

**POWER IN PERIODS: A FOUCAULDIAN-FEMINIST EXPLORATION OF
MENSTRUATION IN AN ALL-GIRLS' SECONDARY SCHOOL IN SOUTH
AFRICA**

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Abstract

Absenteeism from school among girls due to a lack of menstrual health management (MHM) products has increasingly attracted attention from researchers and activists in recent years. Having highlighted the challenges caused by a lack of MHM products, the focus has been on the available facilities at schools to ensure MHM. Many schools in South Africa lack water, sanitation and hygiene (WASH) to ensure hygiene standards for the removal of bodily excrement, which further causes distress to girls needing MHM while at school. To investigate further the MHM challenges girls face, apart from access to products and WASH, this qualitative study purposively selected an all-girls' school with access to good sanitation facilities. This research uses Foucauldian Discourse Analysis and Feminist Theory to explore the forms of discipline and control that girls experience at school to contain their bodily functioning and fluids, and the forms of resistance and support that girls encounter with MHM at school. I will argue that the ambivalent meanings girls acquire about menstruation at home and in society persist at school despite their own views that menstruation is normal. While MHM products and WASH facilities need to be freely available, the problematic social response to menstruation is what needs to be addressed in order to emancipate women from the social patriarchal power that informs their understanding that menstruation is shameful. MHM cannot only encompass products and facilities but needs to encompass a change in societal views of sexual and reproductive health.

Keywords: menstrual health management, sexual and reproductive health, gender, South Africa

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Power in Periods: a Foucauldian-feminist exploration of menstruation in an all-girls' secondary school in South Africa

The link between school absenteeism among girls and menstruation is touted by Menstrual Health Management (MHM) activists and organisations (Bobel, 2019). They argue that this is due to a lack of sanitary products (sanitary pads for example) and a lack of WASH facilities at schools. Studies have found mixed results in relation to the specific challenges girls experience with their MHM while at school (Bobel, 2019; Macleod, du Toit, Paphitis & Kelland, 2020; Oster & Thornton, 2011). These challenges are in relation to access to products, WASH facilities and how safe girls feel using school WASH facilities. Activist campaigns, and even research, has often ignored broader societal and contextual factors that could be contributing factors. Schools are places with institutional cultures of discipline and control to ensure that learners perform. South African schools follow patriarchal discourses in terms of discipline, not dissimilar to the societal discourses and cultures in which the schools operate. There are definite forms of power that operate in society and schools. Children, and girls specifically, are restricted in terms of access and participation, for example, needing permission to go to the bathroom during school times, which could contribute to girls not having full control of their MHM while at school.

I chose to conduct my qualitative study at an all-girls' former Model C school¹, using self-report surveys to Grade 11 learners, in order to examine whether there are different forms of discipline and control that take place in a school that does not have boys, and could possibly have a different experience for girls away from a patriarchal discourse and culture. My study explores the forms of discipline and control that menstruating girls experience in a school setting with regard to containing their bodily functioning, and whether there is any resistance or support from other girls in an all-girls' school towards having their menstruating bodies disciplined and controlled, and if so, what form this takes. I also want to explore whether girls have managed to find ways to overcome any challenges that might persist in dominant

¹ South African government schools are classified according to quintile types. Quintile 1 schools are the least resourced while quintile 5 schools are the well-resourced schools. Government allocates funding per learner by quintile type, with lower quintiles receiving more funds per learner. Quintile 1 schools are non-fee paying schools whereas higher quintile schools do charge fees. However, with school fees, higher quintile schools often remain more resourced than lower quintiles. Schools in quintile 5 tend to be former model C schools which were very well-resourced schools, reserved for white children, during apartheid. This term is still widely used despite the quintile system. Private schools exist parallel to government schools.

heteronormative patriarchal discourses, and culture in order to feel empowered, and if not, how we get girls to this point.

The girls in this study expressed that menstruation is a normal and natural bodily process, despite this even within an all-girls' school, a space one would hope would be free from the male, patriarchal gaze, girls still experience an intense need to conceal menstruation. Girls therefore experience cognitive dissonance with regard to their menstruating bodies. One's reproduction potential is viewed as the sole benefit of menstruation. However, even this is not experienced outside of a patriarchal discourse which frowns upon teenage pregnancy, and even discussions of sex between adults and girls. Girls do occasionally offer some resistance towards having their bodies controlled by using menstruation to get out of an activity that they do not feel like participating in. However, there are many more occasions when girls wish to participate but feel unable to due to menstruation. Girls do indicate that other girls and teachers are supportive when for example a girl leaks while at school. This support comes in the form of assisting the girl to conform to the societal norms such as allowing her to go home so that she will not be exposed to be menstruating. The societal norms and discourses that permeate the environments in which the girls live enforce the ways in which girls are able to manage their menstruating bodies. Girls are so entrenched within these discourses that operate in their contexts that they themselves discipline their own bodies in order to conform. Despite not wanting to talk about menstruation, girls did indicate that there needs to be more widespread communication around menstruation in order to change the way in which society views menstruation.

