They are symbolically and legally "out of place" – living without permission in a polluted environment, in self-built accommodation likewise unsuitable. As humans, the majority are already 'out of place' because they come from elsewhere, without documentation required to be in South Africa. The setting, its services, the accommodation, and its people, are all neglected.

Women, in turn, are also often out of place – or their bodies are – moving between states of relative purity and being polluted, and polluting to others, because they menstruate. How

women perceive their menstrual blood is based on how the society sees menstruation. Religious and cultural understandings of menstrual blood influence men's and women's view of menstruation. As I describe, some participants perceived menstruation as matter out of place, dirty and contaminating. Such views of menstruation, I illustrate in this thesis, influence how women are treated by men and how women regard and manage their own bodies. However, although ideas about menstrual blood as polluting dominate, some women perceive menstruation as a positive sign of womanhood, and embrace their status as menstruating women.

I develop these arguments as follows. In chapter 5 I describe and analyse menstrual blood as a source of pollution, and relate this to restrictions when women are having a period, such as being forbidden to a place of worship. I have also looked at how women are protected and supported by being restricted when having a period. I have looked at menstrual blood, menstruation as a process, menstruation and the social construction of fertile bodies, and menstrual shame and embarrassment. In Chapter 6 I look at gender roles and privacy during menstruation, describe how menstrual waste is disposed of, and explain how the lack of privacy during menstruation has made women more vulnerable to, or put them at risk of, gender-based violence. Chapter 7 focuses on menstruation and hygiene; in this chapter, I unpack the shortage of water, menstruation and education, local practice, religion and biomedicine, and the medicalisation of menstruation. In Chapter 8 I consider a critical issue in Zamimpilo, structural neglect, which focuses on environment and infrastructure, and the proposed relocation of inhabitants because the place has been declared a risk zone. In Chapter 9 I look at interventions, using discourse analysis to attend to discourses of government, NGOs, NPOs, the private sector and menstrual activists to bring about change. I also look at sanitary dignity, the misuse of government resources, and the possibility of increased use of menstrual cups as a solution to save our environment. Lastly, in chapter 10, I provide a conclusion, which consists of personal reflections, a summary of the thesis (understanding matter out of place), recommendations, and reiterate the strengths of the study.

Chapter 5: Matter out of place



Figure 5: Unclean, discharge, period, bath, etc. Source: Hermann 2020

In developing an understanding of the theme 'matter out of place', I unpacked the term *pollution*. Based on the themes that emerged from the interviews I conducted, I then looked at menstruation as something positive under the sub-topic *menstruation and fertility*, which in interviews was linked to fertility. In the last part, I looked at menstruation as something negative, under the sub-topic *menstruation and pain* – this includes menstrual pain, headache, dizziness, nausea, and other unpleasant bodily effects. In purity and danger, Douglas (1984) attempts to demonstrate that the rituals of impurity and purity create unity in experience. She further stated that "pollution ideas work in the life of society at two levels, one largely instrumental and one expressive" (Douglas 1984:3). She refers to the first level as evident when individuals in society influence each other's behaviours. At this level, beliefs are reinforced and there is social pressure. The second level refers to political and social powers, external to women and domestic life, that impact on social life. Using Douglas (1984) to frame this study enables me to break down women's understandings and experiences of menstruation – how their community influences their perception of menstruation and how external powers such as those of the government are able to intervene to ensure that women are able to menstruate with dignity. I consider too how the Department of Women, Youth and Person with Disabilities (DWYPD), with the help of the private sector, NGOs, NPOs and menstrual activists, are changing the narrative about menstruation, trying to break taboos, myths, and stigma, and educating women in society and girls in schools about MHM.

Douglas (1984) shows that the description of something as dirt, when understood as 'matter out of place', concurrently denotes the contravention and existence of an established system or order, which in turn establishes dirt as symbolic. Dirt basically refers to something that is 'out

of place' – in the perception of the person (or the society) labelling that thing as dirty or polluting. A person or an object might be perceived to be 'dirt' in one situation and 'clean' in another situation. For instance, while menstruating, a woman can be perceived to be 'dirty' (spiritually) at a place of worship; when not menstruating, she is perceived to be clean and can be active in worship. On the other hand, she may always be perceived 'clean' (physically) in the place of work because no one can tell whether she is menstruating or not. Therefore, the issue to label and identify strongly lies in the social situation, i.e., the system of classification that individuals use to label and organise their world, and create or sustain a sense of order (Douglas 1984). Many taboos were directly connected with the physical body, such as menstruation but also with regard to infections such as leprosy. Douglas (1984) makes it clear that social orders are reflected and mirrored in the physical body.

Wical (2006) analysed matter out of place based on Douglas' understanding and looking at cultural practices of matter out of place (that is, dirty women). She suggests that dirt has a particular function in the cultural construction of gender, i.e., menstruation is perceived as something dirty, and in various communities, this is connected with the roles of men and women, with specific duties forbidden to women when they are menstruating. For Douglas, dirt indicates anomaly and ambiguity, with a substance or entity (or behaviour) causing anxiety by disrupting classification systems and upsetting 'normal' ordered relations by which one understands their world. To elaborate, if blood is usually considered to be a sign of dysfunction – e.g., a wound – then how can blood be a sign of a healthy functioning body? This anomaly with menstrual blood makes it polluting. Women's bodies act in an atypical way on a monthly basis (Douglas 1984). Thus, the accepted classification of 'normal' was necessarily binary - "reflection on dirt involves reflection on the relation of order to disorder, being to non-being, form to formlessness, life to death" (Campkin 2013, 49; Douglas 1984). One of my interviewees, Ropafadzo, elaborated on this:

> Anything that is coming out of the body as fluid is dirty and it is not to be seen in public, - fluid such as bleeding, vomiting, sweat, urine, etc. Menstrual blood is even worse, for me, this is dirty blood, and it is not supposed to be seen by others. When I'm having my period, I'm not comfortable because my body is draining out this dirty menstrual blood. Even the smell of menstrual blood, it is like something is rotten and dirty. I cannot stand my own smell – what about someone's menstrual blood? Women need to understand that this is dirty blood and treat it as a dirty fluid.

Although blood is associated with dysfunction and illness, and so is a sign of something 'bad', the contradiction here is that women are not sick when they menstruate, and their bleeding is a sign of health not illness.

Pollution

Douglas (1984) stated that pollution in terms of defilement is not an isolated event, but rather occurs when the "systematic ordering of ideas" is disrupted (42). Henceforth, the only way pollution ideas make more sense is by allusion to an entire "structure of thought whose margins, keystone, internal lines, and boundaries," which is viewed in relation to rituals of separation (Douglas 1984: 42-43). Our cultures, religion, and society play a huge role. In South Africa, the Nazareth Baptist Church, known as *Shembe* or *ibandla lama Nazeretha* or *The Nazarite Church,* was established in South Africa not by missionaries, but rather by Zulu traditions. Shembe was their prophet who started the church, and he was born in KwaZulu Natal. This church is today still mostly attended by Zulu people, who believe that their ancestors can connect them to God, and that the ancestors left a mark of cleanliness and holiness for them. Women were not allowed to wear the church uniform when they were menstruating, because it was believed that they would pollute church garments, which were perceived to be holy. In their perspective, something that is dead and dirty like menstrual blood cannot be associated with church and a place of worship; thus, these women do not attend church services when they are having a period (Dube 2001; West 2006). Therefore, for members of this religion, ritual separation was based on beliefs and culture, explained in terms of what was passed down to them by their ancestors. In addition, Muller's (1999) ethnography focused on experiences and ritual practices of female Nazarites in South Africa, and she highlights the notion of pollution in the Nazarite churches. She places emphasis on the religious connotations of this notion and links these to religious ideas of purity and pollution, both of which attempt to create boundaries and limits between 'the self and others' (Muller 1999).

Douglas (1984) used an analogy from biblical scholarship for illustration. She created her argument using the Leviticus abominations and Deuteronomy (in the old testament). In Leviticus, there is extensive discussion on what people should eat and what they should not eat, with animals not suited for human consumption regarded as 'abominable'. The scriptures distinguished between some animals as clean and others as unclean. These chapters are also concerned about ritual 'uncleanness', which includes the following: animals, childbirth, stained garments, skin diseases such as leprosy, and secretions from the human body. These laws were

created to separate what was clean and unclean according to Mosaic Laws. In most cases, uncleanness was associated with disobeying God or a curse that resulted in a visible mark or stigmata, as occurs with leprosy or any skin disease. However, the uncleanness from menstrual blood and other bodily discharges was because such fluids were dirty (Leviticus, 15:19–24). The Book of Leviticus clearly forbids a man from having sexual intercourse with a menstruating woman: "Do not have sexual relations with a woman during her period of menstrual impurity" (Leviticus 18:19, NLT). If a man disobeys this law, the ritual state of pollution adheres to him: "If a man has sexual intercourse with her and her blood touches him, her menstrual impurity will be transmitted to him. He will remain unclean for seven days, and any bed on which he lies will be unclean" (Leviticus 15:24, NLT).

Douglas (1984) argues that the contradiction between holiness and abomination helps to make sense of biblical restrictions. In Christianity, holiness means sanctification, purity, sacredness - which was rooted in being 'set apart'. Being blessed was associated with women's fertility, increase in livestock, and productivity in the fields. In contrast, curses were associated with barrenness, confusion, and pestilence.

Menstrual taboos continue to be shaped by beliefs that still inform orthodox Jewish practice, and have played a role in Christian history (Ruether 1990; Phipps 1980). It is clear that most rules and regulations around pollution were taken from Leviticus and Deuteronomy in the Bible, as Douglas has discussed. The entire chapter 18 of Leviticus elaborates on various types of forbidden relationships and behaviours, including masturbation, same-sex relations, incest, and bestiality. These verses make it clear that one must not have intercourse with the 'forbidden' – this was the reasoning behind menstrual laws also (Guterman et al. 2007 1999). This is evident to date in our everyday life and churches, where such behaviours are forbidden. In some churches, breaches of these laws are perceived as sins. One might be required to go a certain process, i.e., being removed from participating in church activities (*ukunqunywa* – in Xhosa), required to confess the sins, and to follow this with a cleansing ritual.

Menstrual blood was considered to be unclean because it was seen as a fluid rejected from the body, like vomitus and faeces exuded from the body (Douglas 1984). In Catholic Churches, one cannot serve at the altar or undertake church duties when menstruating (Ruether 1990). This takes me back to the introduction to this thesis. In my church women were not allowed to perform their duties when they were menstruating – we would sit at the back and immediately when the church service was over, we were to leave without further engagement

with others. This also contributed to my interest in this kind of study. It is relevant in this context to analyse pollution as 'matter out of place' particularly in the context of Christianity, given that Douglas focused on Leviticus and Deuteronomy, as in South Africa, while the SA constitution promotes freedom of religion, Christianity is the dominant religion – 80% of the population (South African Community Survey 2016).

Farrell (2016), a biblical scholar, argued that the term 'unclean' in the Bible does not necessarily refer to contamination or dirtiness, but might refer to spiritual or ceremonial lack of purity, which means that an individual has been separated from the presence of God. This shift in interpretation does not change the rules that govern women's behaviour. She further stated that when women were in a state of impurity because of menstruation, they should refrain from sleeping with their husbands, avoid undertaking certain activities, and not enter a place of worship – the aim was to protect others from the woman and to avoid them being separated from God for that period as well. Some biblical scholars connect this menstrual uncleanness with the punishment that God gave mankind in the garden of Eden in Genesis 3, when Eve was separated from the presence of God due to disobedience: "I will greatly multiply your sorrow and your conception; in pain you shall bring forth children" (Genesis, 3:16).

Biomedical and other scholars connect conception with menstruation, arguing that menstruation as a biological process, including the pain that comes with menstruation, cannot be separated from conception (Guzzo 2012; Hermann 2018). Among the women with whom I spoke, the severe pain that some women go through when they are menstruating led them to feel like this process of menstruation was a curse on women, as they are unable to undertake various daily activities. Others use medication to manage the pain.

The restriction of women to participate in church when they are having a period might be seen as a rule that supports women, lightening their obligations in acknowledgement of pain, tiredness, or other embodied experiences. Restrictions might also ensure that church members, including men, are not aware that a woman is having a period, ensuring that periods are kept private. For instance, in some churches women conventionally wear white church uniforms, and rules around ritual pollution allow women to take a break and so not wear the uniform when having a period (Haddad 2016). Some women experience menstrual pains when having a period, and some church duties require one to stand – such as ushering church members inside the church and standing for the duration of the service. Therefore, when a woman is having a period, it might be to a woman's advantage to support her and grant her permission not to stand,

rather than simply casting her as dirty or polluting. Hence, it is important to look both at the pros and cons of these beliefs and rules that restrict women when they are having a period.

One of the women I interviewed, Nomalanga, had experienced exclusion from church because she was having a period. She further said that in her church women with vaginal discharges, including but not limited to menstrual blood, were forbidden from approaching the temple. She explained:

> When I was in Zimbabwe I was struggling to conceive, and it was referred to me as a curse in my Catholic church. My mother-in-law would tell me that I'm bringing bad luck to the family and we did not have a good relationship because of my barrenness. She would always quote the bible and show me that barrenness is a curse. When I relocated from Zimbabwe to South Africa, after a few years I met a South African man and we stayed together with his relatives here in Zamimpilo, and eventually, I fell pregnant with my first child. I started to think the issue maybe was with my ex-husband from home or it was not yet my time.

Nomalanga was from the Catholic Church, and her beliefs are based on the Bible. Her reality was still informed by the biblical laws that derive from the books of Deuteronomy and Leviticus, and their contribution to formal ideas in Christian theology and Christian precepts which inform everyday beliefs.

Jewkes and Wood (1999) conducted an ethnographic study in South Africa with 75 participants in three provinces KZN, Eastern Cape, and Cape Town on Xhosa, Zulu and Coloured women's experiences. In their findings, they elaborate on pollution by raising the category of 'dirty wombs' as an illustration of cultural manifestation of pollution in the body, pollution that was expressed in local idiom as 'dirt' or 'darkness' or 'heat'. Jewkes and Wood (1999) indicated that pollution was regarded by the research participants a mystical force with no bodily symbols; we see pollution as a social disorder and 'matter out of place' that was highly symbolic (Douglas 1972). Pollution in the case of menstruation serves as a cultural expression that women's biology and (low) social status in societies are viewed as problematic, as women might pollute or contaminate men.

Menstruation restrictions and change of times

During the interviews older women stated that in this generation things had changed. When they were teenagers, they were not allowed to attend family cultural or related rituals or church because of menstruating, but nowadays their daughters attend everything while menstruating.

Times have changed, and there are fewer taboos than in their time. In general, the main restriction on women moving freely relates to not having access to sanitary products.

> Things have changed now; in our time we were not allowed to perform some duties because we were having a period. Nowadays our children are having it easy, these stereotypes and taboos are there but not like in our time (Dumazile).

Dumazile recognised the change of times. Pfuluwani added to this statement and explained that she strongly believed that while this was happening in urban areas, in Limpopo and in other rural areas, women who are menstruating are still forbidden from doing some chores, and should avoid coming into close contact with domestic animals, such as cows, sheep, and goats. Women from the Zion Christian Church (ZCC) cannot attend some church services, should not sleep in the same room as their husbands, and young women are not allowed to play with boys while menstruating. This does not apply across all South African communities or beyond. Dumazile further said that when she visited her friend in QwaQwa, Lesotho, she noticed that women were still forbidden to do many things when they were menstruating. She believes that things are better in urban areas compared to rural areas.

Change of times also has an impact on the restrictions faced by women traditional healers or women who were menstruation while consulting a traditional healer. Traditional healers also strongly believe in 'matter out of place' and the polluting nature of menstrual blood. If a woman was having a period, she was told that her 'dirty' menstrual blood might have an impact on the ancestors' communication. Also, women who are traditional healers were prohibited from practicing when they were having a period in the past, but with changes in time, now they first inform their ancestors about their menstrual status and then they can continue with their duties. This includes having sex, as they inform their ancestors before anything – this is their standard practice and communication to show respect to their ancestors (Dube 2001; Mtuze 2004).

Lastly, in Xhosa and Sotho cultural practices associated with the initiation of boys, a change of times has lessened restrictions. During the initiation school, in the past the matter of pollution was common, but restrictions have reduced in recent decades, so that what was done in older generations is no longer considered relevant in this generation. For example, when boys were going to initiation in Xhosa and Sotho cultures, women who were having a period or were suffering from an unusual discharge were not allowed to cook and prepare food for the welcoming celebratory ceremony of the boys; it was believed that this would temper the process of initiation (Padmanabhanunni et al. 2017; Ntombana 2009).

Menstrual blood

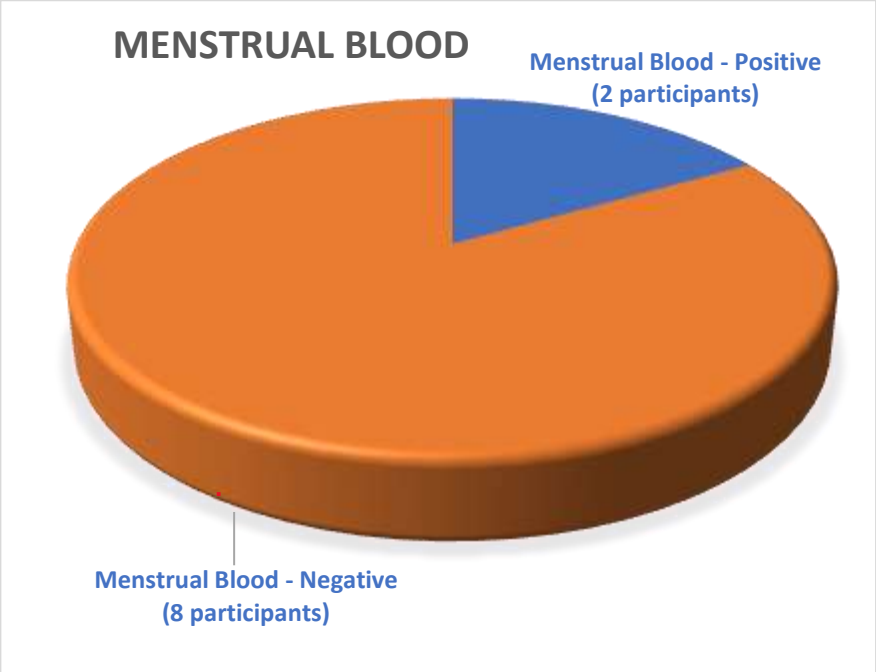


Figure 6: Interview results

Two participants only believed that menstrual blood was a positive substance, something that women should be proud of. They saw this blood as a product of a valued biological process, and insisted that there was nothing dirty about it. However, the majority of women perceived menstrual blood as something negative, and in explaining this, they referred to the actual menstrual blood as dirty and stated that it was contaminating to others. This did not mean that they disliked the menstrual process; their main problem here was the actual menstrual blood. In this case, the same participants who perceived menstrual blood as something negative perceived menstruation as a process to be positive.

