

# BLEEDING IN SILENCE: Barriers to Menstrual Hygiene among School Girls in South Africa

A Grassroots Research Report  
October 2023

**I\_MENSTRUATE**

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## #PeriodPovertyEndsWithUS

## Acknowledgements

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Siyabulela kakhulu to: Jacqueline Utamuriza-Nzisabira - UN Women South Africa; Monica Lennon - Member of Scotland Parliament; Congresswoman Grace Meng - U.S. representative for New York's 6th congressional district; Michael Emerson Gnilo - UNICEF Headquarters; Dr. Sarah Donovan - New Zealand researcher and activist; Hon Jan Tinetti - New Zealand Minister of Education; Dr Venkatraman Chandra-Mouli - World Health Organisation (WHO); The - Hlatshaneni Dululu - Department of Basic Education in South Africa; Sipiwo Matshoba - The Department of Women, Youth and Persons living with Disabilities in Presidency; and also their respective staff members who assisted with the coordination of the interviews.

Lastly, to the humans of I\_Menstruate: Tracey Malawana, Ayesha Fakie, Joey Hasson, and Samuel Shapiro. Let us continue to contribute to the struggle towards achieving menstrual equity.

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## Definitions:

**Learner:** a person who attends a primary or secondary school.

**Menarche:** the first menstrual period in a female adolescent.<sup>1</sup>

**Menstrual Health Education:** teaching the biological aspects of menstruation, menstrual hygiene practices, and addressing common myths and misconceptions.

**Menstrual Hygiene Management:** is the access to menstrual products, access to clean water and sanitation facilities, access to accurate menstrual information and proper disposal of menstrual waste. Is when a person menstruates in dignity.

**Menstrual Hygiene Products:** used interchangeably with ‘sanitary products’, are the products used to catch menstrual flow, such as pads, cloths, tampons, or cups. These include soap, towels, and underwear.

**Menstruation:** Menstruation, or period, is normal vaginal bleeding that occurs as part of a woman's monthly cycle.<sup>2</sup>

**Non-binary persons:** is used to describe people who feel their gender cannot be defined within the margins of gender.<sup>3</sup>

**Period poverty:** is a lack of access to menstrual products, hygiene facilities, waste management, and education.<sup>4</sup>

**Puberty:** the process of physical maturation where an adolescent reaches sexual maturity and becomes capable of reproduction.<sup>5</sup>

**Womxn:** the identity of womanhood as inclusive and intersectional.<sup>6</sup>



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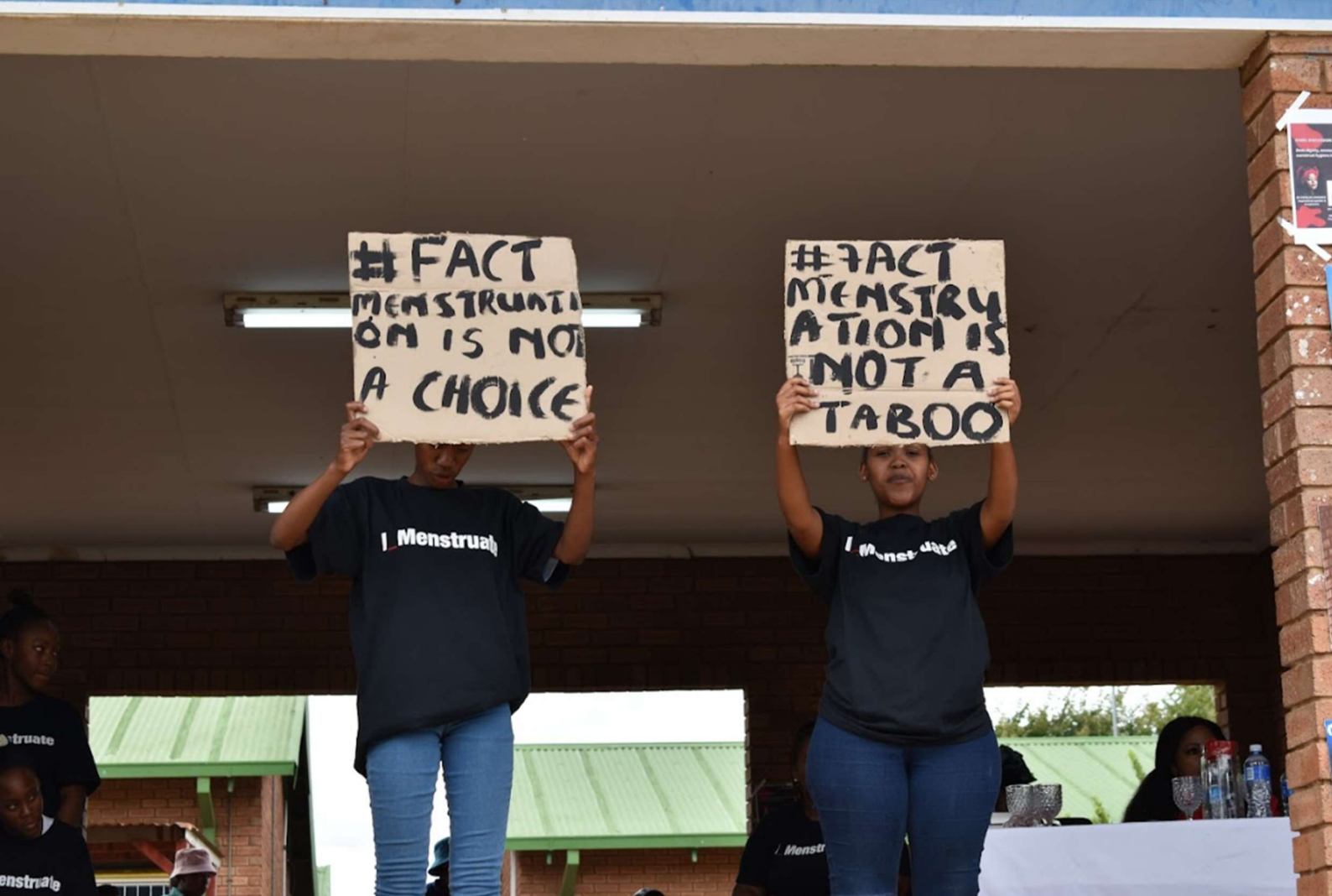
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## Introduction:

