

## OPINION PIECE

**Menstrual health in South Africa****\*Nida Siddiqui<sup>id</sup>, Adam Mahomed<sup>id</sup>**<sup>1</sup>Department of Internal Medicine, School of Clinical Medicine, Faculty of Health Sciences, University of Witwatersrand*\*Corresponding author: nidamishraz@gmail.com***INTRODUCTION**

In 1996, former President Nelson Mandela stated that ‘as long as women are bound by poverty and as long as they are looked down upon, human rights will lack substance.’ The intent of this review is to highlight the challenges faced by girls and women for adequate menstrual health management (MHM) in a resource limited setting. Furthermore, we hope to raise awareness about MHM so girls and women in South Africa are knowledgeable about and comfortable with safely managing their menstruation.

There is paucity of guidance, facilities, and materials for schoolgirls and women to manage their menstruation with dignity. Every month, around 1.8 billion people across the world menstruate.(1) Millions of these girls, women, transgender men and non-binary persons are unable to manage their menstrual cycle with dignity.(1) Menstrual health management (MHM) is essential to the well-being and empowerment of young and adolescent girls. Gender inequality, discriminatory social norms, cultural taboos, poor education regarding MHM and importantly lack of sanitary products contribute towards poor menstrual hygiene across the world, including South Africa.

Lack of MHM has consequences for millions of people, especially young and adolescent girls. Stress and anxiety about managing their period affects school, work attendance and participation in community life.(1) Furthermore, lack of sanitary products are an added risk to their physical and mental health. As much as these issues impose a challenge to our society, they are often ignored.

Sub-Saharan Africa has one of the fastest growing populations of adolescent girls in the world and poor MHM is a prominent issue in this region.(1) A study conducted in Gauteng in 2018 showed that 46% of girls who did not have enough products for every period were more likely to miss school than those with sufficient products (22%).(2) In another study around 87% of the girls reported re-using old clothes and rags as absorbent materials due

to lack of sanitary products leading to increased risk of urinary and reproductive tract infections.(3) More serious consequences of lack of sanitary products were highlighted in a Kenyan study where a schoolgirls resorted to transactional sex to procure menstrual products.(4) Such actions can have long term consequences on physical and mental health.

A few small studies from different provinces in South Africa have showed that pre-menarche training and lack of MHM practices, specially provision of free sanitary products remain a problem in our low-income societies.(3–6)

Studies on the provision of free sanitary products have shown positive effects on girls’ school attendance and mental well-being.(7) A study conducted in Eldorado Park, Johannesburg, showed 85% improvement in school attendance with availability of sanitary products.(6) The same study also showed a significant increase in self-esteem and confidence to attend school while menstruating.

Other studies conducted in Gauteng, Kwazulu-Natal and Limpopo revealed that MHM and practices related to school absenteeism extend beyond the availability of sanitary materials. Girls without pre-menarche training, dysmenorrhea and poor availability of correct disposal were more likely to miss school.(8)

MHM is an essential practice for adolescent girls and women between menarche and menopause and its importance is often underestimated. Menstrual hygiene needs to be addressed in a practical, sustainable and culturally acceptable way. Basic hygiene practices include use of light weight underwear, regular change of sanitary products, regular bathing and cleaning of genital area, adequate hydration and tracking of monthly cycles. Given the limitation of basic resources such as access to clean toilets, running water and inadequate disposal methods, even such simple measures are not accessible to all.

Common sanitary products used are disposable sanitary pads, reusable cloth sanitary pads, tampons, menstrual cups,

menstrual discs and period panties.<sup>(9)</sup> Given ‘period poverty’ many young girls and women resort to used tampons, towels, clothing and rags. These lead to physical symptoms such as local skin infections, reproductive and urinary tract infections and in more severe cases toxic shock syndrome.<sup>(9)</sup>

With global warming on the rise, use of eco-friendly sanitary products should be highlighted. Some options include environment friendly sanitary pads made of bamboo fibre, banana and water hyacinth.<sup>(10)</sup> The ability to re-use menstrual cups not only makes it environment friendly but also reduces the need for constant purchasing of hygiene supplies and is more cost-effective.<sup>(9)</sup> A small trial done in South Africa comparing the efficacy of pads and tampons to menstrual cups showed acceptance in a population of novice users, however many had experience limited to tampons.<sup>(11)</sup> Menstrual cups, just like tampons, may have its cultural limitations among young, not sexually active girls. It is also important to highlight that use of tampons and menstrual cups have been found to be associated with a risk of toxic shock syndrome.<sup>(9)</sup> Eventually the choice of sanitary products used is a matter of personal choice, comfort and in most circumstances, availability.

Very few studies have been done to assess the impact of inadequate MHM guidance on young and adolescent girls’ self-esteem and their ability to manage menstruation in school. Results of a study showed that female adolescents who received pre-menarche education were less likely to miss school compared with those who did not.<sup>(8)</sup> Preparation for menarche in terms of training has a positive impact on adolescents’ psychosocial wellbeing and improving school.<sup>(6)</sup>

In 2014, Columbia University and the United Nations Children’s Fund (UNICEF) mapped out a ten-year agenda for overcoming the MHM-related barriers facing school-girls. Their aim was “Girls in 2024 around the world are knowledgeable about and comfortable with their menstruation and able to manage their menses in school in a comfortable, safe, and dignified way.” They identified 5 key priorities which we resonate with and thus highlight here.<sup>(12)</sup>

- Integrate MHM and the capacity and resources to deliver it into the education system
- Assign designated government entities for the provision of MHM
- Develop and disseminate national guidelines for MHM in sub-standard schools
- Conductance of national level research to build effective policies and programs
- Improve advocacy around MHM, i.e. governments, parents, teachers, and students

In 2017, the Department of Women developed a policy framework on sanitary dignity which aimed to provide sanitary products to indigent persons (girls and women who

due to poverty lack necessities such as sanitary products). The main aim of this policy was to commit to the provision of sanitary products to indigent persons with a view to protect and maintain the sanitary dignity of such persons. It was further re-affirmed that government will fund the provision of such sanitary products.<sup>(13)</sup> The above policy is far from being implemented in South Africa. An urgent review by concerned authorities is required to implement the provision of free sanitary products. Furthermore, inter-departmental communication is needed to discuss access to clean water and proper disposal methods. Education is one of the most effective ways to promote positive growth in a country and poor MHM practice is negatively contributing to promising future of South African girls and women.

## CONCLUSION

The lack of sanitary products during menstruation is regarded as one of the major obstacles faced by under privileged girls, including girls with disabilities and women in South Africa. Our vision is to make these girls knowledgeable and comfortable about their menstruation and implementation of MHM practices is essential for them to do so. “Sanitary dignity” can have a positive effect on school-absenteeism, work place productivity and mental and physical health of young girls and women. Government and non-government organizations urgently need to mobilize and jointly need to identify problems and put appropriate actions in place, the most important of which is the provision of free sanitary products.

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