Ten participants stated that menstrual blood was negative and dirty, although this did not make the menstrual process negative. Their main issue was the blood, with one woman stating that this blood "disgusted" her. Others mentioned that menstrual blood was embarrassing and shameful, i.e., when they had leaked or when the stain was visible to others in public. They further said the menstrual blood odour was not easy to tolerate, and at times before and after period they got a 'whitish' vaginal discharge associated with the dirtiness of this blood. When they were in public, they did not feel comfortable either wearing a sanitary pad or cloth. They were always worried about leakage and staining.

Menstruation as a process

Five participants perceived the menstruation process as positive, while seven participants perceived the menstrual process as negative, mostly due to PMS (premenstrual syndrome).

The first group of women saw menstruation as a natural process of removing dirty blood, and argued that this process was necessary for all women. This showed that a woman was healthy – if a woman was not menstruating monthly, then something was not normal and this might lead to pathology, such as blood clots, fibroids, or cysts. The women said they were proud that they were having a period, and this made them unique from men. They further stated that when they were menstruating, they saw their chances of being likely to bring a child to this world. To these women, the menstrual process was more than just vaginal bleeding; it symbolised their potential fertility.

All women with negative views perceived the menstrual process as something negative due to the bodily side effects of having a period. They hated the menstrual process, especially premenstrual experiences, including fatigue, cravings, depression, irritability, tender breasts, and mood swings. A few women said that during menstruation, they experienced severe pains in the abdomen area, pelvis, joints, and muscles. They also experienced the following symptoms: diarrhoea, constipation, an excessive amount of gas, nausea, water retention, excessive hunger or loss of appetite, acne, headache, lack of concentration, and weight gain. They further stated that menstruation as a process cost them so much because they had to manage their various pains; at times they were required to purchase painkillers with money they could ill afford to use. One woman in this group was diagnosed with Premenstrual Dysphoric Disorder (PMDD) and she was taking medication. Her doctor had also prescribed antidepressants - SSRIs (selective serotonin reuptake inhibitors). She said that this medication had helped her improve her mood, as she gets depressed when she is about to get her period; she also said she hated menstruation because it came with a disorder.

We need to consider the views of the two participants who saw menstrual blood as something positive, in which context they did not mind the menstrual odour. They embraced everything that came with menstruation. Also, although more participants (seven) perceived the menstrual process as negative, five participants perceived menstruation as something positive because of its association with fertility and embracing their womanhood. Although the results suggested that women felt negatively about menstruation, the few women who perceived menstruation differently indicate that there are varying narratives and stigma around menstruation.

Menstruation and Pain

These women stated that they understood why other women hated menstrual blood, because menstrual blood comes with such a burden; they reflected that some privileged people will even go to some extent of seeking a medical procedure to stop menstrual blood or use medication to stop it. Fikile explained:

> I remember my 'madam' that I am working for in a Florida suburb as a maid. One day I was on my monthly period and I did not have a commercial pad with me. Then I asked her to give me one or two pads that can last me until I leave the workplace. She said 'phew periods'. She does not remember dealing with that thing, she removed her womb, ovaries, and fallopian tubes six years ago and she hated even the smell of the period. She immediately gave me a day off because I was on my period without a pad. She said, with anger in her voice, I must make sure that I do not leave any bloodstains in her house.

The other group of women stated that they hated menstrual blood because of what they went through when they were menstruating. Pfuluwani said:

> When I am having a period, I do not understand myself emotionally, I become too moody, have a headache, be dizzy, get hungry often, have nausea and the worst period pains, and I will not be able to do anything especially the first two days. Therefore, I hate having a period and I hate the smell of my period, this blood is thick, and rich.

Most women experienced some pain associated with their menstrual cycle, and this included migraines, cramps, and back pain. Some women reported experiencing menstrual pains so severe that without taking any analgesics, they were unable to undertake daily tasks, such as work, attending school, or household chores. PMS (premenstrual syndrome) had an effect on how some women see menstruation, as some of them ended up being diagnosed by DDMS (Premenstrual Dysphoric Disorder), or endometriosis.

Pain is the most common experience among women when they are menstruating, and it affects most women (Pillitteri 2011; Montgomery et al. 2016; Alam et al. 2017; Hennegan et al. 2016; Boosey et al. 2014). In Malawi young women discussed pain and expressed that this was the reason why they perceived menstruation as negative; some young women believed that their pain had to do with witchcraft. Some also believed that analgesics could cause a young woman to become sterile; thus, they preferred to stay at home (Pillitteri 2011: 11). During an interview I conducted, Zanele said she thought her menstrual pains were due to witchcraft, and that the

pain was not normal. She was from rural KZN and strongly believed that witchcraft was stronger and more widely practiced where she was from. She further elaborated:

> Six years ago, when I started menstruating, I did not suffer from period pains. Three years ago, we went home (KZN) for the December holidays; when we arrived two days later, I started my period. I was using commercial pads; I changed my pads three times, and I was planning to dig a hole at night and bury my menstrual waste. I left the plastic with menstrual waste next to the door and covered with a bucket. To our surprise when I was looking for the plastic, I did not find it and we do not have any kind of plastic at home that we could use. We looked for plastic everywhere and we did not find it. From that event, I was scared because I know that witchcraft exists in my area. To fast forward, when we were back in Johannesburg and I had my monthly period, the first pain was so severe, and I went to a public hospital to check if something was wrong with me. I was told that I have blood clots in my womb out of nowhere; from that day I am having severe menstrual cramps, pain when having a period.

Zanele's mother was concerned about her wellbeing and took her to a traditional healer *(sangoma)* for a consultation. The healer mentioned the possibility of missing menstrual waste and how it was used in rituals, and that as a result of this witchcraft, she would not have children. Zanele was in a relationship, was sexually active, and did not use contraceptives. She has not fallen pregnant, and she believes that she will not have children in her lifetime.

Nomuhle added that ever since she had started her menstruation, her experience had been "horrible," and this included severe pains, cramping, and lack of confidence due to skin blemishes. Her skin was her main concern; she had been using various herbs on her face and nothing was working. The worst part was that these blemishes were getting bigger and damaging her skin completely, and as a result, she was subjected to bullying: some people called her *froggy* because of the acne on her skin due to periods. She did not have money to go to a dermatologist, and this was frustrating her.

Menstruation and fertility

Young women had different experiences from older women because of changes in attitudes, expectations, and obligations. For instance, in the past, women were forbidden from attending church services, cooking, and in some rural areas, women were not allowed to wear pants when having a period. There are far fewer restrictions now than in the past, young women are not restricted on what they can wear in urban areas, and they have relative freedom as mentioned

on page (see also pp 41-42 above). On the other hand, access to sanitary products for both young and older women hindered the level of freedom they had while menstruating. Women had two views. The two women who believed that menstruation was something positive, argued that women need to be proud of and to embrace menstruation as a symbol of their womanhood. Even though they considered that menstrual blood was dirty blood, this did not make women inherently dirty. Naomi explained:

> The menstrual blood can be seen as an indication that a woman's health is normal, this is a biological process, and it is normal. It is worrying and strange if a woman is not getting her monthly flow if not pregnant. Thus, not getting the menstrual blood is an indication that there might be something wrong with the woman's body.

These two women, Naomi and Tiwonge, connected menstruation with fertility and saw in its regularity a sign of good health. They also mentioned that if women do not get their monthly periods if they are not pregnant, they might suffer from blood clots which might become fibroids later on. Therefore, they focused on the dangers of not menstruating. Tiwonge said:

> The danger of not getting your period might be linked to infertility and most people are not openly talking about this topic because it is sensitive. For example, my sister was getting inconsistent periods, maybe once in four months, and when she went to a doctor because she was experiencing abdominal pains daily, they diagnosed her with fibroids. From that time she has been struggling to conceive and it has been seven years of trying to get a baby with her partner.

These women continued to draw from knowledge and experience of their bodies to elaborate and explain menstrual blood and menstruation as positive. In contrast to other understandings of blood as a sign of dysfunction, such as wound, cut, or internal bleeding, menstrual blood was perceived by these women as evidence of a bodily function that enables one to be able to get pregnant, and this was a biological process that set women apart and valued. Therefore, menstrual blood was different from any other blood. In most cases, women saw menstrual blood as dirty when it was associated with blood leakage, staining, and odour. This was one way in which menstruation pollutes – the body workings become visible.

Menstruation and the social construction of fertile bodies

As Emily Martin describes in *The Woman in the Body* (2001), social and cultural factors shape women's understanding of themselves. Martin (2001) denotes how medical descriptions of

women's bodies created an image of menstruation as failed reproduction. This view overlaps with ideas of menstrual blood as polluting and has an impact on how women perceive their bodies. Martin argues that for someone who was planning not to get pregnant, menstruation indicates to the woman that her body is functioning well.

Martin (2001) stresses that metaphors of reproduction have informed medical descriptions of female bodies. Women's menstruation was perceived as failed reproduction because female ovulation is cyclic, with random days of fertility disturbed by weeks of infertility. Women's failed reproduction is demonstrated through menstrual fluid. In contrast, sperm production is represented through metaphors of production, in terms of continuity and quality (Martin 2001).

Martin (2001) denotes that menstruation was perceived as the process by which women were able to rid their bodies of impurities – "the shedding of an excess of blood, a plethora" (31); on the other hand, menstrual blood was often perceived as unclean and foul. She further stated that failure to menstruate, like failure to defecate or excrete, was perceived as a sign of disease – therefore, varieties of remedies were used even in the nineteenth century with the aim to re-establish menstrual flow if it stopped. The notion of women understanding their bodies was governed by their gender roles in the society, as seen from a biological lens –this dictated women's understanding of their bodies, i.e., men were seen to be stronger than women, in terms of carrying heavy things; women were expected to be in the kitchen and taking care of their children; men were supposed to be working outside and for wages. Women understood their bodies in terms of how society identified then, and how menstruation was perceived in the society. Martin noted that in nineteenth century accounts of menstruation, the process itself was perceived as pathological. For instance, she stated that it was evident that this was a pathological change, not only because of the pain that comes with menstruation for some women, but also because of local and constitutional disorders in which discharge was seen as the outward result and expression. In the same accounts, menstrual blood may have been perceived impure; however, by the latter half of the twentieth century, the process is a symbol of body order, although effects such as pain are seen as disorders (Martin 2001: 35).

Menstruation was also seen not only as carrying the implication of a failed productive system to reproduce, but was perceived in the idea of production gone awry, i.e., making a product of no use, waste, scrap, unusable. In part the notion of menstruation as a negative image of failed reproduction was because women were perceived to be in some sense out of control when they menstruate, but also, they could not control whether they did or did not do so. Negative notions

may also prevail because by menstruating, women were not reproducing, or not continuing the species, not providing a warm, safe womb to nurture and protect a man's sperm. Martin suggests that it was straightforward that the image of failure and negative power to produce was applied metaphorically to women's bodies (Martin 2001: 46). She further stated that she saw no reason why menstrual blood could not be perceived as a 'desired product' of a women's cycle, except among women who desire to be pregnant. In arguing for changes in language as a way of resisting stigma, she suggested that when a woman wants to be pregnant, it might be appropriate to describe her body parts as communicating to form a baby, i.e., pituitary glands and ovaries communicating together. For a woman who does not desire to get pregnant, Martin suggests, the production of menstrual flow could alternatively be understood as positive (Martin 2001).

Women who were interviewed by Martin stated that there was a standard societal, cultural image of the body to which women had to conform. Women saw their bodies as something that they needed to manage and adjust to. They felt betrayed by their bodies when they experienced severe menstrual pains; they became angry and irritable because they felt they had no control over their bodies. Women who did not experience menstrual pain and discomfort referred to their bodies as something separate to themselves; they emphasised that they needed to control their bodies and define and create their own definition of their bodies. While some women hated how menstruation changed their bodies, taken control of it and affecting their moods, others were fascinated how their bodies sent them signals, i.e., when one was ovulating and the uterus was contracting, getting ready to menstruate, how the body prepares one for labour. They saw these as signs that the body was preparing them for what was coming, even if at times they accepted the signals and on other occasions rejected them. Hence, they also emphasised the need to take control of the body, for example, finding ways to deal with menstrual pain, or opting for a c-section instead of natural birth (Martin 2001).

Menstruation has always been described as an inevitable experience of being a woman or something that was happened to women, over which women have no control, a biological process about which woman were neutral: they did not see anything good nor bad about it. Some women referred to themselves as menstruators and viewing menstruating as something that was outside of their control. Others saw a period as part of them, making references that one does not think about having hands, because hands are part of them. They said it would be strange not having their periods, as it is something precious for womanhood (Martin 2001).

Martin also observed women's views on menstruation on a website called Museum of Menstruation (www.mum.org, still operating in 2021 after 23 years), where women answered this question: *Would you stop menstruating if possible*? She stated that most women expressed that they would stop menstruation because of pain; at times, the severity of pain affected their daily activities. However, a few women expressed the good and positive sides of menstruation, as a part of them; they embraced this biological process with no shame and stigma attached to it (Martin 2001).

During my interviews, some women said their bodies were created to be unique compared to men, and emphasised that in many ways, women go through more pain and discomfort than men: for example, period pains, carrying a pregnancy, and giving birth. Women's bodies were created to be strong and endure hardship, even if they looked physically weaker than men. One woman I interviewed, Chioma, said:

> When I see my body, I see a treasure that can give birth to nations, I see a womb, and this is important because I can carry a child for nine months.

The first group of women saw themselves as strong and brave; they described their bodies in terms of praise and as evidence of how strong women are. Noxolo said: "When I first got my period, I knew that I was entering a new stage, which is womanhood." She felt like her body was transitioning from that of a young girl to that of a woman. Thus, she saw her menstrual blood serving the purpose of representing the new transitioning phase of her womanhood; that is, her menstrual blood was symbolically laden. Conklin and Morgan (1996) highlight that the concepts of personhood are conditioned to social meanings that are given to bodies, including how body metaphors are used to create and transform social relations. They conducted an anthropological study in two societies: “the United States and the Wari'1 (Pakaa Nova) Indians of Rondonia” (657), and showed how bodies and persons are produced in social contexts. This is connected to how the menstruating body is constructed in opposition to the non-menstruating male body; this is seen in the material differences which are expressed in the different social roles for men and women, and male and female bodies. As some young women see themselves as 'transitioning and becoming a woman,' they are expected to fulfil this new position through particular practices and behaviour including those over which they have no control, such as having menstrual periods.

In contrast, some women who I interviewed believed that when they think about their bodies, they see someone with no opportunities, someone who is limited in this current society, someone who is dependent on their partners. Adeline said:

> I see my body as something inferior, I am not good enough, I always work extra harder to prove that I can do it. As women we are limited, and it will take time for women to be equal to men.

In addition, menstrual product advertisements have an impact on how women feel when they are having a period. In the 1990s and early 2000, we would see a woman who is wearing white, walking in confidence until she notices the menstrual stain/leakage; she would then be ashamed and embarrassed. A pad is presented – a particular menstrual brand will come and rescue the day. At times this was represented by blue liquid as blood, to avoid embarrassment and stigma by depicting an actual blood red colour (Lifestyle SA 2020).

Menstrual shame and embarrassment

These two groups of women saw themselves differently: the first as unique and strong, the second group as minor or insignificant. In addition, some women said they felt vulnerable and this vulnerability was caused by menstruation, i.e., menstrual blood devalued them, causing shame and embarrassment.

Most women who were interviewed experienced menstrual shame and embarrassment in high school, from the time of menarche when they did not have knowledge and information about menstruation. They said they experienced this shame because they did not have sanitary material, and school mates would tease them and make fun of their menstrual stains. Some struggled throughout high school because the cloth would leak, and they would be sent home. Nomuhle said:

> I remember my first period; I was sitting in class and when it was lunchtime I stood up as normal and everyone said, 'check her seat, guys, it is bloody'. They screamed and said 'there is blood' - those who were next to me moved far for me and they started talking about how bad this menstrual blood is smelling. I ran out and went behind the classroom, while I was sitting there so embarrassed and shameful – my teacher said, 'it is normal to have a period', I must go home rest and come back tomorrow.

At the time of her first period (menarche), she said her teacher was welcoming, and she "always" gave her pads and asked one of her classmates to take her home and come back. When

she got home, she was too scared to tell her mother because they had not discussed menstruation-related topics. The friend told the mother on her behalf that she was menstruating, and the mother said:

> Ohh Yini madoda! (oh, my goodness) so now you will be pregnant, the boys will be coming for you, I cannot have a 14-year-old pregnant (girl).

Nomuhle was very scared. Her mother did not tell her more about menstruation, but she was concerned about boys and teenage pregnancy. She tried talking to her older cousin, aged 18 at that time, and the cousin only reiterated to Nomuhle that she must stay away from boys because menstruation meant you could get pregnant.

