

Experiences and Perceptions of Menstrual Hygiene Management (MHM) Among Homeless Women in Cape Town

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Abstract: This study qualitatively explored the experiences and perceptions of period poverty among homeless women in Cape Town, South Africa, using the Capability Approach. The study was guided by a qualitative research design and non-probability sampling was used in recruiting participants. In-depth interviews were conducted with 16 homeless women who experienced period poverty. The individual interviews were done mainly in English and in IsiZulu and isiXhosa. The interviews lasted for a minimum of 45 minutes and were voice-recorded using a phone. A semi-structured interview schedule with 33 open-ended questions was used during the data collection process. The data analysis aspect of this study relied on the work of Creswell (2012) and Tesch (1990). The findings revealed that homeless women experience period poverty due to a lack of sanitary products and poor Menstrual Hygiene Management (MHM). Sen (1999) identified five 'instrumental freedoms' that, according to him, play a role in the general capability of a person to live more freely. Of the five instrumental freedoms, the third freedom, 'social opportunities,' resonates deeply with this study. This freedom refers to facilities and arrangements available to uplift society. Examples of this would be access to quality education and healthcare. Homeless women lack access to quality healthcare and therefore experience obstacles to achieve effective MHM. The lack of sanitary products causes homeless women to resort to the unhygienic use of items such as rags, old socks, tissue paper, paper towels, torn pieces of clothing, or diapers, to satisfy their menstrual needs. Alternatively, they go about life without any menstrual protection and bleed through their undergarments and clothing. This results in them wearing blood-soaked items for days, or even weeks. Additionally, homeless women do not have access to safe water and sanitation facilities that are required to effectively manage their period. The paper serves as a means of highlighting how life, government policy, funding, etc. are still restricted to issues that relate to men. As a result, a multifaceted and holistic approach to addressing period poverty amongst homeless women is encouraged and provision should be made for the type of sanitary products and facilities that homeless women are most comfortable using.

Keywords: Menstrual Hygiene Management, Period Poverty, Homeless Women, Cape Town, Capability Theory

1. Introduction

Menstruation is a crucial part of a woman's sexual and reproductive health (Reams, 2001). It is a significant biological experience that signifies a woman's transition from childhood to womanhood. Menstruation or period is a process whereby a woman discharges blood and other material monthly. This usually commences from puberty until menopause, except when a woman is pregnant. For many decades, the menstrual needs of women and adolescent girls were neglected (Lutter, Sivakumar, Baurle, 2018). In those years, the menstrual needs of women were not prioritized, nor given attention. In many societies, menstruation is still considered a taboo topic that needs to be a 'secret'. This form of 'secrecy' is one of the factors that has led to lack of access to appropriate infrastructure and menstrual management supplies that would enable females to manage their period effectively. In recent years, however, there has been a greater focus placed on women and girls' menstrual needs by academics, policymakers, and organizations. A focus of this nature helps bring about awareness regarding menstrual health and shapes the management of menstruation (Lutter, Sivakumar, Baurle, 2018). This, in turn, can have a positive impact on the health, well-being and aspirations of menstruating females. It is important to note, however, that much of the research has focused primarily on adolescent girls. For example, the work of Montgomery et al. (2012) and of Mason et al (2013) indicates that the provision of sanitary pads in schools can assist in improving school attendance and the life chances of young women. Grant, Lloyd and Mensch (2013) found that menstruation alone did not cause girls to be absent from school, but other menstrual related issues (such as cramps and heavy bleeding) contributed to their absenteeism. One could go on listing the plethora of studies shedding light on MHM and period poverty amongst adolescent girls. However, the voices of other menstruators are missing. For example, the voices of homeless women as it relates to MHM is missing, particularly homeless women from the global south. As a result, I conducted a study that used the capability approach to qualitatively explore the experiences and perceptions of period poverty among homeless women in Cape Town (South Africa). This study was concerned with gathering rich data that reveals the challenges homeless women face when it comes to MHM; it unpacks how poor MHM, due to a lack of access to sanitary products, affects homeless women's perceptions of self; their perceptions of life and physical health; their sense of bodily integrity and dignity. The study was guided by a qualitative research design and a semi-structured interview schedule was used during the data collection process. In-depth individual interviews were conducted

