



**AN ECOLOGICAL EXPLORATION OF HOW SOUTH AFRICAN UNIVERSITY
STUDENTS NEGOTIATE THEIR MENSTRUATION WITHIN THE UNIVERSITY
SYSTEM**

By

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DECLARATION

I Nokubonga Purity Ngubane declare that the thesis entitled, “An ecological exploration of how South African University students negotiate their menstruation within the university system” is my own work and that all the references used or quoted have been indicated and acknowledged.

Signature of student:  Date: 26/08/2018

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ABSTRACT

Objective of the study

The purpose of this study is to contribute to the ‘demedicalisation’ of menstruation among university students. It aimed to do this by using a socio-ecological model to explore the way in which a sample of female University residence students experience and negotiate their menstruation within the university context.

Method

Two focus group interviews were conducted with a sample of nine female participants who resided in the university student residences. Thematic data analysis was used to analyse the data.

Findings

The findings of this study highlight that there are a number of intersecting factors that impact on how university students experience their menstruation. The findings of this study showed that a number of factors combine to result in menstruation experiences that have a negative impact on the students’ academic performance. For example, their performance is not just affected by internal, physiological factors, but by wider structural issues such as a lack of clean university bathrooms that prevents them from changing their sanitary pads at university and forces them to leave campus early. It was also found that a lack of appropriate education on methods of managing menstrual pain results in students managing their menstrual symptoms by taking medication that causes, for example, drowsiness. This research challenges the medical approach towards menstruation and creates awareness of other factors that impact on students’ experiences of menstruation such as wider socio-cultural discourses, gendered relationships, significant interpersonal relationships, university infrastructure and economic status.

Conclusion

This research has contributed to a body of research that highlights how contextual factors intersect to influence how university students experience their menstruation. There is a need for structural interventions that acknowledge that students should not be expected to manage menstruation on their own, but should, rather be able to expect their university to provide appropriate resources to improve their menstruation experiences while at university.

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CHAPTER ONE: INTRODUCTION

1.1 Introduction of the study

This chapter aims to contextualise my study. It will describe how the research topic was decided on. It will provide a research statement and outline the research questions that informed this study.

Menstruation is a biological process, whereby a female body prepares for reproductive functioning (Ismail, Pedro & Andipatin, 2016). This process involves the “cyclical shedding of the inner lining of the uterus, which is controlled by hormones produced by the hypothalamus and pituitary glands located in the brain” (Ameade & Garti, 2016, p. 1).

The interest for this topic was influenced by my supervisor who was involved in menstrual health education among adolescents. She found a large body of qualitative research on menstruation amongst school going females. She was interested to see if there was research on University students and was surprised to find that the body of research that focused on students in the higher education context was largely quantitative. This research tended to focus on the prevalence of menstruation in relation to hygiene (Hawkey, Ussher, Perz, & Metusela, 2017), absenteeism (Aflaq & Jami, 2012), and dysmenorrhea and abnormal menstruation (Aflaq & Jami, 2012 & Polat et al., 2009). What stood out was how this body of research served to medicalise menstruation. According to Conrad and Baker (2010, p. 74) “medicalisation is referring to human problems as medical problems, usually in terms of illness, disease or syndromes”. Conrad (1994) argues that medicalisation results in experiences such as menstruation being “decontextualised”. This health phenomenon has been viewed through a medical lense, as a result, the social and environmental factors that influence how menstruation is experienced are over-looked. This masks the way in which wider social or structural issues may be contributing to the university students’ struggles with menstruation.

The above-mentioned studies were interesting because they revealed some of the cultural meanings that these students attach to menstruation and explored some of their subjective experiences around menstruation in general. For instance, findings in Ismail et al. (2016) indicated that due to wider discourses of shame attached to menstruation, young women engage in constant bodily self-surveillance. Jackson and Falmagne (2013, p.379) found that the “negative discourses of menstruation and women bodies converge to set girls on a problematic gendered trajectory at menarche that can potentially influence meaning making and experiences across the lifespan.” Lastly, in Mathews (2015) it was found that menstruation constructions do not only depict ways in which patriarchal values are maintained through gender roles, but also construct women’s bodies negatively. These studies used university students to attain insight into how young women in general negotiate menstruation within their social contexts. They did not, however, explore how these students experience their menstruation within the university system.

As a result, a research gap was identified, that is, the need for more qualitative research and research that explores university students’ experiences of menstruation within the university system. This led me to develop a study that would explore how students’ experience and negotiate their menstruation within the university environment from a socio-ecological framework.

Following below is a discussion of the research statement, research questions and an overview of the study.

1.2 Research statement

Research on menstruation amongst university students is sparse. In a collective review of menstruation studies conducted in Africa (Titilayo, Agunbiade, Banjo & Lawani, 2009) noted

that all of the studies were quantitative and focused primarily on biological or medical aspects of menstruation. For example, most of the reviewed research studies the prevalence of dysmenorrhea and premenstrual syndrome amongst samples of female university students (Titilayo et al., 2009). In addition, some studies looked at the number of students who either seek medical help or self-medicate during menstruation.

The objective of this research is, therefore, to contribute to the ‘demedicalisation’ of menstruation amongst University students in Africa. It should be noted that in doing this the study does not wish to imply that menstruation may never require a medical focus, but rather that the *emphasis* of the medical focus needs to be challenged to highlight the importance of exploring the way in which context influences how menstruation is experienced. It aims to do this by using a socio-ecological model to explore the way in which a sample of female University residence students experience and negotiate their menstruation within the university context. The ecological model shifts the focus away from viewing health issues only at an individual level, it extends the focus to much broader systematic levels of influence that impact on one’s perception, attitude and behaviour around health-related experiences such as menstruation (McLeroy, Bibeau, Steckler and Glanz, 1988). It is hoped that this research will contribute towards the development of strategies by university student support services to improve the menstruation experiences of university students.

1.3 Research questions

The following research questions frame this research study:

- 1.3.1 How do a sample of female University residence students understand and view menstruation culturally?

- 1.3.2 How do a sample of female University residence students negotiate their menstruation within the social networks of the university?
- 1.3.3 How do a sample of female University residence students experience and negotiate their menstruation within the university system?
- 1.3.4 What do a sample of female University residence students believe can be done by the University to make their experience of menstruation easier?

1.4 Overview of the study

This study report is divided into five chapters. The first chapter, the introduction of the phenomenon being studied. The second chapter includes a review of literature and discusses the theoretical framework of the study. In the third chapter, a well-detailed research methodology is discussed. In chapter four, the findings of the study are presented and discussed in relation to the literature reviewed, new literature that the findings directed me to and the theoretical framework of the study. Chapter five provides a conclusion, a discussion of the limitations of the study and recommendations for practice and future research.

CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

The following literature review starts by looking at the research on menstruation experiences of adolescents and then moves onto exploring the research that focuses on university students. The first body of research that explores university students' experiences is a body of quantitative research. The second body of research is a smaller body of qualitative research. Due to limited qualitative research on university students' subjective experiences this review has included research on women in general, who may or may not be university students, but whose experiences of menstruation provide important insights that may be applicable to university students.

Medicalisation was found to be common with respect to the way in which the body of quantitative research focuses on how university students experience menstruation. Hence, the discussion on how medicalisation decontextualizes experiences like menstruation and, therefore, diverts attention away from how social factors, like inequality, impacts on the experience (Conrad, 1992). To refocus attention on social and contextual factors the social ecological model by McLeroy et al., (1988), which was adapted from Bronfenbrenner's ecological systems theory. Along with the social ecological model, this chapter incorporates a discussion on critical community health psychology to accentuate how a variety of social and contextual factors can influence how something like menstruation is experienced at the individual level.

2.2 Literature on adolescents

Although the focus of my study is on university studies it was apparent when reviewing the literature that very little research has been done on the menstruation experiences of university

students, and in particular, very little qualitative research. I was, therefore, advised to start by looking at the larger body of research that looks at menstruation experiences of adolescents as the findings of these studies could give me some insight into what university students might experience in relation to their menstruation.

2.2.1 Absenteeism

There is an extensive body of research (both quantitative and qualitative) that has explored menstruation amongst adolescent girls. Many studies focused on school absenteeism as a result of menstruation. Studies such as those conducted by Jewitt and Rylel, (2014); Oster and Thornton (2009); Ngugi and Nyaura, (2014); Aflaq and Jami (2012) and Mason et al., (2015) highlight that absenteeism from school is a result of various factors including the lack of sanitary wear, a fear of blood stains and odour as well as physical discomfort.

A study by Oster and Thornton (2009) conducted in rural Nepal reveals that although menstruation had a negative impact on school attendance, the impact was inadequate to conclude that menstruation does affect school attendance. This means that menstruation did not have a great impact on girls' school attendance based on the results obtained from the study. Oster and Thornton (2009) argued that there were other issues such as money, poverty and/or problems at home which could have affected school attendance apart from menstrual-related-issues. Similarly, researchers such as McMahon, Winch, Caruso, Obure, Ogutu, Ochari and Rheingans (2011) discovered that the link between absenteeism and menstruation is lacking and that there were other factors influencing absenteeism other than menstruation. It appears that menstruation may result in absenteeism, but contradictory findings suggest that further research is required.

2.2.2 Menstrual hygiene management and access to facilities

Mahon and Fernandes (2010) reveal that the awareness of menstrual hygiene practices and access to sanitary pads amongst adolescent girls were generally found to be lacking. Oster and Thornton (2009) reported that adolescents complained of expensive sanitary supplies and the silence around menstruation. There have been reports about poor menstrual hygiene management amongst school girls due to inaccessible and inaccurate information regarding menstruation and proper infrastructure in schools to support students during their menses (Chikulo, 2015).

A study by Nemade, Anjenaya, and Gujar (2009) reveals that unhealthy menstrual practices, low levels of knowledge and various misconceptions regarding menstruation were common issues among adolescents. For example, a study by Oster and Thornton (2009) found that girls from low income backgrounds were involuntarily required to use items such as pieces of blankets, rags, tissues and cotton as sanitary wear. Mahon and Fernandes (2010) also found that girls used cloths to absorb menstrual blood. Mahon and Fernandes (2010) highlight that lack of infrastructure like working toilets can cause significant anxiety amongst menstruating school girls.

Jewitt and Ryalel (2014) found that girls experienced anxiety and reported feeling embarrassed when their menstruation first began. Ramathuba (2015) found that 73% of adolescents reported being afraid and having anxiety due to the inability to maintain adequate hygiene practices as a result of poor infrastructure and lack of access to sanitary supplies.

2.2.3 Menstrual Knowledge

Several studies indicate that there is a lack of awareness and menstrual knowledge amongst some adolescents, particularly from low income backgrounds. It is evident in Mahon and Fernandes (2010) that although most girls had menstrual knowledge before menarche, a substantial number did not, and most of them did not fully comprehend the physical process of menstruation.

A study conducted in South Africa by Ramathuba (2015) indicated that the majority of adolescents' lack knowledge and understanding of the physiological source of menstruation bleeding. For instance, 67% indicated the uterus, 65% the vagina, whilst 11% indicated that menstruation blood is from the abdomen and 5% indicated the stomach as a source of bleeding. Ramathuba pointed out that it is concerning that although sexuality education is taught during Life Orientation, inaccurate knowledge about menstruation is still an issue. In addition, Mahon and Fernandes (2010) also found that a lack of menstruation education was evident in formal education. In their focus group discussions, it emerged that teachers in South Asia avoided teaching reproductive health. For example, one girl reported that her teacher had said: "This topic need not to be taught, you can self-study at home" (p. 101). Ramathuba (2015) argues that among other reasons, there is lack of knowledge regarding menstruation among adolescents because culture inhibits an open discussion of such matters.

Reviewing literature on adolescents or school girls, it is evident that common themes such as absenteeism, menstrual hygiene and menstrual knowledge have been explored and evaluated in most studies as concerns and health issues amongst adolescents that may be perpetuated from generation to generation. While there is a large body of research exploring adolescent experiences of menstruation, there is a much smaller body of research existing on menstruation amongst university students, which I will now turn to.

2.3 Quantitative menstruation research on university students

When searching for literature on menstruation among university students the first thing that becomes evident is the fact that almost all studies make use of a quantitative research design. It was a challenge to locate qualitative studies that focused on a university sample. From this body of quantitative research, it appears that university students, like adolescents, experience hygiene problems and low levels of awareness regarding aspects of menstruation. There is, however, a slight difference in level of absenteeism during menstruation between adolescents and university students. Two things that distinguish the menstruation research on adolescents from the menstruation research on university students is that, firstly, the research on adolescents includes both qualitative and quantitative research designs while the research on university students mostly uses quantitative research designs. Secondly, the researchers focusing on university students tend to primarily focus on the experiences of menstruation disorders and in this way study menstruation from a primarily biomedical perspective. The biomedical lense is highlighted in the following themes that emerge from the body of quantitative menstruation research using a university sample.

2.3.1 Premenstrual Syndrome and Primary Dysmenorrhea (PD)

Across quantitative studies reviewed it appears that psycho-behavioural premenstrual symptoms are common amongst university students. These included irritability, fatigue, depression, anxiety or tension, social withdrawal or avoidance (Shiferaw, Wubshet & Tegabu, 2014). Disturbance in appetite was also observed amongst students, who would either eat a lot or avoid eating during menstruation (Aflaq & Jami, 2012). Furthermore, there were reports of physical premenstrual symptoms that students reported. In a study by Shiferaw et al., (2014)

students reported experiencing breast tenderness, bloating, acne, headache and joint or muscles pain.

Menstrual irregularity was one of the factors related with the presence of premenstrual syndrome among university students. Shiferaw et al. (2014) defined this phenomenon as a group of symptoms (physical and psychological) that some women experience each menstrual cycle. Shiferaw et al., (2014) revealed that students who had irregular menstruation were 1.87 times more likely to have premenstrual syndrome compared to students who had regular menstruation.

Another factor which was common in most studies was primary dysmenorrhea (PD). Polat et al. (2009) defined it as a cramp-like pain in the lower abdomen at the onset of menstruation without any identifiable pelvic pathology. They added that this pain is accompanied by back pain, nausea, vomiting and diarrhoea. Research indicated that PD contributed to increased absenteeism and students missing examinations. Some students reported lower performance during menstruation (Polat et al., 2009). As other researchers have reported, premenstrual syndrome and dysmenorrhea may not be correlated to absenteeism. However, factors such as stress levels from pressure at university, family history of dysmenorrhea or other medical or mental conditions could predispose these students to dysmenorrhea to the extent that they are unable to be functional in all contexts during their menstruation (Shiferaw et al., 2014).

Research indicates that there is a high prevalence of dysmenorrhea and menstrual irregularity among university students. Some researchers have established risk factors which have been found to be associated with dysmenorrhea in University students such as quantity of menstrual flow, increased menstrual time, low fish consumption (Polat et al., 2009), smoking, weight loss, depression, anxiety (Carik, Mungan, Karakas, Giriskan & Okten, 2007), and most

importantly family history of dysmenorrhea (Unsal, Ayranci, Tozun, Arslan & Cali, 2010; Shiferaw et al., 2014).

2.3.2 Absenteeism

The prevalence of dysmenorrhea among university students in Turkey is 89.5% and approximately 10% of them described the experience as severe (Cakir et al., 2007). In a study conducted in Nigeria among students studying art and social sciences courses, it was revealed that dysmenorrhea was reported to be 242 (60%) of the female students who participated in the study and 50 (12.5%) of these students reported that pain interfered with their academic activities (Esimai & Esan, 2010). In a study by Polat et al. (2009) also indicated that dysmenorrhea has had a negative effect on attendance which consequently affect students' performance.

2.3.3 Self-medication and self-management

Primary dysmenorrhea has been found to be one of the important menstrual-related issues that has a negative impact on lives of university students which requires treatment and management (Ameade & Garti, 2016). Students reported resorting to using various methods to treat their dysmenorrhea. The methods Polat et al. (2009) observed included rest, application of heat and not minding the pain. In a study by Polat et al. (2008), 66.9 % of students reported using non-prescription drugs to treat dysmenorrhea. The drug that was found to be common among these students was non-steroid, anti-inflammatory (NSAI) drugs. Only a limited number of students reported consulting a doctor due to dysmenorrhea. Aflaq and Jami (2015) revealed that among students who reported using pain killers it was due to heavy discharge or dysmenorrhea. Amongst other reasons Polat et al. (2008) suggested that a low rate of consultation with the

doctor may be due to low educational levels of the families. They further added that these conventional methods may arise as a result of media and medical institutions portraying unjustified and incorrect use of treatment methods.

2.3.4 Awareness of menstrual abnormalities

Literature indicates that there is an inadequate level of awareness of menstrual abnormalities among university students (Ameade & Garti, 2016). In a study conducted on university students Esimai and Esan (2010) revealed that awareness related to menstrual abnormalities was poor. This study included a group of young students and older students at a university in Ghana. Esimai and Esan (2010) noted that the lack of awareness was mostly amongst young university students compared to the older students. Findings from this study reported that older students had better awareness of health issues and were more likely to seek medical attention if needed. Hence, these students were more likely to receive information regarding issues surrounding the menstrual cycle than younger students. Another study by Cakir et al. (2007) conducted with university students in Turkey also indicated minimal awareness of menstrual abnormalities. In their findings it was revealed that students who presented with dysmenorrhea and menstrual irregularity had never sought medical examination or treatment and these authors highlighted that these students had inappropriate and insufficient information regarding their menstrual-related issues (Cakir et al., 2007).

2.3.5. Menstrual-hygiene practices

Literature reports poor menstrual hygiene practices among university students due to lack of proper infrastructure and low socio-economic status (Ameade & Garti, 2016; Singh, Kandpal & Roy, 2011). In a study by Singh et al. (2011) it was revealed that among the sample of students from the Hindu community it was common for women to reuse “used cloths” (p. 43)

to manage their menstrual periods. Ameade and Garti (2016) emphasized that this poor menstrual hygiene was influenced by the teachings from their religion, but another reason was low socio-economic status. Ameade and Garti (2016) revealed that “poor menstrual hygiene increases the susceptibility of post-pubescent females to reproductive tract, urinary tract and perineum infections” (p. 8). In this study (Ameade & Garti, 2016) students reported failing to maintain healthy menstrual hygiene practices within the university context due to lack of proper infrastructure.

2.4 Medicalisation of menstruation in quantitative studies

There is a need to highlight how menstruation has been medicalised in the quantitative research that focuses on university students as compared to being understood contextually. Conrad (1992) defines medicalisation as a “process by which non-medical phenomena become defined and treated as medical phenomena, usually in terms of illnesses or disorders” (p. 209). He further elaborated that medicalisation does not only define a problem in medical language, but it also uses a medical model to understand it and a medical intervention to treat it. Some authors argue medicalisation separates the body from the rest of the person. As a result, an experience like menstruation becomes an isolated embodied experience (Conrad & Barker, 2010 & Ismail et al., 2016). According to these authors this framework is based on a perception that physical experiences like menstruation can be understood without considering one’s subjective experience of it (Conrad & Barker, 2010 & Ismail et al., 2016).

The medicalisation of menstruation is evident in the quantitative research that explores menstruation amongst university students. There is limited research that seeks to qualitatively explore university students’ subjective menstrual experiences within the context of the university (Ismail et al., 2016).