Each month, half of the world's female population and non-binary persons, an estimated 1.9 billion individuals, experience menstruation.<sup>7</sup> Despite this, menstruation remains stigmatised, under-researched and under-resourced across the world, particularly in poorer countries with inadequate access to menstrual health, hygiene, and management resources. The World Bank estimates at least 500 million women and girls globally lack access to the facilities they need to manage their periods.<sup>8</sup> In South Africa, the number of school going girls (learners) who lack access to adequate menstrual hygiene products has been estimated to be as high as 7 million out of a

total public school population of 12.7 million in 2022.<sup>9</sup> The lack of access to adequate menstrual hygiene management resources has a complex and multidimensional impact on girl learners, including school absenteeism, and researchers acknowledge that there is inadequate evidence to guide appropriate national responses to this problem.<sup>10</sup>

Whilst South Africa should be commended for removing Value Added Tax on menstrual hygiene products and adopting the Sanitary Dignity Implementation Framework to ensure all women and girls have reasonable access to free basic sanitary products in April 2019, these steps have proven inadequate in addressing period poverty. In 2022, it was reported that over 4 million South African learners receive a box of disposable sanitary



pads, but the supply to schools is insufficient and runs out before each quarterly roll-out of sanitary products.<sup>11</sup> Period poverty poses immense social, physical, and mental distress for young women, compounds disadvantage and impacts their long-term prosperity. Accordingly, it is an injustice that requires the attention of political leaders, government, health professionals and civil society alike. The grassroots research project described below is a response to this injustice and was undertaken by I\_Menstruate, a new movement working to eradicate period poverty in South Africa through movement building, awareness raising, education, advocacy and direct service, and was supported by the Atlantic Institute via their Global Fellows.<sup>12</sup>

## Grassroots Research:

I\_Menstruate designed and conducted grassroots research amongst 541 learners from 18 schools to understand how learners manage their periods at school and at home, and what resources are available to them to do so. Two schools were selected from urban and rural settings in each of the nine provinces in South Africa. All 18 schools surveyed were located in communities considered to be in poverty. 11 schools were classified as Quintile 3, four were Quintile 2, and three were Quintile 1.<sup>13</sup> On average, each school had 935 learners, with approximately 485 girls, accounting for over half of the total learner population. In developing our survey, I\_Menstruate engaged with UK-based organisation IRISE International, and adapted its Menstrual Practice Needs scale, which has been used to assess period poverty in countries like Uganda.<sup>14</sup>

**“I find it truly an injustice that a biological reality stops a girl from achieving what her peers are achieving. To me it’s the most appalling kind of an injustice you can ever have. How can a natural effect stop the trajectory of a girl in this day and age?”**

- Jacqueline Utamuriza-Nzisabira, African regional adviser on HIV and gender, UN Women

The surveys consisted of qualitative and quantitative questions. The learner survey comprised questions about access to menstrual products, menstrual education, usage of menstrual products, disposal of menstrual products, learners’ general experiences of menstruation and the interventions that they felt should be put in place to address the issue of period poverty. The teacher and principal surveys consisted of questions about access to menstrual products, menstrual education, knowledge of the Sanitary Dignity Framework Policy and other relevant policies on menstrual hygiene management in schools. In each school, we convened a focus group of thirty learners, the majority of whom were in the 8th to 10th Grade. Survey questions were explained verbally in both English and the preferred mother-tongue language offered in each of the schools visited. Participants completed their own survey through a guided process.

## Key Findings from learners:

**Access to menstrual hygiene products:** 83% of girl learners reported not having regular access to menstrual hygiene products at school or at home.

**Knowledge of menstruation at menarche (first period):** 78% of those surveyed reported not knowing about menstruation at the time of their first period. The vast majority who knew were taught by their mothers or family

members, and 25% reported being taught by their teachers. Only 25% of those surveyed were taught about menstruation before age 12.

**Provision of menstrual hygiene products by schools:** 14% of respondents said their school had never provided them. Of those who received products, 64% of respondents said they were provided by teachers and 29% from administrative school staff. Almost all of the products were disposable sanitary pads. Only 17% of respondents said sanitary products were supplied monthly, with the rest receiving them irregularly.

cloths or reaching out to friends or teachers for assistance.