Other women also experienced menstrual shame and embarrassment in the workplace and school, and they were scared to go back. Leakage of menstrual blood was particularly common. Naomi said that before she came to South Africa, she was practicing as a midwife in Zimbabwe; due to the state of the economy she was not getting paid a salary that was appropriate for her work and responsibility. Because she was underpaid, she could not afford to buy sanitary products and other necessaries in some months. She elaborated:

> In some months I would not get a salary at all but be expected to work, I remember in some month I would not have money to buy sanitary pads. I would use those free government washable cloth, but these cloths leak because they are designed for women who just gave birth, women are using these because the hospital did not have maternity sanitary pads. I remember this other day, I entered work with a huge menstrual stain, from the security gate – securities (men) started saying 'sies' and they looked like they were disgusted, and no one said anything to me. When I entered the main door, I noticed that people were looking at my back and I passed the receptionist, to my surprise she did not say anything, she looked disgusted as well. When I tried checking myself, I did not see anything, now I had to rush to the toilet to check properly. When I got to the toilet, I saw a huge menstrual stain, the smell when I removed my panty was worse. I cried in the toilet and stayed there for 2 hours. I took a tissue and used it as sanitary material while I was trying to go and talk to my matron so that I can go home immediately. The matron said I can go home; I was so embarrassed to pass by the reception and security gate because of how they were looking at me when I was coming in. When I finally managed to go out, they were all pointing at me talking. This day made me feel small, shameful, embarrassed, and dirty. From that day I vowed to myself that I will not let people take

advantage of me, I will go to schools and talk to school children about menstrual shame and embarrassment. I also share ways they can use their menstrual cloth in a hygiene way.

I turn to questions of access to menstrual products, and to privacy to change them, disposal of menstrual waste, and managing menstruating bodies in the following chapter.

Chapter 6
Gender

Privacy during menstruation and menstrual materials

Lack of privacy when one is having a period is a serious concern, and this can lead to menstrual shame, as family members are able to observe if a woman is menstruating. Most women prefer to keep their menstrual status private/secret, not known to others for various reasons.

During interviews, some women reported that they slept on the floor when they had their periods to avoid getting blood on those with whom they shared a bed, and yet, by sleeping on the floor, their menstrual status was made public to all householders. When one was having a period, everyone in the house would know, and it was impossible to manage it secretly, as women do not have privacy. Some women spoke of waking up with a menstrual stain – and they therefore made sure that they didn't share a blanket with anyone, including children, when they slept with them on the floor, to avoid polluting them.

The most commonly used sanitary material at Zamimpilo was cloth, because as most women explained, they could not afford pads. However, they also stated that cloth often led to leakage of menstrual blood. Staining and leakage was perceived by some women and by men in Zamimpilo as shameful and dirty; this added to the notion of menstruation as contaminating and polluting as the menstrual blood was exposed, that is, it was matter out of place (Douglas 1984). Additionally, staining and leakages were menstrual reminders, which increased the objectification of women and emphasised a significant difference between women and men (Roberts et al. 2002). Menstrual reminders act to devalue women and reinforce their inferiority in society.

Women's inability to manage MHM was a great source of shame for the women at Zamimpilo informal settlement as their menstruation could not be concealed with their current menstrual protection, cloth. Even though they used herbs to wash and to remove what they regarded as "the menstrual smell," leaking was still a possibility. One could then argue that adequate MHM for women would facilitate a better sense of security and decrease shame, by not exposing the menstrual blood or reducing leaking. In Western societies and in middle class households in South Africa, where the means exist for menstrual concealment and most women have access to adequate MHM, menstrual shame is still present in every part of the society (Roberts, et al.

2002; Kissling 2002; Winkler & Roaf 2014). Much menstrual shame lies with the demonstration of the blood; however, there is more to it than the reaction to the blood itself. As already suggested above, studies have concluded that menstrual blood represents both the essence of femininity and is the sign of women's impurity (De Beauvoir 1953), a notion deeply entrenched in most societies (Winkler & Roaf 2014). When a menstrual stain is visible, there is no privacy at all, and this is especially problematic for women who are living with men and boys.

Women shared similar experiences related to privacy during menstruation. None of the women interviewed felt comfortable when menstruating because they were all living in one-roomed shacks with three to six other members of the family. For women, it was difficult to bathe and change menstrual material such as pads and rags. It was worse for women who could not afford commercial pads but were using cloth, because they regularly leaked, and men and children would see this. Nomalanga said:

> This is difficult to hide your menstrual status in such a living arrangement, by the smell they know that I'm having a period, especially when it is hot. They also know that when I'm using a lot of herbs for myself and cleaning the shack, I'm having a period. I try to make sure that I kill the menstrual odour, however, when it is time to change, I struggle because everyone is in the house and at times the cloth would get drier and more hurting when removing it because it stayed for too long. When using a cloth, there are high chances of menstrual leakage compared to sanitary pads.

Although women who were able to use commercial pads experienced less leaking, privacy was also an issue for them. Chioma added:

> Commercial pads were not leaking, and I feel comfortable using these pads. My main problem is that I am not able to bathe more than once (a day) because everyone will be at home and I will not have time to be alone. I usually bathe before everyone wakes up in the morning. My mother taught me that I have to be careful when it comes to blood. I do not want my brothers and my father to see this blood. I normally go to our public toilets to change my pad, and these toilets were dirty and disturbing.

Women seek to manage their vaginal bleeding, ensure privacy, and change absorbent material as often as necessary for the duration of the menstrual period. However, all women struggled with privacy and were concerned that men and boys should not see the blood. They all bathed once a day because during the day there was no chance to bathe at other times, because

everyone was in the house. They shared a small bucket to be used as a bath dish, using water fetched from a communal tap.

In Zamimpilo informal settlement, men play different roles to women in their family and communities. Men are expected to be the head of the household, whether they are married or cohabiting. The group of women who were using sanitary pads asked for men's permission to buy the pads, because, they explained, the man is the one working and trying to make ends meet in the household. Even when a woman is working, she would still ask for permission from the man, Nomalanga added:

> In some bad months, when we do not afford to buy the necessities in the house, I would rather use cloth rather than ask for pad money from my partner because he gets so frustrated when I always ask for money, as long we have grocery, I can make plans with my menstruation as my partner thinks it not important to get pads all the time.

Privacy during menstruation and menstruation materials were directly associated with how women disposed of their menstrual waste, and I now turn to these questions.

Menstrual waste

Women who could not afford sanitary products did not have any challenges about disposing of their menstrual products, as their cloth was reusable – but they had to wash and dry the cloth before reusing it. In contrast, those who could afford sanitary pads were told to be careful where they were disposing of used pads and were taught ways of disposing of them. For instance, those using pads were taught to wrap their pads before disposing of them; others were taught to wash out the menstrual blook before disposing of the used material. The common lesson that all women were told was to keep their menstrual waste private – no one should see this dirty blood or risk coming into contact with it. The women who used sanitary material further said it was so hard for them to dispose of their used pads because the municipality does not collect the waste. Fikile said:

> My menstrual blood is sacred, I cannot just dispose of it anywhere, thus I must make sure that my menstrual waste that I put it inside the black plastic and throw it next to these dirty toilets, at times I dispose it of in the open waste land or wilderness, but it is always challenging to go to the open waste land because I do not feel safe going there alone as a young woman.

Chioma said:

> At home, we all dig in the corner and bury our used sanitary pads, my mom and I do the same thing. We cannot dispose of our menstrual blood in public especially considering our conditions in this environment. Where I was raised in Nigeria, people would say witches will take your menstrual blood and curse you, thus we strongly believe that witches can have access to the menstrual blood and bewitch us.

All women had a strong belief that the blood and materials with blood on them had to be kept in a secret place, not seen by others, or displayed in a public place. They were all mindful of how they dispose of menstrual waste. Women who could not afford sanitary products said they avoided the struggles of disposing of their menstrual waste because they wash their re-usable cloth each time after use and use it again. Nomalanga explained:

> I know that no one would choose to use cloth while they have access to sanitary pads, for us it is the situation. However, this condition makes it easy for us because we do not get stranded on how to dispose of our menstrual waste. Nature has provided so many good things to be used and keep us hygiene clean while having a period.

Some women stated that they sneak into the open waste land in the evening, but because they do not have streetlights in Zamimpilo, they also note the danger of disposing of their menstrual waste in the dark. There are reports and experiences of women being raped and assaulted in the open waste land; therefore, it is important that they go with someone, not alone. Especially in the winter season, it gets cold and dark earlier – it's a hindrance for women to dispose of their menstrual waste in the open waste land, although they prefer the open waste land compared to dirty toilets. In the summer season, when it's raining, they stated that going to the open waste land is challenging, because the whole area is wet, and they end up stepping on the wet menstrual waste and faeces of other people. This also has an impact on their overall health: the Zamimpilo area is heavily polluted. These women are also cognisant of environmental pollution, and mentioned that women throwing their menstrual waste next to the dirty toilets. This makes the environment even dirtier and smellier.

Gender roles have an impact on how women manage their menstruation and their lack of privacy, and I turn now to questions of gender roles.

Gender roles

Some communities relate gender roles to the Bible: "Your desire shall be for your husband, and he shall rule over you" (Genesis 3:16). Some Christian societies hold the view that a woman

was cursed in the garden of Eden and was rendered inferior to a man, and this attitude is reflected in our societies.

As noted above, in interviews women emphasised that they respected their partners, and men made the final decisions as head of household, controlling finances as well. Some women said that women were still oppressed and perceived to be inferior to men, with a limited role in the community. For example, Nomalanga said she passed boys playing in the dirty street, trying to hurt each other with bottles. If a woman tried to stop them, they would not stop but if a man passed by, they would stop without the man saying a word to them. Men's presence in the household and the street was strongly felt. Pfuluwani elaborated and said:

> When my partner was trying by all means to get piece jobs, he always goes out and 'job hunt' and I am left with my boy children. They normally give me a hard time and they do not listen to me but when my partner was at home their behaviour changes.

Most women stated that the behaviour of their children was different when the men were around compared to when they were undertaking piece work or were self-employed and away from the home. Dumazile said:

> When I used to stay with my partner and my son would always be at home doing his work until we separated with my partner and now, he is doing as he pleases, no longer going to school and I feel like I have failed him because I am a woman. I wish his father was involved in his life. Having a father figure is important in the household for the order.

They said that as women, they can raise a child to a certain extent, but the child needs the father, and this was especially so if the child was male. Most women emphasised that it was hard to raise a boy child as a single mother, especially in their community when their boys start drinking, smoking, and committing crimes in nearby locations.

Gender-based violence and menstruation

Women’s lack of privacy during menstruation contributed to or triggered gender-based violence that they experienced. Not being able to hide their menstrual status in their households contributed to their partners, sons and other young boys reacting violently towards the visible status of menstrual blood. Also, as they were unable to manage hygiene, the menstrual blood could be smelt throughout the shack. Adeline said:

> I am always worried because even my sons who are 8 years and 15 years old, they even know when I am on my period and they would say, mama please clean well; this thing is smelling. The 15 years old one goes out and drinks and comes back drunk and disrespect me and tells me how dirty I am, I am leaking and embarrassing them. I cannot even afford simple things like a pad – I am useless. He is acting like a man in this house, he disrespects my partner because it is not his father and he calls him useless as well. He dropped out of school last year when he was 14 years.

Lacking access to sanitary material and lacking the ability to manage hygiene, Adeline suffered from emotional abuse from her son and felt disrespected. She believes that if they were living in better conditions, his son would have turned out to be different; at time of interview, he was (ab)using alcohol to deal with their daily struggles and poverty. She also stated that in her case, her partner – supposedly the stepfather of her sons – used to protect her and try to talk to the 15-year-old son to stop abusing the mother. Because the stepfather was not working, however, his voice was not heard and recognised in the household. She further stated that managing menstruation, discharge, and menstrual hygiene in this kind of living arrangement was challenging. Her known menstrual status to the household caused tension, and the 15-year-old son would become angry if he saw any blood stains, as mentioned in the above quote.

Gender-based violence has been increasing in South Africa (Nduna et al. 2011; Sikweyiya 2015); this was increasingly evident from 15 March 2020 when the South African president declared a national state of disaster due to the COVID-19 outbreak. Many cases of GBV were reported because women were quarantined with their violent partners (Mail & Guardian 2020). When the president was addressing the nation on COVID-19, he talked about GBV as another pandemic in the country. NGOs, GBV activists, and individuals stood out and protested in various provinces asking for government intervention in GBV crises in August 2020 (Mail & Guardian 2020: South African Institute of International Affairs 2020). I was one of the individuals who led the Constitutional Hill GBV march (see Appendix E).

Two women, Dumazile and Pfuluwani, living in the informal settlement, mentioned GBV during interviews in July: one experienced violence from an intimate partner, and the other one violence by an older son, in circumstances similar to Adeline's. GBV studies have shown that intimate partner violence is the most common form of GBV (Sikweyiya 2015), mainly affecting women and children and mostly perpetrated by men (Fulu et al. 2013; Sikweyiya 2015). Pfuluwani was abused by her partner; she said they were not married – they were

cohabiting. This man was providing financially in the house; she was dependent on him. She said that he was experiencing considerable stress because he was not getting piece work or contract work; he would come home angry and drunk, and then would start telling her that she would amount to nothing; asking her why she was not finding something valuable to do in her life; at times he physically abused her in front of the children. She said being beaten by him was a normal thing in the house, and that everyone was used to violence, swearing, and shouting. Even the young boys were angry towards everyone else in the house. She continued:

> Not having my own source of income is challenging, because he is taking care of his children by all means and providing for all of us. If it happens that I leave him, where can I go with all these children in a distant province with no family members. He abuses me emotionally most of the time, and words are dangerous. It is hard to forget.

She also said her partner was way older than she was, and consistent with African culture, he therefore expected respect; this was why she could not do as she pleased. Jewkes and colleagues (2003) conducted their longitudinal study in the Eastern Cape in South African with 1009 women, ages 15–26. Their findings have drawn attention to the significance of the age difference between partners and the belief that there was a certain way that individuals were supposed to show respect to the elderly. For example, a woman in their study, married to a man only five years older than her, felt unable to discuss HIV related topics with him due to notions of respect (Jewkes et al. 2003). This notion was connected with how individuals respect each other, with more respect offered to elders, i.e., not calling an elder by first name but referring to men as *baba* (daddy in Zulu) even if this person was not related. Some people prefer calling any older male figure uncle, even if they do not know the person, and calling any older woman aunty. This was different for older people, referred to as *gogo* (grandmother) and *mkhulu* (grandfather). Respect is a core value in African culture (Sesanti 2010).

Jewkes and colleagues (2003) assert that women without their own income mainly depend financially on men, and this causes them to be subjected to possible violence; this increases the likelihood that they will accept their situation. If a man provides for his family, there are power dynamics in the relationship, for example, a woman will have to ask for money from the man to buy sanitary products, and if the man does not buy them, she will end up using a cloth.

Dumazile, as noted above, mentioned GBV in relation to her son and his disrespect of her. He would tell her how useless she was as a mother, as she was unemployed. She said the son blamed her for the life of poverty in which they lived. The son drank, and she said he would

come home drunk and start talking about how the house was smelling, especially when she was menstruating. On a few occasions, the son beat her physically. This woman also mentioned that her partner was abusing her physically and emotionally, and that the children had witnessed this. She believes that her son learned that behaviour from the father. She also believes that the absence of the father had contributed to her son's behaviour. As he is the only male figure in the household, he feels empowered to criticise her. Nduna and colleagues (2011) were looking at the magnitude of GBV reports in South African GBV during the COVID-19 lockdown. They stated that there was emerging evidence that GBV may result from children growing up without both parents, specifically in the absence of a biological father. Some children become violent; some end up using alcohol and abusing drugs; others commit crime (Nduna et al. 2011; Sikweyiya 2015; East et al 2006). Prevalent gender roles define women as limited and unequal, while through the mechanisms of hegemonic masculinity, men are perceived as superior and powerful (Morrell et al. 2012). This predominant attitudes by men to women's menstruation, including the visibility of blood and odour, the impact of a woman's pain, mood or tiredness on the smooth running of households, and the costs of menstrual hygiene products, all contribute to outbreaks of violence.

South Africa has been reported as having the highest level of domestic violence in the world. Alcohol abuse has been reported to be especially high in South Africa also (Pitpitan 2012). The Commission of Gender Equity hosted online webinars against GBV during the South African lockdown, and during these conversations, alcohol abuse was reported as a causal factor of GBV (News 24 2020). The correlation between alcohol abuse and Intimate Partner Violence (IPV) has shown that about 45 percent men and 20 percent of women were drunk during the episode of IPV. Also, alcohol abuse and IPV amongst men has underlying factors, i.e., power dynamics, insecurities, and control in relation to gender-based inequalities (Pitpitan 2012; Freeman & Parry 2006). The woman who experienced IPV mentioned that her partner would always be violence when he had been drinking. She said most of the time, he was frustrated that he was not getting work and so was unable to provide in the house. All cases confirm the notion of GBV and alcohol abuse. All women who experienced GBV stated that the violence was due to this home situation, money was prioritised for other things, and when they had little, buying a menstrual pad was not a priority, even though for them it was needed.

Chapter 7

Menstruation and Hygiene

There was a shortage of water and sanitation in the study area, contributing continuously to the struggles that women faced daily, especially when they had a period; they could not bathe because they did not have water. They ended up using various herbs to control menstrual odour, and to address the discomfort of dry menstrual blood and menstrual clots.

Shortage of water supply

Kaur and colleagues (2018), when investigating MHM and disposal of waste, noted the challenges faced by girls and women in developing countries. They found that there was incomplete and inaccurate knowledge about menstruation, menstrual hygiene management, and its relation to reproductive tract infections. Menstrual hygiene management plays a huge role in women's overall health. Some low- and middle-income countries have limited access to water, and this contributes to their lack of MHM.