The criticism of medicalisation is that it results in contextual and structural issues that contribute to difficult experiences being overlooked and instead the individual's self-management is emphasised. The "medical model decontextualizes social problems, and collaterally, puts them under medical control" (Conrad, 1992, p. 223). Through medicalisation social problems are individualised instead of being recognised as collective social problems (Conrad, 1992). An example that best illustrates the consequences of medicalisation is women battering. Medicalised conceptions of women battering can lead to individual therapy and divert from a focus on how patriarchal values and social inequality contribute towards this experience (Tierney, cited in Conrad, 1992). Medicalisation is effective in masking the ways in which social practices and power impact on physical experiences. Medical control plays a crucial role in influencing public opinion and social policy (Conrad, 1992). As Rosenberg (cited in Conrad, 1992) argues, policy makers have a preference for medical solutions because they are much more simple and easier to put in place than solutions that focus on more complicated social problems like inequality and patriarchy.

The quantitative focus of research on university students tends to decontextualize their menstruation experiences and overlooks their subjective experiences. The focus of research on the medical aspects like menstrual pathology, treatment, help seeking behaviours and menstrual hygiene results in a focus on the physical dimension. Drawing on the work of Verweij, Seckinelgin (2008) highlights how decontextualizing illness places the responsibility for the management of illness onto the individual whose is expected to deal with it on their own. This can be applied to the medicalisation of menstruation. By decontextualizing this phenomenon, the biomedical focus of the quantitative research tends to overlook the way in which structural and contextual issues impact on these students' menstruation experiences. In relation to menstruation Barker and Conrad (2010, p. 75) illustrate how an emotion like anger becomes framed as a symptom of what has been constructed as the disease of PMS. This anger is thus

treated with things like anti-depressants which “trivializes the impact of gender inequality on women’s daily lives”, which may result in anger that happens to coincide with menstruation. Conrad and Barker (2010) highlight that through medicalisation the social and non-medical conditions that influence an experience like menstruation are overlooked.

Conrad and Barker (2010) have argued that medical knowledge reproduces social inequality. These authors emphasized that medical advice around experiences like menstruation reflects wider cultural concerns about women’s sexual and social freedom. Hence, when menstruating and pregnant women follow prescribed medical advice, they enact the dominant cultural ideas of femininity (Conrad & Barker, 2010). For example, these authors suggest that because emotions such as frustration and aggression go against social norms guiding women’s behaviour, they become evidence of a disorder in women that require treatment. According to Ismail et al. (2016), the experience of menstruation has been found to be associated with the notion of social control of women’s bodies by a patriarchal society. During menstruation women are socialised to feel ashamed and embarrassed and, therefore, constantly check themselves to ensure there is no public evidence of their menstruation (Ismail et al., 2016). Medicalisation maintains the notion of social control of women’s behaviour, but also contributes to social beliefs about fixed differences between men and women, which justifies “gender inequality within intimate relationships, families, institutions and society” (Conrad & Barker, 2010, p. 73).

2.5 Social Constructionist approach to menstruation

“Social constructionism is a conceptual framework that emphasizes the cultural and historical aspects of phenomena widely thought to be exclusively natural” (Conrad & Barker, 2010, p. S67). The primary focus is on “how meanings of phenomena do not necessarily inhere in the

phenomena themselves but develop through interaction in a social context” (Conrad & Barker, 2010, p. S67). The medical model assumes that illnesses are universal, whereas social constructionists place emphasis on the cultural and social meanings that shape and inform experiences of illness (Conrad & Barker, 2010, p. 67). Although Conrad and Barker (2010) are referring to illness, they recognize that any biological phenomenon is socially constructed, and that menstruation can therefore be perceived and understood as an experience that is shaped by cultural and social systems. In their discussion they illustrate how aspects of menstruation, such as PMS, are constructed as illnesses. By applying a social constructionist approach to understanding a phenomenon like menstruation researchers can bring to the fore how experiences of menstruation are “shaped by social interactions, shared cultural traditions, shifting frameworks of knowledge, and relations of power” (Conrad & Barker, 2010, p. 69). Barker and Conrad (2010) highlight how cultural meanings attached to phenomenon like menstruation have an influence on the way in which it experienced, how it is depicted, how it is socially responded to and what policies are put in place to address it.

Conrad and Barker (2010) highlight the importance of understanding the everyday and subjective experiences of people in relation to experiences like menstruation. They argue for in-depth-interviews that contribute “to creating an ‘insider’s’ view” (p. 71). This highlights the need for more qualitative research on menstruation experiences of university students in order to move away from a medical focus towards a focus on the cultural meanings and subjective experiences of menstruation. A social constructionist understanding of menstruation will contribute towards the development “of context-centred strategies” (Conrad and Barker, 2010, p. 72) that improve women’s experiences of menstruation.

2.6 Qualitative research on women's experiences on menstruation

While the body of quantitative research tends to medicalise experiences of menstruation among university students, there are a few qualitative studies that sought to explore the social and cultural meanings of menstruation using a university sample (Ismail et al., 2016; Jackson & Famlagne, 2013 & Mathews, 2015). Jackson & Famlagne (2013) used a university sample along with a sample of women in general. Ismail et al. (2016) used a sample of university students because they were an easily accessible sample who could shed light on the menstruation experiences of young women in general. Mathews (2015) also used a sample of university students because they were easily accessible and was looking to find explore how advertising influences young women's perceptions of menstruation. While the sample for these studies includes university students it is clear that these studies do not explore the way in which these students negotiated their menstruation within in the university context itself, but rather focused on the social and cultural discourses of menstruation. Due to this focus, I have included in the following review of qualitative research other qualitative studies that focus on how women, who may or may not be university students, construct menstruation. The following discussion, therefore, encompasses a body of literature on women in general in addition to the two qualitative studies that made use of a university sample. The following themes emerge from this qualitative body of research on menstruation experiences.

2.6.1 Becoming a woman

Several women across all cultures describe the sudden onset of menstruation as marking a significant point at which they transitioned into women (Hawkey et al., 2017). Amaral, Hardy and Hebling (2011) also found that menstruation was experienced as a transition point from childhood to womanhood. Literature indicates that upon reaching menarche, girls are told that

they are in a developmental process of becoming women (Jackson & Falmagne, 2013). Hence, it influenced the gender identity position these women adopted (Hawkey et al., 2017).

There were diverse responses to the concept of becoming a woman at the onset of menstruation that were noted in studies. In a study by Hawkey et al. (2017) found that while some young women were excited about their new status most responded with uncertainty. For instance, one participant expressed a positive attitude towards becoming a woman, she indicated that she would be able to have a boyfriend. On the other hand, menstruation may happen at a time when a girl still sees herself as a child and is still interested in engaging in childlike behaviour (Hawkey et al., 2017). Specific to this study (Hawkey et al., 2017) it was found to be common for women to express feelings of resentment towards their newly ascribed adult position.

2.6.2 Accepting menstruation

Although there is a body of literature indicating menstrual concealment because menstruation is perceived as a shameful experience there is, however, also research that indicates that in some contexts menstruation is celebrated and accepted as a positive experience (Brantelid Nilvér, & Alehagen et al., 2014; Hawkey et al., 2017 and do Amaral et al., 2011). A study conducted on women in Brazil indicated that some of these women welcomed menstruation with pride and joy for it would transition them into womanhood (do Amaral et al., 2011). do Amaral (2011) and his associates further reported the positive responses that came from women who had received menstrual knowledge preceding the onset of menstruation. According to a study by Brantelid et al. (2014) some women accepted menstruation as a natural part of being a woman, saying that it was physical evidence that they could have children, which, in turn, is a sign of good health. Some cultural groups, particularly Tamil, in South Sudanese contexts, celebrate the transitioning from a girl to becoming a woman (Hawkey et al., 2017). Hawkey

and his associates indicated that though menstruation was not concealed and private in their communities, the women felt uncertain about whether they were comfortable letting people be aware that they are ‘menstruators’, that is, that they are menstruating (2017).

2.6.3 Menstrual concealment

A body of literature indicates that menstruation is primarily considered as a shameful experience, that needs to be concealed and hidden from, in particular, men (do Amaral et al., 2011; Ismail et al., 2016; & Jackson & Falmagne, 2013). These studies indicate that menstruation is a private matter and there are restrictions concerning where, who and how it is negotiated among women. In the study focusing on a university sample by Jackson and Falmagne (2013) found that the discourse of shame was associated with visible leakage of menstrual blood which leads to feeling exposed. In a study by Ismail et al. (2016), who also used a university sample, social discourses of shame and embarrassment emerged, which led to the need for the concealment of menstruation. For example, some of the respondents felt uncomfortable and anxious about menstrual blood leakage and, as a result, being blamed for not protecting themselves. Mathews (2015) found that the discourses of menstruation not only enable patriarchal values through prescribed gender roles, but also through the perceptions of women’s natural bodies.

Feminist theory highlights that menstruation is a patriarchal construct (Ismail et al., 2016). According to this construct women’s inferiority is defined by what separates them from men. Women’s reproductive systems are different to mens and, therefore, the bodily functions associated with these systems become sources of shame (Ismail et al., 2016).

2.6.4 Menstruation as a hygiene concern

Research indicates that cross-culturally menstrual blood has been discursively constructed as dirty and toxic (Hawkey et al., 2017). According to Jackson and Falmagne (2013) there is a societal discourse depicting menstruation as a hygienic crisis. This notion reflects and reinforces the misconception that menstruation is dirty, meaning that it should be hidden and controlled (Jackson & Falmagne, 2013). There is a maintained misconception that menstruation is a sign of dirtiness, uncleanliness, a shameful experience and should be hidden from others. In another study, it was found that women were prohibited from having sexual intercourse during menstruation as this is considered unclean, dirty and contaminating their sexual partners (Brantelid et al., 2014).

The menstrual hygiene crisis, that associates menstruation with uncleanliness, pollution and dirtiness, was also evident in a study among a university sample by Ismail et al. (2016). In this study (Ismail et al, 2016) most students perceived menstruation as something that was dirty and required careful and continuous self-monitoring. For instance, some of the students reported feeling unclean, dirty and unhygienic during their menstruation. These findings were consistent with another study (Oche, Umar, Gana, Ango, 2012) which reported that women wish to wash away menstruation with soap and water.

Students reported feeling ashamed revealing their menstrual status to others. They insisted in keeping it a secret and private from other people, especially their fathers. In doing so they had to avoid wearing white clothing in case there are any menstrual blood leakages, as this would be perceived as that student's fault for not protecting herself (Ismail et al., 2016).

2.6.5 It-ifying menstruation

Research indicates that there are women who avoid using the term menstruation and rather refer to it as an 'it' and in this way are involved in "it-ifying" menstruation (Jackson & Falmagne, 2013). Hawkey et al. (2016) also noted that there is a tendency among women to avoid discussing menstruation, in their discussion they revealed that there is menstrual stigma that depicts menstruation as "unspeakable" (p. 13) and is, therefore, avoided as a topic of discussion. In a study by Jackson and Falmagne (2013) many participants described menstruation as a "foreign invasion and, therefore, invented code words for talking about menstruation, or made vague references to menstruation when discussing its practical or material aspects" (p. 12). According to a discursive analytical perspective, linguistic devices serve to detach women from menstruation (Jackson & Falmagne, 2013).

Similarly, Hawkey et al. (2016) maintains that positioning menstruation as an 'object' means that women are reluctant to discuss menstrual related issues. To indicate the discomfort and embarrassment of discussing menstruation, participants in Jackson and Falmagne (2013) used references such as "that thing" (p. 391) and when they are referring to the process of managing menstruation they speak about "feminine hygiene products" (p. 391). One participant was reluctant to refer to menstrual products by name and so she invented a code them: "We call the supplies Moses cause they are part of the Red Sea" (Jackson and Falmagne, 2013, p. 391).

It is clear from the above discussion that menstruation is a taboo topic in many communities. This indicates that participants' experiences with menstruation are informed by the stigma attached to menstruation that significantly influence individual experience with menstruation. Thus, this creates a shared silence among women to avoid being labelled as bad.

2.6.6 Managing menstruation

In a study conducted with women in Sweden, it was revealed that women experienced menstruation and menstrual symptoms as affecting their activities and performance in daily life (Brantelid et al., 2014). This included not feeling productive at work, lack of concentration and feeling impatient. Brantelid et al. shared that for some women it was not acceptable to let menstruation affect their daily life (2013, p. 608). The same sentiment was shared in a study conducted by Donmall (2013) among a sample of white British women who reported using contraceptives primarily as a way of controlling their bleeding. Donmall (2013) highlighted that women with irregular menstrual cycles were most likely to resort to using contraceptives in order to control their menstrual bleeding. Findings from his study indicate that the use of hormonal contraceptives to enforce regularity that menstruation often does not provide. One response from this study indicated that the reason for using contraceptives was to get a sense of order and control (Donmall, 2013). Jackson and Falmagne (2013) argued that women using contraceptives is linked to the social discourse that depicts menstruation as shameful and embarrassing. In their findings they discovered that their participants wanted to “correct” or to obtain an antidote for their “tainted condition” (Jackson & Falmagne, 2013, p. 390). Research indicates that women expressed relief regarding the cessation of menstruation (Brantelid et al., 2014) increasing the likelihood of these women eliminating or, reducing the occurrence of menstruation with constant use of oral contraceptives (Jackson & Falmagne, 2013).

The above body of qualitative research, which includes samples of university students, gives us some insight into the lived and socially constructed experiences of menstruation among university students. It should be noted that the above-mentioned studies do not give us insight into how university students engage with their menstruation within the university context specifically. The qualitative studies using a university sample do not focus on ways in which

the wider university system impacts on their experiences of menstruation. There is, therefore, a need for a theoretical framework that orientates research towards understanding the way in which individual experiences of menstruation are influenced by a range of multilevel contextual factors. One such framework is the social ecological model that I now turn to.

2.7 Theoretical framework

2.7.1 Bronfenbrenner's ecological systems theory

This study was conceptualised using a socio-ecological model adapted from Bronfenbrenner's ecological systems theory. This model was chosen based on its' holistic approach to understanding health phenomena. The socio-ecological model does not view health issues from a narrow bio-medical perspective, but rather see them as experiential phenomenon, shaped by environmental factors (Soderlund, 2017). According to McLeroy et al. (1988) such a model is designed to understand that both individual and social environmental factors determine health related behaviour. It shifts focus away from the individual and individual choices towards the broader social and organisational contexts of health-related behaviours (McLeroy, 1988).

In short Bronfenbrenner's systems theory assumes that behaviour is a by-product of multiple levels of influence" (McLeroy et al., 1988, p. 354). The theory draws attention to how the individual interacts with the environment (McLaren & Hawe, 2005). Bronfenbrenner conceptualises individual behaviour as being influenced by four interlocking spheres of influence namely; microsystems, mesosystems, exosystems and macrosystems (McLeroy et al., 1988).

Firstly, the microsystem refers to a person's immediate situation; the social networks within the individual's social space. This system draws attention to the manner in which these networks influence behaviour (McLaren & Hawe, 2005). Microsystems refer to the direct

influence of social connections within one's immediate family and among friends and colleagues (McLeroy et al., 1988). Secondly, the mesosystem refers to the interdependence between a number of settings in which the individual is embedded (McLeroy et al., 1998). Thirdly, the exosystem refers to the impact of the interconnections between different networks that the person may directly or indirectly participate in (McLaren & Hawe, 2005). Lastly, the macrosystem, according to McLaren and Hawe (2005) refers to the influence of broad patterns of ideology and social organisation (McLaren & Hawe, 2005). According to this theory these four systems intersect and have an impact on the way in which an individual behaves and experiences the world.

2.7.2 The Social Ecological Model (SEM) of McLeroy et al.

Over the years, McLeroy et al. (1998) reworked Bronfenbrenner's model and came up with five different levels that affect individual health. These levels include the intrapersonal level, interpersonal level, institutional level, community level and public policy level. Contradictory to other health behaviour theories, which focus on attitudinal factors at the intrapersonal level, the Social Ecological Model (SEM) (McLeroy et al., 1988) acknowledges several contextual factors that give shape to individual behaviour. The social ecological model recognises that observable behaviour at the individual level is affected by wider social environmental factors (Soderlund, 2017). This model is a useful approach for exploring the multiple factors that impact on health (Soderlund, 2017). This model, sometimes described as a transactional model, assumes that there is a mutual interconnection between the individual and the environment (McLeroy et al., 1988).

The intrapersonal level consists of individual characteristics such as knowledge, attitudes, behaviour, self-concept, skills and the developmental history of the individual (McLeroy et al.,

1988). The interpersonal level includes relationships with family, friends, neighbours, contacts at work and acquaintances. These relationships are considered central sources of influence on the health-related behaviours of individuals (McLeroy et al., 1988). The main assumption at this level is that behaviour is influenced by social relationships. McLeroy et al. (1988) highlight that these social relationships can be enabling sources of emotional support and information. They further argue that people do not develop their attitudes in direct response to their traits, but rather that “people attain norms, through their connection in social networks” (McLeroy et al., 1988, p. 358). According to McLeroy et al. (1988) this framework conceptualises schools or universities as representing overlapping friendship systems which have fluctuating degrees of influence on an individual’s behaviours. “The degrees of influence will be determined by societal norms, the significance of the networks for the individual, and the degree to which the individual is subjected to conflicting information as a result of belonging to multiple networks” (McLeroy et al., 1998, p. 358).

At the third level, the ecological framework is concerned with the influence of organisations, which in this case is sometimes referred to as institutions. McLeroy et al. (1988) highlight that the behaviours of individuals concerning health related issues are impacted upon by organisational structures and processes. They further argue that organisational factors can potentially improve or deteriorate the health of their members (McLeroy et al., 1988).

As McLeroy et al. (1998) argue that ‘community’ can be understood as either a psychological sense of belonging, a by-product of political systems or a unit of social interaction. For the purposes of this study, the community level refers the influence of direct primary groups to which individuals belong. This approach recognises community as including families, personal friendship networks, and neighbourhoods (McLeroy et al., 1988). This definition is similar to Bronfenbrenner’s definition of the mesosystem mentioned in the discussion above (McLeroy

et al., 1988). This level attempts to reveal how social norms and values of these social groups influence individual health experiences.

Lastly, public policy is one of the essential defining characteristics of public health. The idea of 'public health' focuses on the health of populations rather the health of individuals. Public health is also the use of regulatory policies, procedures, and laws to protect the health of the community. This use of regulatory policies has had a dramatic effect on the health of populations (McLeroy et al., 1988). "Policy development activities may include increasing public awareness about specific health and policy issues and educating the public about the policy development process" (McLeroy et al., 1988, p.366). Public advocacy can encourage the public to become more involved in political processes (McLeroy et al., 1988). These processes include "voting and lobbying, organizing and coalition to support policy related issue, and the monitoring of policy implementation" (McLeroy et al., 1988, p. 366). Health policies may restrict or promote certain behaviours and impact on access to health promotion resources (McLeroy et al., 1988).

2.7.3. Community Health Psychology

Community health psychology challenges the idea of defining problems at an individual level which serves to blame the victims, even if this is not intentional (Murray, Nelson, Poland & Ferris, 2004). Murray et al. (2004) proposed that community health psychology assumes an ecological approach whereby individuals are perceived as entrenched within smaller systems, which are nested within larger systems. These authors believe that community health psychology attempts to generate conceptual, epistemological and practical alternatives to clinical health psychology. The underlying assumption is that health-related problems should

be understood from an organizational, community and societal level to affect change on an individual level (Murray et al., 2004).