**Menstrual Hygiene Practices:** 44% of respondents reported changing their sanitary pads more than once per day at school, highlighting the need for girl learners specifically to have clean toilets and running water. 10% of respondents said they have never changed a sanitary pad at school for various reasons, including lack of water or clean toilets, or only having one sanitary pad available. 25% reported using two or fewer, whereas three or four pads was the recommended norm. Only 21% of respondents reported meeting this norm.

Worryingly, 3% of respondents reported using only one sanitary pad per day, on the heaviest day of their periods. Only 32% of respondents said they washed their hands before they changed their pads.

**Disposal of sanitary pads:** 44% of respondents said they held onto their menstrual products to

dispose of at home, or outside of the school. Most reported wrapping the used products in plastic or toilet paper. Only 18% reported having access to sanitary bins to properly dispose of their products.

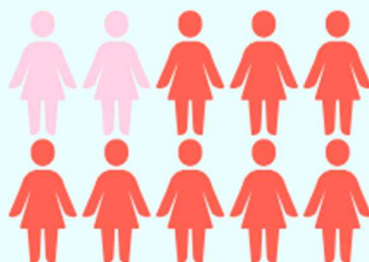
**Mental health and well-being:** 75% of respondents reported feeling stressed, afraid, hurt, embarrassed, lonely, and helpless at menarche because they didn't know what was happening.

## Key Findings from school staff:

**Access to menstrual hygiene products:** 89% of schools surveyed do not provide menstrual



83% of girl learners reported not having regular access to menstrual hygiene products at school or at home.



78% surveyed don't know about menstruation at menarche.

**Absenteeism:** 25% of the girls surveyed reported having missed class due to their period. Of those, 78% reported missing class at least once a month, 13% said twice a month, and 6% said 3 times a month. 85% of respondents reported knowing someone who missed class due to their periods.

**Being caught unprepared:** 42% of respondents reported being without any menstrual hygiene products on the first day of menstruation. This was because respondents either didn't know the date of their next period, did not have a sanitary pad with them at the time, or did not have any at home. In these cases, respondents resorted to toilet paper,

hygiene products on a regular basis to girl learners.

**Irregular Government provision of menstrual hygiene products:** 50% of schools surveyed access menstrual hygiene products from NGOs on an irregular basis while 33% are from the government. 17% of the schools surveyed do not have access at all. Sanitary pads were the main item provided, although a few schools also offered additional items such as wipes and antiseptic cream. Only two schools stated that the provision of products was regular.

**Frequency of access to menstrual hygiene products:** 25% of respondents received one pack every quarter, while 29% received only one pack per year. Broadly, government departments were more reliable than NGOs or companies in providing assistance. Often however, schools did not have enough products for every learner, and girls had to approach administrators or teachers to receive pads. This suggests the issue of menstrual hygiene products is widely acknowledged, with various groups involved in supplying them. However, without a comprehensive plan and clear guidelines, learners often face shortages of sanitary pads or rely on the inconsistent support of private donors or institutions.

**Menstrual Education:** 94% of schools reported providing some form of education on menstruation. Many schools relied on the life orientation curriculum, which covered menstruation in grades 10 and 11, typically after many girls had already experienced their first periods. Approximately half of the schools invited external NGOs or nurses from

the Department of Health to teach learners to provide education.

**Knowledge of Menstrual Hygiene Management policies:** None of the schools surveyed were aware of the Sanitary Dignity Framework Policy nor were they aware of any guideline on the best practices of menstruation.



## Barriers to Menstrual Hygiene in South Africa

There has been growing attention globally to the link between the lack of access to menstrual hygiene products and poor educational attainment. Our research acknowledges that menstruation, more broadly, is inextricably linked with girls' and young womxn's empowerment, dignity, gender equality, and sexual and reproductive health (SRH) and well-being. We acknowledge that the realisation of menstrual dignity is impacted by gendered and structural dynamics that reach beyond the school environment. South Africa is considered to be the most unequal country in the world.<sup>15</sup> The richest 10% of South Africans hold 65% of national income and 90% of national wealth. This economic disparity plays a determining role in almost every