In 2019, the City of Johannesburg planned to work to restore the dignity of informal settlements inhabitants. Announced by the mayor, The City was to provide basic access to water and sanitation across the city, with a budget of R75 million for water and sanitation in the current allocated financial plan, with the intention to have completed this by the end of June 2019 (see Figure 7, below.



Figure 7: Water and Sanitation in Zamimpilo Informal settlement. Source: Screenshots from Johannesburg water twitter account

About 1900 Zamimpilo households would benefit from this project, announced by the Mayor, while leaving out more than 3000 inhabitants out (Northglen News 2019), and it was expected that this would increase employment (Northglen News 2019).

The residents in Zamimpilo had a different take on the promises of the Mayor. They confirmed that the Mayor had visited the informal settlement and promised them water and sanitation. After the mayor's visit, a few mobile toilets were installed, and residents were expecting more, but to date none had been provided. The city municipality did not come and clean the new toilets, and so these ended up as dirty as the older toilets. Community members escalated the matter to their community council, but nothing had been done to the time of this research. The women who I interviewed stated that most of the time, the media would show government officers visiting the area, but there was no fruitful outcome of the visits and the media did not follow up to expose this inaction. Visitors stated that water and sanitation was a basic right, as the mayor mentioned, but did nothing to ensure the provision of this right.



Figure 8: Shared public tap without drains. Source: Janice Beckett, Soweto Urban News 2018

However, little had been done since this visit. They still had issues with water and toilet facilities. In 2013, it was estimated that around 700 people shared a single toilet (Heath e-news 2013). In Figure 8 (above), the current water situation in Zamimpilo informal settlements is depicted. Participants stated that water shortage was the main concern as it was challenging to survive without water. They explain that the water shortage was caused by the flooding, as they do not have adequate drainage; at times, the taps were not functioning; and the municipality opted to close the tap instead of fixing the tap. All women in Zamimpilo experienced a shortage of water, and during the pandemic lockdown, this was even worse. When a woman was having a period and there was no water to bathe, it becomes a challenge, as water was essential. When

there is no water from the one community tap that they share, it becomes even harder to bathe, and when someone is menstruating, it is worse because of blood odour. Women end up using home remedies to kill the smell, using a mixture of brown vinegar and *intelezi (*Aloe vera); these herbs also assist in removing caked blood. i.e., mixing the vinegar with *ibhucu* and rubbing this mixture around their labia and inner thighs to kill the smell. This was a common method even when there was water in the area, and women strongly believed this effectively killed menstrual odour.



Figure 9: Medicinal plant pondoland (intelezi): Aloe Vera. Source: Graham Grieve, African Geographic 2016.

Women in this area keep themselves clean, and counter the odour of menstrual blood, in various creative ways. Both young and older women reported the same challenges of water, sanitation, and litter in the area, and they made use of natural products to maintain hygiene in their houses. For instance, they use *ibhucu* (Bulbine natalensis) to sprinkle around their yard and make sure that the area was smelling fresh. Some women reported that they used this herb to bathe their entire body when menstruating. Most of the natural herbs are used by traditional healers in their area; they also use herbs for spiritual reasons, such as fighting witchcraft in the area; and they burn particular herbs such as *impepho* and *intelezi* to chase away the evil spirit.



Figure 10: Ibhucu (Zulu) Scientific Name: Bulbine natalensis. Source: Graham Grieve, African Geographic 2016.

Even though women tried to come up with alternatives ways to manage their menstrual hygiene, these methods are limited. Further, the conditions in which they live contribute to poor health, and in times of emergency, one is required to seek medical attention. Participants said that most people got sick due to these conditions. The worst part was that when they went to the public hospital, they were required to present a doctor's referral letter or local clinic letter. In South Africa, before one can be admitted or assisted in public hospital, a letter from clinic or private doctor is required – unless there is an emergency (SA Public Health Admission Pack 2014). The Zamimpilo local mobile clinic was meant to provide basic services, such as providing contraceptives, pregnancy check-ups, and a women's health check-up (pap-smear check-up), and referring patients to public hospitals. But because it was always closed or without any medication, including contraceptives. Women end up not getting the required help. They shared methods of doing things with neighbours, and they see themselves as one big family waiting for the blessing of receiving an RDP house one day. Also, some public hospitals do not have all services. In public hospitals that do not give such services, potential patients must be placed on a waiting list and then are referred to Chris Hani Baragwanath Hospital in Soweto. Also, women used herbs for first medication, and relied on natural remedies.

UNICEF South Africa (2020) reported that across SA, more than eight million individuals still use a neighbour's or a communal/shared tap. In 2018 South African schools were reported to have water supply challenges. UNICEF SA has been collaborating with the Department of Education and other sponsors to tackle this shortage of water in schools. An initiation called SAFE (Sanitation Appropriate for Education) was created with the aim to improve hand washing facilities and sanitation in schools in all nine South African provinces (UNICEF SA

2020). During the COVID-19 outbreak and the national lockdown, the Department of Water and Sanitation assisted in making water facilities available in communities and schools. Various sponsors were part of this initiative; however, some communities were experiencing water challenges, especially in informal settlements and townships such as Khayelitsha in Cape Town, and Zamimpilo and Alexandra in Gauteng province, Buffalo City in the Eastern Cape province and eThekwini in KZN province (Asivikelane project 2020). These residents also experienced inadequate maintenance of toilets and taps during lockdown, drawing attention to the irony of the main protocol to fight against COVID-19: to sanitise, and wash hands as often as possible (Levine & Manderson 2020; WHO 2020). Water during this pandemic was essential (UNICEF SA 2020; South African Gov 2020; Asivikelane project 2020).

Having access to water and sanitation is seen as a human right; thus, when residents do not have access to water, their rights are violated. This right was recognised in the South African Bill of Rights (South African Gov 2020; Constitution of South Africa 2012; South African Human Rights Commission – water and sanitation 2018). The Water and Services Act stipulates that, firstly, "everyone has a right of access to basic water supply and sanitation services;" secondly, "every water services institution must take steps to realise these rights;" and thirdly, "every municipality must plan in its water services development plan to realise these rights" (South African Human Rights Commission – water and sanitation 2018:1).



Figure 11: "2020/21 priorities that are aimed at restoring the dignity of all South Africans through the secure and dignified provision of water and sanitation services." Source: South Africa Department of Water and Sanitation 2020

The above quotation was emphasised by the South African Department of Water and Sanitation. Due to the shortage of water especially in rural areas and informal settlements, the SA government has plans to improve water supplies in the year 2021. These plans were presented by Minister Lindiwe Sisulu, who is the Minister of Human Settlements, Water and Sanitation. But the situation in places like Zamimpilo was heart-breaking. There was no sanitation close to people's housing, the municipality never came to clean the toilets and or remove rubbish, and thus their right to dignity have been violated. Used menstrual materials were all over the place, along with faeces and stale water lying next to the mobile toilets. Women

said it was difficult to use these toilets, thus when they were having a period, it was hard to change sanitary items as they did not live alone. Some women wait until evening so that they can go into open waste land to change their sanitary materials, relieve themselves, and so on, as noted above. However, as noted above, their safety is compromised in the dark, and anything can happen in the wilderness. Nomalanga mentioned that someone had been raped by a zama-zama one evening when she went into the wilderness to relieve herself.

In addition, in Durban, Scorgie and colleagues show that the sanitation and local government planners did not take into account for women's need to dispose of menstrual waste, and young women ended up disposing of non-biodegradable products in pit latrines and waste dumps, causing them to fill at a faster rate. Also, many women wrapped their sanitary waste in plastic, further impeding decomposition (Scorgie et al. 2015). Scorgie and colleagues also noted that there was growing evidence of MHPs (Menstrual Hygiene Products) in water-borne sanitation systems globally, causing health concerns to the users and sanitation workers, leading to disruptions to households and at a community level, resulting in extreme expense for local municipalities. However, while menstruation and discussions about it were taboo, such sanitation considerations were not prioritised and were infrequently discussed (Scorgie et al. 2015).

Menstruation and education

One barrier contributing globally to achieving menstrual health hygiene is the lack of education about menstruation. Thus, menstrual education is important for everyone, including men and boys, so that they understand when their mothers, sisters or partners are menstruating. In schools a strong curriculum needs to be developed that will teach girls and boys about menstruation from a young age, which include menstrual health and management. During my interviews, some young women stated that they first heard about periods at school. In South African schools, in Life Orientation, the basics about puberty are covered, but there is limited information on menstruation unless a teacher is well informed about menstruation and hygiene. Young women stated that life orientation classes were not detailed enough about menstruation, and boys would be in class with them and make jokes about it. The Life Orientation textbook consists of the *Development of the Self in Society, Social and Environmental Responsibility, Democracy and Human Rights, Careers and Career Choices, Study Skills, and Physical Education* (National Curriculum Statement – NCS 2011). Menstruation was partially covered in the Development of the Self in Society under the title: Changes towards Adulthood. This

theme only covers the basics of body development, with a focus on body anatomy and function, and does not give a comprehensive description of menstruation or information about how to manage it.

During interviews, I noticed that the women from other African countries had more knowledge about menstruation and hygiene than SA women, who all reported that they had no knowledge about menstruation before their first period. Further, the two women who saw menstruation as something positive had levels of education beyond high school – Naomi as a midwife and Tiwonge as a nurse, although they were not practicing in South Africa. Their knowledge played a huge role on how they perceived menstruation.

Boosey and Colleagues (2014), in their study in Uganda, highlighted that in low-income and middle-income settings there was a high level of absenteeism from school and work during young women's periods due to lack of hygiene management solutions, including the lack of sanitary products. Their findings highlight menstrual-related absenteeism and "high drop-out rates," poor knowledge of menstruation, taboos surrounding menstruation, poor toilets and washing facilities, lack of knowledge about and interest in menstruation by male teachers, and lack of access to sanitary products (Boosey et al. 2014; 6). The young women in my study also reported that they had to drop out of school due to the lack of access to sanitary products, they would miss school because they were menstruating, and this led to failing at school. In interviews, young women would laugh nervously. During interviews, they reported that pain and lack of sanitary pads were the main reasons they did not attend school while menstruating, and other young women they know in the Zamimpilo community even dropped out of school. Other studies confirm this: 72.5 percent of girls in South Sudan reported severe pain leading to non-attendance at school (Blake et al. 2017; Tamiru et al. 2015).

Most young women feared menstrual blood leaking and staining their uniforms, and even schoolteachers reported that they used to miss school during their school days due to menstrual-related issues (Boosey et al. 2014). Most young women in my study had their first period at school, and experienced embarrassment because of menstrual blood. In their experiences not only menstrual cloth caused leakage, but sanitary pads did too. One young woman (Fikile) stated that one of her friends was walking during break time and the menstrual cloth, full of blood, fell out and was 'disgusting' to everyone around. In Boosey and colleague's (2014) conducted their MHM study in Rukungiri district of Uganda. Their findings highlighted that some girls reported that they feared their menstrual cloth falling out at school, especially when

subject to violence. During my interviews the group of young women who could not afford sanitary materials were given cloth by their mother, sisters, or an aunt to use and wash with *ibhucu* (aloe) after use, and then to use it again. However, many girls reported that they were embarrassed and ashamed to ask their parents for soap to wash their menstrual cloth; they would rather keep bits of used soap remaining from family clothes washing to clean and then hide their own sanitary cloth.

Most young women emphasised that they were scared of and found it difficult to talk to their parents, even when they were going through the greatest challenges. Older women emphasised that their parents did not talk about such topics. Thus, it was hard for them as young girls to manage menstrual blood without knowledge – they learned as they grew up. Some stated that it was still hard for them to talk to their daughters about such topics, because they were raised to associate menstruation with sexuality, having sex, and with getting pregnant. Zanele said:

> It is hard to approach my mother about such topics, she is a strict person and does not entertain such small talks. Even when I am not emotionally well, I cannot talk to her and open up – there is that line. In our African culture, this is called respect. The way you talk to adults must show respect and there are some topics that you do not just talk to elders. As we are from the typical rural areas in KwaZulu Natal and this is how we were raised, and this is how our mothers were raised.

All women stated that they had seen on TV and heard on the radio that the government was donating sanitary products in government schools and offering menstrual hygiene sessions in townships, even in places like Alexandra. But Zamimpilo was always left out. Naomi elaborated:

> We have never been visited by any government officials or even NGOs in this community to assist women with sanitary products. At times we feel like we are the neglected informal settlements. Everyone who is staying in this informal settlement is hoping to get an RDP house in Fleurhof to have a better life there than here. It's about 10-15 km when walking from Zamimpilo to Fleurhof and it's about 7,4 km when driving.

The women said there was a big event in Mathole township – a mix of shacks and poorly structured houses, without building approval, located about 15KM from Riverlea. The main aim of this event was to educate women about menstrual health and hygiene management, and to distribute sanitary pads to this community. This event was led by the Department of Women and NGOs collaborating with the department. The interest in attending was high and people

come from nearby areas, but as a result of the large numbers attending, not everyone got sanitary products; this included some residents from Zamimpilo. When residents from neighbouring areas did not get anything, they were disappointed, as they had looked forward to getting sanitary product parcels. Some women said this was the first and last time they would attend such an event about menstruation.

Moreover, in their community of people from different countries, this topic of menstruation was neglected and considered to be a 'women's issue'. There was no support for young people to lead them in the right direction into womanhood.

In response, in 2014, Naomi started a group to talk about women's issues in her shack, I mentioned above (see page 28). She was one of the key players in Zamimpilo raising awareness about health-related topics. The group is comprised of mature women, and only a few people attend this group; some people think it's a waste of time. As noted above, Naomi was a qualified midwife in Zimbabwe. She had moved to South Africa because of the lack of resources in Zimbabwe, and in the hope of getting a job quickly in South Africa. However, because she did not have migration papers, she was unable to apply for employment as a midwife, and so was not employed in this capacity. But health was her continuing passion. Her main goal was to transfer her knowledge that she has as a midwife to the residents of Zamimpilo, and she made sure that she educates women about women's health-related topics which include menstruation. In group meetings, she and others talk about any health-related challenge they face, and the woman talk about sex, menstruation and menstrual health, menstrual pains, hygiene and sanitation, pregnancy, contraceptives, infections, use of various herbs, and more. Naomi said they were tackling these topics based on need, on what women were going through. However, menstruation was always on the top of their discussion because women experience this every month, especially menstrual pain. Naomi was working closely with the ward council at Riverlea to advance women's health.

The main aim of this group was to raise awareness of the inhabitants about menstruation and educate the community. Naomi further said:

> To be honest, most young people do not like such groups because they feel embarrassed to discuss such topics with their mothers, thus my group has only adult women.

Young women acknowledge that this group might be the only good thing that was happening in their society; everyone knew about it, even though only a few adult women attended it.

Local practices, religion and biomedicine

Traditional healers are recognised by the World Health Organization and their medicine/herbs are approved by both WHO and the South African Interim Traditional Health Practitioners Council (ITHPC). The WHO (2008) defines TM (Traditional Medicine) as the sum of practices, skills, and knowledge that are based on beliefs, theories, and most importantly different indigenous knowledge that is passed down from generation to generation. TM is mainly used to maintain and improve health, but also to prevent illness, and diagnose and treat mental and physical health problems (WHO 2008). The Department of Health in South Africa developed laws to regulate TM. Under the Traditional Health Practitioner Act 22 of 2007, firstly, an interim Traditional Health Practitioners Council was established. The aim was to provide a regulatory framework, to make sure that there was safety, efficacy, and quality of traditional healthcare services: this included to provide control and management over registration, conduct of practice, and training. The act acknowledges four categories of THPs, namely *isangoma* (diviners), *inyanga* (herbalist), *ababelethisis* (traditional birth attendees), and *ingcibi* (traditional surgeons) (SA Department of Health 2007). Traditional healers were marginalised during apartheid and individuals were not encouraged to use their services; they were regulated by 1965 framework (Traditional Affairs SA 2010). In 1996 the South African Health Council implemented protocols for people to practise as traditional healers, which include supervising and conducting initiation practices (*ukutwasa*) and graduation from initiation. In 2004 and 2007 these traditional health protocols implementations were improved. Traditional healers are strictly regulated by the Department of Health so that they will not violate the rights of their patients. In South Africa, individuals have the right to choose their religion or belief, and should respect other people's beliefs.

Most women in South Africa do not have good access to biomedical (western medical) care. The Zamimpilo informal settlement is located relatively close to Helen Joseph, but the mobile clinic located inside the camp is always closed or lacks medicine, and people do not have money to go to public hospitals, and they cannot walk when they are not feeling well. Ambulances takes forever to arrive, and, in many cases, ambulances do not arrive at all. Therefore, women use herbs to keep themselves hygienically clean. In the case of menstrual pain, headache, and nausea, they may consult a traditional healer staying in the same area. Traditional healers called *izangoma, inyanga* or *abathandazi* consult with the ancestors and give their patients herbs or *isiwasho* (prayer water mixed with salt) as the ancestors directed them. Ropafadzo explained:

> I had severe menstrual pains and I would bleed heavily, when I consulted with *gogo* (traditional healer), she said my ancestors were not happy with me, there was a ceremony I need to do, this heavy bleeding as a punishment. I asked her what she means by this, she then took me back to my past. I had aborted two pregnancies while I was back home in Zimbabwe. *Gogo* took me through those incidents in detail, I was so scared and scared. She further said I need to have a cleansing ceremony as well so that I can be clean and have good luck. She also connected my struggles and life challenges to these incidents. She said I will never have peace, even conceive if I do not adhere to the ancestors. This came as a shock, the fact that she knew what I did years ago, without telling anyone even my family. I have been with various partners and I have been struggling to conceive, what she was saying made sense and I was weeping. To think of it, ever since I aborted the pregnancies, I started having these severe pains and heavy menstrual blood, but I did not pay attention. After she had said this, everything started to make sense. I am not a person who believes in traditional healers - I was desperate, and someone referred me to her. I could not bring myself to talk about what happened in the church environment, I know the judgment that I would get. Abortion in church is equivalent to murder.