with 16 homeless women, over the age of 18, who experienced MHM. Non-probability sampling was used to recruit these participants. The type of non-probability sampling technique used in this study was purposive sampling. The interviews were done mainly in English, but also some IsiZulu and isiXhosa which are languages spoken in South Africa. The interviews were approximately 45 minutes and had a flexible and open-ended tone whereby the researcher was not restricted to 33 questions on the interview schedule alone. All interviews were voice-recorded using a phone, notes were taken to capture the main points (Babbie and Mouton, 2001). The data analysis aspect of this study relied on both the work of Creswell (2012) and Tesch (1990).

2. Findings

The findings revealed that homeless women experience period poverty due to a lack of sanitary products and because of poor Menstrual Hygiene Management (MHM). Effective menstrual hygiene management requires the following features, namely: a) A clean material that will allow for the absorption and collection of blood, b) Privacy to change those menstrual management materials as often as liked, c) The use of soap and water to wash the body, d) Having access to facilities that allow for the disposal of menstrual management material that have been used, and c) Menstrual education. In the absence of these MHM resources or components, period poverty emerges. Period poverty refers to a lack of access to sanitary products, menstrual hygiene education, toilets, hand-washing facilities, and waste management facilities.

Themes	Categories
Challenges in MHM Experienced by Homeless Women Before the Provision of Free Sanitary Products	Lack of access to soap and water
	Lack of privacy
	Rely on unhygienic products and methods
Lack of access to Sanitary Products, Poor MHM and Perceptions of self	Sense of inadequacy
	Lack of confidence
Lack of access to Sanitary Products, Poor MHM and Perceptions of Life and Physical Health	Alcohol and substance abuse
	Developed strategies to feed addiction
Lack of access to Sanitary Products, Poor MHM and Sense of Respect	Being bullied
	Interaction with males
Lack of access to Sanitary Products, Poor MHM and Sense of Bodily Integrity	Vulnerable to different forms of violence
	Uneven power dynamics
Lack of access to Sanitary Products, Poor MHM and Perceptions of Opportunities	Innovation
	Inability to gain employment
Experiences of MHM After Provision of Free Sanitary Products.	Turning over a new leaf

Table 1. presents the Framework of Analysis that depicts the themes and categories that emerged from the interviews that were conducted and guided by the research questions. The Capability Theory is used in this study to expand on the findings.

2.1 Amartya Sen’s Capability Approach

The Capability Approach by Sen is a popular theory used in various fields such as economics, political science, philosophy, theology, medicine, public healthcare, developmental studies, to name a few (Kuhumab, 2018). Sen (2000) argues that human development cannot be limited to factors such as the gross national product (GNP) or an increase in technology or industrialization. Human development is connected to the removal of major hindrances that affect the lives of people. An example of these hindrances are poverty, tyranny, poor economic opportunities, and others (Sen, 2000). Human development manifests when people have access to greater capabilities (Kuhumab, 2018). Capabilities can be defined as notions of freedom and reflect the real opportunities people have to live a life they value (Sen, 1995). For capabilities to be effective, the socio-cultural aspects that limit one’s ability to flourish in society must be considered (Sen, 1995).