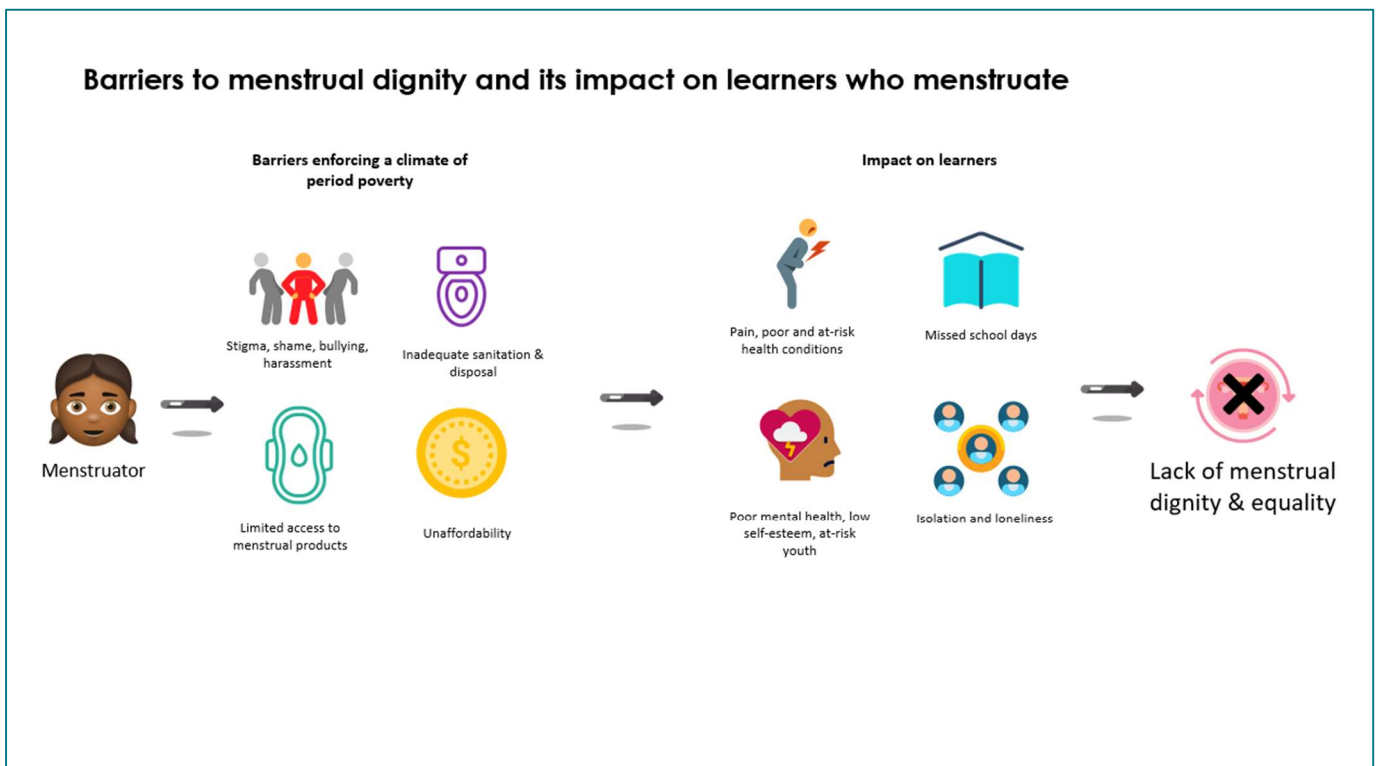
aspect of life in South Africa, particularly in public health, education, and welfare. The schools we visited were situated in townships and rural communities of South Africa. Townships were established during apartheid to provide domestic and industrial labour to mines, farms, or suburbs – while maintaining the social exclusion and economic marginalisation of their inhabitants – and have swelled dramatically in the post-apartheid period.<sup>16</sup> These communities continue to be distanced from essential services, adequate resources like libraries, clinics, or transportation links. They are overpopulated with increasing numbers of informal settlements, and experience rising rates of crime, unemployment, and poverty. It was challenging to reach some of these schools due to the state of roads, particularly when weather conditions resulted in floods or, when there were road closures due to unrest related to poor community service delivery.

South Africa’s extreme inequality has led prominent researchers to remark: ‘Two decades after apartheid it is still the case that the life chances of the average South African child are determined not by their ability or the

result of hard work and determination, but instead by the colour of their skin, the province of their birth, and the wealth of their parents.’<sup>17</sup> Some of the schools we visited did not have basic school infrastructure. They didn’t have access to sport fields, laboratories, or to libraries and computer centres which can serve as a primary source of access to menstrual health education. 17% of learners surveyed shared that they use pit latrine toilets as their basic sanitation facility both at school and home, while others reported being unable to wash their hands regularly due to unreliable water access.