Ropafadzo elaborated that she had to raise money and buy a chicken to be slaughtered. She bought *mqombothi* (traditional beer) ingredients, and invited the traditional healer to help her to talk with her ancestors. She performed the ceremony as instructed by the traditional healer and she apologised to the ancestors – this is called *ukushweleza* in Zulu. She said that from this day, she felt like a weight and a burden had been removed from her shoulders. She said she felt free, renewed, and revived, and the *sangoma* said the curse and the punishment had been removed, which she explained meant that their ceremony was a success. The *sangoma* assured her that two months after the ceremony, the severe pains and heavy bleeding would stop, and she was happy. In addition, a year after this ceremony, she conceived. She strongly believes that this was because of the ceremonies.

Ropafadzo mentioned that she had had an abortion, that this was her choice, and emphasised that she has a right to decide what she wants to do with her body, even though the society, including the church, was judgemental in relation to abortion. The field of international human rights law has increasingly recognised the right to access abortion services, as an integral part of SRH (sexual and reproductive health). Even when it comes to menstruation, it is essential to recognise women's rights, as some women prefer to keep their menstrual status private while

others broke the menstrual stigma. Women have a choice to react in any way towards their bodies, including menstruation.

When Ropafadzo narrated her menstrual story about abortion and consulting a traditional healer and getting good results from a *sangoma*, I could appreciate her perspective. Some people can argue against her and draw on science and possibilities of medicine to explain changes in her health and reproductive status. However, my main aim was to get women's understanding and experiences of menstruation. Their cultural beliefs are an integral part of this thesis. According to the South African Constitution, in the chapter which contains the bill of rights, everyone has a right to belief, opinion and freedom of religion. Section 9 of the bill of rights, prohibits unfair discrimination on different grounds which include culture, religion, sexual preference, gender, and more (Constitution of South Africa - Bill of Rights 2013).

Other women stated that they made use of home remedies, such as warm water and vinegar, to drink to manage their menstrual pain. Dumazile said:

> I strongly believe in what our forefathers left us with, our forefathers were using herbs and they were healthy. There is nothing wrong with western medicine, but we are using what is accessible to us which is herbs. We are getting these herbs in wilderness for free and some we mix them ourselves.

Individuals acknowledge the various challenges they face in Zamimpilo and come up with solutions. A few women said they buy ginger and Chinese herbs for period pain from Somalian shops in nearby townships such as Riverlea. These women said they used both options, but if the cramps or pains were severe, they would go to Helen Joseph Hospital; this is the largest public hospital following Chris Hani Baragwanath Hospital in South Africa. Otherwise, they might present to the nearest clinic. They believe that herbs and traditional healers' help were limited, as some conditions require western medicine. Due to cost, however, they do not have access to good care, such as might be available in private hospitals, although they have access to the public hospital. They end up not getting the required help. In public hospitals that do not give such services, potential patients must be placed on a waiting list and then are referred to Chris Hani Baragwanath Hospital in Soweto, as mentioned above (see page 65).

Medicalisation of menstruation

I was interested in how a normal biological process and its product (menstruation and menstrual blood) were pathologised, and in this context, the phenomenon of medicalisation was an

important feature. In this study, I use the term medicalisation to describe how a human biological condition is defined and treated as a medical pathology, with the use of medical jargon/language, and requiring treatment with medical interventions (Conrad 2007). Adinma and Adinma (2008), in a study conducted in southern Nigeria, showed that high school girls experience Premenstrual Syndrome Symptoms (PMS); these girls identified pain and discomfort followed by depression as a 'medical concern' caused by menstrual cycles; some of these girls also experienced premenstrual symptoms during and post menstruation. When they are severe, this leads to various medical diagnoses, such as PMDD (Premenstrual Dysphoric Disorder); this is a medical condition that one experiences before having a period, in a form of severe depression, irritability, or anxiety, and normally occurs a week or two before a period. PMDD is more severe than PMS; one is diagnosed based on dysfunctions when menstruating, on the basis of immobility to undertake daily activities due to pain.

As already noted, some women in interviews described severe pains, cramps, and headaches to the level of not being able to function well when they are menstruating. This has led to the medicalisation of menstruation, with some women being diagnosed with premenstrual syndrome or PMDD because of their inability to function prior to or during periods. While turning menstruation into a sickness is an example of medicalisation, and so a pathology rather than an aspect of normal women's health body functions, by medicalising symptoms, women's discomfort is validated. Noxolo recounted:

> In my workplace, I work as a call center agent in Roodepoort – my employer once said I am too young to be always sick when I am having a period which means there is something wrong with me. She took me to her doctor, paid all the bills and her doctor referred me to another doctor and I was diagnosed with PMDD and given medication after three consultations (antidepressant), even today I am taking the medication for PMDD. I have medical aid at work, so it is not difficult to attend all my sessions, the fact that I have a disorder because of menstruation, I hate this blood even though it is natural. If there is a way to stop this blood, I would. I am still too young, and I can remove my womb, ovaries and fallopian cute because I do not have any children yet.

Pfuluwani further elaborated on the pain that she experiences, to the point where she was not coping at all and felt like she was losing herself. She would feel like she was hallucinating, hear people's voices, and the pain would keep on increasing. The prescribed medication would numb the pain for a few hours and then the pains would come back more severely. She said

that at times she did not understand the point of using these tablets if she was still experiencing severe pain. She further said she was suffering from the stigma associated with disorders in her community; this played a huge role because some people think she has a major mental condition like schizophrenia.

Chapter 8

Structure, Infrastructure and Neglect

Zamimpilo as a community is neglected by the government and the relevant governmental departments. In this chapter, I unpack the level of structural neglect through environment and infrastructure that is illustrated by menstruation. I argue that environmental issues need to be addressed in this informal settlement. Both groups of women said that what makes Zamimpilo informal settlement different from other South African informal settlements is the fact that they have smaller yards, and the place is more congested than other areas. As noted above, the municipality does not collect rubbish in this area and does not come and clean the mobile toilets. The area next to the mobile toilets has stale green water and flies are everywhere, while people still use these toilets (see Figure 12, below).



Figure 12: Stale water around mobile toilets in Zamimpilo. Source: Janice Beckett, Soweto Urban News 2018

The above image illustrates what Zamimpilo residents experience daily, when they want to use the toilets. They described these toilets as smelly, rotten toilets which made the entire community dirty and smelly. Such an environment was not conducive for living and this has caused sickness in their children. Women spoke of preventable illnesses that they faced due to this dirty environment. They said it gets worse in the summer season, when flies are everywhere, and the smell is strongest. Adeline said:

> It is hard surviving in such conditions, we believed that using these toilets causes infection (such as urinary tract infection), and our vaginas are itchy – we use herbs to heal. Some women wait until it is dark and go to the open waste land and release themselves there because these toilets are worse, some women use plastic bags with

faeces or menstrual rags in their shacks and throw those plastics next to these mobile toilets.

Informal settlements – fire hazards

Informal settlements have poor infrastructures, and its inhabitants were struggling to make a living compared to other areas, such as townships or suburbs. They do not have proper housing, or basic services such as electricity. They end up getting illegal electricity, called *izinyoka-nyoka*, and as a result informal settlement have high levels of death rate due to fire hazards. Lack of infrastructure has an impact on how women manage their menstruation, especially menstrual hygiene management.





Figure 13: - Illegal electricity cables in Zamimpilo. Source: Janice Beckett, Soweto Urban News 2018

Considering the environmental conditions, residents were scared of their shacks burning down. This had happened twice before. Noxolo recollected:

> I remember in the year 2014 when eight shacks caught fire and I lost my father during the process; in many informal settlements, we have lost so many individuals. However,

> Social Development has been so supportive. We were on top of the list for RDP in Fleurhof and we cannot wait to move from this place which is everyone's dream.

As described above, the women said that the year 2014 was a difficult year for the Zamimpilo residents, as in December, 50 shacks caught fire overnight. The firefighters arrived on time and stopped the spread of the fire. Participants said the frequency of burning shacks had decreased since then because people were using illegal electricity rather than candles and paraffin. Noxolo had lost her father in the fire (see Figure 14, below), someone who was supposed to take care of her and provide for the household. Today she is not able to afford sanitary products; she believes that life would have been better if her father was still alive.



Figure 14: Man dies in Joburg shack fire, Zamimpilo informal settlement. Source The Citizen News 2014

Most women emphasised their safety and the fear of dying from fire, and acknowledged that illegal electricity cables were not safe, especially when it was raining. But they had no choice but to use these sources. Fikile argued that this was an emergency and that the South African government needed to look into fire hazards in informal settlements:

> It gets worse because when people lose their shacks due to fire hazards, they end up with nothing and the denotations might not come immediately and if a woman is having a period, it gets more difficult because they are not able to bath for days nor change the cloth, all their cloth and herbs burned and end up with nothing. Most young people have lost their parents and loved ones through these hazards – visa versa some parents have lost their children from a young age.

She recalled that when Noxolo's father passed away because of fire, her home was close to Noxolo's home and their shack was also burned, although no one was hurt. She said her mother was menstruating and she only had the underpants that she was wearing for three days; she kept on using tissues from a tuckshop. After three days, when their shack was built, the mother had a rash that needed medical attention, and she was admitted at Helen Joseph Hospital which is 7-10 KM driving distance and 12-15 KM walking.

Gibsona, Engelbrecht and Rush (2016) conducted a study in Cape Town, and highlighted that informal settlements are most vulnerable to anthropogenic and natural hazards due to the landscape and construction characteristics, i.e., small substandard building size, only built with zinc or planks, without a foundation to be stable. As discussed above (pages 25-26), the Zamimpilo area is situated in an area where zama-zamas are digging gold illegally, there are holes underground in which the place might collapse easily, and foundations cannot be dug in such places for proper buildings, which was why the government was trying to move Zamimpilo inhabitants to Fleurhof located in the West Rand (see Appendix C).

Fire hazards are common in South African informal settlements, endangering the life of the inhabitants. Studies have shown that the existence of poor infrastructure and the domestic use of kerosene for cooking and heating make informal settlements particularly vulnerable to fire (Gibsona et al 2019; Walls et al 2017; Twigg 2017). Fires were devastating to shack-dwellers, due to the loss of all personal belongings, including important documents and clothing, and at times deaths (Gibsona et al 2019; Harte et al 2009).

In August 2020, the community of Ekurhuleni 'Ramaphosa informal settlement' experienced a tragedy. Early Saturday morning a fire broke out in a shack and the two children aged four and two died in a fire tragedy were trapped, and died while their mother was out drinking. Their eight-year older brother survived and was admitted to hospital for severe burn wounds. The community members went out looking for the mother and she was found in the nearest shebeen; after she saw what happened she was overwhelmed, and she immediately disappeared from the scene – no one knew where she went but her lifeless body was found next to the shack in the area; officials believe that she committed suicide (Eyewitness News 2020). The picture below was the Imizamo Yethu informal settlement in Hout Bay Cape Town after the community caught fire:



Figure 15: Remains of mattress the following day, after the fire outbreak in Imizamo Yethu in Cape Town. Source Eyewitness News 2020

Additionally, in Cape Town, approximately 800 people lost their homes in 2020 due to fire in an area called Imizamo Yethu (in Hout Bay) informal settlements. The Cape Town Fire and Rescue Services reported that roughly 200 shacks were destroyed by fire. Nearly 80 firefighters were brought in to battle the fire, and one firefighter was admitted as a result of inhaling the smoke.



Figure 16: Imizamo Yethu in Hout Bay Informal settlement Cape Town. Source: Eyewitness News 2020

In another incident, Eyewitness News (2020) reported that a COVID-19 clinic facility was set alight by illegal land invaders at Khayelitsha Mkhaza informal settlement in Cape Town. As a result, three people died in this incident – they were not identified because they were burnt beyond recognition. Another three people managed to escape without harm (Eyewitness News 2020; African News Agency 2020).

Politics was evident in the analysis of the increase of fire hazards, because Western Province was under the Democratic Alliance (DA) and the ruling party in South Africa was the African National Congress (ANC). ANC members started blaming the DA for incompetence, and predicted that there would be an increase in fire hazards in all Cape Town informal settlements compared to other provinces in association with housing shortages (Eyewitness News 2020; African News Agency 2020). This was alarming to all informal settlement dwellers, not only in Cape Town. Tiwonge said during an interview with me:

> I always fear for my life and my family, we have been having many occasions of fire in this area. The worst part is the firefighters usually take longer to attend to us. I'm living in fear of dying because of fire, at times I'm struggling to sleep – especially when all over the news they are talking about the fire in the informal settlements, and the number of people who are dying it's sad. We just want the government to fulfil the promise of taking us to new RDP houses in Fleurhof. This life is against our human rights, it is such a torment and a daily struggle to survive in this area.

This calls for urgent attention to the government of department of human settlement, department of housing and social development. As the government promised to move these residents as discussed below.

Relocation

As described above, Zamimpilo residents live in precarious conditions and need to be relocated to RDP houses, where they can live with dignity, and where they have adequate and safe water and sanitation. The inhabitants hope that soon they will be removed from this area and it can be demolished. The Department of Social Development (Housing) was trying to relocate Zamimpilo residents to RDP houses in Fleurhof, because Zamimpilo is considered to be an area that was not conducive for development because of *zama-zamas* working in underground abandoned mine shafts (Infrastructure News 2015). In 2018, as I have already noted, an area of land collapsed next to Zamimpilo as a result of zama-zama mining. The prevailing government view was (and is) that illegal gold mining is undermining the stability of the land

and that there will be further collapse. There have also been many incidents of dead bodies found in abandoned shafts. When this area was declared a risk zone, a MMC (Member of Mayoral Committee), the speaker of council, and staff of Environmental and Infrastructure Services visited Zamimpilo and all agreed that this area was also prone fire hazards, due to the petrol station and factories, and this could cause harm to both people and property. Their second concern was that zama-zamas were digging the gold while using explosives next to the gas pipelines; this was likely to affect the whole community and surrounding areas (Soweto Urban News 2018) (see Figure 17, below).



Figure 17: Zama-zama (illegal miners). Source: Janice Beckett Soweto Urban News 2018

As zama-zamas continue to dig the gold, the land has been compromised and is likely to collapse further. These miners are forbidden to dig for gold, but they continue to do so as they believe that this is their only way to generate an income. In addition to the mining shafts, there was an identified gas line that have great potential to explode, and this was also causing a health hazard (Democratic Alliance Press Statement 2020). Transnet, a railway company, has been raising awareness with the entire community about the danger of gas pipes. The main aim of this awareness was to make sure that the community knew of the danger that comes with being close to the gas pipelines (Figure 18, below), and that working close to them was likely to cause an explosion in the entire community. The areas were declared a "no go area/risk zone" (Soweto Urban News 2020).

However, some residents believe that they are being moved because the area was overcrowded and there was not enough space to build RDP houses in the Zamimpilo area. The DA issued an official statement on 9 November 2020, urging the ANC government to take action in Zamimpilo because residents were living in conditions that were inhumane and unsanitary. DA spokespeople described the area as a "disgraceful environment" and argued that individuals

could not continue to live in such conditions. In addition to the above-mentioned health hazards, individuals use illegal electricity in this community diverted from the main road street transformers. Thus, living conditions in this informal settlement are therefore hazardous, a violation of human rights according to Section 26 of the Constitution of South Africa – Bill of Rights (2013), that "every person has a right to adequate housing – which aims to ensure that individuals have mental and physical health and mostly living in the safe place with dignity and peace.



Figure 18: "Transnet recently put sings up on the white pillars which indicates the danger of working near the gas pipelines." Source: Urban Soweto news 2014.

Chapter 9

Interventions

In this chapter, I describe and analyse government interventions to MHM in South Africa. I also look at menstrual activists, NGOs, and NPOs, and the various ways that they distribute menstrual materials and increase awareness about MHM in communities.

Government, NGOs, and private sector interventions

The South African Government has tried to ensure that indigent girls in public schools and disadvantaged communities have sanitary products and has slowly begun to prioritise poor communities. As the demand for sanitary products increases in South Africa, not all disadvantaged communities and public schools have received these products. Zamimpilo informal settlement was one place that had not yet been provided with sanitary products.



Figure 19: DWYPD - Plans for the 28th of May 2020, Menstrual Hygiene Day - poster created by the Department of Women, Youth and Persons with Disabilities (DWYPD 2020)

The poster above refers to the DWYPD plans to distribute sanitary products during the pandemic. The department acknowledges that every indigent woman/girl in schools and communities has a right to access sanitary products. During the coronavirus (COVID-19) lockdown, the government through the DWYPD established a relief fund available for

menstrual sanitary products; this fund was in addition to the 2020 budget allocations for this purpose (DWYPD 2020).

Even with additional relief funds, Zamimpilo residents have not received attention from any department other than the housing department, and they did not receive anything on Menstrual Awareness Day (held 28 May yearly); pads were not distributed. This year, due to the pandemic, the distribution of sanitary products was limited, although women in Riverlea, a neighbouring township close to Zamimpilo, and other nearby areas, did receive some packages when the lockdown was at level 3. The women said that even before the COVID-19 pandemic, they were not prioritised by government initiatives to provide sanitary products, while in surrounding areas, the government and NGOs distributed pads to all women. Women from Zamimpilo had to walk to Riverlea or Mathole township – 10 –15 km from Zamimpilo – at times when they ran out of pads. They stated in interviews that they wished distributions were extended to the informal settlements, because they were the ones with the greatest need, but they felt that they were not prioritised.