Clinical health psychology focus on individual and micro-level factors (Murray et al., 2004). There is minimal emphasis on subjective experience and social discourse of illness, nor on the larger macro-social determinants of health and illness. Clinical health psychology tends to draw primarily on a medical paradigm (Murray et al., 2004). Limited attention is paid to social class, power and economic inequality, whereas there is a large body of literature that indicates the significance of these social influences for health and illness (Murray et al., 2004). Although it has formally accepted the biopsychosocial model of health and illness, in practice clinical health psychology has restricted its research to exploring the impact of social cognition on health-related behaviours (Murray et al., 2004). In reaction, community health psychology considers the relationship between culture, material circumstances and ideology. It recognizes that domineering social relationships exist within culture and that these relationships impact on health (Murray et al., 2004). Critical community health psychology, along with the ecological model provides a more systematic view on health-related issues based on the idea that individuals are products of their social systems and environment.

2.7.4. Implications of the Social Ecological Model (SEM) and community health psychology for understanding menstruation

The fundamental implication of a social ecological model is that it focuses its attention on the way in which the wider context influences health related experiences (Murray et al., 2004). Using this framework to conceptualise this study helped me to develop my research questions which allowed me to work with my participants to adequately explore the various contextual

factors that influence the way in which university students experience menstruation. It sought to systematically explore how various intrapersonal, interpersonal, institutional, community levels and public policy factors interact to impact on the way in which students within the university system, experience and negotiate their menstruation. The first question focuses on the students' cultural understandings of and experiences around menstruation. This question focuses on the intrapersonal, interpersonal and community levels. The question accessed internalised intrapersonal beliefs that are socially mediated and informed by wider community norms. This question explored the students' teachings on the topic, cultural meanings students attached to menstruation and how menstruation was engaged with by close family members. The second research question considers how students negotiate their menstruation within the social networks of the university. This question primarily focuses on the interpersonal level and how meaning around menstruation is negotiated socially through interaction. At this level, I explored how students negotiated their menstruation with various people, including their close friends, roommates, boyfriends, parents and other relevant individuals.

The third question focused on how the students experience and negotiate their menstruation within the University system. This question focused on the organizational level. This question explored how the students managed their menstruation on campus and in the university residences. It also explored the impact of University units like the campus health clinic. The last question, the fourth, focused on the policy level by focusing on what the students themselves believe can be done to improve their experience of menstruation within the university context. This question invited students to make recommendations that could be fed into policies that could improve their menstruation experiences.

To conclude, this chapter has revealed how literature has placed more emphasis on menstruation as a medicalised health phenomenon. Therefore, the social ecological model and community health psychology are suitable approaches to conceptualise research that explores

experiences of menstruation amongst university students. As mentioned above, to understand students' menstrual experiences it is necessary to explore how social and environmental factors inform and shape university students' understandings and experiences of menstruation. Particularly, it is important to explore how each level identified by the social ecological model interacts and integrates with other levels to affect how menstruation is experienced.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

This chapter will give an outline about the research design employed in this study. The sampling method, data collection process, and method of data analysis will be described. In addition, the ethical considerations regarding the study will be discussed.

3.2 Research design

This study adopted a qualitative research approach entrenched in the interpretivist paradigm, in alignment with the aims and objectives of the study. The literature review has highlighted that most of the research on menstruation amongst university students has used a quantitative design that has contributed to the medicalisation of menstruation. This study illustrates the importance of qualitative research in exploring the subjective meaning attach to menstruation and the contextual factors that influence their menstruation experiences within the university (Creswell, 2003).

A large body of quantitative research on menstruation amongst university students adopted a positivist paradigm which seeks to understand phenomena in quantitative terms such as how variables interact, shape events and cause outcomes (Ulin et al., 2005). Viewing menstruation from such a paradigm fails to appreciate how contextual factors influence how menstruation is experienced and understood in different contexts. Therefore, there is a need for qualitative data that allows for an exploration of how menstruation is understood and negotiated within the university system by female students. By using a qualitative design and interpretivist paradigm this study sought to shift away from the medicalisation of menstruation and to rather focus on the complex way in which female students attach social meaning to their experiences of

menstruation and how a wider set of interacting contextual factors influence their experiences of menstruation.

Qualitative research is based on distinct methodological traditions of inquiry that explore social or human phenomenon (Morrow, 2005). A qualitative research design was selected for this study because its aim was to understand students' subjective interpretation and experiences of menstruation within the university context. Ulin et al. (2005) argue that qualitative research can aid in answering questions of how people come to perceive and experience the world the way they do (Ulin et al., 2005). Smith (1987) argues that what people think and how they act are based on the physical, historical, material and social environments in which they find themselves. The qualitative design was selected particularly because it is context sensitive (Smith, 1987) and is in line with the social constructionist and socio-ecological approaches towards understanding and, therefore, researching menstruation.

Consistent with the qualitative research design, an interpretive phenomenological paradigm was adopted for this study. A phenomenological paradigm enables the researcher to recognize how meaning is formed through embodied insight (Starks & Trinidad, 2007). According to Starks and Trinidad (2007) "the truth of the event, as an abstract entity, is subjective and knowable only through embodied perception; we create meaning through the experience of moving through space and across time" (p. 1374). According to Ulin et al. (2005) the interpretive paradigm understands the world as constructed, interpreted, and experienced by people through social interaction with each other and with broader society. Myers (1997) highlights that interpretive studies prioritises understanding of phenomena through the meanings that people associate with them. This study attempted to understand the meanings university students attach to menstruation, how they experience their menstruation and how it is negotiated within the university system. The interpretive paradigm was suitable for this research study as it focused on classifying, sorting and analysing those meanings students

attached to menstruation. This paradigm enabled the researcher to gain insight into students' subjective experiences of their menstruation within the university context.

In sum, a qualitative interpretive design is useful for understanding the cultural meanings that are attached to menstruation and how experiences around menstruation are negotiated within a specific social context. This design is particularly important when one considers that most of the research that has focused on menstruation amongst university students has been quantitative, with the effect of medicalising the experience and, therefore, stripping it of context. A qualitative design and interpretivist paradigm allowed for a contextual exploration of the experience of menstruation within the university setting.

3. 3 Type of sampling

This study used two sampling techniques to recruit participants. I was first guided by a purposive sampling technique whereby a specific group of interest was approached for recruitment into the study. To locate members of this specific group of interest to participate in my study, I then used a snowball sampling technique. This helped me to gain access to students who met the inclusion criteria. A discussion on how each of the above-mentioned sampling techniques was used and the primary assumptions of their function follows below.

According to Palinkas et al. (2015) purposeful sampling works under the assumption that participants are selected purposefully to yield meaningful information. Silverman and Marvasti (2008) defined purposive sampling as a selection of informants according to their theoretical relevance to the research question. Purposive sampling was a suitable technique to select participants into this study as the research was particularly targeting registered third-year or post-graduate students who have started their menstruation and who live in the student residences. This involved students who were available to participate in the study, who had the

willingness to participate and ability to communicate experiences and opinions about menstruation in an articulate, expressive and reflective manner (Silverman & Marvasti, 2008). Snowball sampling was another suitable sampling technique to enable the researcher to gain access to more students who met the inclusion criteria through asking the selected students to recommend other potential participants. In snowball sampling the researcher identifies participants who meet specifications of the study and asks them to participate and recommend potential participants (Koerber & McMicheal, 2008). The researcher found one participant who was a female-third-year-student, resided in one of the student residences on campus and had experienced her menstrual periods. She assisted in locating more participants who shared similar characteristics which were necessary for this study.

The inclusion criteria for selecting participants for the study was that the participants had to be female students who attend university and who have been residing in the student residence on campus for three years or more. The students needed to be 20 years of age or older and have started their menstrual periods. The decision to include students who have been at university for at least three years was based on the assumption that these students would be in a better position to reflect on a greater pool of menstruation experiences than a first or second year student would.

3.4 Research participants

The following table provides demographical details of the sample used, indicating their pseudonyms, the focus group they took part in, race, ethnicity, age, degree and level of study in their respective degrees.

Table 1: Participants Demographical Details

Pseudonym	Focus group	Sex	Race	Ethnicity	Age	Degree	Level of study
1. Lumba	1	Female	Black	Shona	22	B Sc Eng: Chemical	3 rd year
2. Maxine	1	Female	Black	Zulu	22	B Soc Sc Honours: Psychology	4 th year
3. Mbali	1	Female	Black	Zulu	20	B Soc Sc: Psychology	3 rd year
4. Sassy Fox	1	Female	Black	Shona	22	Bachelor of Laws	4 th year
5. Misho	1	Female	Black	Shona and Lozi	22	Bachelor of Laws	4 th year
6. Ana	2	Female	Black	Zulu	24	B Soc Sc Honours: Industrial Psychology	4 th year
7. Bell	2	Female	Black	Zulu	21	B Soc Sc Honours: Industrial Psychology	4 th year
8. Jay Z	2	Female	Black	Xhosa	27	M Soc Sc: Clinical Psychology	5 th year
9. Sasha	2	Female	Black	Zulu	23	M Soc Sc: Development Studies	5 th year

In this study nine Black females; five Zulu-speaking, three Shona-speaking and one Xhosa-speaking students from the University of KwaZulu-Natal participated in the study. The sample was divided into two focus groups. The first focus group consisted of five participants and second focus group consisted of four participants. Considering the nature of qualitative research, a small sample was chosen. The main objective in qualitative research is that the data obtained can be transferable from one context to another of similar influences (Ulin et al., 2005). Transferability looks at the extent degree to which the findings of qualitative research can be transferred to other contexts or settings (Morrow, 2005). From this perspective a large sample is not necessary, rather it is necessary to ensure transferability, which will be discussed in more detail further on in this chapter.

The nine participants were twenty and older and all living in student residences on campus. Two of the participants were third-year-students, two participants were fourth-year-students and five were doing their Masters' degrees. Given the aims and objectives of this study, these participants were in a position to give an in-depth narrative regarding how the students have negotiated and experienced their menstruation within the system of the university.

3.5 Study procedure, data collection techniques and instruments

Focus groups were used to collect the data. The choice to use focus groups was due to the sensitivity of the topic to be discussed. The disclosure of information about menstrual experiences or beliefs and attitudes towards menstruation-related issues involves revealing intimate data (Oliveira, 2011). Focus groups can create a comfortable space for participants to discuss sensitive information and is less intimidating than an individual interview. Considering the sensitivity of the research, it was assumed that focus groups would develop a degree of familiarity amongst the participants and that this would encourage them to share their experiences (Kitzinger, 1994).

Although some might argue that a group environment is not ideal for inquiries involving very personal data because participants can find it embarrassing to make personal information public, my research demonstrated that group meetings can work well when the research informants share similar characteristics such as sex, language, religion, culture and similar menstrual-related issues while at the university (Oliveira, 2011).

The use of group interaction was to yield in-depth data and insights that would be less accessible without the interaction found in a group (Ulin et al., 2005). In a focus group, participants are relaxed and feel less pressured to respond to questions compared to individual interviews. It is believed that participants are mostly likely to divulge information they would

not necessarily share in an individual interview (Kitzinger, 1994). Ulin et al. (2005) argues that a focus group differs from group interviews where several people partake in interviews at once for convenience. Focus groups, unlike group interviews, depend as much on the exchange of ideas among participants as they do on answers to specific questions from the interviewer (Ulin et al., 2005). In this way participants learned from one another as they exchanged and built on each other's shared experience of menstruation while living at university. The participants experienced the focus group set up as an informative encounter and expanded their understanding of their own experience of menstruation within the university (Oliveira, 2011). Focus groups are considered effective sources of data when utilized in studies that focus on social norms, expectations, values and beliefs (Ulin et al., 2005), as this study has.

Before the collection of data started, ethical clearance was applied for and granted by the University of KwaZulu-Natal's Humanities and Social Science Research Ethics Committee (see appendix 3). Two focus groups were then conducted. The first focus group consisted of 5 participants and the second focus group consisted of 4 participants. Participants were given an opportunity to provide written consent (see appendix 2) before the start of each focus group. Participants were informed that participation was not mandatory. It was made sufficiently clear that they could withdraw their participation during the focus group interview without any negative penalties. After they were assured of confidentiality, participants were given the option of using a pseudonym and they also provided informed consent for audio recording. The importance of maintaining confidentiality was stressed by the researcher. The participants were informed of the presence of a research assistant who was assisting as a scribe during both focus groups. An ethical consideration that was noted was a level of discomfort and embarrassment for some of the students which could not be avoided, but consistent attempts were successfully made to contain it and make it as comfortable as possible.

As a former on campus resident, I had to make a determined effort not to allow my personal experience of menstruating while I was living in the student residence to influence this study. As a result, I made sure that I did not agree or disagree with responses provided but took on a neutral role and used probes to clarify information.

Focus groups were conducted on two different days and at different venues. The first focus group was conducted in the Memorial Tower Building (MTB) at the waiting area in the Psychology Department and lasted about an hour. Snacks and drinks were provided to encourage participants to feel comfortable. The participants were asked to sit in a circular fashion to facilitate interactive discussion and to also make it easier to pass the recorder around. Passing the recorder around also ensured that everyone had a turn to share their responses. The first group consisted of five participants in total, three of them were Shona-speaking and two of them Zulu-speaking. All members of the group agreed to conduct the interview in English to allow better interaction and flow within the group.

There were challenges when setting up the second focus group. The main challenge was availability as some participants who were willing to take part could only be available in the evening and some were only available in the morning. Therefore, the focus group had to be rescheduled for when everyone was available. On the scheduled date, one participant was not accessible, and a decision had to be made to run the group with only 4 participants. For this focus group, the research assistant offered to use her room in the residence to run the focus group because it was convenient for all participants. This group consisted of four participants, three of them were Zulu-speaking and one was Xhosa-speaking. These participants reported that they would feel comfortable conducting the interview in Zulu and English because some of the concepts related to the topic were not translatable. The duration of this focus group was about one hour.

Considering the sensitivity of the research, it was assumed that a degree of intimacy and friendship among the research participants and between them and the researcher would facilitate the conversations (Oliveira, 2011). It was observable that the focus group process was experienced differently by the two groups. In the first focus group, most of the participants resided in the same residence and some were enrolled in the same course. This worked to the study's advantage as they were comfortable to talk openly about their views and experiences and built and added onto each other's responses by adding their own subjective experiences. There was mutual respect and consideration amongst the members when they expressed their attitudes and emotions towards menstruation that were different to one another. Even when there were disagreements they were communicated with some level of respect and dignity. As Kitzinger (1994) argues, a degree of intimacy and friendship among participants and between them and the researcher facilitate conversation. One participant raised that although she was not familiar with all the group members, she felt safe because she could relate to some of the responses and wanted to share her own subjective experience in exchange. It was evident in this focus group that their relationship outside the group encouraged them to speak openly about their ideas and experiences without feeling embarrassed or misunderstood.

However, in the second focus group it was observable that the group members were not comfortable discussing menstruation. They expressed that it is not every day that you find people openly discussing such topics. It was apparent that at the beginning of the focus group interview participants were more guarded, some were shy to discuss the topic and consequently withheld from contributing to the discussion. Therefore, a lot of probes, clarification and encouragement had to be used to encourage participants to see how their participation was valued and appreciated in the study. This was a focus group of students that resided in the same residence, they reported that they have met before, but they clearly did not have the level of friendship that was evident in the first focus group. However, this reluctance to talk can also

be seen as illustrating that menstruation is a taboo topic that some students do not feel comfortable talking about. Many young women are not encouraged to openly discuss menstruation. This created a barrier for some participants and prevented them from freely expressing their views and their experiences. However, some insightful responses were received from the second group after they started feeling less uncomfortable and appreciated the process as an educational encounter. As indicated above, menstruation is an intimate topic that may require some degree of comfortability and familiarity (Kitzinger, 1994) to talk about.

3.6 Data Analysis

This study adopted a thematic analysis by Braun and Clarke (2006). As part of the analysis the collected data was transcribed to allow for an interpretive analysis of the obtained data (Braun & Clarke, 2006). Students preferred to use a mix of English and Zulu/Xhosa. The responses reported in Zulu or Xhosa were not translated. When used in the write up the extract is given in mixed English and Zulu/Xhosa and a loose interpretation so an English reader can understand it. According to Braun and Clarke (2006), thematic analysis is a method used to identify, analyse, and report patterns within data. They argued that it minimally organises and describes a data set in meaningful detail, selecting themes which are of interest, and reporting them (Braun & Clarke, 2006). Braun and Clarke (2006) defined a theme as capturing something important about the data in relation to the research question and represents some level of meaning within the data set. According to Braun and Clark (2006) it is imperative that the researcher obtains familiarity with the data, identifies and selects patterns of meaning and issues of potential interest in the data. This analysis involves a constant moving back and forward between the entire data set, the coded extracts of data that has been analysed, and the analysis of the data that you are producing (Braun & Clark, 2006). In line with qualitative

research, Gosson (2004) argued that the collected data represent social constructs, rather than measurable physical phenomena. He further stated that data analysis is recognized as subjective and inductive-deductive, rather than as deductively objective (Gosson, 2004). For the purposes of this study the researcher followed the six phases of thematic analysis by Braun and Clarke (2006).

The first phase involves becoming familiar with the data. I was at an advantage because I had collected the data myself and was, therefore, familiar with the data. This familiarity was strengthened by transcribing the focus group recordings verbatim. I then spent some time reading and re-reading the transcripts until I had become thoroughly familiar with the data (Braun & Clarke, 2006).

During the second phase, I created initial codes from the data set and started coding the responses while noting word-for-word what participants said. I did the coding manually to identify potential patterns that were emerging as suggested by Braun and Clarke (2006).

The third phase involved sorting the different codes into potential themes and organizing all the relevant coded data extracts within the identified themes. The fourth phase involved reviewing and refining themes. According to Braun and Clarke (2006) this is done to reduce the number of themes by joining overlapping themes and cutting out themes that were not sufficiently supported by the data.

The fifth phase naming each theme as clearly as possible and I ensured that supporting data backed up the themes (Braun & Clarke, 2006). Following this phase, was the sixth phase, which involved the actual write up. These six phases by Braun and Clarke (2006) informed and guided the thematic analysis of the obtained data.

3.7 Strategies for ensuring the trustworthiness of the study

3.7.1 Credibility

Credibility refers to the idea of internal consistency, where the core concern is to ensure rigor in the research and how it is communicated to others (Morrow, 2005). It refers to the confidence in the truth of the findings (Ulin et al., 2006). Morrow (2005) argued that two of the ways to ensure credibility is through researcher reflexivity and peer review processes.

3.7.1.1 Reflexivity

Reflexivity is a process whereby the researcher constantly evaluates how his or her subjective experiences might or might not influence the research process, as discussed by Patnaik (2013). According to Patnaik (2013) reflexivity is useful to keep the interview process more participant-centered. As literature has indicated, menstruation has been perceived as a sensitive issue and a seldom discussed topic in some cultural contexts. Given that the researcher conducted focus group interviews compared to individual interviews, some participants demonstrated some discomfort discussing the topic and “hid behind” other participants. The researcher had to encourage all participants to treat the focus group as a safe space that welcomed diverse views and experiences of their menstruation while living in the student residence. Participants expressed that menstruation is not an easy topic to discuss due to the misconception that it is private matter and “not a topic open for discussion” as students have indicated in the next chapter. As a researcher who shared similar ideas about menstruation being a private topic and as a former student resident, some of the responses reported triggered some subjective experiences. There were moments that were awkward and uncomfortable in the group as students were sharing how culturally they have been influenced to manage their menstruation and told how conduct themselves given they have entered this stage. Following

this realisation, it was important for me to constantly become aware and evaluate how much of my cultural beliefs about menstruation influence the research process to avoid any biases to the process. Therefore, it was imperative to maintain that constant evaluation to avoid becoming agreeable or dismissive of responses reported, including becoming awkward during the process. This was also reflected upon during supervision and it was also shared with my research assistant who was observing during the data collection process.