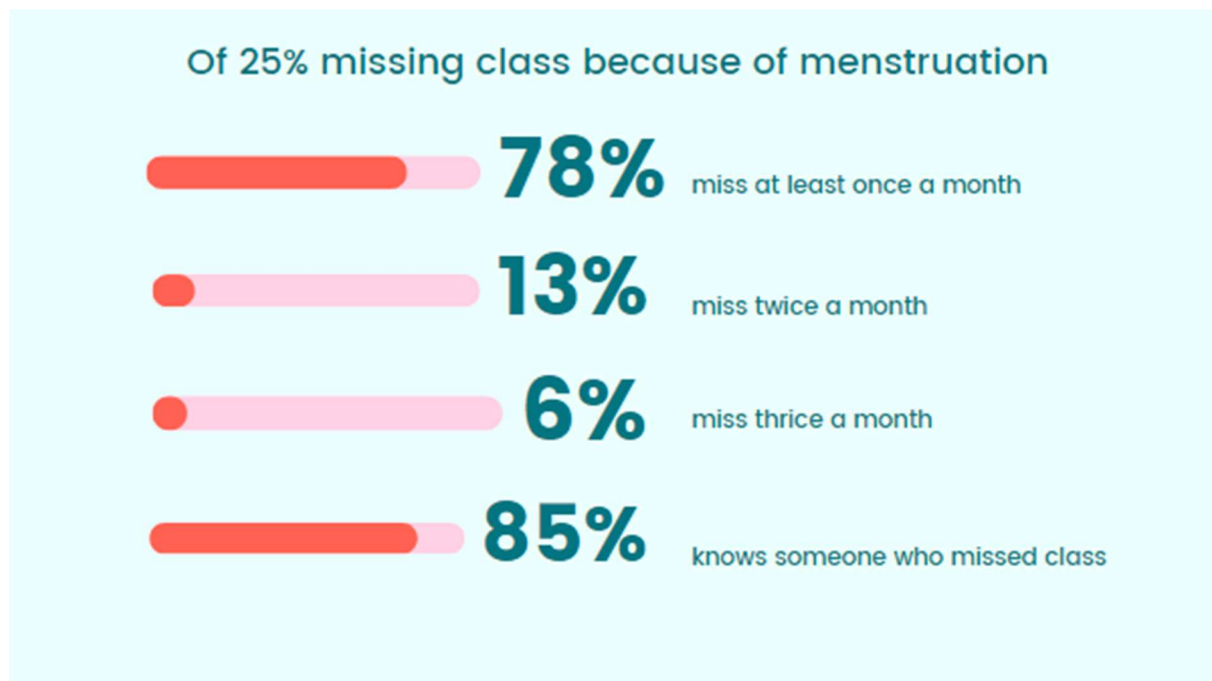
**Limited Access to Sanitary Products:**

Our research showed that the majority of girl learners in South Africa’s poorest schools do not have access to affordable and quality sanitary products. The high cost of sanitary pads and tampons, coupled with limited availability in schools and communities, hinders girls’ ability to manage their periods effectively. This leads to the use of unhygienic alternatives and missing school during menstruation. This finding was confirmed by African regional adviser on HIV and Gender Jacqueline Utamura-Nzisabira, from UN



Women who told us, “lack of access to basic rights, issues of poverty, issues of income and the costly nature of menstrual products are the cause of the lack of access.” Siyamthanda Guga, a 15-year-old learner in Gugulethu, Western Cape, made her point simply: “*They [government] must provide pads for people who need them.*”

I\_Menstruate spoke to Sipiwo Matshoba from the Department of Women, Youth & Persons with Disabilities in the Presidency (DWYPD), who distribute free disposable sanitary pads to quintiles one to three schools, as well as farm schools, special schools, in a program that has been operating since 2019/20. Our findings suggest that this is grossly



### Lack of national coordination

I\_Menstruate spoke to Michael Emerson Gnilo, a Water Sanitation and Hygiene Specialist (WASH) at UNICEF Headquarters, who emphasised that “having a coordination body at multiple levels (national, provincial and local level) is critical to addressing bottlenecks that prevent governments from operationalizing a policy at national level” in tackling period poverty, access to menstrual hygiene and effective sanitation infrastructure. This is not happening effectively in South Africa, resulting in governmental departments at all levels failing learners who menstruate.

The lack of government departments’ ability to coordinate and prioritise access to sexual and reproductive health services, including education and pain relief, is an open secret.

insufficient. While South Africa’s DBE is not directly involved in distributing sanitary pads it recognises that a lack of access to menstrual products affects teaching and learning. Matshoba, of the DWYPD, acknowledged that “not all schools” receive sanitary pads, as the policy is “at an aspirational level... that all women and girls - all menstruators should be getting free menstrual products in the same way that condoms are freely available.” This is not happening however, with policy implementation taking place incrementally, given budget constraints and a lack of intergovernmental coordination and political commitment to tackling the issue. Matshoba added that while the Department recognised it can’t yet reach all women, “we can certainly make inroads into the category of learners in public schools, especially impoverished learners in no fee-paying schools”.

I\_Menstruate’s grassroots research reveals the reality that learners in public schools still face significant barriers to menstrual dignity despite the stated commitment by the government, as 15-year-old learner, Relebohile Selasile, in Batho, Free State said: *“The department of health must have a plan for learners struggling with periods.”*

### **Lack of Sanitation Facilities:**

Inadequate and undignified sanitation facilities in schools and communities pose a significant challenge to menstrual hygiene management. Indeed, the dire condition of facilities in the country’s poorest schools has led to the death of children.<sup>18</sup> In 2022, Amnesty International South Africa’s Executive Director Shenilla Mohamed said, “The DBE has been repeatedly moving the deadline when it comes to eradicating pit toilets and ensuring that all schools have proper and safe sanitation facilities, and in so doing continuing to fail learners.”<sup>19</sup> Given 44%

of our sample reported changing their sanitary pads more than once per day at school, the lack of private toilets, handwashing facilities, and safe spaces for changing menstrual products make it difficult for girls to manage their periods discreetly and comfortably. The absence of these facilities often results in learners’ discomfort, embarrassment, and reluctance to attend school during menstruation, as our findings confirm. Despite the DBE’s Sanitation Appropriate for Education (SAFE) initiative which aims to align with the Norms and Standards for School Infrastructure (2013), basic sanitation and access to dignified toilets remains unfulfilled.