Sen (1999) identifies five ‘instrumental freedoms’ that, according to him, play a role in the general capability of a person to live more freely. The first freedom is known as ‘political freedom’ and refers to opportunities that

allow an individual to decide on who should govern and using which principles, holding authorities accountable, being able to exercise freedom of expression and free, uncensored press and enjoying multi-party elections, etc. 'Economic facilities' is the second freedom, which refers to the opportunities people must have to make use of economic resources or entitlements. However, the economic entitlements of an individual are dependent upon resources owned or available for usage and on conditions of exchange. The third freedom is known as 'social opportunities'; it refers to facilities and arrangements available in society as it pertains to education and healthcare. For example, illiteracy can severely hinder participation in economic activities that require production based on specification or require firm quality control. Likewise, participating in political activities can be a major barrier if one is unable to read newspapers or communicate in writing with others who participate in political activities. Social opportunities are put in place to promote development in the lives of citizens. Another freedom is known as 'transparency guarantees', which highlights the requirement for openness, trust, and the provision of clear information. When trust is violated, this can have an adverse effect on the lives of many people. Transparency guarantees are important in preventing corruption and other sorts of financial irresponsibility. Lastly, 'protective security' is a needed freedom and social safety net that helps prevent and reduce deprivations, misery, starvation and even death. An example includes social protection for a vulnerable population, unemployment benefits, famine relief or emergency public employment to help those who are suffering.

2.2 Ingrid Robeyns's Capability Approach and Gender Inequality

Much of the work done by Sen focuses on poverty and inequality and Robeyns decided to use the Capability Approach to also explore inequality but from a gender perspective. Robeyns (2003) used the Capability Approach to conceptualize and assess gender inequality in western societies. Feminist scholars argue that when it comes to theories of justice - the lives of men become the standard. Equality is measured through the lens and on the terms of males. This is problematic because in the process, gender inequalities and injustices end up being hidden and justified, (even if indirectly). Sen does not have a definite list of capabilities. In tackling the issue of gender inequality in western societies, Robeyns (2003) developed 14 capabilities; 1) Life and physical health: Experiencing physical health enjoying life of normal length; 2) Mental well-being: Experiencing good mental health; 3) Bodily integrity and safety: Being protected from violence of all sorts; 4) Social relations: Actively participating in social networks and giving and receiving social support; 5) Political empowerment: Participating in political decision-making; 6) Education and knowledge: Being able to get educated and using and producing knowledge; 7) Domestic work and non-market care: The ability to raise children and look after others; 8) Paid work and other projects: The ability to work and participate in the labour market, undertake projects, including those of an artistic nature; 9) Shelter and environment: Being sheltered and living in an environment that is safe and pleasant; 10) Mobility: Being able to be mobile; 11) Leisure activities: Involves engaging in leisure activities; 12) Time-autonomy: Exercising autonomy in how one allocates one's time; 13) Respect: Being treated with respect and dignity; 14) Religion: Having the opportunity to choose to live or not to live in accordance with religion. These capabilities were developed to assess gender inequalities in western societies. In as much as Robeyns' Capability Approach was developed to assess gender inequalities in western societies, it could be useful in a country like South Africa where gender disparities are also prominent. The capabilities mentioned by Robeyns (2003) align with the themes in the research questions.

2.3 Study's Theoretical Model Interplay Framework

As mentioned, effective menstrual management requires the following features, namely: a) A clean material that will allow for the absorption and collection of blood, b) Privacy to change those menstrual management materials as often as liked, c) The use of soap and water to wash the body, and d) Having access to facilities that allow for the disposal of menstrual management material that have been used (Sommer and Sahin, 2013). The absence of these components unfortunately leads to period poverty. Period poverty refers to a lack of access to sanitary products, menstrual hygiene education, toilets, hand-washing facilities, and waste management (Sanchez and Rodriguez, 2019). When period poverty exists, it affects various aspects of a woman's life. This will be illustrated below by looking at the social opportunities of homeless women as well as their right to life and physical health, being treated with respect and dignity and their bodily integrity and safety.