In order to empower girls and ensure that menstruation can be a more positive experience for girls, policy and education efforts need to focus more broadly on the specific psychosocial contexts in which the girls live. These programmes cannot focus on solely educating girls around menstruation but need to address wider community issues.

Chapter 1: Contextual Framing

Background summary

Menarche is a reliable marker of puberty in girls (Steppan et al., 2019). It is a physical biological process that will affect the majority of girls in their lifetime. Although being a distinct physical marker of development it is also a psychological, and social transition with significant implications for a girl's overall health and well-being, not only for puberty but over one's whole life course (Steppan et al., 2019). The average age of menarche in developing countries is between 12 and 13 years of age (Ramathuba, 2015). The average age of menarche in urban, middle-class, educated girls is around 12.5 years of age or earlier (Ramathuba, 2015).

Absenteeism from school for menstruating girls is associated with a lack of access to MHM and WASH

Menstrual Health Management² (MHM) affects girls³ lives including their schooling, school attendance, and social education worldwide, but particularly for girls in low-income countries (Jewitt & Ryley, 2014). Studies as well as MHM advocacy organisations suggest that in Africa, one in ten girls is absent from school during their menstrual cycle, and UNESCO suggests that these girls will drop out of school because they are unable to manage their menstrual health due to not being able to afford menstrual products and a lack of access to suitable facilities (Chebii, 2012; Wambugu & Kyalo, 2014). Although this statistic is often cited and attributed to both UNICEF and UNESCO, it has been disputed as baseless (Bobel, 2019). However, some absenteeism from school during menstruation would be expected. Miiro et al. (2018) found that on average the girls in one part of their Ugandan study would miss six school days per year due to menstruation. School absenteeism was four times more likely due to menstruation than other reasons. It can therefore be a barrier for girls to access school, whether self-imposed or through prohibition, such as cultural beliefs (Çevirme et al., 2010). Despite some researchers questioning this high rate of absenteeism as largely anecdotal and insignificant (Oster &

² I have chosen to use Menstrual Health Management (MHM) rather than Menstrual Hygiene Management as the latter does not acknowledge the broader health concerns relating to menstruation such as the psychosocial aspects. Menstrual Hygiene Management perpetuates the hygiene crisis narrative such that menstruation is a hygiene crisis that needs to be managed. The semantics could play a role into girls' experiences of cognitive dissonance around menstruation. The Sanitary Dignity framework suggests that sanitary dignity is more appropriate than MHM in the South African context. They argue that a girl must walk away feeling clean and hygienic. This perpetuates the hygiene crisis discourse and illustrates the extent to which problematic discourses are relayed from individuals who are in charge of addressing the MHM challenges in the country.

³ The use of the word girls rather than people who menstruate has been used as the school's title itself refers to girls. This choice, by no means, accepts that this term is unproblematic. The issue of schools being classed according to binary genders does not cater for individuals who do not identify as male nor female. While the term is problematic and conforms to the problematic patriarchal discourse and power differential, it is a term used in the girls' environment, therefore to fully capture their experiences I chose to conform to this problematic choice in wording.

Thornton, 2011), from their randomised evaluation in Nepal, other studies have shown that poor adolescent menstrual hygiene leads to poor social outcomes (Walton, 2013). A study in Kenya found that school girls view menstruation as a significant social stressor and reason for poor school attendance (Jewitt & Ryley, 2014; McMahon et al., 2011). In 2015, the Siyahluma Study (Paphitis & Kelland, 2018) undertook to try to understand the access to knowledge around menses, the ways in which girls managed their menstrual cycles and whether school attendance was affected during menstruation in school-going girls in the Eastern Cape, South Africa, in a quantitative study. This study was undertaken after women in the community highlighted that school absenteeism among school girls was due to a lack of access to MHM products (Paphitis & Kelland, 2018). The findings of Macleod et al.'s (2020) study found that just over one fifth of girls miss 1.8 days of school per menstrual cycle which they deduced to suggest that one in five girls miss 18 days per year of school, and that this equates to just under 10% of school days being lost to menstrual difficulties. They further found that 51.7% percent of girls restricted their classroom activities due to physical signs and symptoms, 23.4% felt uncomfortable in social interactions (due to teasing), 12.1% were concerned with fear of embarrassment, 10.8% suggested concentration difficulties, 5.4% shared concerns about leaking, and 22% indicated fear or an unwillingness to swim (Macleod et al., 2020). Macleod et al. (2020) argue that different countries will experience different levels of absenteeism based on context-specific factors. They further suggest that different school environments have differing reasons for school absenteeism due to menstruation and that nuance is required in truly understanding the social factors at play. Apart from this study, very little research has been done on the experiences of menstruation (Mathews, 2014), particularly for school girls in South Africa and in the Eastern Cape specifically (Paphitis & Kelland, 2018).