DWYPD (2020) reported that the coronavirus pandemic (COVID-19) had caused disruption in sanitary programs delivered by most government departments and NGOs – the DWYPD identified a gap, and the need to address menstrual health in society has become more important than ever. For instance, the closure of schools due to lockdown made it impossible for sanitary material to be distributed to quartiles 1-3 schools (government public schools). Thus, the DWYPD created additional partnerships with NGOs and the Department of Social Development (DSD), with the aim of reaching out to women and girls in various disadvantaged communities. Partnerships were created with Footprints Foundation, UNFPA South Africa, WaterAid, and Nobuhle Youth and Foundation, and these organisations donated PPE materials, sanitary materials, food parcels, soap for hygiene, and social distancing stickers to the DSD on 11 May 2020 for distribution in Gauteng Province. The next phase will be for similar goods to be distributed countrywide.

On 10-11 April 2020, the South African Coalition for Menstrual Health & Hygiene (SACMHM) was launched; this coalition aims to add value to aspects of collaboration in relation to MHM in a collective manner, involving the South African Government, civil society, and NGOs. This initiative was launched because the need for menstrual materials exceeds the current supply of the government. When South African schools reopened in June

2020 during lockdown level three, each province had a sanitary national task team distributing sanitary materials in public schools and communities.

This reminded me of Naomi, who in one interviewed mentioned that she had seen on the news that places like Soweto were getting sanitary materials, food parcels, and other goods from the government. She emphasised that no such goods were provided to people in the Zamimpilo informal settlement.

Although the DWYPD primarily distributes sanitary napkins, it has encouraged the use of menstrual cups among their menstrual products. One of the menstrual advocates in Cape Town argued that in places like informal settlements and rural areas, women and girls do not have access to water, and thus it might be challenging for them to use products that require adherence to menstrual hygiene (Barnes 2020). Some women in interviews mentioned that there was currently a move towards the use of menstrual cups; they thought it would be difficult to use them in their environment, because of the lack of privacy to remove and clean the cup after use. The fear was also that young women would borrow each other's menstrual cups as they have, it was claimed, the "culture of sharing," and this might lead to health issues. i.e., infection if the menstrual cup was not well sterilised. There was also a lack of knowledge about menstrual cups, perceived by some women to be uncomfortable when inserting or removing.

Sanitary Dignity

According to the South African Dignity Framework of the Department of Women, Youth and Person with Disabilities, the term sanitary dignity is used as a synonym for Menstrual Health Management in low-income groups (DWYPD 2019). This policy of sanitary dignity emphasises that women and girls in South Africa have a right to manage their menstruation with dignity, thus the provision of menstrual materials across nations was a measure to ensure their rights (DWYPD 2019). Even though the government seeks to meet the needs of indigent women, it cannot accommodate everyone due to resource and budget constraints, which is why the DWYPD collaborates across various sectors. Even so, the demand is still greater than the supply (DWYPD 2020).

Misuse of government resources for sanitary pads

SABC News, e-news, and other newspapers reported on 23 June 2020 that in KwaZulu Natal more than 4 million Rands had been mismanaged by officials; this budget was meant to assist school pupils in public schools with sanitary pads. These officials used the money for personal

use, i.e., sponsoring their businesses, buying new luxury cars and houses, and so on. These officials were suspended immediately. The KZN MEC (Member of the Executive Council) reported that these sanitary pads were intended to help students to be able to attend school and lower the rate of school non-completion due to menstruation. Many students from poor backgrounds end up using sand and leaves in their pants, and this can cause topical irritation and infections. The misappropriation of funds by government officials happened from 2017-2020, with the forensic report undertaken only in 2020. This report was conducted by the Department of Education in KwaZulu Natal (SABC News 2020). Women posted their opinions on social media – asking for justice for girls in disadvantaged areas and drawing attention to their need for sanitary pads (see Figure 20, below).

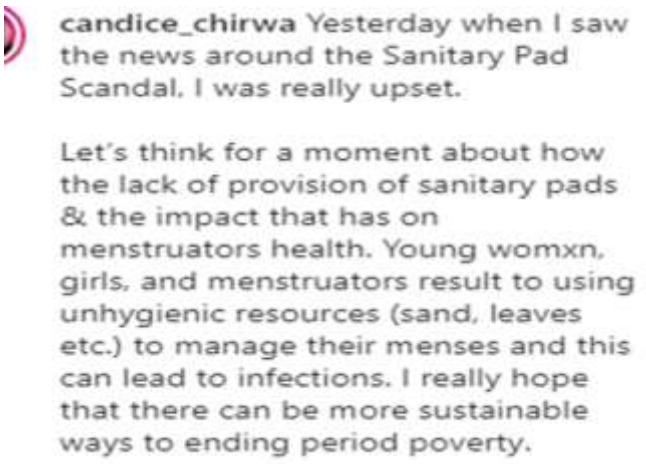


Figure 20: Sanitary pads scandal. Source: Screenshot from Instagram from a menstrual activist Naledi Chirwa

The DWYPD (2020) stated that it was open to suggestions from the public, especially from menstrual activists, as the department was collaborating with various sectors to make their initiatives a success. However, they expressed their disappointment in government officials who had taken advantage of these menstrual and hygiene distributions for their own benefit, such as the government official in KZN who was looting the funds, instead of fighting period poverty. The department further stated that there was a pending investigation against the individuals; department officers saw that many schools in KZN were struggling compared to other provinces without knowing the root of this struggle, as new information has come to light – there will be accountability to the government officials by the South African justice system (SABC News 2020). Additionally, the KZN MEC (Member of the Executive Council) for education disassociated from these individuals and reported that the investigation was underway, and that offenders would be dealt with accordingly (News24 2020).

Menstrual activism

Menstrual activism has brought about awareness of menstruation and globally, activists have been breaking menstrual taboos (Bobel 1963). Bobel (2010) explains the critical engagement

with Third Wave feminism as a tool for investigating a shifting understanding of women's experiences. She asserted that when women's lives are prioritised and taken seriously, gaps and absences in women's lives will be filled. Naomi, who helped me to arrange interviews with women in Zamimpilo, founded and is a member of a group of feminists who tackle such issues. She said,

> Through these gatherings, I want to make sure that we change narratives and perspectives and the understanding of our bodies as women. This is the platform where we share our struggles and empower each other. I am still trying to reach out to NGOs so that we can have things like menstrual pads available for women so that they have their period with dignity. I tried to start an NGO three years ago but because of being foreign in this country and I do not have legal papers, I failed to open one. However, that did not stop me – there are many ways of helping women in this area that I can still do. I strongly believe in educating others, especially my professional skills as a qualified midwife comes in handy, as we discuss sexual topics as well. My only concern is that we do not have the young women attending these gatherings, only adult women.

She showed an interest in assisting women through this group even though at times they lacked resources. She maintained that these conversations assist them a lot, including for women who were going through abuse at home. The group was a safe space for women, allowing women the freedom to talk about their emotions and the challenges of everyday life, including menstruation. Naomi was an activist, spreading positivity about menstruation and hygiene. She also covers various help-related topics as a midwife, including anything related to pregnancy, birth, and so on.

The use of menstrual blood by artists in artwork and in photographs has been part of a larger academic and political movement – known as 'menstrual activism' (Bobel and Kissling 2011; Bobel 1963). This was relevant to my study because some women perceived menstruation as positive, and they were proud of it. The founder of the women's group in Zamimpilo, Naomi, said that after the rape case incidence she saw a need to have a safe space for women, where they will discuss women's related topics, including menstruation. She also said, ideas about continuing to advocate for women's health was influenced by South African women who were using art to speak about menstrual stigmas, that is, to provide a local expression of menstrual activist art and photography. She referred to the work of Zanele Moholi, who had an exhibition entitled *islumo siyaluma* – which means "period pains" (2011) (see also above). This exhibition

mainly focused on African cultures and women's rights, specifically the mistreatment of lesbians in societies and the high rate of rape cases of womxn (of diverse gender and sexual orientation). Zanele used her own menstrual blood to paint the images, reflecting her close personal connection to the topic. She used menstrual blood to break the stigma of keeping menstruation as something that needed to be hidden from the public. She further explained that there was no paint that could reveal her feelings other than menstrual blood. A number of images of work by Zanele Moholi are set out below.

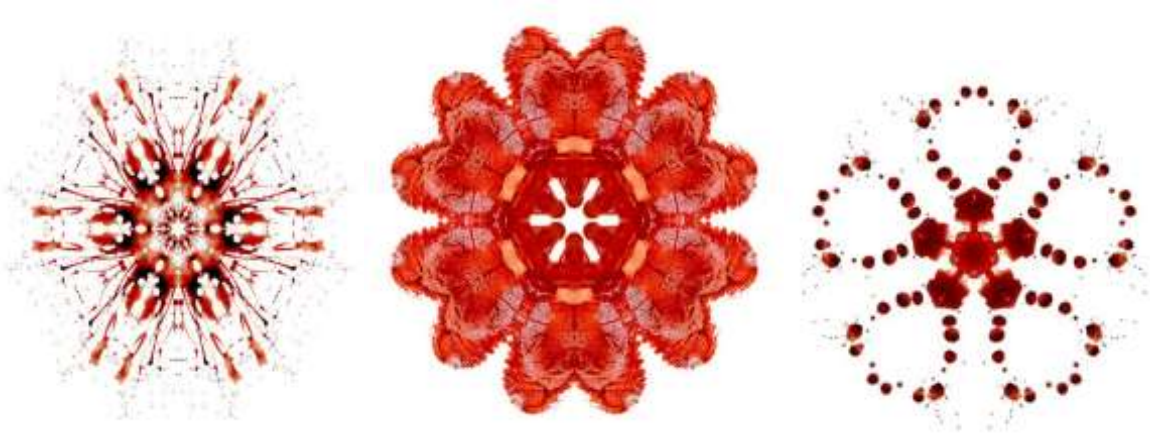


Figure 21: Zanele Muholi – Isilumo Siyaluma (2006- 2011), Installation view, Black Projects, Cape Town. Photo: Raél Jero Salley

There are many menstrual activists who use their own menstrual blood to draw portraits and for other creative art. One woman I interviewed, Dumazile, said:

> Being part of this group, helps us to tackled topics that we did not have a chance to talk about with our parents and this is causing us to talk freely with our daughters. We are going through so much in Zamimpilo trying to make a living, it's good to have such positive groups where we tackled our daily issues. I feel good and empowered by listening to other women's struggles and how they are embracing their womanhood. This group has changed my views about menstruation, childbirth, and I have learned so much about pregnancy and hygiene.

The above quotation shows that the knowledge shared in this women's group she was attending played an important role in bringing awareness about menstruation and related topics. Also, she got some sense of belonging and encouraged her to embrace her womanhood in this group.

Manica and Rios (2017) conducted their study in Brazil focused on menstrual performance and body arts (in) visible blood. They argue that because menstrual blood is supposed to be

concealed, with the use of various sanitary material to absorb the menstrual blood, if it was displayed in a public space – in a form of stain or leakage, or in the case of the activist art above, as paint -- it was perceived as shocking and undesirable. Artists use menstrual blood intentionally to shock, and as a form of resistance against negative views. This takes me back to an interview with Noxolo:

> It was a shocking experience. When at work I noticed that I had a menstrual stain, and everyone around me was saying 'did you not know that you were having a period today' and I responded that my periods came earlier than expected this month. My boss even said you are old, and you should be an example here. To my surprise I was shocked that everyone blamed me for negligence and carelessness because of this stain, I was asked to leave with immediate effect so that I could go and clean myself as I was smelling.

This woman recounted that she went home and cleaned herself and did not allow this instance to pull her down. The following day she rocked up to her workplace with so much confidence and boldness because, she argued, a menstrual stain/leakage did not define her as an individual. Yet as I have shown, although menstrual blood was widely perceived as negative, the menstrual experience as not necessarily seen as negative. One of the menstrual activists posted on Twitter that she normally experiences severe menstrual pain, dizziness, and nausea during her monthly cycle. But despite these negative experiences she would not exchange her menstrual experience for anything in this world; for her, the pain was making her stronger as a woman. She has taken the initiative to go to schools and educate young girls about menstruation and to advise them of various products they can use to manage the pain better and embrace being young women.

In the year 2018, South African activists were calling for sanitary pads to be free for all women, in the same way that how condoms are available. The main aim of these activists was to end the stigma and deconstruct the narrative about menstruation (Global Citizen 2018). During the pandemic COVID-19 lockdown, a group of South African menstrual activists, led by Nokuzola Ndwandwe, called for the South African government to legislate MHHM (Menstrual Health & Hygiene Management) in SA. On 9 May 2020, the women called on the government to prioritise girls and women by allocating official national government expenditure on free sanitary pads across South Africa, and 13,582 individuals signed a petition that was submitted to Parliament. This movement was called #TeamFreeSanitaryPads. The South African government responded in July 2020 and made an announcement that it would expand the budget to supply free sanitary materials in disadvantaged communities (News24 2020).

Menstrual activists in South Africa have played a huge role in changing the stigma about menstruation and how it has been perceived.

Menstrual cups - Social media analysis from women in SA

At time of writing, there was a thread on social media platforms in South Africa about menstrual cups that were reusable for five years. Most young women who were posting said that they would never use something that you needed to insert internally. Some women were posting that sterilising this menstrual cup might be challenging. Most women said that tampons and menstrual cups looked uncomfortable, they had not tried them, and do not wish to do so. Most women expressed their feeling that they preferred to use sanitary pads, such as Always or Lil-lets pads. Most also spoke of using various herbs for period pains – such as Chinese herbs and proprietary products from Forever Living and Herbalife, which have more herbs than synthetic pharmaceutical ingredients. This was reminiscent of the women in Zamimpilo who referred to herbs that they were using for hygiene.



Figure 22: South African made menstrual cup by Mashela Mokgabudi, "these menstrual cups are made of medical-grade silicon and can last up to five years." Source: Fin24 2019

Some Zamimpilo women said they had been given menstrual cups instead of sanitary pads by one of the NGOs that was distributing at Riverlea, but that the menstrual cups were foreign to them and had never used them. The menstrual cups these women were referring to were made in South Africa by Mashela Mokgabudi (Figure 22, above). Mashela Mokgabudi was born and grew up in Limpopo South Africa. She was a trained physiotherapist, and she holds a PhD from the University of the Witwatersrand in pharmokinetics. She has been manufacturing menstrual

cups in her business called GentiShe which donates some of these menstrual cups across SA – this was her way of giving back to the community and fighting 'period poverty' (Fin24 2019).

A few menstrual activists in South Africa advocate for menstruation action, and women's rights and needs. They advocate the use of menstrual cups on all social media platforms. However, response to this indicated that there was still a lack of knowledge about these were feminine hygiene products: the cups are personal care products that women used during menstruation, made out of 'medical-grade silicon'. Their purpose is to collect the blood and prevent it from leaking onto clothes, as might occur with pads or tampons (Borgen Project 2019). However, women' reaction indicate inadequate knowledge about this device. Activists encourage women to use menstrual cups because they are reusable, and they argue that they can hold more blood than any other menstrual product. As many people cannot afford other commercial products, menstrual activists suggested that menstrual cups are cost-effective. However, some women are scared of trying these cups and prefer to use conventional pads. Other women are not comfortable inserting anything into their vaginas, and would not accept cups, nor use tampons, nor an applicator for contraception or a microbicide. Some menstrual activists in collaboration with NGOs distribute menstrual cups instead of commercial pads, but even some government programs distribute menstrual cups as well as commercial pads.



Figure 23: Menstrual cup screenshots conversation - women uneasy about inserting anything into their vaginas 2020. Source – Facebook, first link: https://www.facebook.com/story.php?story_fbid=2627372124144963&id=100006166020829&scmts=scwspsdd. Second link: https://www.facebook.com/story.php?story_fbid=2627375207477988&id=100006166020829&scmts=scwspsdd. Third link: https://www.facebook.com/nkeleprudence.serage.5/posts/634730877166015

The screenshots in Figure 23 (above) were taken from Facebook. A menstrual activist posted on her timeline to encourage women to use menstrual cups and mentioned the benefits of this device. Women's responses were similar across all social media platforms. There was uncertainty when it comes to menstrual cups – whether due to lack of knowledge about the menstrual products or that the product is a personal choice, that is, every woman has a right to choose which menstrual product to use and be comfortable with it.

Menstrual cups are the future, considering the environmental costs of disposing of sanitary pads; these devices are reusable. If two million sanitary pads were distributed across South Africa per month, we should consider the disposal of these products and the damage to the environment of non-recyclable components in the future. It is essential to consider the environment and economic facts in relation to disposable pads. There is a need to look into menstrual cups as a possible solution to end period poverty without causing environmental hazards. However, it is important to look at areas like Zamimpilo where women face acute water shortages, and face considerable in washing menstrual cups or washable pads (Health – e news 2020). As much as menstrual cups are likely to be the solution, it is essential that the government provide water, sanitation, and hygiene (WASH). The DWYPD (2019) stated that it is important to think of ways to dispose of sanitary products using environmentally safe hygienic systems.

Johansson & Hellström (2018), based on their study on a menstrual cups program in schools in the North West province, argued that there was growing evidence to show that menstrual cups are the most sustainable menstrual hygiene products for women, and reported that it was unlikely that cups would cause menstrual stain and leakage, which normally results in embarrassment and shame. Thus, menstrual cups offer a solution to keep schoolgirls in school, as that current evidence shows that 25 percent of schoolgirls miss school in SA for menstrual related reasons (Johansson & Hellström 2018). They proposed that these be included in various programs to improve menstrual health in South Africa.

In summary, menstruation activist feminism portrays menstruation as something good and aims to break the stigma and secrecy around menstruation. Through their artwork, some women find the courage to step up and embrace their period and so womanhood. Also, the promotion of menstrual cups, as a cost-effective device and sustainable menstrual product to limit environmental pollution compared to any disposal menstrual material, i.e., pads, tampons, and so on.