3.7.1.2 Peer Review

Peer review, or peer debriefing, is the review of the research process by someone who is familiar with the research or the phenomenon being explored (Creswell & Miller, 2000). According to Creswell and Miller (2000) a peer reviewer provides support and can also serve to challenge the researcher's assumptions. In this study peer reviewing occurred during supervision with my research supervisor. This has enabled the researcher to ensure that there was no deviation from the rationale of the study and the research questions. This process has been effective in helping the researcher to make informed decisions regarding which theories to use, to which data collection method to implement to ensure credibility of the study.

3.7.2 Dependability

Dependability refers to “whether the results are dependable, whether the research process is consistent and carried out with careful attention to the rules and conventions of qualitative methodology” (Ulin et al., 2006, p. 26). For dependability to be achieved, Gosson (2004) suggested that researchers need to cautiously track the emerging research design and keep a detailed chronology of research activities and processes. I have ensured dependability by providing a detailed discussion of the methods I have used to collect and analyse my data.

3.7.3 Transferability

Transferability refers to the extent to which the reader can relate the findings of a study to her or his own context (Morrow, 2005). This involves asking whether the conclusions of a study are applicable to other contexts (Ulin et al., 2006). This is achieved when the researcher provides adequate information about the self and the research context, processes, participants, and researcher participant relationships to enable the reader to decide how the findings may transfer (Morrow, 2005). To enable transferability, I have provided the reader with detailed information about the participants and have been very specific about the context of the research. However, it is noted that not too much data could be given about the particular university context as to ensure confidentiality.

In this chapter, the research design was discussed along with the paradigm selected for this specific study. The sampling procedures, the study procedures, data collection instruments and ethical considerations were discussed. There was also a discussion of the data analysis technique used in this study. Following this was a discussion of the strategies for ensuring the trustworthiness of this study.

The findings will be discussed in the next chapter.

CHAPTER FOUR: ANALYSIS AND DISCUSSION

4.1 Introduction

This chapter will present the analysis and discussion of the data from two focus group interviews conducted for this study. The data will be interpreted and discussed in relation to the reviewed literature and other relevant literature that the analysis led to. The findings will then be discussed in relation to the broader theoretical framework of the study; the socio-ecological approach.

The analysis comprises of in-depth accounts of the participants' experiences with menstruation. The grand themes that emerged from the analysis are: cultural constructions of menstruation, students' menstruation experiences within the university, self-medication and self-management, menstruation among peers, menstrual hygiene management within the university and residence and awareness of services provided by the university.

For the purpose of anonymity, the students will be referred to using a pseudonym of their choice and the number to indicate if they are from the first focus group (1) or the second group (2). Thus, for example, a participant in the first focus group was Maxine (1). Similarly, a participant in the second focus group was Sasha (2).

4.2 Cultural constructions of menstruation

4.2.1 Menstrual concealment

The general consensus among the participants was that culturally they were expected to conceal their menstruation. In a study Ismail et al. (2016), who also used a university sample, found that social discourses of shame and embarrassment led to the need for menstrual concealment. For instance, some of their participants felt uncomfortable and anxious about menstrual blood

leakage and, as a result, being blamed for not protecting themselves by their peers (Ismail et al., 2016). In this present study it was evident that the secrecy around the topic of menstruation was a key factor driving menstrual concealment. As Costos, Ackerman and Paradis (cited in Aflaq & Jami, 2012, p. 202) argue that “menstruation is experienced by all healthy women, yet it is a topic cloaked in secrecy, taboo and negativity”. Maxine (1) reported that should it happen that you stain yourself or your sheets during your period, it is something that that you have to get rid of right away because in her words “God forbid someone sees, that’s gonna be shameful”. The fear of menstrual blood leakage and visibly staining the sheets is, frowned upon (Farris, Davis & D’Lane, 2014). This is the outcome of existing negative societal discourses that mark menstruation as “shameful, humiliating and dirty” Jackson & Falmagne, 2013, p. 389). Farris et al. (2014, p. 97) highlight that women are socialized to uphold certain ideals of femininity, one being that female bodies should never “leak” and, as Maxine (1) reports ‘God forbid you do leak and someone sees!’, the ‘punishment’ for such an occurrence is shame for the menstruating woman.

According to Lumba (1):

It’s one of those like when you’re on your period ukuthi (that) like it’s a secret thing, people aren’t supposed to know...especially when you’re started, around the time you’re started like you felt you didn’t want to tell people oh I’m on my period oh! It’s just like you’re there. It’s like a secret thing. Everyone knows it’s happening, but you can’t really talk about it.

Both Lumba (1) and Maxine (1) use the word “secret” when referring to their menstruation. In addition, the phrases “God forbids” (Maxine, 1) and “people aren’t supposed to” suggest very strong cultural regulations around the concealment of menstruation in these participant lives.

In the following extracts Misho (1) elaborates that at times she feels ‘embarrassed’ to be menstruating. She powerfully states that during her menstruation she felt ‘kind of like less of a

person'. She further reports on the difficulty she experiences when having to ask for money to purchase sanitary towels.

I sometimes feel like it makes you feel embarrassed to actually be on your period, it just has that like, it's something that's supposed to be normal but in those situations you start to feel embarrassed and kind of like less of a person cause now they are making it so uncomfortable for you to be what you are it's not like you asked to be... but then it just happens like (unclear) it's like "Oh my Gosh! What am I supposed to do?!" And you know you need them but because of the shame that, that has been attached to it and like, okay, maybe I'll can come back at another time or I'll just ask for the money to buy it separately from everything else.

Misho (1) acknowledges that while menstruation is normal in reality it dehumanizes women. She highlights how women are expected to govern their behaviour to avoid the shame and embarrassment attached to acknowledging that one is menstruating.

Maxine (1) said the following when discussing how comfortable she is about openly talking about menstruation:

It's like, it has to be in sort of like in private spaces, when you're at home or at someone's house, I wouldn't feel all that comfortable speaking about it just there in town and now we're discussing "hey I had a heavy period or like I'm having such cramps right now." ... I do think the space is quite an influential factor, yeah.

In the above extract Maxine (1) highlights the spaces in which women are permitted to openly talk about menstruation. Further suggesting that it must be in the privacy of a home, and not spoken about openly.

According to Mbali (1):

I keep to myself like if I'm having pains right now you won't find me acting in a weird way cause of the pain, I'll just make sure that I remain normal.

In this extract Mbali (1) mentions that she has to ‘remain normal’ even when experiencing menstrual pain, which highlights again the way in which she has to govern her own behaviour to conceal her menstrual periods, as society dictates.

4.2.2 Protecting men from menstrual talk

Participants reported that within their cultures and households, menstruation is an un-welcome topic in the presence of men. Women do not talk to their fathers, for example, because girls have been socialized to believe that their fathers lack credibility when it comes to menstrual related issues (do Amaral et al., 2011). In a study by Jackson and Falmagne (2013) girls avoided discussing menstruation with boys out of uncertainty whether boys would be able to comprehend what menstruation signifies. Prohibited discussion among boys or men was also found in a study by Padmanabhanunni, Jaffer and Steenkamp (2017) where participants feared that the males would consider them less desirable if their menstrual status was revealed. These authors further revealed that the framework of thinking fueled by the stigma that menstruation is ‘repulsive’ and ‘tainting’ (Padmanabhanunni et al., 2017, p. 6).

Bell (2) could relate to the stigma that menstruation is ‘dirty’ and ‘disgusting’ therefore should be concealed. Sasha (2) recalls being instructed to keep away from boys when she started her menstrual periods.

According to Bell (2):

Like awukwazi ukukhuluma cause mina ngikhule with guys so it's not something ozovele uyisho because if ukuma-periods you're considered as being dirty as nje ngakwazi ukubamba ezinye izinto so if ukhuluma ngakho it feels like uya-disgusting "No girl! You don't do that" ah so nje ehhe! Well you can talk ngakho with other girls but not guys.

In the extract, Bell (2) elaborates that as a female you are not allowed to discuss periods with males. She further stated that it is not openly talked about because you are considered as dirty and you are restricted from touching certain things because when you are menstruating you are considered disgusting. She concluded that while girls can discuss menstruation with each other they should not discuss it with men or boys. Allen, Kaestle and Goldberg (2011) argue that the culture of exemption of boys from menstruation education is problematic and may have implications for their attitude and treatment of women. Thus, the risk of boys either receiving limited or inaccurate information concerning menstruation (Allen et al., 2011).

Sassy Fox (1) reported that culturally, her father does not involve himself in matters concerning her menstruation, stating that when he accompanies her to buy sanitary towels he would refrain from using the word pads when referring to sanitary towels and rather calls them 'your things'. Maxine (1) similarly commented on how her brother referred to her menstruation as 'your thing'. Both Maxine (1) and Fox (1) highlight that *both* women and men are expected to develop linguistic codes when speaking about menstruation to avoid embarrassment (Jackson & Falmagne, 2013).

Padmanabhanunni et al., (2017) found that some women stated that secrecy regarding menstruation evoked significant distress, especially when they had to rely on male family members to purchase sanitary products. This finding is consistent with this present study as Bell (2) stated that her father also accompanied her to purchase sanitary towel when she started menstruating. She reported that her father told her about pads and what they are used for but did not get into the details about the significance of having periods and what was happening to her.

According to Bell (2):

I don't remember much but I remember cause uhm then saya in town with my dad then wayese, wayesethatha ama-pads then wasengibuza ukuthi "uyawazi ukuthi awani?" and I was like, No! Then okay, wayese-explain e-supermarket but nje. And No. we never had any discussion yokuthi this is what's happening now, ehhe! It was just like okay if ukuma-period this is what you can use.

In the above extract Bell (2) argues that although her father was involved on some level when she started her period he could not explain what was happening to her and what the experience meant. He accompanied her to the supermarket to purchase but explained the use of sanitary towels in a very clinical way.

Lumba (1) also highlighted that her father does not get involved in matters related to menstruation. She stated that her father would literally 'disappear' rather than hear about or be part of a discussion on menstruation. She describes this disappearing act vividly in the following extract:

I think just in general, men in our society are very uncomfortable with periods and menstruation cause even like to this day my dad knows I go on my periods cause obviously you know I'm a woman, but like if I'm like, oh! I need tampons and went to the shops to get them, he suddenly disappears, like you will not find him anyway, like we would be together the whole time and then the time, the minute you start talking about periods he is like nowhere to be found...

One participant indicated that to conceal her periods, she and her mother used a different term to refer to menstruation so that her father and brothers would not understand what they were talking about. This behaviour has been found to be common among women and girls. Research indicates that some women avoid using the term menstruation and rather refer to it as an 'it' and in this way are involved in "it-ifying" menstruation (Jackson & Felmagne, 2013, p. 390). Hawkey et al. (2016) argued that this menstrual stigma depicts menstruation as "unspeakable" in mixed company (p. 13). In a study by Jackson and Falmagne (2013) participants invented

code words for talking about menstruation or used made vague references to menstruation when discussing it. According to Mbali (1):

At home, my mom and I we don't really call it period, I remember in primary there's a girl whose mother was a nurse she came up with this word, dysmenorrhea, apparently, it's a medical term for it so whenever I'm at home my mom and I...it's kind of like our code word and no one else knows none of my brothers, my dad know what it means so I'm able to talk to her about it like "ah I have ama... dysmenorrhea this, dysmenorrhea that" and so they won't know what's going on. So, I guess it's not something I feel comfortable talking about to them and I remember some...you know how you have ads while you're watching TV and my brother would be like ah "nansi lento yenu" "here's your thing" but I don't really think he knows what it is probably seen it in my room or mom's room but yeah. It's not something to can talk about freely.

In the above extract Mbali's (1) highlights how menstruation is seen as a women's issue entirely. The extract highlights the way in which these women are expected to govern their speech to protect men from knowing about their menstrual experiences, revealing how gender norms within their culture impact on their experiences of menstruation. Simultaneously, maintaining the perception that men should be protected from any menstruation related discussions. Restrictions around openly discussing menstruation in mixed gender situations was also found in a study among Kenyan households (Jewitt & Ryley, 2013). Essentially, concealing menstruation comes to be viewed as a necessity (Farris, Davis & D'Lane, 2014).

It is clear from the above discussion that girls are "socialized into 'proper' menstrual etiquette which reinforces the importance of secrecy and concealment and hiding from the surveillance of the male gaze" (MacDonald cited in Farris, Davis & D'Lane, 2014, p. 96). This is consistent with what Laws discovered in their study, that menstruation etiquette requires women to be constantly aware of the needs of men (cited in Jewitt & Ryley, 2014).

4.2.3 Menstruation as a shameful experience

From the discussion above it is clear that these participants are aware that menstruation is socially constructed as a shameful experience. As a result, participants who have encountered menstrual leakages reported the devastating humiliation of being in that position within the school environment or family context. MacDonald argues that menstrual leakages are perceived as a “sign of inferiority in a world that privileges non-menstruating male bodies” (cited in Farris et al., 2014, p. 97). It is as if bloody stains “announces to the world that women are not men, cannot be men, and as so cannot exist in the world as men do” (MacDonald cited in Farris, Davis & D’Lane, 2014, p. 97).

Mbali (1) shared her unpleasant menstrual leakage experience and how her peers, instead of letting her know, laughed, making her feel ashamed and embarrassed. She reported the following:

I remember I happened to get up to give my work to a teacher and I stand up and then the girl... I think she was in front, she sat in front of me, I passed her. She started, she started laughing with the guy she was sitting next to and then I realized I had messed myself up like for the very first time I started at school...And for the fact that she actually laughed at me as a fellow... female I just, it kind of broke me, I kind, I expect the guy to laugh but for her to laugh as well it kinda made me embarrassed that I actually sat down the whole day, and break, I think we had break after that class, I stayed in, I stayed in the class cause I was like I’m not going anywhere, I think my uniform was light blue, so you could see the stain very well.

Sassy Fox (1) experienced a similar incident when she discovered she had blood stains on her school uniform, but because she felt embarrassed and uncomfortable to talk about it she told her teachers and family that the blood was mud. She reported the following:

I was younger, no, we didn’t talk about it. I think I only then admitted that I was, I was having my period when I was in high school. In primary school I denied it, like completely even I remember I messed myself up once I denied it and said there was mud

on my skirt cause there was a stain. No, it's mud. Even though I had to go home afterwards, cause my teacher was like ah you can home. Uhm I just said it was mud that went up my skirt yeah.

Mbali's (1) and Sassy Fox's (1) experiences demonstrate how devastating menstrual leakages can be for menstruating girls. Because of the emphasis on secrecy and concealment menstrual leakages become a source of great shame for girls.

Sassy Fox (1) reported another incident where she forgot a used pad in the bathroom and her father found out about it and started questioning every female in the house to find out who it belonged to. Sassy Fox (1) reported being embarrassed and ashamed and, therefore, denied it being her pad. According to her, her father then reacted by hitting her with the belt when he found out that it was actually hers. This example powerfully and emotively illustrates the extent to which women are expected to self-govern their menstruation. In this example, Sassy Fox (1) is physically punished for not taking active measures to ensure that she concealed her menstruation. Such extreme repercussions for having left a pad in a public place indicates the level of shame attached to menstruation. Lee argues that it appears as if the onset of menstruation introduces girls to the cultural baggage of secrecy and shame (cited in Allen et al., 2011) where they are expected to conceal and control the messiness that surrounds the evidence of their menstrual status (Allen et al., 2011).

4.2.4 Constant Self-surveillance

Due to the shameful nature of menstruation and the social pressure to conceal it the participants report constantly checking themselves for leakages. This was also found in a study by Jewitt and Rylely (2014) who found that girls engage in constant self-surveillance to avoid their menstrual status being exposed to others, particularly boys. Mbali (1) received instructions to be constantly cautious of her body and her clothes when she is menstruating.

According to Mbali (1):

Uhm it was only in high school or primary where I'd, I'd be sitting in class and maybe I'd stand... I'll ask my friend please check if I'm still okay but now I think I'm more confident and I, it doesn't really bother me.

According to Anna (2):

Bangitshela nokuthi uhm uma usesikhathini uhm ikuphi nokuphi okuthi kumele ngihlale ngiy'bheke ngasososnke iskhathi...

In the below extract Anna (2) gives an example:

For me, for me uhm ngangisekhaya ngizihlalele ngathi mangiphakama nje ngingaboni, ngabona ukuthi sengingcolile. Umama wayesengitshela ukuthi hamb'yogeza.

In the above extracts, Anna (2) states that she was told that when she is menstruating she has to “ngihlale ngiy'bheke ngasososnke iskhathi,” which means to constantly check for menstrual leakages. She then gives an example when she had a menstrual leakage at home and her mother told her to go take a bath to conceal the menstrual blood and “clean” herself up.

Both Mbali (1) and Anna (2) highlight the need for menstruating girls and women to constantly be conscious of any menstrual leakage onto clothing. Farris, Davis and D'Lane (2014) argue that a menstrual leakage creates an observable stain not only on a woman's clothes but also her character, which in turn renders female bodies as uncontrollable and undisciplined. The instruction to check themselves to ensure concealment shows how society dictates how menstruating girls are expected to conduct themselves during this their menstruation. This highlights that menstruation is a socially and culturally mediated experience (Barker & Conrad, 2010).

4.2.5 Menstruation embraced and celebrated

It is interesting that while the participants highlighted the importance of concealing menstruation within their culture because of the fact that it is constructed as dirty and unhygienic most of them reported that within their culture menstruation is also celebrated. Hawkey et al. (2016) found that menarche was celebrated within some cultural groups. Within the Tamil and South Sudanese contexts, for example, certain traditional celebrations are practiced when a girl starts her menstruation. These practices include prayer, ceremonies, parties and animal sacrifices (Hawkey et al., 2016).

Celebration and acceptance of menstruation was also evident in a study by Padmanabhanunni, Jaffer and Steenkamp (2017) where some women reported experiencing a sense of joy about their menstrual status because it affirmed their womanhood and ability to have children. In a study by Hawkey et al. (2016) found that women across a number of cultures describe the onset of menstruation as marking an important point at which they transitioned into women.

Although the participants in this study are aware that menstruation is viewed as dirty and unhygienic in their cultures they reported that menstruation was also celebrated in their cultures. Mbali (1) expressed that when she started menstruation her family was very happy. She reported that her aunt, who was there when she started menstruating, called her mother to let her know the good news and they both started ululating in celebration. Mbali (1) reported that in her culture, though she does not practice it, there is a ceremony called *umhlonyane* that is practiced when a girl starts menstruating.

According to Mbali (1):

I know that there is this ceremony umhlonyane I'm not sure if that's the proper term where you actually get to celebrate being on your periods. So, your parents will have like a small...it's sort of like a ceremony really, celebrating that you're a woman now. So, I think that's where the fathers kinda come in, in terms of culture. They get to see

their daughter...become a woman! And then they slaughter like a goat and faka is 'phandla on your wrist.