A more recent South African study, in Gauteng, found that girls who do not have access to MHM products were more likely to miss school. However, girls who had access to MHM products reported missing school, and there was no statistically significant difference between the two groups in number of days missed in the South African study based in the province of Gauteng (Crankshaw et al., 2020). It is increasingly clear that embedded gender inequalities in Sub-Saharan Africa is the cause of school absenteeism or girls dropping out of school (Jewitt & Ryley, 2014).

South Africa is considered a country of equal rights with one of the most progressive constitutions and bill of human rights in the world. This, while being a society steeped in patriarchy and deeply entrenched heteronormative dominant discourses which are fostered by religious

beliefs. Further, when it comes to access to MHM products, and WASH facilities in schools there is great inequality. The South African government acknowledges that there is inequality in the country with regard to sanitary dignity (the term deemed more appropriate to MHM in South Africa by government) (*Sanitary Dignity Framework*, 2019). A lack of facilities (WASH) or products for MHM can impede the freedom of movement of menstruating girls, thus creating a human rights problem of girls not accessing education fully. Many studies have looked at the physical factors that can lead to poor social outcomes for girls in school around MHM and a lack of access to products and facilities (Bobel, 2019; Kirk & Sommer, 2006; Macleod et al., 2020). Few South African studies (such as Macleod et al., 2020) have looked deeper into the self-imposed and cultural factors around MHM, and where they originate to ensure that education policies that wish to address this injustice engender a holistic approach which acknowledges the psychosocial barriers to MHM.

Other factors that underpin absenteeism

The dominant narrative in advocacy around menstruation and MHM research in South Africa suggests that if girls had access to MHM products and WASH facilities, at school, menstruation challenges would no longer affect their education (*Sanitary Dignity Framework*, 2019). Many efforts are solely focussed on ensuring access to MHM products and WASH facilities (Bobel, 2019; Kirk & Sommer, 2006; *Sanitary Dignity Framework*, 2019). However, access to MHM usually implies access to sanitary pads. It does not for example include access to painkillers and its need (Kirk & Sommer, 2006). The South African government acknowledges criticism of their policies that focus solely on providing sanitary products rather than an inclusive programme that encompasses education and other mechanisms to provide equitable MHM (*Sanitary Dignity Framework*, 2019). However, as Oster & Thornton (2011) indicate, policy efforts focussed solely on access to MHM products will not close the gap on absenteeism from school. Their quantitative study looked at the overall effects of menstruation-related school absenteeism in terms of the number of school days missed, and argue that although there is an effect it is negligible in terms of impact on learning. Although, their study was conducted in Nepal and it is difficult to generalise to other settings, they suggest that it is similar to Africa in terms of “low income, poor sanitary products, and cultural restrictions on menstruation” (Oster & Thornton, 2011, p.99). They argue that cramps is the primary reason that girls miss school. In their study they gave the test group menstrual cups (silicon cups used as an insertion method to collect menstrual fluid). They claim that there was a large uptake in use of the menstrual cups and that respondents cited benefits to using the cup; by six months into the

study 60% of girls in the test group were using the menstrual cup. Therefore despite access to the cup in order to manage menstruation, having access to and uptake in use of the cup did not improve school absenteeism and there was no difference in school attendance between the control and test groups. They therefore reject that sanitary technology closes the gap in school attendance. Therefore if access to MHM products is not a factor that significantly impacts school attendance during menstruation what other factors are contributing. Oster and Thornton (2011) claim that cramps is the most cited reason for school absenteeism at 43.8%. A Gauteng based study by Crankshaw et al. (2020) also cited that of the girls who missed school due to menstruation, 70.4%, listed pain as the primary reason for their absenteeism. Further, 57% of learners listed pain due to menstruation as one of their main challenges in the past three months. Access to painkillers, along with other possibilities such as school facilities that provide hot water bottles, could therefore be other means of reducing school absenteeism (Bobel, 2019; Macleod et al., 2020). Macleod et al. (2020) confirm Oster and Thornton's (2011) study suggesting that product access doesn't improve school attendance.