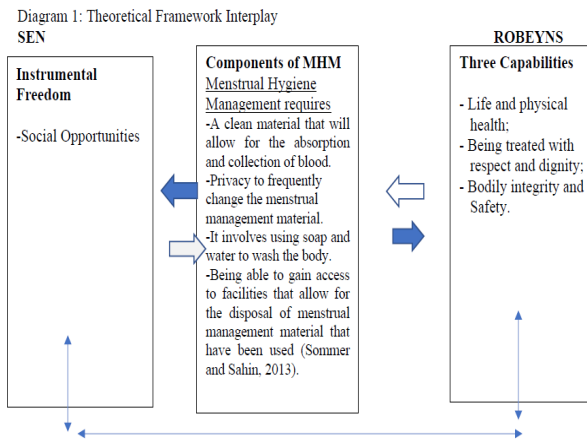


Figure 1: Theoretical Framework Interplay Diagram

Sen (1999) identifies five ‘instrumental freedoms’ that, according to him, play a role in the general capability of a person to live more freely. Of the five instrumental freedoms, the third freedom, ‘social opportunities,’ resonates deeply with this study. This freedom refers to facilities and arrangements available to uplift society. Social opportunities are put in place to promote development in the lives of citizens. Examples of this would be access to quality education and healthcare. Access to quality healthcare impacts on MHM. Homeless women lack access to quality healthcare and therefore experience obstacles to achieve effective MHM. (Parrillo and Feller, 2017). The lack of sanitary products causes homeless women to resort to the unhygienic use of items such as rags, old socks, tissue paper, paper towels, torn pieces of clothing, or diapers, to satisfy their menstrual needs (Mason et al., 2013). Alternatively, they go about life without any menstrual protection and bleed through their undergarments and clothing (Jones, 2016; Mason et al., 2013). This results in them wearing blood-soaked items for days, or even weeks (BRAWS, 2018). In addition, homeless women do not have access to safe water and sanitation facilities that are required to effectively manage their period (Aidara, 2016). Consequently, homeless women experience health issues such as toxic-shock syndrome, discomfort, yeast infections and bacterial vaginosis (House, Mahon and Cavill, 2012). Period poverty, due to a lack of adequate MHM, hinders menstrual equity and makes being homeless very difficult. This is a health care injustice and more needs to be done to cater to the needs of homeless women from a health perspective. Sen (2001) argues that discriminating against women in the health system, in a manner that decreases their life expectancy, would violate fairness in the process of redistributing health services. The unhygienic products used by homeless women can result in reproductive tract infections which affect a woman’s right to life and quality health (Mirro et al, 2018). Inadequate menstrual hygiene is linked to infections and a poor health-related quality of life (Sveinsdottir, 2018).

This compromises the development of homeless women and the opportunities they have access to. Social opportunities, such as healthcare and MHM, are vital when it comes to promoting healthy living and avoiding premature deaths among homeless women (Sen, 1999). Furthermore, these interventions contribute to a more effective participation when it comes to economic and political activities. In addition, inadequate menstrual health and hygiene management is a major public health issue that affects a homeless woman’s right and capability to life and physical health. Robeyns (2003) speaks of an important capability that is relevant to this study – dignity and respect. All women (including homeless women) require adequate MHM. As mentioned earlier, when WHO/UNICEF (2012) paints a picture of MHM, it is a picture where women and adolescent girls have access to sanitary products, change sanitary products in private as often as necessary, have access to safe water, are able to use water and soap for the washing of the body, and have access to sanitation facilities that allow for the adequate disposal of used menstrual materials. However, homeless women do not live out this ideal picture. Furthermore, homeless women experience financial hardships that make it difficult for them to buy sanitary products (Vora, 2017). The harsh realities experienced by homeless women make it difficult for them to effectively manage menstruation in a dignified manner. When it comes to homeless women, there is a lack in every area from no place to live, an absence of a safe and suitable place to maintain hygiene management from keeping oneself clean, to being unable to do laundry, or even having access to clean water and menstrual supplies. This is a health injustice that infringes upon a homeless woman’s dignity and results in period poverty.