In the above extract, Mbali argues that *umhlonyane* is a ceremony performed to celebrate becoming a woman that is marked by the start of one's periods. Scorgie (1998) describes *umhlonyane* as a rite of passage in Zulu speaking communities, where a young girls entry into puberty is celebrated. This ritual involves seclusion of the girl, the provision of instruction by older female kin and a ritual slaughter (Scorgie, 1998). Mbali (1) described how parents prepare and get involved in the ritual of welcoming a girl into womanhood. She highlights that this is the time where fathers are closely involved in terms of culture. In this ritual, a goat is slaughtered and the girl who is being introduced to womanhood wears an animal wristband (*isiphandla*).

Bell (2) reported that her family celebrated her menstruation through the traditional ritual *umhlonyane*. The ritual includes slaughtering a goat and inviting virgin girls to help celebrate entry to womanhood through songs, dance, gift giving and having a female elder give advice entering women hood. In her case she reported that she celebrated both, *umhlonyane* and *umemulo* in 2017.

According to Bell (2):

It was only celebrated this year before umemulo because kwakumele ku-celebrate wona k'qala before umemeulo. So, yeah, this year. The, the first one (umhlonyane), angazi but I know they had to slaughter imbuzi then invite abantu, amantombazane, my friends who are still virgins, yes, be-invite bona and then later on ebese bekhani bezohlaba ke again.

Bell (2) expresses that her menstruation was celebrated before *umemulo*. *Umemulo* is a ritual practiced when a girl reaches puberty, it is assumed that at that stage she is ready for courtship and ultimately marriage (Zibani, 2002). Krige described it as when "the father of the child slaughters a beast for her daughter, by so doing he acknowledge that she is ready or worthy of

getting married” (cited in Zibani, 2002, p. 166). Bell (2) further states that she had to celebrate the onset of menstruation through the ritual called *umhlonyane* and then perform *umemulo*. A goat was slaughtered during *umhlonyane* and later they had to perform another slaughter for her *umemulo* and during these ceremonies virgin girls are invited to part take on the songs and dance in celebration of these two significant stages of a girl’s life.

In the above extracts (Mbali (1) and Bell (2) show that the onset of menstruation, as a rite of passage into womanhood, is celebrated culturally. However, its actual physical manifestation is seen as ‘dirty’ and ‘contaminating’ as indicated by the earlier discussion. This demonstrates the ambivalence and contradiction associated with menstrual socialization. Menarche is symbolic of a process by which girls begin to negotiate an adult feminine identity (Stubbs and Costos cited in Farris, Davis & D’Lane, 2014). While menstruation is celebrated for marking the onset of womanhood, these young women’s bodies are simultaneously framed negatively (Farris, Davis & D’Lane, 2014).

4.3 Religion and menstruation

A common religious perspective is that menstruation is believed to be associated with uncleanliness and impurity, therefore, menstruating women and girls are restricted from participating in certain religious activities as found in studies by Ramathuba (2015), Jewitt and Ryley (2014) and Aflaq and Jami (2012). Contrary to this, Mbali (1) reported that she received her very first menstrual education from church. She stated that at church they were taught about menstrual hygiene and when they should expect their periods and the importance of that. Mbali (1) reported as follows:

The religious part, I just remembered, for us at church I think I was around grade 6 before I even started my period, they actually spoke to us about periods after our

confirmation class. So, they told the girls like to stay behind they told us about menstruation and what to expect and everything kind of like some sex education really.

This extract suggests that the boys left, and the girls stayed behind after a confirmation class for menstruation education. In this way gendered norms around menstruation were performed by protecting boys from knowing about this phenomenon and limiting the knowledge to girls only. This is consistent with the notion that menstruation does not affect boys and they are, therefore, isolated them from any discussion related to menstruation (Jewitt & Ryley, 2014).

Mbali (1) continued:

It was the first time in like a church setting we ever got to speak about something like that... the lady that to spoke to us about it was a nurse and a lot of things I didn't know...I remember her telling us that uhm, it's something that happens to everyone, and if it doesn't happen to you now you shouldn't worry cause she told us that she started when she was in varsity I think she was 21, and so she was like... usually it's 11 to about 15, but if you start late, don't panic! And how to take care of yourself, hygiene, especially, like you should know what to do when you're on your periods and yah.

Mbali states that this was 'the first time' such a topic was spoken about in the church setting. This indicates that she is aware that menstruation is not something normally spoken about openly in a church setting and although it is not said directly, the way she talks about it suggests that she was grateful for the way in which this woman shared her own experiences. This highlights the general silence around menstruation education.

4.4 Menstruating while at university

Participants highlighted how the facilities within the university are not sufficiently clean or well-resourced to enable a healthy and hygienic experience of menstruation. Complaints raised encompassed overflowing disposal bins and unpleasant odor from bathrooms both on campus and in residences, inappropriate use of bathrooms or disposal of sanitary supplies and effects

of menstrual discomforts and cramps on their ability to perform at their level best academically. There were some positive inputs regarding provision of infrastructure (toilets with running water), the availability of the campus clinic, and programs to provide menstrual education and provide sanitary supplies.

4.4.1 Unhygienic facilities in the University

The participants expressed that campus and residence bathrooms are not in a hygienic state for use during a vulnerable time such as when they are menstruating. This finding is confirmed by a study by Tegegne and Sisay (2014) who found that students were unable to enjoy their menstruation while in a school environment due to poor hygiene in the bathrooms. These authors found that students would miss school as a result of poor hygiene in their bathrooms (Tegegne & Sisay, 2014). This finding is also supported by a study by Ellis et al. (2016) who found that the lack of clean or functional toilets impacted on how girls manage their menstrual hygiene. They stated that when toilets were unclean, inaccessible, or not properly maintained, girls restricted their general toilet use and menstrual management at school (Ellis et al., 2016). In this present study, Sassy Fox (1) argued that the university does not take necessary measures to ensure that menstruating while at university is comfortable. Lumba (1) reported that it is 'disgusting and uncomfortable' to menstruate while at university. She further explained that the bathrooms are smelly, sometimes there are maggots and disposal bins are overflowing. Bell (2) reported that the university has made provision of restrooms with running water but sometimes they do not have soap to wash their hands. Bell (2) complained of overflowing bins that are provided to dispose of sanitary wear. She reported that the maintenance staff sometimes do not empty the bins which then creates an unhygienic environment for students. Jay Z (2) also complained that the disposable bins are not emptied as regularly as they should be. Sassy

Fox (1) also emphasized that she has not had the best experience with her period while at university due to unclean restrooms. She described toilets that are messy and used sanitary supplies not have not been disposed of properly.

According to Jay Z (2):

...I think also nakuba kwi-periods now usually you will find xa ungena e-bathroom there's pads ezijulwe ngapha naphaya naphaya and I don't think in terms of facilities ewe ke, ezi-toilets there are bins to be used I don't think kuya kuyabakhona nento yoku-facilitate ukuba how those bins should be used ukuba what kind of things should be put in the bins and how should be put. So, ewe zona zikhona but there are people aba mhlaw'mbe abaqalayo sebelapha at varsity okanye abantu abangekho clean kwabona who would just throw things around and all that so ewe zona zikhona izi-facilities but ayinto into e-facilitate on how to use them and all.

In the extract above, the participant describes university bathrooms in an unclean state and used sanitary towels lying around on the bathroom floors. Therefore, in terms of facilities being provided, yes, the university has provided infrastructure and bins to dispose of sanitary wear, but she argues that there seems to be confusion regarding how these bins should be utilized. She further added that while the university has provided resources, there may be students who have just started their periods and who are unsure how to utilize these resources and there is nothing in place to facilitate the use of such resources. Apart from poor maintenance of bathrooms, it has been found that there are some students that lack knowledge about menstrual hygiene management to assist them during their menstruation (Chikulo,2015).

When asked about their experiences of menstruation while living in student residences most participants revealed that they have been uncomfortable with the poor maintenance of the bathrooms, which then makes their experience of this phenomenon unbearable. Research indicates that girls in school believe that they are vulnerable to infections from being in an unhygienic environment (Ellis et al., 2016). Sasha (2) reported that disposal bins do not get

emptied and bathroom get so filthy that they cannot even use them. This is concerning as Ellis et al. (2016) found that unclean bathrooms translated to limited general use of the bathrooms and restricted menstrual hygiene management from taking place at school.

According to Lumba (1):

I think for me res wasn't the best place to be menstruating simply because it just didn't feel clean cause for me personally when I'm on my period I just, I feel dirty or I have like an extra need to be extra clean so like I'll shower twice every day and everything needs to be clean at that particular time and res is not that place because sometimes like the toilets are dirty or uhm like she said the bins are overflowing and that sort of thin... in res like I remember this one time, I went to shower and somebody had left a dirty uhm panty liner that had blood like stuck onto the wall in the shower and it was like, it was so confusing to me cause I was like, Why on earth would you leave that there? And who is supposed to clean up after you? It was so uncomfortable cause that's the space that I had to be in and then now you're leaving your dirty things there it was just like I didn't, I just don't like it.

This extract is fascinating because on one level it accounts for unclean bathrooms in University residences, but it also highlights the extent to which Lumba (1) herself has internalized the view that menstruation is dirty. She highlights how 'dirty' she feels when menstruating, a feeling that is made worse by the unclean environments she is exposed to.

Some participants raised their concerns having to go through their menstruation in an unclean environment. This appeared to raise a lot of frustrations among participants as they felt like it is unfair that they go through their menstruation in such an environment. Bell (2) expressed that she once felt embarrassed when she found herself in a bathroom with a bin overflowing with used sanitary wear. She further added that she felt uncomfortable because the male students would assume that she might have disposed of her pad inappropriately and exacerbated the mess and odor in the bathroom. Mbali (1) also reported that male students have complained of girls leaving their sanitary towels disposed of inappropriately and causing a mess.

In following extracts Mbali (1) and Misho (1) provide vivid illustrations of the facilities available for them when menstruating. Mbali (1) highlights that it is not just the fact that the bins are not changed regularly, but also that the way in which the bins are designed is problematic

I have two problems they don't change the bins, 2ndly I don't think its hygienic for me touching the bin, opening and then putting my pad inside but the way it, it supposed to open I don't think it's... yeah you're exposing yourself to so much germs. I mean someone who is throwing something that has blood there and have to touch it with your hands I don't think that's safe so usually id get like a tissue put some Dettol or whatever and try to open it but still.

Misho (1) highlights the effect of bins not being emptied regularly

Also touching on the bin thing, cause another problem is that most people don't wrap their pads so it's like everywhere and its overflowing and they haven't changed the bin. Like at my res there's this one time they didn't change the bins for almost a week and it was just disgusting and was horrible now I'm like what am I supposed to do now but cause even when you just start thinking about going to the toilet you like but this is so nasty its unhygienic and just looking at people's blood. I feel like they could work around that to make it... to fix that problem and to make it easier for us, okay! Like I'm on my period I don't have to worry about this, or worry about that it just makes the whole experience a lot less to worry about then have to worry about all the things I need to worry about.

Maxine (1) reported that she has not had the best experience residing in a student residence and she felt embarrassed to confront one of the girls who failed to clean up after herself while she was menstruating. According to this participant:

I don't where it was so, anyway one of the girls apparently every time she showers she leaves lucky notes, basically that's okay, she must be on her periods, and then he was saying that he didn't know how to approach her and so he was asking for like I don't know, information or what would be the most appropriate thing for him to say to her to like bring to her attention to what she was doing. So then I think that yeah like ah ah a

rare situation like that it kinda like, it makes it, it's very exposing like yeah, I can imagine that maybe if she had been staying by herself she wouldn't have had to have that situation she is in now she is feeling the shame of being told by a g...a guy like hey you know you're leaving blood around like what, you must clean that up cause I need to use it after you so, yeah.

In a similar incident to that mentioned in the extract above, Lumba (1) stated that she felt uncomfortable when a guy asked them as girls to confront another study whom they assumed was the one leaving the bathroom in an unclean state when she was menstruating. She reported:

Just referring to this specific incident that she is talking about because we stay at the same place and I remember that incident. I remember in the end uhm the guy in question came to me and was like I feel like this person when they are on their periods they always mess like on the toilet, on the stairs can you speak to her about it. And even as a woman I didn't know how to approach her, obviously there is more than one girl on the res, so we don't know for sure that it's this person, so I just felt like it would be wrong for me to be like oh can you please not uhm leave the bathroom dirty if it's not her cause like she would have been offended about it. I think even as comfortable as we are there are certain things that you just can't say to people or feel uncomfortable saying to people because it's like I just feel like it should have been hurt or taken offense even if it was her. Worse so, if it wasn't her and we were all just assuming that it was her.

The above discussed incidents illustrate the extent of the shame attached to menstruation. The discomfort with being able to approach someone to discuss menstruation highlights the shame and secrecy attached to menstruation. The reference to words like 'dirty' and 'mess' brings up images of "toxic waste" (Johnston-Robledo & Chrisler, 2013, p. 9). Lumba (1) states that 'even as a woman' she felt embarrassed to approach this woman. This highlights that menstruation is a source of social stigma. Johnston-Robledo and Chrisler (2013, p. 9) refer to Goffman's definition of stigma as "any stain or mark that sets people apart from others; it conveys the information that those people have a defect of body or of character that spoils their appearance or identity". The above discussions of the discomfort that Misho (1) and Maxine (1) felt about

talking to this woman shows that menstruation is a “stigmatized condition” (Johnston-Robledo & Chrisler, 2013, p. 10). The young woman has not just left a mess in the toilet, she has left menstrual blood! She has broken the rule that one should keep evidence of their menstruation out of sight. Johnston-Robledo and Chrisler (2013) make reference to a study by Roberts et al. who found that any reminder of menstruation can lead to social distancing. Misho (1) and Maxine (1) both highlight the shame this young woman would experience if directly confronted and so they avoid raising it with her directly but talk about it amongst themselves. There is a sense that her reputation has been ‘stained’. This avoidance is the result of the stigma attached to menstruation (Johnston-Robledo & Chrisler, 2013, p. 2).

4.4.2 Menstruation as a topic among peers

Some of the participants reported that they are comfortable to have a discussion about menstruation among other females, especially familiar females. Brantelid et al. (2014) also found in their study that women would confide in each other about matters related to menstruation. These authors also noticed that some women specifically mention male friends with whom they can share menstrual experiences (Brantelid et al., 2014). In this present study Lumba (1) reported that she feels comfortable talking about menstruation with her boyfriend and that he seems to understand it. She stated her boyfriend is very supportive during her periods and that when she is craving chocolate or needs tampons he would buy them for her. She feels comfortable calling him on the phone to let him know she is in pain and feeling helpless. She also expressed that her boyfriend sometimes takes it too far, but it goes to show how much he cares. Sassy Fox (1) also expressed that she is comfortable discussing periods with her boyfriend. She went as far as educating her boyfriend on how a tampon works, she put a tampon in water and let it expand to demonstrate how they work. She reported that her

boyfriend appeared interested in learning new things. Maxine (1) also shared that she can rely on her boyfriend for support. She stated that her boyfriend tries to make her feel better when he sees her running around in physical pain, or when she is irritable. Although he would not initiate a conversation about periods, he would listen and let her freely express herself about her periods. Misho (1) also reported that her boyfriend is open to discussing periods with her and that it is not an awkward conversation to have.

According Maxine (1):

Well I do feel comfortable talk talking to my boyfriend about it cause sometimes I'm like, oh! If you're in town please buy me pads, use this kind, I use these kinds of pads and sometimes he'll be like "oh yeah, you're so cranky are you on your period" he was like "do you need anything, should I buy you pills?" "Are you going to be okay?" So, I feel so comfortable talking to him about it. I don't feel that uhm I'm on my period, oh don't see me, "I don't wana be around you" just... it's okay it's normal to be with him even though I'm on my period.

Misho (1) recalled an incident in boarding school where she was experiencing period cramps and was in a great amount of pain. Her class mate who was male offered to help her get to the hostels to lie down. She mentioned that although he could not help her with the pain the fact that he was there and caring for her made the day a little more bearable. Lumba (1) reported that her male peers at university are understanding; when they see she is moody they ask if she is on her period and they say, "I get it". Mbali (1) reported that although she seldom discussed menstruation with anyone, including female peers, if a male friend, for example, were to inquire about menstruation for learning purposes she would be willing to share information. Bell (2) reported that she is comfortable discussing matters related to menstruation with her male friend, but that he refused to touch a clean pad and said "No, no, I don't touch that".

Given the earlier theme that discusses the importance of hiding menstruation from males, it is interesting that these participants comment on the fact that their boyfriends are so supportive.

These examples suggest that while culturally these participants recognize that they should conceal menstruation from men, in reality both young women and men are challenging these wider cultural discourses. Allen et al. (2011) argue that some men's' views of menstruation are developmental and based on their cultural exposure and level of maturity and growth in attitude toward menstruation related issues. Allen et al. (2011) make reference to Burrows's and Jonhson's claim that male and females' knowledge of and feelings towards menstruation are not fixed but change as they are exposed to different cultural messages and expectations concerning menstruation (cited in Allen et al., 2011). In this present study it seems that boys are gradually reaching the stage of maturity where they are open to getting involved in a discussion about menstruation in their intimate relationships. For example, Sassy Fox (1) reported that her boyfriend was open to learning about menstruation, so she shared her knowledge about menstruation and how a tampon works. One would wonder how much more supportive these partners could be if they were well educated on menstruation earlier in their lives.

Some responses indicated that it is easy to have conversations about menstruation with peers at University. Bell (2) reported that she felt comfortable discussing menstruation with other peers, whether they are friends or not. Sassy Fox (1) reported that ever since she came to university she has never felt uncomfortable having this conversation with her peers. She further explained that because she is among other educated individuals it does not feel odd that she freely talks about her period. Maxine (1) reported that she is so comfortable talking about menstruation at University that she would find it strange for people to feel uncomfortable talking about it. According to Lumba (1):

I think for me especially at varsity it's been more positive than negative, I think is a very open space where we can talk about our periods and I haven't found anybody that's actually like you or like where they'd look... where it's a negative thing. I think

at this point we are old enough to know this is what happens, and they are supportive, and you know if I'm moody it's like its fine uhm they are not going to hold it against me that I was short with them on that particular day because I was on my period. They understand that 'Okay, this is what's happening you're the way that you're, you're just being hormonal and that's okay.

It evident that participants can identify the spaces in which they can openly discuss menstruation. In this regard the university space appears to create a safe environment for many of the participants to talk openly and freely amongst themselves about menstruation related matters.

While some students reported feeling comfortable divulging information about their menstrual periods some students only felt comfortable to discuss it with their close female friends. Bell (2) reported she would feel comfortable discussing menstruation with her close friends. Jay Z (2) stated that it feels much easier when speaking to close peers because it not an easy topic to just reveal to people that “ndiyamensa” (I'm menstruating). She reported that it is better when it is someone familiar so when you are experiencing menstrual cramps they will understand what is going on. Jay Z (2) added, stating that having peer support also helps when you are in so much pain that you are irritable, they can be aware of what is going on with you. Mbali (1) reported that her peers have been very understanding because they themselves have experienced menstrual periods. These findings are consistent with findings from Jackson and Falmagne (2013) who also found that half of the young women in their study reported forming peer groups where they received support from female friends. They argued that peer groups were believed to provide “a safe space to discuss menstruation comfortably and openly for menstruating girls” (Jackson and Falmagne, 2013, p. 391).