Chapter 10

Conclusion

Personal reflection

When I started with this project, my interest was based on my experience as a young teenager growing up in the Eastern Cape, in a small town called Matatiele. I hated menstrual blood and menstruation as a process. I felt a need to look into this topic, not to just write a thesis but as a life-changing experience for myself. When I interacted with various women at Zamimpilo, I noticed the urgent need to change societal perspectives. During my first visit to the area, doing fieldwork for the Craft of Anthropology methods course, I visited a group of women who were tackling all issues that were affecting women's health and impacting on their everyday life, including menstruation. It was fascinating to hear older women talk about the daily struggles they were currently facing in their household, specifically due to menstruation. Young women were not part of this group due to stigma, fear, and reluctance out of respect to sharing information about such topics with elders. Due to COVID-19 lockdown, I had to change my initial plan of collecting data, and instead of working in the field, I focused on telephone interviews and a discourse analysis of documents and reports on government, NGOs, NPOs, and private sector interventions on MHM. This gave me an opportunity to get details about women's understanding and experiences. I was much affected by the accounts that women shared with me, including that they could not afford sanitary pads. I tried to imagine how they managed their MHM under these conditions, even though they mentioned that they used various herbs to keep themselves clean. I grieved especially for young women who had to miss school and even dropped out because they could not afford menstrual products. At the same time, it was fascinating to see that despite these challenges, some women perceived menstruation as something positive and affirming, and they embraced their womanhood through it. This encouraged me to see menstrual blood and menstruation at another level. Menstrual activism played a huge role in changing my perspective as well, as my reading enabled me to better understand attitudes to menstruation.

In October 2020, Lil-lets, a trademark, and a company that produces sanitary products, saw my profile on LinkedIn and my advocacy for menstrual education. They contacted me and asked me to participate in a community talk as a respondent www.lil-letstalk.co.za, not as an expert but by sharing personal experience, and to discuss what I had encountered in my research so far. In this Lil-lets community, we cover the following topics: Issues and conditions, menstrual

cycle, PMS, sex, health, myth busting, parenting, pregnancy, contraceptives, irregular periods, first period, sanitary and personal care products, menopause, and hygiene.

A major part of anthropology is that in the context of engaging with a population, one inevitably becomes an activist. I was given an opportunity to distribute sanitary products at Wits and among community members in the Zamimpilo informal settlement. It felt so good to go back and meet their needs when the opportunity was presented by Lil-lets. I have established an NGO, with the paperwork in process with the Department of Social Development. The aim is to distribute sanitary materials in various informal settlements, townships, and public schools, and to host conversations about menstruation in communities and schools. The Lil-lets community has helped me to grow as an activist. Most of the questions asked by women in this community group related to what women in Zamimpilo experience on a regular basis. So many women in South Africa lack access to sanitary pads. They end up using tissue, cloth, and rags. Some of the materials they used place them at risk of infection. Women also lack information about menstruation, what was normal and what was abnormal, such as the level of pain, PMS symptoms, severity, and so on.

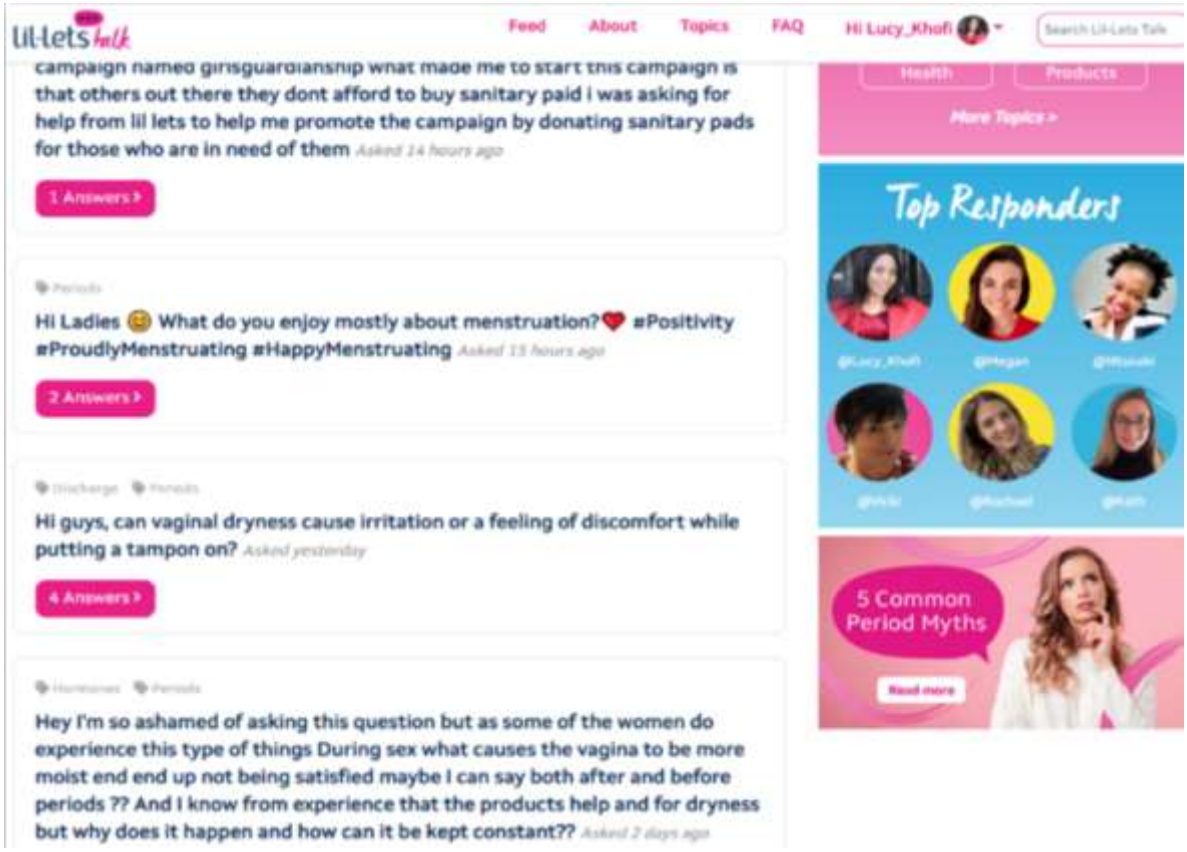


Figure 24: Lil-lets community talk. Source Lil-lets community talk screen shot (approved by lead moderator of the group)

Understanding matter out of place

Matter out of place in this informal settlement was evident firstly from its physical structures and location. As the government declared Zamimpilo informal settlement a risk, the environment is out of place. Likewise, the individuals who are staying in poor infrastructures and neglected by the government are out of place. How individuals are struggling to manage their daily means through the challenges faced in the informal settlements, and how people who are staying in this settlement without work permits in a foreign nation, following Douglas, all fall under matter out of place. Through menstruation we can see that the lack of access to water, sanitary material, managing menstrual odour and a clean environment to dispose of their menstrual products all portray another level of matter out of place. Hence, menstruation was perceived as matter out of place in various context as discussed in this thesis. Through social acceptance, it is clear that the visibility of individual working bodies is also out of place in this context.

Drawing on in-depth interviews with 12 women, interviewed twice to bring the number of interviews to 24, I have illustrated that in Zamimpilo informal settlement, women's menstrual MHM experiences and practices were still a challenge due to lack of access to sanitary products, prevailing community attitudes, and water and sanitation. I have shown how these factors merge as the main hindrances to all participants to manage their menstrual hygiene. Women have multiple and at times contradictory sentiments about their own menstruation as a process, and about menstrual blood. They use mainly herbs to keep themselves hygienic and clean, but this is also governed by their lack of access to health care and by ideas (and complaints) about the 'smell' of menstrual blood. Also, menstruation and pain are one of the biggest challenges that women face when having a period, as for some women the pain gets so severe to the point that they are unable to undertake daily activities. Globally, girls experience menstrual associated pains, and this has an impact on their school attendance. Menstrual Hygiene Management (MHM) interventions and research are beginning to address this. Pillitteri (2011) stated that it was essential for women to have access to pain management strategies so that they can have affordable, adequate pain control at schools and work, as part of a holistic menstrual hygiene management strategy.

Gender-Based Violence emerged as an important factor shaping women's lives in the informal settlements. During SA lockdown there was an increase in GBV cases because women were quarantined with their partners. In places like Zamimpilo it was difficult for menstruating

women to manage their menstrual hygiene while men were around, and this has led to difficulties in changing menstrual towels during the day.

Due to living conditions in Zamimpilo, women lack access to adequate housing, water, and sanitation. This has played a role in how women manage their menstruation hygiene; they struggle to dispose of menstrual waste due to the municipality not cleaning the area. The call for menstrual hygiene management remains essential. It was evident that most women still struggle when they were having a period due to the fact that they do not afford sanitary products, and accordingly they end up using unhygienic and unhealthy rags. Also, water and sanitation play a huge role in MHM, as women in the informal settlements face water shortages; this makes it harder for them to keep their bodies clean. In responding to the challenges that women facing in Zamimpilo informal settlement, they used herbs as an alternative.

Women live under difficult conditions; their human rights are violated. At the same time, there are no cultural activities that prohibit women from practicing MHM or exclude women from social life during menstruation; in contrast, the medicalisation of menstruation was commonly observed. Government initiatives to provide sanitary products to indigent women and girls was recognised, with the collaboration of various sectors, including menstrual activists and NGOs. Looking at the future to save the environment, menstrual cups have been highly recommended by activists and they are reusable and cost effective. The greatest struggle in South Africa was that many women cannot afford sanitary products -- a pack of 8 pads costs up to R13.00 – and so they end up using rags.

In this study, I have contributed to the current literature in various ways. The research on informal settlements concentrates on a few well-known areas, and Zamimpilo has not been covered. I identified the need for more attention to the community of Zamimpilo, as it has been declared as a danger zone, a risk to inhabitants' lives and their belongings. Zamimpilo inhabitants' human rights were violated in various ways, including the right to adequate housing, rights to access to water and sanitation, the right to personal security, and the right to access health care and sanitary products.

In this study, I offer insight into the difficult conditions that women must negotiate to manage menstrual hygiene. This study also showed the rise of menstrual activism in South Africa to change menstrual stigmas and taboos about menstruation, supporting changes of perspective about menstrual blood as dirty and polluted to something that women were embracing. Menstrual activists have helped to increase awareness and information. I have also discussed

the challenges women face in the disposal of menstrual pads, and the possibility of minimising waste in the environment through the use of menstrual cups, although more knowledge is required about this device.

Theoretically, I have provided insight into the stigma that derives from menstruation, through exploring ideas of matter out of place, whereby women are labelled as dirty for cultural reasons, reflecting societal and religious norms. There was much stigma in the community about menstruation and menstrual blood. Some women perceived menstruation and menstrual blood as dirty and negative. However, not all women accepted this, and a few perceived menstruation and menstrual blood as positive; they embraced it as a symbol and embodied aspect of womanhood. Also, women's body experiences were described and analysed. Women have different experiences of their bodies, as some see menstruation as something outside their bodies, while others seeing menstruation as something within, both a part of their bodies and part of being female.

According to the South African Department of Women, Youth, and Persons with Disabilities (DWYPD), it was essential to ensure that women and girls have safe choices to manage their menstruation. The initiatives and support from this department demonstrate the commitment the South Africa Government to ensure that women's diverse menstrual needs are met through the Department's Sanitary Dignity Implementation Framework (DWYPD 2020). However, the available resources do not accommodate the needs of all indigent women, because the need exceeds the allocated budget.

The above shows that the SA government was trying ways to meet women's needs halfway, however, there is still a high level of corruption in South Africa. In some instances, when the government releases a tender to distribute sanitary products to poor disadvantaged communities, government officials misuse these funds for their personal gain. However, menstrual activists have been playing a huge role by collaborating with the government to distribute sanitary products and educating women about menstrual related topics. Activists have been writing recommendations to the DWYPD and president to suggest more ways to deal with menstrual related matters. Additionally, people in the private sector, NGOs and NPOs have been collaborating with the government as well. So many campaigns have been initiated, such as 'keep a child at school' and 'sanitary pads for all'. There is still a shortage of these sanitary products distribution considering the population of South Africa, but this is an

improvement compared to 20 years ago. This suggests some optimism, and more can be done when individuals working together.



Figure 25: Menstrual Hygiene is a right, NOT a privilege. Source - Allison Lu

As every individual has a right to clean water, it was also women's right to have access to menstrual hygiene products. It is important that households and communities create a space for women to menstruate with dignity and without fear or discomfort, especially from men (Sommer et al. 2017).

As I have already demonstrated, following Douglas the physical, environmental, and social structure is out of place in this this context. Further, Douglas (1984) in *Purity and Danger* assisted in framing the emerged themes during the interviews, with an emphasis of matter out of place and pollution, mainly from a religion perspective and how this was still relevant in our daily lives. However, there is also a benefit of protecting and supporting women from participating when they are having a period, such as being forbidden to serve or wear church uniform. This might not be all bad, because the menstruating women will find time to sit at the back, especially if one is experiencing PMS or is experiencing pain. Also, white church uniforms are likely to be stained because of the color and this will protect a woman from experiencing that shame and embarrassment. In addition, Martin's work *Women in the Body* (2001) also played a huge role in framing my interpretation of women's understanding of their bodies in society. Women expressed their various views about their own understanding of their bodies, others saw themselves as inferior, while others associated their bodies to fertility – with Martin, they argue that our bodies are fertile bodies and should be so celebrated.

Recommendations to DWYPD

The DWYPD has been playing a significant role in ensuring that women have access to menstrual and hygiene products as part of their rights, and the collaboration with various

sectors and stakeholders has made a difference. However, the department needs to revise the distribution locations to provide sanitary products, and add places that were left out. Due to the high level of corruption in this country, it is essential for the department to follow up in various communities and schools after they have handed over funds of sanitary materials to NGOs and NPOs, to ensure that sanitary products are distributed in those places. At present the department assumes that distribution takes place, especially when actual funds not sanitary products are provided. It is important to allocate a team to ensure that sanitary products are bought and distributed to nominated, confirmed places.

The South African Department of Environmental Affairs has encouraged individuals to save the planet. The National Environmental Management Waste Act no. 59 of 2008 regulates how waste should be disposed of to save the environment. The regulations include the harm that is likely to be caused by the disposal of menstrual waste in the longer term, thus it is essential that women find environmentally sensitive ways to dispose of pads and other products. Thus, I recommend that more research is needed in terms of disposing of menstrual waste and the possibility of menstrual cups to limit the volume of material being disposed. Menstrual cups are cost-effective and re-usable for five years. More education and awareness about menstrual cups are needed as some women, perhaps most, have inadequate knowledge about this device. However, the SA Department of Water and Sanitation has to ensure that these disadvantaged communities have enough water to clean their cups and women need to be taught how to do this.

In a place like Zamimpilo, it was hard for women to manage their MHM due to dirty toilets, crowding, lack of privacy and shortages of water, and this community has been declared as a danger zone due to neighbouring factories, gas lines and illegal mining, as mentioned above. Therefore, the Department of Housing needs to prioritise these residents to be moved in this area to nearby RDP houses or communities. The various rights of the residents have been violated, including the right to dignity, right to adequate housing, the right to access to sanitary products, the right to clean water and toilet facilities, and so on, in accordance with the Constitution of South Africa Bill of Rights. The residents in this community need urgent attention from our government.

Strengths of the study

The methods I used in this study, in the context of contingencies that emerged as a result of the pandemic, enabled me to document women's lived experiences. As interviews were conducted

twice with relatively few women; these were in-depth and detailed interviews. Women had an opportunity to recount their own experiences, as the questions were used as a guide, but women were given the opportunity to control the direction of their narration and to give more or less information as they chose.

This study will contribute to the South African literature in menstruation and hygiene, especially in informal settlements where such research is lacking. Zamimpilo is under-studied, and this study will contribute to the body of knowledge about this informal settlement, so exposing how inequality and social exclusion are lived and embodied. The study highlights the ways in which social marginality, gender, and environmental poverty shape women's experiences and menstruation, and so how menstruation reinforces gender inequality and women's structural marginalisation.