Robeyns (2003) highlights a critical capability applicable to this study - bodily integrity and safety. This capability refers to being protected from all types of harm and violence. The capability of homeless women, in this regard,

is affected when they encounter violence. Research indicates that homeless women experience violence of all sorts. Makiwane et al (2010) states that homeless women encounter severe conditions that make them vulnerable to harassment, mugging, direct violence, and rape. Homeless women end up tolerating abusive behaviour from males who they rely on to be able to buy sanitary products. Transactional sex is often used by women to manage their menstrual health. For example, UNICEF found that 65% of females in Kibera, Nairobi, engaged in transactional sex to purchase sanitary pads. This was due to the high rate of period poverty and the shame, stigma and public health misinformation associated with menstruation (Oppenheim, 2018). MHM is necessary but when it is unavailable, period poverty arises. This then affects homeless women's access to social opportunities and compromises their right to life and physical health, to be treated with respect and dignity and their right to bodily integrity and safety. Access to quality MHM resources is important in achieving the Sustainable Development Goals 2030, such as Goal 5 (gender equality), Goal 10 (reduced inequalities) and Goal 6 (clean water and sanitation).

3. Policy and Legislation

3.1 Draft Sanitary Dignity Policy Framework

South Africa has not researched the issue of period poverty and MHM in relation to homeless women. This is problematic. South Africa does, however, have a Draft Sanitary Dignity Policy Framework. This policy seeks to promote sanitary dignity. Furthermore, the policy provides norms and standards pertaining to the provision of sanitary products to indigent persons (Department of Women, 2017). The term 'indigent persons' refers to the girls and women who, due to poverty, are unable to afford necessities of life such as sanitary products. Homeless women are part of this category of women who are unable to access sanitary products. The policy argues that access to sanitary products is important in preserving a woman's dignity during menstruation and in curbing absenteeism at school or the workplace. According to the policy, the lack of sanitary products may affect an indigent person's health, well-being and compromise a female's ability to participate in daily activities such as sport and cultural events. This, in turn, may also negatively affect the person's self-esteem and confidence. Therefore, the Department of Women (2017) has embarked on the process of developing an integrated policy on the provision of sanitary products to indigent persons (such as homeless women). This is an effort to ensure that such people are afforded the opportunity to manage menstruation in a manner that is knowledgeable, safe, and dignified.

3.2 The National Development Plan (2030)

The National Development Plan (NDP) is an economic policy framework that seeks to alleviate poverty and reduce inequality by the year 2030 (National Planning Commission, 2012). Furthermore, the National Development Plan believes that these goals can come to fruition by creating an economy that is inclusive, by actively enhancing the capacity of the state, by building the capabilities of South Africans and by promoting leadership and partnership throughout society. These policies and legislation are important. However, the NDP fails to address the issue of period poverty, especially from the perspective of vulnerable groups such as homeless women. Menstrual health and menstrual justice need to be prioritized in the NDP. Perhaps another important omission in the NDP is the lack of integration among its chapters. The Plan follows the organisational trend of vertical and compartmentalised government services. For example, health and other chapters seem to be presented in 'silos' (Jager et al., 2012). Since the overarching goal of the NDP is to provide a broad cross-departmental, inter-sectoral approach, it must develop a well-integrated plan. This plan needs to guide each department on specific policy and provide the basis for future 'joined-up' or collaborative governance. Furthermore, the plan needs to prioritize addressing the needs of all women, including homeless women. This is essential to address the inequities that have remained since 1994 when South Africa became a democratic country, and from even before that. The NDP needs to involve Social Work and Social Development Practitioners in eradicating period poverty. This, in turn, will advance MHM.

4. Conclusion

This paper has presented findings from interviews conducted with 16 homeless women from Cape Town. The participants were able to share their experience and perceptions regarding Menstrual Hygiene Management. Homeless women encounter many health inequities and challenges that must be addressed through targeted policy, frameworks, and programmes. There needs to be a holistic approach to menstruation and MHM for women who are homeless. Furthermore, provision should be made for the type of sanitary products that

homeless women are most comfortable using. This speaks to the concept of choice, catering to the needs of homeless women.

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