One participant reported that she does not feel comfortable talking about menstruation to anyone be it male or female. Mbali (1) reported more than once that she would not feel

comfortable discussing menstruation as a topic to anyone, not even her friends, male or female.

According to this participant:

Okay, I'm really weird I don't talk about periods like even when I'm, even when I'm having period pains I'll keep to myself not unless I'm speaking to my mom like anyone else I just don't, I keep to myself like if I'm having pains right now you won't find me acting in a weird way cause of the pain, I'll just make sure that I remain normal.

Another participant highlights that while the university context may create safe spaces to talk more openly there are still instances that show that menstruation is still a taboo topic. Bell (2) reported that an awareness campaign was run on campus by an organization called Lifestyle in August 2015 (women's month). One of the topics discussed involved talking about menstruation and the distribution of sanitary products. Bell (2) reports that there were pictures taken from the event that ended up on the university social media with a quote "baphethe imiqamelo" (they are carrying pillows). The word 'pillows' was a code word for a sanitary pad. This is contradictory for Bell (2) because, as she explains, the awareness programme was willing to discuss menstruation during the campaign but reverted to referring to a code word (pillows) when captioning the picture.

When participants were asked how they experienced discussing menstruation within the focus group they reported feeling awkward, but that they had found the encounter informative. Sassy Fox (1) reported that actively discussing menstruation with other female students had been very informative because she was able to learn a lot of things she did not know including utilizing services such as the campus clinic for menstrual related issues. Anna (2) reported that she felt comfortable being part of the discussion and exchanging experience and knowledge about menstruation. Bell (2) reported that she felt that the process was fun. She stated that having discussions about menstruation normalizes it. Jay Z (2) reported that the experience was

unfamiliar and different because she has never had an opportunity to discuss menstruation unless she is buying sanitary wear.

According to Jay Z (2):

For me I think it's more different and unfamiliar like, I, I never, ever, ever, ever, ever, talked about periods except for ukubamba i-pack ngiybeke ethilini ubhatale uhambe yabo. It's different, it's different and it feels like something that can be normal but yah it feels good to talk about into that you wouldn't even talk about yabona sometimes iba ngathi it's something ongayifuniyo that just happens to you every month, every month and you cannot talk to anyone about it. It's like even though i-experience yethu sonke as females but we are so individualistic about it engathi into yakho wedwa eyonyanyekayo, emdaka but it feels good to talk to abanye bantu and get their experiences of it yabona and get some information about what to do about some other things it doesn't need to be such a helpless situation like ehlale 'kwenzekela okoko. So, it feels good. Well I feel like nabanye abantu actually benefit from having conversation about it.

In this extract the participant expressed that she found discussing menstruation in the focus group different and unfamiliar because she has never talked about periods except when she is buying them from the store. It was interesting to note just how important this is to her as demonstrated by her repetition of the phrase “it feels good” three times. She added that it was a different encounter and felt it normalized menstruation and that people could benefit from such discussions. She stated that although menstruation is experienced by the majority of women some females perceive menstruation as a private matter. This perception then gives rise to misconceptions such as menstruation is dirty and a shameful experience. She concluded that it was beneficial to everyone who took part because everyone got to share and learn something from others. Johnston-Robledo and Chrisler (2013, p. 14), citing the work of Kissling, argue that creating opportunities for students to talk openly about menstruation can contribute to

challenging menstrual stigma and contributing to “menstrual justice”. They state that through open talk menstruation is normalized, which contributes to the reduction of stigma.

4.4.3 Effects of menstrual symptoms on academic performance

Contrary to the literature reviewed in this present study menstruation is not an issue that keeps students from their classes, however, it is evident that it affects their attentiveness and levels of academic productivity. Tegegne and Sisay (2014) confirmed that their participants tried not to miss school when menstruating however, they didn't attend class attentively and spent a lot of time worrying about menstrual leakage and/or the pain associated with their menstruation. Most of the participants in this study revealed that menstrual symptoms affect their ability to concentrate or be engaged during lectures. This introduces us to the concept of presenteeism. Presenteeism, a concept used in the context of work, describes how a worker, even though impaired by physical or psychological health problems, still goes to work. While they might be present, their productivity is negatively impacted on (Gosselin, Lemyre & Corneil, 2013). The same application of presentism could be identified in this present study, whereby participants expressed that they attended their respective lectures despite experiencing menstrual cramps and pains. Lumba (1) reported that there were times where she was writing a test the next day and she was in a lot of pain and could not sustain her attention for a prolonged period. She reported that although she could not concentrate and prepare well for her test, she was not going to miss her test because she was menstruating. She raised that the university would not understand how detrimental it was for her to write a test while she was in pain and had diminished concentration. Sasha (2) shared that she experiences such excruciating pain during her period that she is unable to concentrate in class. Similarly, Bell (2) reported that her period cramps affected her academic performance as her attention span diminished. Lumba (1)

expressed that she usually experiences extremely bad period pains, however, having to be excused from class to use the bathroom makes her feel even more uncomfortable.

Sasha (2) reported that she also experiences painful period cramps and when they occur she carries a hot water bottle to place against her stomach to manage the pain while she is in class. She expressed that although she experiences excruciating pain she cannot miss class. Sassy Fox (1) reported that when she experiences period cramps she uses medication which leaves her feeling numb and uncomfortable and sometimes she has to stay in residence and miss lectures.

According to Lumba (1):

I would rather that (overdose on pain medication) than to feel the pain and have to miss class because uhm, uhm, when you miss one day, you come back and you're like what's happening like what, like you feel like you've missed on a lot, so it becomes an issue. So, you sort of like have to end up like uhm...going to extremes to make sure that you're there or I take pills to make sure that I don't go to the bathroom you know manage that which I don't is like the healthiest thing but at the end of the day it's like I don't really I have any other choice.

While some participants noted missing classes, most of them do not report absenteeism, rather most of them come to lectures despite their symptoms although these symptoms and the effect of the treatment they use leads to impaired concentration and has a negative impact on their performance. It is interesting that many of the participants felt the need to continue with lectures and tests despite the fact that they have such extreme physical symptoms. It is as though they have the belief that because this is a monthly experience and part of their biology that they are not entitled to the same compensations that an otherwise unwell student would have access to.

When asked if they were comfortable raising the issue of menstrual cramps to their lecturers they said that lecturers would not take them seriously. Some participants indicated that lecturers

would not perceive menstruation as a health issue that can hinder one's academic performance. There is this perception that menstruation is a normal, bodily experience and that women cannot use it as an excuse for poor performance in the academic context. Guided by this perception, women are expected to find ways to manage it (like consuming large amounts of pain medication) to still perform even if at a compromised level. Bell (2) stated that she does not think she would feel comfortable having to approach one of her lecturers with matters related to menstruation or to ask for a pad. She further emphasized that she would rather ask a friend to help with a pad and if unsuccessful, she will go back to residence rather than ask her lecturers. According to Jay Z (2):

I have really, really, bad cramps when I'm on my periods I don't think that's something that's ever crossed my mind actually ukuthi ask to maybe leave class or anything like that I don't think, I think nje, njengamantombazana like asiye siye like I said before ikuyonto that just comes up you just feel uk'ba it's something that happens yabo and you feel like ngoku awuzuk'hamb' uyothi ngicela ukugoduka just cause you're having cramps uyabona. I don't know whether it's just because it's a topic we haven't really opened up to discuss with ilontuza izi-lecturers zethu at all or that we just think it's something that's just happening, and it happens, yeah.

In the above extract the participant argued that she experiences intense period pains, but it has never occurred to her to ask to be excused from class as a result. She further mentioned that discussing menstrual related issues is not something that is perceived as an issue to excuse a student from class.

For one participant, the issue was not so much about the pain but rather the possibility of messing herself up while writing exams. Mbali (1) indicated that she feels uncomfortable being seated for 3 hours without moving when she is menstruating as she feels as though she would mess herself up and then experience embarrassment,

For me it's not the pain as such it's just the thought of having of having to sit there for three hours, two to three hours and you're thinking about what if I mess up myself and maybe like you feel like as if what if its moving or whatever it's just the discomfort of siting there in the same position for two to three hours that's just uncomfortable.

This again highlights how women should be constantly aware of their bodies when menstruating driven by fear of their menstrual status being exposed. It also highlights the impact of such a fear on their academic performance.

4.4.4 Menstrual symptom and hygiene management

Many of the participants reported that they often have trouble managing their day to day activities when experiencing period cramps and they, therefore, among other things they use pain medication to make the pain tolerable. Ameade and Garti (2016) confirm that dysmenorrhea is one of the important menstrual-related issues that has a negative impact on lives of university students. and of requires treatment and pain management. Some participants in this study reported using contraceptives to manage their menstrual symptoms. It is believed that women with irregular menstrual cycles are mostly resort to contraceptives in order to control their menstrual bleeding, as highlighted by Donmall (2013). The use of hormonal contraceptives is to enable menstrual regularity. A participant in a study by Donmall (2013) reported that the reason for using contraceptives was to get a sense of order and control. Some researchers such as Jackson and Falmagne (2013) argue that the use of contraceptives to manage their menses is largely influenced by the social discourse that depicts menstruation as shameful and embarrassing and, therefore, the need to take extreme measures to hide it by eliminating it. Sassy Fox (1) reported that she has been on an injection since she started university due to the inability to cope with the pain. The contraceptive injection prevents you from getting your menstrual periods which consequently prevents you from getting period

cramps. Anna (2) stated that she is on a three-month injection and explained that she started using it to reduce her blood flow and that as a result she only has to use panty liners when she is experiencing her menstrual period. The need to correct the menstrual flow using contraceptive was also evident in a study by Jackson and Falmagne (2013) who discovered that their participants used contraceptives in order to “correct” (p. 390) or to obtain an antidote for their “tainted condition” (p. 390). However, this framework of thinking, not only results in the social control of women’s behaviour, but it also perpetuates cultural beliefs that reinforce gender inequality (Conrad & Barker, 2010). These beliefs are said to excuse gender inequality within intimate relationships, families, institutions, and society (Conrad & Barker, 2010).

According to Sassy Fox (1):

I’m on contraceptive, I’m on the injection. Uhm, it comes with side effects like sometimes you spot like a lot but then what I noticed, the injection stopped the period pains like if I have pain it’s not really pain it’s just a feeling of discomfort but when I started the injection I don’t have uhm period pains anymore. So, that’s a pass. I manage them that way I guess.

One other participant who uses and oral contraceptive reported that she has been using contraceptive pills to manage period cramps.

According to Bell (2):

...I use i-grand-pa and then besengisebenzisa nama-contraceptives cause ama-pills cause ngisuke seng- bangiseng’funa ukustopha...ama-contraceptives ngiqala vele ngiwathatha ngalesoskhathi, ama...i-grand-pa ngiyisebenzisa nayo ngithi ngiqala but zothulukuthi ngizosbenzisa ama-sachets ayi-3 cause ngisuke ngifuna ukuthi ama-clots avele a, a sheshe aphume.

In this extract the participant stated that she uses grand-pa sachets to manage period pains and uses contraceptive pills when she wants to accelerate the blood clots and hopefully cease the blood flow.

Some participants reported resorting to pain medication to manage their menstrual symptoms. Polat et al. (2008) also noted in their study a large number of students reported using non-prescription drugs to treat dysmenorrhea. Consistent with this finding Bell (2) reported that she uses pain killers (grand-pa) during her menstruation. She added that sometimes the pain killers are not effective, and her concentration diminishes when she experiences period pains. Sassy Fox (1) reported that she is also using pain killers (brufen tablets) to manage pain during her menstruation. Misho (1) is also using painkillers (brufen tablets) to manage pain during her menstrual period. Lumba (1) stated that she knows when her menstrual period comes she starts taking pain killers to the extent she feels like she is overdosing on them. Maxine (1) also reported to be relying on pain killers when menstruating. She stated that she has to take pain tablets at least for two days for when she started her menstrual period.

According to Lumba (1):

I'm going to manage it and take pills cause for me because my period pains are so bad like uhm cause my period its quite regular I know when it's going come so before it even starts I'm popping pills to the point its sometimes I'm pretty sure I might be overdosing on pills but I would rather that than to feel the pain and have to miss class because uhm, uhm, when you miss one day, you come back and you're like what's happening like what, like you feel like you've missed on a lot so it becomes an issue. So, you sort of like have to end up like uhm... going to extremes to make sure that you're there or I take pills to make sure that I don't go to the bathroom you know manage that which I don't is like the healthiest thing but at the end of the day it's like I don't really, I have any other choice. I just rely on being warm and lots of pills and lots of pills that's my coping mechanism. I can't do without pills. It's so painful so yeah. And I just think

also like the clinic, I get some from the clinic but then I feel like the clinic it doesn't usually give enough.

In the above extract Lumba (1) illustrates the extent that women have to go to, to manage their menstruation so as not to miss classes. She states that she does not feel that she has any other choice. She also notes that while the clinic at the university does assist, they do not give enough of the medication.

Participants also reported using other non-medicinal methods to minimize the pain during menstrual cramps or menstrual pains. One other method reported was heat application in the lower abdominal to relieve menstrual cramps (Polat et al., 2008). As Misho (1) reported that in order to minimize pain she places a hot water bottle against her stomach to ease the pain. She also added that she takes a hot shower and keep herself under warm blankets which also the heat effect minimizes the pain though she unceasingly takes pain medication. Lumba (1) also reported that she has been using the warm method for some time. She stated that she read somewhere that warm water helps minimize the pain so when pain medication was not at her disposal she would use hot water to manage pain. According to Lumba (1):

I think for me, it's also the warmth thing because I can't remember where I read it somewhere they're like warm water and thing helps you cause I remember there was this one time where I started my period and I didn't have any medication I didn't have any uhm brufen or anything and I was in so much pain like it was unbearable where like my parents had to and look for medication for me at the pharmacy but while they were gone I was in a hot bath and I would just stay there for 2 hours until they came back and I would just take out the water and put it back in so that I wasn't in pain now I just, uhm I just rely on being warm and lots of pills and lots of pills that's my coping mechanism.

Mbali (1) reported that ever since she started getting her menstrual periods she has never used pain medication when she is experiencing period pains but rather keeps herself busy to avoid thinking about her menstrual pains. This reinforces the idea that because menstruation is a

normal monthly occurrence this participant has, therefore, come to believe that her pain is normal and should be tolerated. She goes on to point out that medication for menstrual pain may not be healthy because of the side effects. As she reports:

I started having period pains a bit late, I think in high school and I've never taken any medication for it. In as much as it can be painful I just told myself its part of like a natural experience, something that's supposed to happen, so I usually try and do something to keep my mind off things and just probably cook whatever just to make sure that I don't get to experience of feeling the pain. I kind just forget about it cause of ... I don't that I'm a health freak or anything but uhm I feel as if we take too much medication when you have a headache when you have this and that and you experience periods every month so now I have to take medications every month. I just don't think that it's safe for my body.

This suggests that students are not receiving education of various ways in which they can manage their menstrual pains beyond medication that clearly has negative side effects for them. Olshansky (2016) argues against the medicalisation of normal periods and argues that there are a number of complementary and alternative methods that women can be taught to manage their painful menstrual symptoms, rather than resorting to pharmaceutical methods with their problematic side effects. She further challenges health care providers to be more cognizant and to think extensively about social determinants of health such as culture, socioeconomic status, and the social environment in which menstruating occurs (Olshansky, 2016). According to Olshansky (2016) it is imperative that we acknowledge the social determinants as they might affect the way that girls and women perceive the menstrual cycle and how they experience it.

When it comes to menstrual hygiene management while at university, Jay Z (2) stated that she brings her own disposable packets to dispose of her used sanitary towels properly. This is what she reported:

I carry eza-plastic yabona eza-plastic to dispose, there are disposal bags that you buy mos and then you carry yourself, uyiqaphe ukuthi k'yagcwala, z'yagcwala i-bins. I thought to just maybe carry izinto ze-disposal like uBell (1) is speaking my period nami zi, zivele izifikele nje xa ithanda so I usually have those ndiziphathe ke.

In this extract, the participant argues that she carries disposable plastic bags so that when disposable bins are overflowing she can dispose of her pads properly and not leave it exposed. She thought it was wise to take the initiative to buy and always carry these plastic bags when she is menstruating. Jay Z (2) sees it as her own personal responsibility to ensure that she manages her menstruation appropriately, even when it is the University's responsibility to provide adequate facilities. This is a critic of the medical perspective. "We are too quick to see individualized medical interventions as logically consistent responses to our troubles" (Conrad & Barker, 2010, p. S75). It is because of this perspective that Jay Z (2) feels accountable to manage her menstruation on her own without any assistance from the university to make adequate provision of resources.

When students asked about their awareness of the clinic and the services offered, some participants reported being aware of these services and said they have been utilizing these services. Other participants, however, only heard of the clinics services during the focus group discussion.

Participant Anna (2) reported that she has been at the campus clinic for menstrual related issues. She further reported that she has been receiving a contraceptive injection from the clinic. She added that in her experience she has seen other students being assisted with matters related to menstruation. She, however, raised that the clinic has a limited stock of sanitary pads and as a result some students do not receive these sanitary pads when they need them.

Sassy Fox (1) reported that she has also been utilizing the campus clinic. She further reported that though the clinic offers services related to menstruation, the amount of pain medication (brufen or paracetamol tablets) she is provided with is not sufficient to last her throughout her menstrual period and she, therefore, must supply the rest herself. Lumba (1) also reported that, whenever the clinic dispenses pain medication it is never enough, and she has to supply herself throughout the rest of her period.

According to Sassy Fox (1):

I would always make sure that I buy brufen but the clinic gives you medication for...if you go and say I have period pains, I noticed that they would give you brufen. If they give you like paracetamol. Paracetamol for me doesn't work for period pains cause they are that hectic. So, I have to tell them No! I actually need brufen. So, I would go and get it but then I feel like when I'm on my periods, I take a lot of brufen so sometimes I can't just rely on clinic's supply cause I can't go today and then like a few days go back and be like actually I need more, so I'll end up having to buy some and then have some from the clinic cause when I'm ...when I had the cramps they were so bad like I can't live knowing oh wait I only have 5 brufen left I need to have like a box of them to know that ok I'm safe, yeah.

While some participants were aware of and have been utilizing the campus clinic for menstrual related issues, other participants were surprised to know that the clinic offers services to assist with menstruation. Although Lumba (1) has collected pain medication from the campus clinic, she was not aware that she could get sanitary pads in the case of an emergency from the clinic. Misho (1) also reported that she was not aware that one could get assisted with issues related to menstruation. As she reported:

With me, I just had to manage with the pain...I also didn't know (clinic services related to menstruation) cause I got so used to doing it by myself. I knew what to do and what I was supposed to do so I guess I didn't need the need, I didn't see the need to go to the clinic cause I was like I've been doing this.

Misho (1) argued that perhaps it is because they have always had to manage their menstruation by themselves and therefore did not see the necessity for such services being available at the clinic.

Considering that Misho (1) lacked awareness about the clinic services regarding menstrual management, it was enlightening for her to find out that such services existed at her disposal.

As she stated below:

I didn't know that this was an option, so I guess it was quite a beneficial thing to find out about.

Mbali (1) also reported not being aware of such services being available at the campus clinic.

As she stated the following (1):

Me too, I also didn't know. I had no idea, I had no idea that you can actually go to the clinic for something related to your menstruation cause I just thought that maybe it's if you're sick or if you're pregnant or whatever, cause I think maybe its cause when you come in there's nothing, nothing there that may tell that you can come here for menstruation as well, yeah.