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Appendix A

Conducted interviews:

Participants	**Age**	**Older/Younger Woman**	**Country of Origin**	**No. of people in the household**	**Employment status**	**Level of Education**	**A male figure in the household**
Naomi	40	Older	Zimbabwe	3	Self-employed	Educated, qualified midwife	Partner, 1 boy
Nomalanga	33	Older	Zimbabwe	7	Unemployed	Grade 9	Partner, 2 boys
Chioma	20	Younger	Nigeria	4	Student	2nd year psychology student at UJ	Father, brother
Adeline	40	Older	Mozambique – Maputo	7	Unemployed	College certificate	Son, partner
Tiwonge	28	Older	Zambia	6	Self- employed	Qualified Nurse	Partner, 2 boys
Pfuluwani	24	Younger	South Africa – Limpopo	5	Unemployed	Grade 12	Older Partner, 2 boys
Ropafadzo	38	Older	Zimbabwe	8	Unemployed	Grade 12	Partner, 2 boys, 2 nieces (boys)
Fikile	24	Younger	Zimbabwe	7	Employed	Grade 12	Partner, 1 boy

Noxolo	21	Younger	South Africa – Eastern Cape	5	Employed	College certificate	Father, 2 boys
Zanele	21	Younger	South Africa - KZN	4	Unemployed	Grade 12	Father, brother
Nomuhle	18	Younger	South Africa – KZN	3	Unemployed	Dropped out in grade 11	Stepfather, brother
Dumazile	35	Older	South Africa – KZN	5	Unemployed	Grade 9	2 Boys
Total Interviews conducted (including follow up interviews)							**24 Interviews**

Appendix B

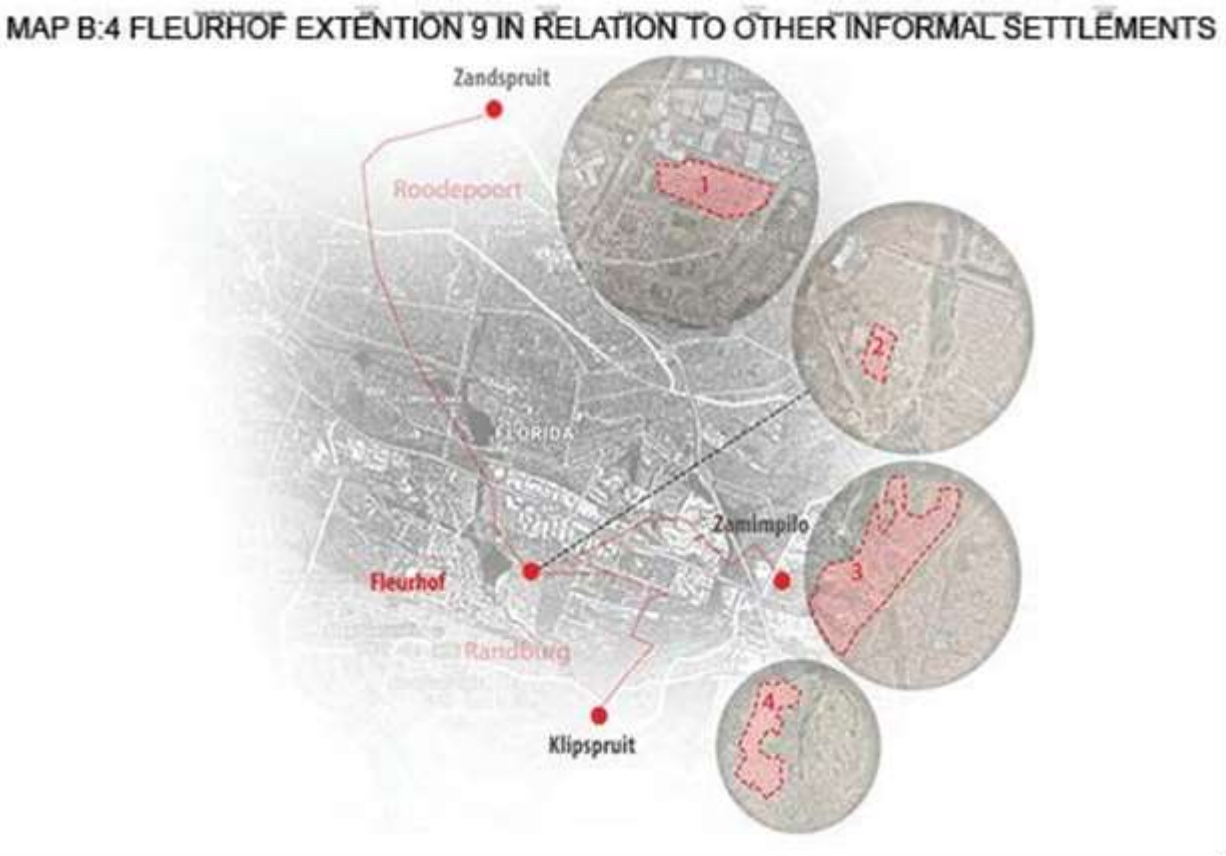


Figure 26: Fleurhof in relation to other informal settlements including Zamimpilo (Mabasa 2017)

Appendix C

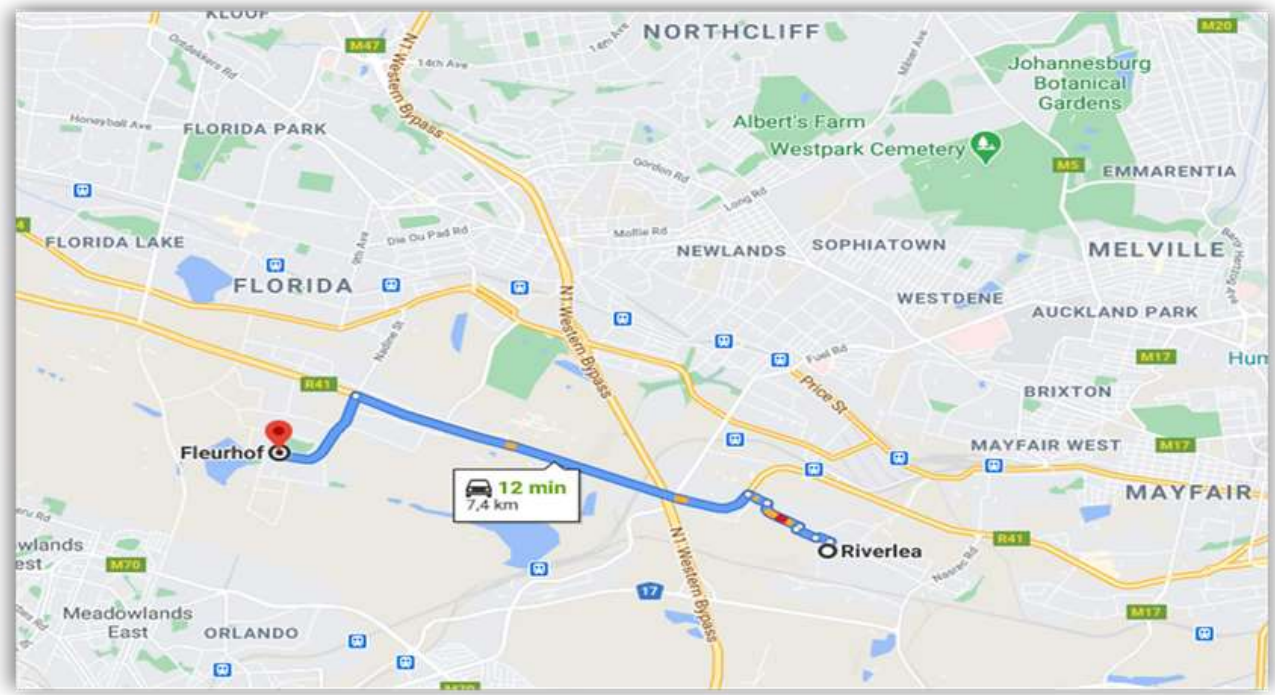


Figure 27: Zamimpilo informal settlement, distance from Riverlea to Fleurhof and to Florida. Source: Google maps

Appendix D

Herb list

Women use these various herbs to practice menstrual hygiene management, some women mix these herbs. Some women stated that they mix herbs with home remedies, such as vinegar, salt, lemon, and ginger.

Herb Picture	Herb name	Function
	*Umhlonyane* (Zulu) Artemisia afra (English)	The women use this herb to drink it -Using it as an infusion -Most put it in their body lotion for the fresh natural smell, to kill the menstrual odour -Some burn it in their house- for the smell
	*Ibhucu* (Zulu) Scientific Name: Bulbine natalensis	The women in Zamimpilo use this herb to wash their bodies when they are menstruating to kill the odour, especially those who use cloth, and they soak the used cloth in *ibhucu.*
	*Intelezi* (Nguni languages which include, Zulu, Xhosa, Ndebele, Swati)	Most people from South African in Zamimpilo believe that *intelezi* was a strong herb. It removes curses, anything that was contaminating, therefore washing their menstrual blood with *intelezi* removes the menstrual blood odour.

	*Insangu* (Zulu) Cannabis sativa (English) Weed/Marijuana (Slang)	Some women use this herb to drink when they have period pains, nausea, headaches. Others use it to infuse the house, especially in summer their shacks can be stuffy.
	*Impepho* (Zulu) Helichrysum petiol "incense" (English)	Women believe that this was a sacred plant, connected to ancestors. Therefore, they believe that burning it in their homes gets rid of negative energy and negative spirit. Women with vaginal infection were their vaginas with the herb. Some women when menstruating wash with this herb to kill the menstrual odour.

Figure 28: List of Herbs. Source: Africa Geographic 2016

Appendix E

GBV march from Commission of Gender Equity to Constitutional Hill:



Figure 29: Image of Lucy leading the GBV protest. Source: Julia Evans photographer and GVB activist.

Appendix F

Telephone interview -Questions were directed to women aged 25-40 years old

My name is Lucy Khofi. I have got your number from…… (name of the person), I am currently doing my MA in medical anthropology. I am doing interviews to get in-depth information about women's understanding, lived experiences and practices of menstruation, how women manage menstrual waste and hygiene. I acknowledge the awkwardness of what will be discussed, and I assure you that this will be a private space.

Thank you for agreeing to be interviewed by me. Before I ask any question, do you have any phrase preferable to use than menstruation, such as menses, period, aunty Flo etc?

- What does it mean to be a woman? (please explain)?
- Before you got your first period, what did you know about menstruation?
- If you knew some certain information - who informed you and what was the information you got?
- If you did not know anything, do you know why you did not get any information about menstruation?
- Please tell me more, do you have any additional menstruation information that you did not know that time? (please elaborate)
- How old were you when you got your periods? How did you feel or what were your thoughts?
- Can you tell me a little bit about your own experience of menstruation?
- How often do you have your period?
- Do you have access to sanitary protection material?
- What sanitary products do you use, why and where do you get it from?
- Why do you use …. as menstrual protection? Are you comfortable with it?
- How often do you change your sanitary product during the day and where do you do this? and Which body parts do you wash?
- How long does it take to change?
- Do you think your sanitary product is safe for you?
- Do you experience any pain during menstruation?
    - Can you tell me about this, and what you do?
- Who does the shopping and there are enough resources to do so? Does the person buy sanitary products?

- Who is deciding/affecting what sanitary products you use?
  How much money does your sanitary products cost every month?
  Who pays for your menstrual protection?

- Is there any traditional way of managing menstruation? (Please explain)
- Have you ever experienced your sanitary product to cause you a problem? (Such as: infections, leakage etc.)? (Please explain)
- Is there something you do not do during your period, such as cooking, house chores, working, church etc.?
- Can you move freely wherever you want during your period? (If not, why not?)
- In what way are you limited by your menstruation in your everyday life and why? (Please explain)
- Is there any traditional attitudes/taboo about menstruation that you know of? Such as how periods were managed in the past? (Please tell me more)
- Can you tell me about how your mother and grandmother talked or managed their period during their time?
- Is a menstruating woman treated differently? (If yes, please explain)
- How do you feel during your period? (Do you feel ashamed, excited, proud, happy, embarrassed during your period?)
- Do you think that menstruation is met with shame and embarrassment? In what way do you notice that? (Please explain)

Are females being treated differently from men? How?

Is there something you cannot do during your period due to other attitudes about menstruation?

Does your menstruation affect your work in any way and what consequences does that have?

WASH, Environment, infrastructure

- How do you care for your body? How do you care for those who are living with you?
- Do you have access to water? Such as taps in the yard, tank, sharing the tap (please explain) and is this water access always available?
- Do you have access to any toilet, what kind of toilet?

Menstrual waste and privacy

- Where do you change your used sanitary product? And why?
- Where do you dispose of your used sanitary product, such as pad or cloth etc? and why?
- Where do you bath during your menstruation period and daily occasions? Do you have privacy to bath and change sanitary products?

Menstruation and gender (husband or partner)

- Are you living with any male figure in your household (such as husband/partner, son, uncle, father etc)?
- Does your husband (or partner or sons or uncle or any male figure in the household) treat you differently during your period?
- Can you have sexual activity with your husband or partner during your menstruation? (Why not?)
- Is it possible for you to talk to your husband (or sons or uncle or any male figure in the household) about your menstruation and the problems surrounding it?
- What is your husband´s or partner's thoughts about menstruation?
- Do you feel equal to your husband or partner? Why/Why not?
- How does your menstruation affect your possibility of equality with your husband or partner? (Please explain)
- Who is the one deciding when you and your husband or partner can have sexual activity?

Any Changes about Menstruation during your time and now?

- How do you think things have changed? And what has not changed?
- How was your daughter's experience of menstruation different from yours?
- How was MHM taught in school when your daughter attended?
- How did you approach the topic with your daughter?
- Could you tell me about any taboos or misconceptions about menstruation currently?
- How would you approach the topic with younger women (of age 1825) from this community?
- How do I create a comfortable atmosphere for the young women?

What is your age? (Your exact age)

Can you please tell me more about your level of education/schooling?

Name (not real name):/ ok….

Number of persons in the household: including children?

Summary

Is there anything else you would like to add?

Is there anything important you think I forgot to mention?

Could you direct me to anyone else who might be able to help me?

Appendix G

Telephonic interviews Questions were directed to young women aged 18- 25 years old

My name is Lucy Khofi. I have got your number from …… (name of the person), I am currently doing my MA in medical anthropology. I am conducting this interview to get your opinions and experience of menstruation as a young woman in Zamimpilo. I will include additional information such as about school, privacy, community, access to sanitary products etc. Your opinion is important and there is no wrong or correct answer. I acknowledge the awkwardness of what will be discussed, and I assure you that this will be a private space.

Thank you for agreeing to be interviewed by me. Before I ask any question, do you have any phrase preferable to use than menstruation, such as menses, period, aunty Flo etc?

Understanding periods, lived experiences and practices

- What does being a young woman mean to you?
- What is your general understanding about menstruation?
- When was your first period (age or age group)?

Q: When did you first learn about periods?

- Who first told you about menstruation?
- What did they tell you?
- How did you feel learning about it?

Q: How was your first menstruation period experience? (Please explain)

Did you have any knowledge about menstruation before your first period?

Q: Did you learn about menstruation in school?

- Can you tell me a bit more about what you have learnt?
- Did boys and girls learn about it together?
- How do you feel about learning about this?

Q: Who helps you deal with your period?

How do they help you?

Q: Who do you talk to about your period?

Mother, father, teacher, friends, siblings etc?

Q: What do you talk about?

- Does it help you to talk to them?
- How does it help you?

Q: What is difficult for you when you have your period?

- How is it challenging?
- Do you talk to your friends or siblings about these feelings?
- What could be done to make this less difficult?

Q: How do you feel when you have your period?

Q: Do you have access to sanitary products?

Q: What kind of absorbent (sanitary products) do you use during your menstruation period?

Q: Do you talk openly about menstruation at home, in the presence of men and boys? (if not, why)

Do you go play or hang out with friends when you are on your period?

Q: What do you do that helps you during your period?

Q: How did you learn about menstruation and menstrual hygiene? e.g in school or community etc.?

Q: Do you receive any support from the government or any private organization with menstrual products or menstrual awareness in this community?

Q: How did it feel like to be on your menstrual period and be at school?

Q: How is the menstruation viewed in your community by your peers and community at large? (explain)

Q: Can you tell a little bit about what resources do you have access to as a young woman in the informal settlement regarding menstruation?

- Can you speak a little bit more on how can you access absorbents (sanitary products)?
- What sanitation facilities are available for you in this community?

Disposing used sanitary products

Q: How do you dispose of your used menstrual absorbent (waste)? (please, explain)

- Why are you disposing your menstrual absorbent this way?

- Who taught you this way of disposing your menstrual absorbent?

Age:

First period:

Level of education:

What are you doing for a living, studying, or working?

Who handles the finances in your household, eg your mother or father or aunt or uncle etc?

Who does the shopping and there is enough resource to do so? Does the person buy sanitary products?

Do you have a male figure in the household?

Is it the father, uncle, brother?

*Do you talk to them about menstruation? (If not, why not)

How big is the household?

Do you have privacy to bathe and change your sanitary products?

Summary

Is there anything else you would like to add?

Is there anything important you think I forgot to mention?

Could you direct me to anyone else who might be able to help me?

Appendix H: Ethics Documents:

Consent form



Title of project: Menstrual Hygiene and Management in Zamimpilo Informal Settlement

Name of researcher: Lucy Khofi

NB: This will be a verbal consent and the below will be read out to the participant

I, ……., agree to participate in this research project. The research has been explained to me and I understand what my participation will involve. I agree to the following: (Please indicate the relevant options below).

I agree that my participation will not be anonymous in data collection but confidential	YES	NO
I agree that the researcher may use anonymous quotes in his / her research report	YES	NO
I agree that the interview may be audio recorded	YES	NO
I agree that the information I provide may be used anonymously after this project has ended, for academic purposes by other researchers, subject to their own ethics clearance being obtained.	YES	NO

……..…….…… (signature)

…… (name of person seeking consent)

……..……(date)

Participants Information Sheet (PIS) – telephonic interview



Private Bag 3, Wits 2050, Johannesburg, South Africa

Hello.

My name is Lucy Khofi, and I am a Masters student in Medical Anthropology at the University of the Witwatersrand, Johannesburg.

As part of my studies, I have to undertake a research project, and I am investigating women's experiences, challenges, and practices of menstruation in Zamimpilo informal settlement, under the supervision of Professor Lenore Manderson.

The aim of this research project is to understand women's lived experiences and practices of menstruating and managing menstrual waste and hygiene.

As part of this project, I would like to invite you to take part in a telephone interview. This activity will involve two telephone interviews that will take around 45-60 minutes. With your permission, I would also like to record the telephone interview using a digital device true caller. Upon the ethics approval, the interviews will take place over a period of four to six weeks (ideally from the beginning of June until the second week of July). First interviews will take place between the 1-3 week of June and follow up interviews between the 3/4th week of June – 2week of July.

There will be no personal costs to you if you participate in this project, you will not receive any direct benefits from participation but there are no disadvantages or penalties if you do not choose to participate or if you withdraw from the study. You may withdraw at any time or not answer any question if you do not want to. The telephone interview of your lived experiences will be completely confidential and not anonymous in data collection, as I will not be asking for your name or any identifying information, and the information you give to me will be held securely, stored on a password protected computer and not disclosed to anyone else. With your permission the data collected from this research project may be used by other researchers, subject to their own ethics clearance being obtained. I will be using a pseudonym (false name) to represent your participation in my final research report. If you experience any distress or discomfort at any point in this

process, we will stop the interview or resume another time.

If you have any questions during or afterwards about this research, feel free to ask me anytime or contact me on the details listed below if you remember something after we have done with the interview.

This study will be written up as a research report. If you wish to receive a summary of this report, I will be happy to send it to you.

If you have any concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27(0) 11 717 1408, email Shaun.Schoeman@wits.ac.za I will forward you all these details after the interview.

Yours sincerely,
Lucy Khofi