### **Stigma and Shame:**

Many of our findings concerning learners’ lack of knowledge and schools’ and communities’ widespread failure to initiate conversations about menstruation confirmed that menstruation is universally surrounded by social stigma and shame. Cultural taboos,



misconceptions, and negative attitudes contribute to the silence and secrecy surrounding menstruation. This stigma negatively impacts girls' self-esteem, confidence, and willingness to openly discuss their menstrual needs and challenges. Some comments from learners we spoke to confirmed this. 15-year-old Lehlohonolo Mohlaloga in Seshego, Limpopo said: *“There’s a lot of bullying among us. I think the school must teach us more about menstruation.”* Mbalenhle Nicolle Kobyané, 14 years old, in Kanyamazane, Mpumalanga said: *“They [schools] must make girls comfortable so that they can easily talk about periods.”*

Learners themselves want to play an active role in dismantling this stigma, as 15-year-old learner Rethabile Mogapi in Bapong Village, North West stated: *“I think our school should give us a platform to share how we feel about periods.”* I\_Menstruate spoke to Hlatshaneni Dululu of the Department of Basic

Department is working with UNICEF to ensure that all learners are taught about menstruation by developing guidelines but added its implementation is “a work in progress.” Michael Emerson Gnilo of UNICEF said that “being able to put in place mechanisms that allow people, especially children to have conversations about menstruation is critical.” Expert input underlines learners’ appetite for menstrual process, hygiene and wellness conversations via education to break down taboo and stigma, to enable normalisation of the menstrual experience, both for those who menstruate and those who do not.

Higher income countries have also struggled with this issue. In Scotland, a major contributor in the successful provision of free menstrual hygiene products was the fight for period dignity by targeting social stigma and shame. Monica Lennon, Member of Scottish Parliament (MSP), indicated to us that their

efforts were focused on ensuring that nobody lacked access to period products because they could not afford them. Stigma and shame are not constrained to developing countries, it is a universal problem that systemic solutions can solve by working to make period dignity equal and accessible.

Similarly, US Representative Grace Meng, of New York’s 6th Congressional District,

underscored the role stigma and shame plays. Meng noted: “People don’t realise how much of an underreported problem period poverty is, because of the stigma around it and due to a general lack of knowledge. If people and governments knew just how many people this impacts daily, I believe there would be much more urgency in addressing



**89% of schools surveyed do not provide menstrual products on a regular basis.**



**50% of schools surveyed access products on an irregular basis from NGOs. 33% from government. 17% have no access.**

Education’s (DBE) Social Cohesion and Equity office who noted that “educators are struggling with the same issues we are faced with in society”, referencing the religious and cultural factors that create menstrual stigma and taboo in society. An 18-year-old learner in Ntuzuma, KwaZulu-Natal, Philisiwe Nkosi said: *“I think schools must make classes for learners who start their periods.”* The

it.” She went on to note the importance of introducing menstrual equity legislation where it is needed to overcome secrecy, taboo, and stigma. “Menstrual inequity is an issue that impacts menstruators around the world, but is simultaneously a problem that very few know about. I have found that my Menstrual Equity for All Act has helped combat the stigma around what many consider a taboo topic. Introducing similar legislation elsewhere has the potential to do the same, and help many menstruators get access to the products they need.”

Lennon stressed that changing laws is not sufficient to tackle taboo issues. Cultural change is critical, too: “Legislation was long overdue to make access to free period products mainstream, however, changing the law would never be enough to bring about cultural change. In Scotland, the momentum built up by grassroots campaigners made it possible to push periods to the top of the political agenda, and everything fell into place from there.”

### **Financial Constraints:**

Financial constraints pose a significant barrier to menstrual hygiene access for girl learners. Many learners and their families struggle to afford sanitary products regularly. This financial burden, combined with other priorities like food, results in girls resorting to makeshift solutions, using unsafe and unsanitary materials, or missing school altogether.

Monica Lennon, in Scotland, has pointed out that even in a resource rich country like the UK, a key barrier in confronting period poverty was the high cost of menstrual products. “Throughout the campaign, I was shocked and saddened at some of the stories that were shared with me by girls who couldn’t attend school when they were on their period or had to use items such as socks or kitchen towels instead. These were the stories that motivated the bill” Lennon said. With the rising cost of

living severely impacting already marginalised and impoverished communities, the ability to afford menstrual products is vastly diminished in South Africa. Along with the frequent dismissal of women’s issues as unimportant in a patriarchal society, girls’ needs are weighed up against other family priorities. There is, in most cases, simply not enough money for menstrual products: this is the harsh result of poverty, unemployment, gender discrimination, inequality and the denial of dignity all working together to cause harm. “Families can be especially vulnerable to period poverty if they’re already dealing with financial constraints and struggling to cover monthly household expenses.”<sup>20</sup>

In this context, learners I\_Menstruate spoke with made clear their understanding of this economic reality and political-personal nature of menstrual dignity and hygiene. *“Provide pads for free just like condoms” an 18-year-old learner Tanya Magano, in Galeshewe, Northern Cape, told us.*

## **Impact on Girl Learners**

### **Educational Barriers:**

The lack of proper menstrual hygiene access has a direct impact on the education of girl learners. Girls may miss school days during menstruation, resulting in educational gaps and reduced academic performance. The fear of leakage, embarrassment, and the lack of appropriate sanitation facilities often contribute to absenteeism, negatively affecting girls’ educational outcomes and opportunities. I\_Menstruate’s research shows that girls are forced into absenteeism when menstruating with high numbers of girls missing school days monthly.