If menstruation is regarded as a biological and medical issue alone it means that women will experience it as something that they alone need to manage. Misho (1) and Mbali (1) are illustrating this – they are highlighting that because it is something women have always had to manage themselves they have no expectations of services being provided for them. It appears that people tend to have “social predilection toward treating human problems as individual or clinical...rather than addressing the underlying causes for complex social problems and human suffering” (Conrad & Barker, 2010, p. S75). This is a critique of the biomedical approach to menstruation. Medicalisation “encourages medical solutions while ignoring or downplaying the social context of complicated problems,” as argued by Lantz, Uchtenstein, and Pollack (cited in Conrad & Barker, 2010, p. S75). If we acknowledge that health is the outcome of a

number of intersecting factors and that there is a need to address these factors, then the need for services becomes clearer.

4.4.5 Access to sanitary supplies while in university

The majority of participants reported experiencing financial strain because of their socioeconomic background. Inability to access sanitary products because of the expense of sanitary wear was found in a study by Jewitt and Ryley (2014). Some of the participants in this study reported that they are dependent on NSFAS and some are self-funded. With that in mind they reported that purchasing sanitary products, be it pads, or tampons or pain medication for their menstrual period, was expensive. Bell (2) reported that sanitary pads that she uses are expensive, they cost around R54.00. She further reported that because they are expensive she ends up buying the R34.00 pack of pads with only 16 pads inside. Maxine (1) reported that her mother is responsible for buying sanitary products for her so that does not have to buy these herself. She further added that she believes that if she had to take that initiative herself it would feel like a financial burden.

According to Sassy Fox (1):

I remember when I got to university I was actually shocked by how expensive uhm sanitary towels are because I guess when you are at home uhm your parents aren't going to say no don't take those and they won't even like...cause I remember with mom she won't say take those because they are cheaper she will let you decide on what's comfortable for you. But when you get to university, it's like now you have a budget and you have to make it work and then you realize but wait the tampons, the pads and the tampons that I'm used to are so expensive so do I go for the cheap ones but then the cheap ones aren't comfortable sometimes so now (group member mumbles something) it's like you end up using... pads and tampons you can't not buy them, it's not something that you can leave so in the end you'll end up sacrifice other things if you're in need

of a tampons so if you're only, if it's your last R50.00 but you needed to buy some meat now you can't buy meat but you also started your period, you can't buy meat you're now need to buy pads and if it's so happens that you sometimes don't have a regular period. So, what if it catches you when you're broke and you have anything now you have to borrow and people want their pads back cause they are expensive you can't just take and not give back cause pads are...they are not like hectic expensive but when you think about it, as monthly expense it is.

The above extract is highlighting that although there are cheaper products on the market they are not necessarily sufficient for her period and as a result she has to make other sacrifices to buy the products she needs, as a result she will go without meat.

Sasha (2) reported:

Uhm i-blood flow yami it's not that high. So, I feel like I can afford cause meng-buy meng'thenege i-pack of 20 iyasala cause angiy'qedi maybe ngyoze ngisebenzise about 10 or 12.

In this extract, this participant stated that her blood flow is not high and as a result she feels like she can afford to buy a pack of 20 pads because sometimes she only needs 10 or 12 per menstrual period. This highlights that students have different needs depending on how they experience their menstruation. Some are heavy bleeders and have higher sanitary needs, while someone like Sasha (2) who has a light period experiences less financial difficulty related to her menstruation.

4.5 Recommendations provided by students

Students raised very important recommendations that the university could implement to enable students to better manage their menstruation whilst at university.

4.5.1 University level

Participants emphasized that the university could consider making sanitary supplies accessible to the students. Sassy Fox (1) stated that there has been a lot of dialogue around the issue of provision of free pads. She further argued that the university has prioritized provision of condoms everywhere around the university, but it does not provide sanitary wear. She argued that sanitary pads should be made available at the campus clinic and students need to be made aware of their availability. She also suggested that the university make use of posters to advertise that the campus clinic offers services that deal with menstrual related issues.

Lumba (1) argued that it is not only the university as an institution that should work to make menstruation easier to manage, but also the students, themselves, as resource users. She stated that students should be responsible and dispose of their pads properly, so the maintenance staff can focus on making restrooms a clean environment for use. She made reference to an incident where she found blood tracks on the bathroom floor and a dirty panty liner lying around.

Lumba (1) also reported that there should be campaigns such as *pads drive or tampon drives* where students who can afford to buy sanitary supplies can donate to assist those who cannot afford. Similarly, Mbali (1) suggested that the university should have an emergency pad initiative, where students can access pads when they start their menstrual period unprepared.

According to Lumba (1):

...but I think like in the meantime maybe if the university had uhm sort of campaigns like pads drive or tampon drives where those who can afford or who are willing or sympathetic enough to donate pads to students who can't afford it and you know so that there's a place where if you know there is an incident where you need, desperately need pads you can either go to the clinic or somewhere or your res and there's a pad available without for you having to hunt for it because people have donated even if the university itself just took some money out of its pocket just to help like you know emergency pads or something.

Some participants raised that the university should provide menstrual education to bring awareness to male and female students. Lumba (1) suggested that this would make it less of a taboo topic and present it as the natural process it is. Mbali (1) reported that menstrual education should not only be limited to female students but extended to male students as well. Bell (2) mentioned a program that was held in her residence, this program included menstrual education and provision of free pads to students. Jay Z (2) reported that the university should invest in those programs and run them monthly, rather than as once off campaigns. She reported that this program should provide support and education to enable students to learn about menstrual management, especially new students who have just started their menstruation at university and are still unsure about how to manage it.

According to Bell (2):

Ah okay, nami bengivumela no-Jay Z (2) ukuthi I think knowledge is important especially kuma-first year students abanye kuma benqala e-Varsity abasuke bengazi ukuthi what's happening in their bodies. So ukuthi qala ulwazi with all, bezama to have campaigns a-normalize uk'ba its its normal to go kuma-Periods it's just...wonke umuntu wes'mame kumele adlule kuwona. Again, angazi ama...ngathi bengaprovide ama-sanitary products kodwa ukuthi atholakale clinic noma kanjani kodwa engathi kungalabo...

In this extract, the participant agrees with what Jay Z (2) said about providing education to first year students who may only start their menstrual periods when they enter university. This education will enlighten them about what is happening to their bodies. She further emphasizes the importance of having campaigns to normalize menstrual periods and that sanitary products should be available from the campus clinic.

Sasha (2) suggested that the university should provide disposable plastic bags. She stated that this would reduce the smell in bathrooms since used pads will be covered and disposed of properly. Bell (2) reported that the university should provide hand soap in all the restrooms

around campus and residences for hygiene purposes. She suggested that these hand soaps and emergency pads can be kept by floor representatives to monitor the distribution of them. She also suggested that to challenge the stigma attached to menstruation the hand soaps and pads should be managed by male students.

According to Sasha (2):

...like I was saying earlier that uhm the pack of plastics that supposed to be there is always empty, the bins are hardly emptied. Uhm, in res you don't have a place where you can get pads like if you ran out of cash cause uhm when you're a student your on like a like a student budget so if the period comes and you weren't prepared for it not now you have to look for friends to ask from, but what if you're in a res where none of your friends are, so you have to ask from a random person who might not give cause also it's a financial strain you can't be handing out pads like all the time so they should be a resource that allows people to okay I, I need pads like ASAP but the university doesn't provide that.

Access to sanitary supplies and affordability appear to be key factors for university students. It appears the university as a system does created a comfortable environment for menstruating student during thus, the responsibility lies on the students to come up with alternatives to manage their menstruation. From this discussion participants believe that there is limited emphasis has been made to initiate more practical initiatives to make it comfortable to menstruate while at university. Such as having intensive care of the bathroom to keep them in a hygienic state and having necessities such as soap, disposal plastic bags for used pads and adequate empty disposal bins.

4.5.2 Government level

The key responses on this topic were having government involvement in the distribution of sanitary products to all health care facilities and menstrual education. Jay Z (2) recommended

that matters such as menstruation get the necessary attention from the government. She suggested that this would help with normalizing the topic of menstruation. She acknowledged that it would take time for this normalization to manifest, but that from her perspective whenever the government starts a campaign on a topic, it eventually becomes an everyday thing. She argued that perhaps menstruation will stop being perceived as dirty and that the government can be used as a platform to challenge the stigma attached to menstruation.

According to Sasha (2):

...on a national level cause I found that the most uhm uncomfortable place to have your period is primary school. So, I'd think the Department of Education could actually uhm, educate the younger girls about periods so, that it's not something embarrassing. Uhm, that it would help a lot cause most of your traumatic... uhm, experiences dealing with periods are in...if you're unlucky enough to start your period in primary, where people don't really understand and it's something that people will laugh at and sneak up but if it was something that was spoken about openly in primary school then I think, uhm, a lot of the bad experiences would probably be avoided.

In the above extract, the participant emphasizes the importance of menstrual education from an early age. This could have a positive impact on how menstruation is negotiated among girls.

Misho (1) reported that government should take initiative to provide sanitary products such as pads and reusable menstrual cups which she suggested would be cost effective considering that some students cannot afford to purchase these products every month. She suggested that if the government supplies reusable menstrual cups, it would be suitable and a cheaper option because girls can clean them after use and reuse them. Anna (2) also reported that the government could contribute to this matter by providing sanitary pads to those who cannot afford them. She further suggested that these should be distributed in public clinics where everyone can have access to them. Bell (2) also recommended that the government gets involved in ensuring that everyone has access to sanitary pads when they need them. She argued that some

students alternatively end up finding “blessers” to pay for things because they cannot even afford things such as sanitary pads. She then suggested that considering the number of students funded by NSFAS in the university, the government should add an allowance for sanitary products, a value of R50.00 to R100.00 per month so students can be able to purchase these products.

In another response, Bell (2) argued that given that campus clinics close when students are on holidays the government should not only distribute the free pads through university campus clinics but also through public clinics and hospitals nationwide. Subsequently to that, Bell (2) suggested that when all the above mentioned is implemented, the nursing staff at campus clinics and public clinics should be trained to have more compassion towards menstruation related issues.

According to Misho (1):

this is another suggestion for like government uhm action towards you know uhm supplying, providing for period, menstruation uhm I think an interesting alternative I think uhm will cut a lot of these costs like cleaning up and you know buying pads and things like repeatedly would be maybe try and supply menstrual cups to people because those you clean yourself you don't have to dispose of them uhm you can keep them for a long time I think, and so it wouldn't be like a uhm perpetual cost it would be like a once off, like once in a while kinda thing and uhm Yes I just feel like it would be a cost effective way of dealing with this issue.

In this extract, the participant was referring to the issue of unhygienic management of used sanitary products. Recommending an alternative to effectively dispose of these products without compromising the health of students.

4.6 Findings in relation to Social Ecological Model (SEM) and community health psychology

The social ecological model is based on the assumption that individual behaviours are mediated by the social environment and that the social environment is influenced by individual behaviours (Soderlund, 2017). It implies a “reciprocal interconnection between the individual and the environment, every so often referred to as a transactional model” (McLeroy et al., 1988, p.354). The socio-ecological model informs community health psychology which also challenges the idea of viewing health at an individual level, which serves to blame the victims, even if this is not intentional (Murray, Nelson, Poland & Ferris, 2004). The underlying assumption is that health-related problems should be understood from an organizational, community and societal level to affect change at an individual level (Murray et al., 2004). Both these approaches highlight the importance of acknowledging the interaction of individual and contextual factors and the impact of this interaction on how people experience health related issues such as menstruation.

At an intrapersonal level, the factors that are crucial to consider are characteristics of the individual such as their attitudes, knowledge, behaviour and developmental history (McLeroy, 1988). For most of the participants in this study menstruation has come to be associated with feelings of shame and disgust because it has been perceived as dirty. Hence, the continuous practice of menstrual concealment reported by most participants. According to the social ecological model this indicates the internalization of wider social discourses at the intrapersonal level (Murray et al., 2004). This study shows how the students’ behaviour is mediated by these internalized social beliefs. For example, participants spoke about subtle techniques like creating codes to talk about menstruation to protect boys and men from menstrual talk. They, for example, spoke about constant self-surveillance to ensure that they

do not experience a menstrual leakage because they have internalized the belief that their periods are dirty, a taboo and must be concealed at all costs.

According to the socio-ecological model, interpersonal relationships with, for example, family, friends, boyfriends and peers, has a significant influence on how students negotiate their experience of menstruation. McLeroy et al (1988) argue that social relationships are essential aspects of social identity. Social relationships provide important social resources, “including emotional support, information, access to new social contacts and social roles, and tangible aid and assistance in fulfilling social and personal obligations and responsibilities” (McLeroy, 1988, p. 357). It is evident in this present study that some of the shame and embarrassment that these participants associate with menstruation was facilitated by how either their families or peers responded during their first menstrual leakage. For example, there were participants who have experienced menstrual leakages in a school environment and the reaction to the incident from their peers was humiliating and devastating. Considering this unpleasant experience, they have adopted constant self-surveillance behaviour to avoid the humiliation of being exposed to others. One participant left a used pad in the bathroom and her father found it who then reacted by hitting her with a belt when he found out that it was hers. This example emotively illustrates the extent to which women are expected to self-govern their menstruation. In this example, this participant was physically punished by her father for not taking active measures to ensure that she concealed her menstruation. This indicates how young women learn to conduct themselves through their interpersonal relationships (McLeroy et al., 1988). McLeroy et al. (1988) argue that the degrees of influence are determined by cultural lifestyles and beliefs. It seems that most participants recognized that the university context gave them a sense of freedom to be more open about their menstruation. For example, the participants felt that their friends and boyfriends showed compassionate toward them during periods and one participant argued that

perhaps it is because university students are more open minded and, therefore, more receptive to gaining knowledge about this phenomenon.

The organizational or institutional level according to the socio-ecological model, provides important economic and social resources (McLeroy, 1988). Organizations such as the university are important sources and transmitters of social norms, rules and regulations for operations that affect how students negotiate their menstruation while at university (McLeroy, 1988). Institutions such as schools, universities and the work place are organizational structures which can have substantial influence on the health-related behaviours of individuals (McLeroy, 1988). Menstruating while at university has been a challenging experience for most of the participants. They felt that the university does not provide enough resources to allow for easy menstrual hygiene practices. They complained about having inadequate resources and ill-equipped bathrooms. In this regard the university has not taken active measures to create a healthy environment to ensure that students are comfortable during their menstruation. In turn, one of the participants reported bringing her own disposable plastic bags to dispose of her used pads. Therefore, she took personal initiative to ensure she created an easier menstrual experience at university. The for women to see menstruation as a private, personal experience that they must manage on their own absolves the university from taking responsibility for providing the resources needed to create a healthier menstrual experience.

It was important to also note that the university has a clinic where they render services related to menstruation. Some participants who have utilised the clinic services reported that there is a shortage of resources and that it opens late and closes early. Nevertheless, these participants felt safe talking about menstruation within the university context compared to their households or their communities. In addition, the university had, in the past provided a programme which aimed at educating about menstruation and distributed sanitary wear to students. This initiative

served as a mediator between students and the university as an institution, as discussed in McLeroy (1988) and there is clearly a need for more initiatives like these.

According to the community health psychology phenomenon such as menstruation should not be understood as being contextually mediated (Murray et al., 2004). McLeroy et al. (1988, p. 363) argue that these mediating influences include family, social networks, churches, voluntary associations and neighbours. These mediating structures are said to be important sources of social resources and social identity (McLeroy et al., 1988). Participants' responses indicate that during their earlier childhood years menstruation was approached in a punitive way and was stigmatized. When these participants started menstruating they were taught to conceal their menstrual status and forbidden from discussing menstruation in mixed gender company. The findings show, however, that exposure to a different context (the university context) influenced how they experienced their menstruation. The students reported a more accommodating social system where some friends and boyfriends showed support and understanding. This change shows how mediating structures influence women's attitude towards menstruation and how they experience menstruation (McLeroy et al., 1988).

According to the socio-ecological model, the policy level places emphasis on the health of populations rather than the health of individuals (McLeroy et al., 1988) through the development or implementation of policies to improve the health of the community (McLeroy et al., 1988). Currently, it appears the university has not put policies in place to improve how students experience their menstruation, beyond one off campaigns. Participants were invited to make recommendations that could to the development of policies related to menstrual health at both the university and government levels.

At the university level the participants highlighted the need for easy access to sanitary supplies that are affordable for students. From this discussion, participants recommended the university

focus on practical things such as closely monitoring the bathrooms to keep them in a hygienic state, and providing necessities such as soap, disposal plastic bags and ensuring that the disposal bins are emptied on a regular basis. They suggested that they provide initiatives such as ‘pad and tampons drives’ and have them available in university residences for easy access.

At the government level, participants recommended that Department of Education and Department of Health raise awareness regarding menstruation and related issues in schools and local clinics. Some participants argued that if the government is actively involved in teaching and financing initiatives that seek to educate and or provide sanitary supplies, more people will view menstruation as a normal phenomenon.

By asking the participants what they recommended, they are invited to influence policy development activities (McLeroy et al.,1988). As Soderlund (2017) highlights this results in their participation in improving and revising policies that appear to be discriminating on the basis of gender, socio-economic background and educational level.

This chapter discussed the themes that emerged from this study, which were divided into main themes and subthemes. The first theme (the cultural constructions of menstruation) incorporated menstruation concealment, protecting men from menstruation discussions, constant self-surveillance of menstruating girls and menstruation being celebrated and embraced. The second theme focused on menstruation while at university and included unhygienic university facilities, impact of menstruation on academic functioning, menstrual symptoms and unhygienic management, access to sanitary supplies and menstruation as a topic among peers. Thirdly, recommendations identified by the students were discussed.

The next chapter will provide a conclusion of the study and recommendations for future research.

CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

This chapter will provide a brief summary of the main findings of the study in relation to what the study intended to achieve. This study aimed to explore how University residence students experience and negotiate their menstruation within the University context using the socio-ecological model. The main objective was to contribute to the ‘demedicalisation’ of menstruation amongst University students in Africa. It was important to acknowledge that menstruation has been viewed primarily through a medical lens and as a result the social and non-medical factors that impact on how menstruation is experienced are over-looked by some of the studies reviewed. This masks the way in which wider social or structural issues may be contributing to the University students’ struggles with menstruation.

The findings of this study highlight that there are a number of intersecting factors that impact on how university students experience their menstruation. This challenges the primary medical approach and creates awareness of other factors, in addition to medical and biological ones, that impact on students’ experiences of menstruation such as wider socio-cultural discourses, gendered relationships, significant interpersonal relationships, university infrastructure and economic status. These factors intersect to impact on their experiences of menstruation. The findings of this study showed that a number of factors combine to result in menstruation experiences that have a negative impact on the students’ academic performance. For example, their performance is not just affected by internal, physiological factors, but by wider structural issues such as a lack of clean university bathrooms that prevents them from changing their sanitary pads at university and forces them to leave campus early and a lack of appropriate education that could, if provided, assist them with managing their menstrual symptoms without having to resort to medication that causes, for example, drowsiness.