Missed classes are cumulatively harmful to a learner’s ability to succeed in school, their post-school potential, career choice and career articulation. “Unequal wealth-related access to sanitary pads is driven by socio-economic indicators including less education

and residing in a rural as opposed to an urban environment. These factors are likely to affect employment opportunities and incomes.”<sup>21</sup> Grace Meng, of NY, USA, in speaking with I\_Menstruate, stressed the impact of period poverty on lifetime achievements, in the context of introducing her My Menstrual Equity for All Act: “Women, girls, and people who menstruate miss out on educational, social, and career opportunities due to the lack of access to safe products and the stigma around menstruation”, she said.

### Psychological and Emotional Impact:

Menstrual hygiene challenges can have significant psychological and emotional consequences for girl learners. Stigma, shame, and the lack of support can lead to decreased self-esteem, increased anxiety, and feelings of isolation. The psychological and emotional impact can affect girls' overall well-being and hinder their ab



ility to fully engage in their education and personal development.

Many studies have shown the connection between period poverty, health and mental health. According to the American National Institutes of Health study, higher chances of experiencing poor mental health occurs when women and girls face period poverty, with young women in poorer households having a higher probability of poor mental health than those in high-income households.<sup>22</sup> Period poverty affects mental wellbeing. Poverty is a social determinant of health. Anxiety and concern by parents or caretakers in deciding household expenditure can be felt by children, who tend to limit their social activities as a result, increasing their loneliness which negatively impacts mental health<sup>23</sup>. Periods are accompanied by physical pain and discomfort, and ineffective management thereof can be disruptive to learning. Using inadequate substitutes for sanitary products like cloths or socks can cause infection in the reproductive and urinary tracts as well as thrush. Resultant poor or inadequate hygiene poses serious health risks.

In I\_Menstruate’s research, we found that New Zealand adopted strong measures to tackle period poverty’s psychological and emotional impact. The *Ikura | Manaakitia te whare tangata - Period products in schools* initiative was launched by the New Zealand Government in 2020, as reported to I\_Menstruate by the Minister of Education, Jan Tinetti, through her communication department. By making period products freely available to students, they help support children and young people’s wellbeing at school, reduce barriers to access education and improve school attendance and engagement. Following a trial in 15 schools in 2020, the initiative was expanded to all state and state- integrated schools across Aotearoa New Zealand, on an opt-in basis in

February 2021. 97% of estimated menstruating students in New Zealand schools have opted in, showing the appetite and need for these interventions which work to eliminate period poverty.

In I\_Menstruate's research, three-quarters of those surveyed said they felt stressed, afraid, hurt, embarrassed, lonely and helpless at menarche. These and similar feelings continue in their adolescence in a climate of period poverty, creating pressures on mental health by fuelling conditions that cause anxiety, depression and other forms of psychological unwellness.

Learners who menstruate are in need of support on a continuum of services related to menstrual dignity that ends period poverty's negative impact on education and psychological and emotional wellness. Government structures and institutions are best placed, and, already acknowledge via policy the role they must play, yet are lacking in service, coordination and delivery. Simply stated, as done by Khazimla Bennet, a 15-year-old learner in Zwide, Eastern Cape, "Our schools should support us because all those who menstruate need support."

sanitation, disposal facilities, competent and empathic care when needed to live, study and work in an environment in which menstruation is seen as positive and healthy not something to be ashamed of; and to fully participate in work and social activities." Such an approach is holistic and can normalise menstruation, enhancing psychological and emotional wellbeing.

## Recommendations:

Based on the findings from our research, I\_Menstruate makes recommendations to make all schools period poverty free:

**Universalise Access to Sanitary Products in Schools:** Implement policies to provide free or subsidised sanitary products in schools.

**Upgrade School Sanitation Facilities:** The DBE must meet the Minimum Uniform Norms and Standards for Public School Infrastructure, which mandates all schools to have proper sanitation facilities and reliable water supply and the construction and maintenance of clean and private toilets, handwashing facilities, and waste management systems in schools.

### Provide Comprehensive Menstrual Health Education:

The Department for Basic Education must develop and introduce age-appropriate menstrual health education into the curriculum in all languages, from Grade 4 onwards, to introduce proper menstrual hygiene

management, address stigma, taboos and myths concerning menstruation, and incorporate this content into national examinations. Teachers should be equipped to confidently begin conversations with learners about puberty and menstruation to tackle stigma openly and encourage healthy conversations on the politics of menstruation.

**Invest in Community and Mental Health Support:** all menstruators must be able to

**"They (government) must provide pads because not all of us can afford them. It hurts to go to school without pads. I love it when schools provide them to ensure we are comfortable."**

- Omphile Sibisi, a 16-year-old learner in Winterveldt, Gauteng.