The socio-ecological model that was adopted for this study enabled a shift away from viewing menstruation as a private and individual matter which places the responsibility for menstruation hygiene management at the individual level (McLeroy et al., 1988). The medical and biological focus on menstruation has largely dismissed the role of contextual influences that impact on how individuals experience their menstruation (Murray et al., 2004). Considering that research on menstruation has primarily medicalised experiences of university students it was essential to contribute to research that would challenge the medical and biological focus and highlights the need to look at menstruation contextually. Such an approach acknowledges the role of biology and the importance of medical intervention when needed, but foregrounds the way in which wider contextual factors impact on the meaning and experience of menstruation. As Olshansky (2016) has argued, if we are to improve how women experience their menstruation we have to recognize that it is an experience that is influenced by social determinants.

I believe that this research has contributed to a body of research that highlights the way in which contextual factors intersect to influence how university students experience their menstruation. It is hoped that this research will highlight the need for structural interventions that acknowledge that students should not be expected to manage menstruation on their own, but should, rather, be able to expect their university to provide appropriate resources to improve their menstruation experiences while at university.

5.2 Limitations of the study

The limitation of this study was not only the sample size but the fact that the sample comprised of only black African female students although the University used for the study is multiracial. Therefore, representativeness of the population is likely to have been undermined. In addition, I used a relatively small sample and as a result many would argue that my results are not generalizable. However, this study did not intend to achieve generalizability but rather

transferability. The main objective of transferability is to yield findings that are conceptually, rather than statistically representative of the population in a specific context (Ulin et al., 2005) and I believe I have ensured this in my analysis and discussion of the findings. Another limitation was the possibility of the university being negatively portrayed was avoided by not identifying the university, but this compromised the transferability of the results as a rich description of the university could not be given.

Personal subjectivity as researcher could also have been a limitation of this study. I resonated with some of the responses received. I think this could have been caused by the fact that we shared some commonalities such as race, sex, being a student who have resided in the university residence and sharing similar cultural backgrounds. However, to avoid subjectivity, I attempted to ensure the credibility of my study. The core concern of credibility is to ensure rigor in the research and how it is communicated to others (Morrow, 2005). This was achieved through researcher reflexivity, whereby I constantly evaluated how my subjective experiences might influence the research process and to maintain a neutral stance throughout the process (Patnaik, 2013).

I think that it is important to also acknowledge my lack of experience as a researcher. Running focus groups is a difficult process for a novice researcher and I believe that if I had, had more experience I could have collected much richer data through the use of probing questions. However, this experience has provided invaluable experience, which will inform future research practice.

5.3 Recommendations for university student support services

Participants contributed a number of substantial recommendations that could be put in place at a policy level. It is essential for institutions such as the university to acknowledge the

importance of menstrual related issues. The participants recognized that a significant amount of change could come about if the university could develop policies stipulating rights for all female students to have access to sanitary supplies.

At the organizational level the participants recommended the distribution of sanitary supplies at the campus clinic and in all student residences. At this level they also argued for maintenance of bathrooms, to create a more positive environment. The participants also suggested that the university provided menstrual education to both male and female students.

The students highlighted the need for education that would stop them from automatically managing their normal menstruation symptoms using pharmaceutical methods towards other effective non-medical methods to prevent health issues that may arise as a result of using medical interventions (Olshansky, 2016).

Providing education to students will contribute towards destigmatising menstruation at the community and interpersonal levels. Such education will also challenge the negative social constructions that the students have internalised at the individual level.

It is important for an ecologically driven set of interventions to be developed to contribute towards creating healthier and more positive menstruation experiences at the individual level.

REFERENCES

- Aflaq, F. & Jami, H. (2012). Experiences and attitudes related to menstruation among female students. *Pakistan Journal of Psychological Research*, 27(2), 201-224.
- Allen, K. R., Kaestle, C. E., & Goldberg, A. E. (2011). More than just a punctuation mark: How boys and young men learn about menstruation. *Journal of Family Issues*, 32(2), 129-156.
- Ameade, E. P.K. & Garti, H. A. (2016). Relationship between female university students' knowledge on menstruation and their menstrual hygiene practices: A study in Tamale, Ghana. *Advances in Preventive Medicine*, 1, 1-10.
- Brantelid, I. E., Nilvér, H., & Alehagen, S. (2014). Menstruation during a lifespan: a qualitative study of women's experiences. *Health care for women international*, 35(6), 600-616.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.
- Cakir, M., Mungan, I., Karakas, T., Giriskan, L. & Okten, A. (2007). Menstruation pattern and common menstrual disorders among university students in Turkey. *Pediatric International*, 49, 938-942.
- Chikulo, B. C. (2015). An Exploratory Study into Menstrual Hygiene Management amongst Rural High School for Girls in the North-West Province, South Africa. *Etude de la Population Africaine*, 29(2). doi:10.11564/29-2-777
- Conrad, P. (1992). Medicalization and social control. *Annual review of Sociology*, 18(1), 209-232.

- Conrad, P., & Barker, K. K. (2010). The social construction of illness key insights and policy implications. *Journal of health and social behaviour*, 51(1 suppl), S67-S79.
- Creswell, J. W. (Eds.). (2003). *Research design: Qualitative, quantitative, and mixed methods approaches*. Thousand Oaks, CA: Sage.
- Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory into practice*, 39(3), 124-130.
- do Amaral, M. C. E., Hardy, E., & Hebling, E. M. (2011). Menarche among Brazilian women: memories of experiences. *Midwifery*, 27(2), 203-208.
- Donmall, K. (2013). What it means to bleed: An exploration of young women's experiences of menarche and menstruation. *British Journal of Psychotherapy*, 29(2), 202-216.
- Ellis, A., Haver, J., Villasenor, J., Parawan, A., Venkatesh, M., Freeman, M. C., & Caruso, B. A. (2016). WASH challenges to girls' menstrual hygiene management in Metro Manila, Masbate, and South-Central Mindanao, Philippines. *Waterlines*, 35(3), 306-323.
- Esimai, O. A. & Esan, O. G. O. (2010). Awareness of menstrual abnormality amongst college students in urban areas of Ile-Ife, Osun State Nigeria. *Indian Journal of Community Medicine*, 35(1), 63-67.
- Farris, D. N., Davis, M. A., & D'Lane, R. (Eds.). (2014). *Illuminating how identities, stereotypes and inequalities matter through gender studies*. Springer Science & Business.
- Gosselin, E., Lemyre, L., & Corneil, W. (2013). Presenteeism and absenteeism: Differentiated understanding of related phenomena. *Journal of occupational health psychology*, 18(1), 75.

- Gasson, S. (2004). Rigor in grounded theory research: An interpretive perspective on generating theory from qualitative field studies. *The handbook of information systems research*, 4, 79-102.
- Hawkey, A. J., Ussher, J. M., Perz, J., & Metusela, C. (2017). Experiences and constructions of menarche and menstruation among migrant and refugee women. *Qualitative health research*, 27(10), 1473-1490.
- Ismail, K., Pedro, A., & Andipatin, M. (2016). Exploring a sample of university students' perceptions of menstruation. *Journal of Psychology in Africa*, 26(4), 394-396.
- Jackson, T. E., & Falmagne, R. J. (2013). Women wearing white: Discourses of menstruation and the experience of menarche. *Feminism & Psychology*, 23(3), 379-398.
- Jewitt, S., & Ryley, H. (2014). It's a girl thing: Menstruation, school attendance, spatial mobility and wider gender inequalities in Kenya. *Geoforum*, 56, 137-147.
- Johnston-Robledo, I., & Chrisler, J. C. (2013). "The menstrual mark: Menstruation as social stigma." *Sex roles* 68, 9-18.
- Kitzinger, J. (1994). The methodology of focus groups: the importance of interaction between research participants. *Sociology of health & illness*, 16(1), 103-121.
- Koerber, A., & McMichael, L. (2008). Qualitative sampling methods: A primer for technical communicators. *Journal of business and technical communication*, 22(4), 454-473.
- Mahon, T., & Fernandes, M. (2010). Menstrual hygiene in South Asia: a neglected issue for WASH (water, sanitation and hygiene) programmes. *Gender & Development*, 18(1), 99-113.
- McLaren, L., & Hawe, P. (2005). Ecological perspectives in health research. *Journal of Epidemiology & Community Health*, 59(1), 6-14.

- Mason, L., Laserson, K., Oruko, K., Nyothach, E., Alexander, K., Odhiambo, F., Eleveld, A., Isiye E., Ngere, I., & Omoto J. (2015). 'Adolescent schoolgirls' experiences of menstrual cups and pads in rural western Kenya: a qualitative study." *Waterlines* 34(1),15-30.
- Mathews, K. (2015). *An exploratory study investigating the construction of university students' perceptions of menstruation and the influence menstrual product advertisements in print media*. Unpublished masters' thesis, University of the Western Cape, South Africa.
- McLeroy, K. R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. *Health Education & Behaviour*, 15(4), 351-377.
- McMahon, S. A., Winch, P. J., Caruso, B. A., Obure, A. F., Ogutu. E. A., Ochari, I. A. & Rheingans, R. D. (2011). The girl with her period is the one to hang her head' Reflections on menstrual management among schoolgirls in the rural Kenya. *BMC International Health and Human Rights*, 11:7.
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, 52(2), 250.
- Murray, M., Nelson, G., Poland, B., Maticka-Tyndale, E., & Ferris, L. (2004). Assumptions and values of community health psychology. *Journal of Health Psychology*, 9(2), 323-333.
- Myers, M. D. (1997). Qualitative research in information systems. *Management Information Systems Quarterly*, 21(2), 241-242.

- Nemade, D., Anjenaya, S., & Gujar, R. (2009). Impact of health education on knowledge and practices about menstruation among adolescent school girls of Kalamboli, Navi-Mumbai. *Health Popul Perspect Issues*, 32(4), 167-75.
- Ngugi, M. N., & Nyaura, J. E. (2014). Demystifying the menstruation process among the Kenyan girl-child “A period of shame”: A socio-cultural perspective. *International Journal of Science and Research*, 3(10), 1077-1083.
- Oche, M. O., Umar, A. S., Gana, G. J., & Ango, J. T. (2012). Menstrual health: the unmet needs of adolescent girls in Sokoto, Nigeria. *Scientific Research and Essays*, 7(3), 410-418.
- Oliveira, D. L. D. (2011). The use of focus groups to investigate sensitive topics: an example taken from research on adolescent girls' perceptions about sexual risks. *Ciência & Saúde Coletiva*, 16(7), 3093-3102.
- Olshansky, E. F. (2016). Breaking the habit of “treating” menstruation. *Women's Reproductive Health*, 3(2), 106-108.
- Oster, E., & Thornton, R. (2009). *Menstruation and education in Nepal* (No. w14853). National Bureau of Economic Research.
- Padmanabhanunni, A., Jaffer, L., & Steenkamp, J. (2017). Menstruation experiences of South African women belonging to the ama-Xhosa ethnic group. *Culture, health & sexuality*, 1-11.
- Patnaik, E. (2013). Reflexivity: Situating the researcher in qualitative research. *Humanities and Social Science Studies*, 2(2), 98-106.
- Polat, A., Celik, H., Gurates, B., Kaya, D., Nalbant, M., Kavak, E., & Hanay, F. (2009). Prevalence of primary dysmenorrhea in young adult female university students. *Archives of gynaecology and obstetrics*, 279 (4), 527-532.

- Ramathuba, D. U. (2015). Menstrual knowledge and practices of female adolescents in Vhembe district, Limpopo Province, South Africa. *Curationis*, 38(1), 1-6
- Roberts, T. A., Goldenberg, J. L., Power, C., & Pyszczynski, T. (2002). "Feminine protection": The effects of menstruation on attitudes towards women. *Psychology of Women Quarterly*, 26(2), 131-139.
- Scorgie, F. (1998). *Zulu women's experiences and recollections of the menarche: a qualitative study of gender, pollution beliefs and puberty rites in a rural community in KwaZulu-Natal*. Unpublished masters' thesis, University of KwaZulu-Natal, Durban, South Africa
- Seckinelgin, H. (2008). *International politics of HIV/AIDS: global disease-local pain*. London, UK: Routledge.
- Shiferaw, M. T., Wubshet, M., & Tegabu, D. (2014). Menstrual problems and associated factors among students of Bahir Dar University, Amhara National Regional State, Ethiopia: A cross-sectional survey. *The Pan African medical journal*, 17(246), doi: 10.11604/pamj.2014.17.246.2230.
- Silverman, D., & Marvasti, A. (2008). *Doing qualitative research: A comprehensive guide*. Thousand Oaks, California: Sage.
- Smith, M. L., & Glass, G. V. (1987). *Research and evaluation in education and the social sciences*. Bergen Country, NJ: Prentice Hall.
- Soderlund, P. D. (2017). The social ecological model and physical activity interventions for Hispanic women with Type 2 Diabetes: A review. *Journal of Transcultural Nursing*, 28(3), 306-314. Retrieved from <https://doi.org/10.1177/1043659616649671>

- Starks, H., & Brown Trinidad, S. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative health research*, 17(10), 1372-1380. Retrieved from <https://doi.org/10.1177/1049732307307031>
- Tegegne, T. K., & Sisay, M. M. (2014). Menstrual hygiene management and school absenteeism among female adolescent students in Northeast Ethiopia. *BMC public health*, 14(1), 1118.17(10), 1372-1380.
- Titilayo, A., Agunbiade, O. M., Banjo, O., & Lawani, A. (2009). Menstrual discomfort and its influence on daily academic activities and psychosocial relationship among undergraduate female students in Nigeria. *Tanzania journal of health research*, 11(4), 181-188. Retrieved from <http://dx.doi.org/10.4314/thrb.v11i4.50173>
- Ulin, P. R., Robinson, E. T., & Tolley, E. E. (2005). *Qualitative methods in public health*. San Francisco, CA: Jossey-Bass.
- Unsal, A., Ayranci, U., Tozun, M., Arslan, G., & Calik, E. (2010). Prevalence of dysmenorrhea and its effect on quality of life among a group of female university students. *Upsala journal of medical sciences*, 115(2), 138-145.
- Zibani, A. N. (2002). *Zulu cultural traditions: a draw card for tourism in KwaZulu-Natal with special reference to the Lebombo spatial development initiative*, unpublished doctoral thesis.

APPENDIX 1



Focus group questions

Biographical information

- Age
- Ethnicity
- Degree and level of study
- Age of menstruation onset

Topic 1: Cultural? Religious views

- **Can you tell us how your cultural or religion views menstruation (positive or negative)?**

Probing questions:

- Can you remember whether you celebrated your menstruation when it began?
- Why was it celebrated, if it was celebrated?
- Why was it not celebrated, if it was not celebrated?
- How did people around you respond to the start of your menstruation?
- Was/is menstruation something you felt you could/ can talk openly about?
- Were you/are you expected to follow any rules while menstruating?

Topic 2: Experiences at University and residence

- **What is it like to menstruate while you are at the university?**

Probing questions:

- Can you tell us what is it like to attend lectures while menstruating?

- Can you tell us if you have had any negative experiences while menstruating while at university?
- Can you tell us what it is like to live in residence and be menstruating?

➤ **What methods do you use to manage your menstruation while you are at university and residence?**

Probing questions:

- Do you self-medicate? If so, what drugs do you use to manage your menstruation?
- Do you consult a doctor/ clinic to manage your menstruation?

➤ **Do you feel that the university provides you with what you need to manage your menstruation?**

Probing questions:

- Do you feel that you have what you need in the residences to manage your menstruation?
- Do you feel that the toilet facilities are sufficient to cater for your menstruation needs?
- Do you have adequate funds to purchase sanitary products (pads, tampons and other necessities)?
- Do you feel you have to use the clinic for menstruation related issues?

➤ **Do you think menstruation impacts on your academic performance? If so, in what way?**

Probing questions:

- Is your attendance at lectures impacted on? If so, how?
- Is your ability to complete assignments impacted on? If so, how?
- Is your ability to write tests or exams impacted on? If so, how?

➤ **Can you be open about menstruation with your peers?**

Probing questions

- Can you be open about menstruation with your lecturers if it has impacted in your ability to complete a task or write a test?
- How do male students respond towards you during menstruation?
- Can you talk to friends about it or is it something you need to keep private?

Topic 3: What can be done?

- What do you think can be done by the university to improve your experience of menstruation?
- Do you think the government should develop policies to improve your experience e.g. provide sanitary wear or develop policy to inform educational programmes?

APPENDIX 2



Consent Letter

Dear Participant

My name is Kerry Frizelle and I am the project leader for the research study we are asking you to participate in. I am a lecturer in the Discipline of Psychology at the University of KwaZulu-Natal, Howard College.

The research study that you have been asked to participate in is interested in exploring how female university students like yourself experience menstruation while at University. While research has already been done to show the different physical symptoms that students experience while menstruating, it appears that very little research has been done to explore how students view menstruation and how they manage their menstruation while they are at University. For example, how do you view menstruation in your culture? Does menstruation impact on your studies while at University? Do you feel that you have what is needed to manage your menstruation at University and while living in residence? We would like to find answers to questions like these. It is hoped that findings can be used to make recommendations to University management on how they can improve how students experience their menstruation while at University.

My research assistant, Nokubonga Ngubane, would like you to participate in a focus group where you will discuss various aspects of your menstruation with a group of other students. The focus group should last about 45 minutes depending on how much the group has to say. The focus group will be recorded so that we can transcribe the focus group later.

We would like to emphasise that your participation in the project is entirely voluntary. No one can or should force you or put pressure on you to participate. All your responses during the focus group will be dealt with in a confidential manner. We are going to ask you for a name that is different from your real name. We will use this other name when referring to anything you might have said during the focus group. In this way no one will ever know it was you who was responding. In addition to this we will not state that the study was conducted at the University of KwaZulu-Natal. We will only state that it was at University in South Africa. This further ensures that no one will ever be able to identify you as one of the people participating in the focus group.

You are free to withdraw from the research process at any point. There will be absolutely no negative or undesirable consequences for withdrawing from the research.

While there may not be any individual benefit for participating in the project you will be contributing to a body of knowledge and it is hoped that what you tell us will improve how future students manage their menstruation while at University. In addition, by participating in a focus group you will become familiar with an important way of collecting research data, which could be very beneficial if you ever do research of your own.

If you have any queries or concerns, please feel free to contact me:

Frizelle1@ukzn.ac.za

031 260 3261

082 536 2927

This research has received ethical clearance from university research committee. If you have any questions or concerns, you may contact the Humanities and Social Sciences Research Ethic Committee.

xmbap@ukzn.ac.za

031 260 4609

Regards

Kerry Frizelle

I..... (please fill in your name) give consent to participate in the above-mentioned research study.

Signature:

Date:

I (please fill in your name) give my consent to having the focus group recorded.

Signature:

Date:

Your choice of a pseudonym (a name different from your real one will be used in the write-up of the study).

.....

APPENDIX 3



15 June 2017

Ms Nokubonga Purity Ngubane (211514762)
School of Applied Human Sciences – Psychology
Howard College Campus

Dear Ms Ngubane,

Protocol reference number: HSS/0668/017M

Project title: An ecological exploration of how South African university students negotiate their menstruation within the university system

Approval Notification – Expedited Application

In response to your application received on 25 May 2017, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

Dr Shenika Singh (Chair)

/ms

Supervisor: Dr Kerry Fribelle
Cc Academic Leader Research: Dr Jean Steyn
Cc School Administrator: Ms Ayanda Ntuli

Humanities & Social Sciences Research Ethics Committee

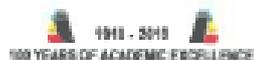
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