A continuum of services approach is supported by the World Health Organisation. I\_Menstruate discussed this with Dr Venkatraman Chandra-Mouli, an Adolescent Sexual & Reproductive Health scientist, who said: "The (WHO) Menstrual Hygiene Day theme for 2023 echoed the call by the Human Reproduction programme for women and girls to have access to information, education, menstrual products they need, water,

access their nearest clinic to enquire about their reproductive health, including their periods and medication for period pains relief. All schools must have the capacity to provide consistent psychosocial support to learners who need it, prioritising menstruators who are struggling to manage their periods.

**The Government of South Africa must Unify and Coordinate its Initiatives to End Period Poverty:** The Department of Women, Youth and Persons with Disabilities in the Presidency, along with the Provincial Education Departments and Provincial Departments of Social Development must more effectively coordinate strategies and planning to deliver and effectively monitor the delivery of initiatives and services to end period poverty, including a public system to report procurement or other inconsistencies in the provision of this service.

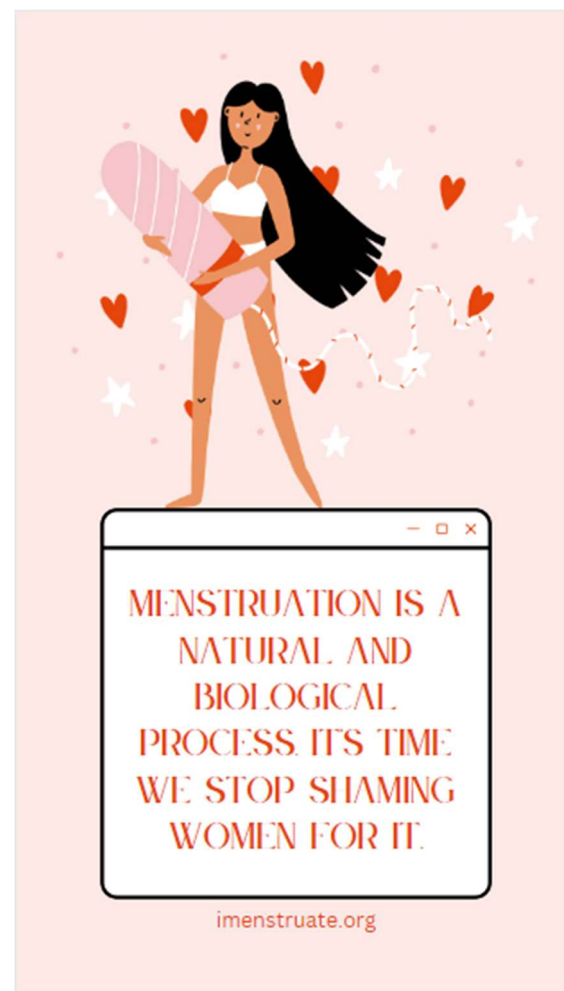
**Universalise Public Access to Sanitary Products for all:** Adapt the existing Sanitary Dignity Framework Policy to become a bill to guarantee free sanitary products for all members of the public, not just in schools, by 2024.

**Mass Public Education:** Establish a community-based awareness and education programme to educate the public about menstruation to address the societal, religious, and cultural stigma associated with menstruation.

## Conclusion:

I\_Menstruate's grassroots research highlights the unjust reality and struggle of young girls and non-binary persons in impoverished schools and communities in South Africa. While government policy in this area should be acknowledged, implementation is

severely lacking. Distribution of menstrual sanitary products is insufficient and inconsistent. Education on period awareness is lacking and poorly timed. During menstruation, learners suffer isolation, are forced to miss classes and teaching time, face stigma and taboos in their communities, and suffer from household financial constraints. Most glaring is the lack of dignified and satisfactory sanitation and hygiene facilities in schools, forcing learners who menstruate either to stay away whilst on their periods or suffer indignities due to inadequate and unhygienic facilities.





## Endnotes

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- <sup>1</sup> Amy E. Lacroix; Hurria Gondal; Karlie R. Shumway; Michelle D. Langake (2023) Physiology, menarche <https://www.ncbi.nlm.nih.gov/books/NBK470216/>
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## Schools surveyed

### Eastern Cape

Phakamisa High School, Zwide, Gqeberha  
Loyiso Senior Secondary School, Zwide, Gqeberha

### Free State

Sehunelo Secondary School, Batho, Bloemfontein  
Tsoseletso High School, Bloemanda, Mangaung

### Gauteng

HM Baloyi Secondary School, Winterveldt, City of Tshwane  
Abel Motshoane Secondary School, Winterveldt, City of Tshwane

### Kwa-Zulu Natal

Senzokwethu Secondary School, Ntuzuma, eThekweni  
Qoqulwazi Secondary School, Thongathi, eThekweni

### Limpopo

Bokamoso Secondary School, Seshego, Polokwane  
ME Makgato Secondary School, Seshego, Polokwane

### Mpumalanga

Lekazi Central Secondary School, Kanyamazane, Mbombela  
Thembeke Secondary School, Kanyamazane, Mbombela

### North West

Ipokeng Middle School, Winter Bapong village, Mahikeng  
Mosikare Secondary School, Matsa village

### Northern Cape

Floors No2 High School, Galeshewe, Kimberley  
Tshireleco Secondary School, Galeshewe, Kimberley

### Western Cape

Intshukumo Secondary School, Gugulethu, City of Cape Town  
Fezeka Secondary School, Galeshewe, Gugulethu, City of Cape Town