The underexplored psychosocial factor

On the one hand it is important to understand MHM in terms of its physical factors: access to sanitary pads and other products, cramps and pain, water, sanitation and hygiene (WASH). Bobel (2019) argues that MHM definitions only highlight product access while failing to recognise other social and contextual factors. She found that 82% of MHM organisations are product-focussed, although this is not to say they did not also pair it with education. She adds that access to sanitary products has been viewed as a “silver bullet” which has taken the focus away from menstrual education that aims to remove the social stigma (Bobel, 2019, p.88). MHM also critically encompasses a myriad of psychosocial elements which cannot be ignored if policy and practice hopes to improve the MHM for girls. Social factors are those that impact the individual as a result of the social structure of their environmental context, and processes that happen at a societal level that position the individual in a certain way. This includes factors such as race, gender, cultural beliefs, religious views, patriarchy, economic standing, age and all factors that society has classified as giving difference to individuals and societal social structures (Viner et al., 2012). The media and advertising contribute to the way in which society views menstruation as a hygiene crisis that needs to be concealed (de Waal Malefyt & McCabe, 2016). Psychological factors are those that the individual employs to make sense of their being, and which influences their mental state. The two impact one another directly, oftentimes a psychological understanding of a social factor can result in shame and lead to ill-health and perpetuate social inequalities (Stansfeld & Rasul, 2007). By virtue of being girls, social ‘rules’

around age, gender, and sex, position girls as lower in society with less access to rights or power and therefore this has a psychological impact on their health, and can bring shame to health issues (Diorio & Munro, 2000). This inferiority that girls experience in society also plays out in school environments that are patriarchal and serve the needs of boys and men (Bobel, 2019). According to Bobel (2019, p.128) “MHM focuses too narrowly on girls’ lack of access to menstrual care when, in fact, menstrual stigma is the chief culprit that renders menstruation difficult to manage.” Access to sanitary products and school attendance is often cited as causal yet the science is unclear (Bobel, 2019; Oster & Thornton, 2011). Oster and Thornton (2011) argue that there are no rigorous studies that quantify days of school lost to menstruation and access to modern sanitary products. However, despite this, girls are more likely to miss school while menstruating; therefore, other contributing factors are responsible.

Psychosocial factors directly affect biological factors including menstruation. Research by Colich et al. (2020) provide evidence that Early Life Adversity (ELA), particularly that of threat (sexual abuse, domestic violence in the home, physical abuse, being or witnessing violence in one’s community and emotional abuse) results in an earlier age at menarche. This confirms prior research that suggests child abuse as well as family composition (such as presence or absence of a father figure, and what kind, biological or other) are associated with earlier puberty in females (Ellis & Garber; Belsky et al.; Ryan et al., Noll et al. in Colich et al., 2020). Steppan et al. (2019) found that earlier menarche along with more psychosomatic complaints were found in girls not living with two biological parents. This in turn results in a higher likelihood of post menarche distress, fear and externalising disorders. Therefore, there is a direct link between age at menarche and potential for psychopathology post menarche. Later age at menarche was linked with reduced chances of post menarche distress as girls who mature physically in line with their social-cognitive development experience less psychological distress as well as less opportunity for inappropriate sexual experiences for one’s age. A quantitative study conducted by Macleod et al. (2020) found that 68.9% of girls across their study indicated that they do not feel safe using the bathrooms at school. Unexpectedly, girls attending private schools in the Eastern Cape as well as girls in poorer fee-free schools were most likely to indicate that they did not feel safe using their school bathrooms. They found that 25.5% of girls attending former Model C schools do not feel safe using the school bathroom. This was in stark contrast to both private school girls and the poorer under resourced schools in which the majority of girls indicated that they do not feel safe. They also found that 28.9% of former Model C school girls missed school while menstruating. This was similar to private

school girls' menstruation-related absenteeism, 27.5% but much higher than the poorer under-resourced fee-free schools with percentages in the teens. These findings indicate clearly that there are varying psychosocial factors that contribute to the MHM experience of girls while at school. The reasons for these differences is unclear but Macleod et al. (2020) offer a few hypotheses, including the varying values placed on education, the ability to catch up missed days more easily in better resourced schools and different understandings of femininity and menstruation in different contexts.

Crankshaw et al. (2020) identified many complex school arrangements that cannot be ignored in providing for girls' MHM. Access to sanitary products is but one small component in providing dignity to girls in the school context. They identified numerous factors that make MHM difficult in the school setting including: teasing and the lack of protection from teachers towards girls who are being teased, feeling distracted and the inability to concentrate during class, feeling anxious about leaking, teachers not allowing learners to go to the bathroom during class, unhygienic sanitation facilities and no rest areas (Crankshaw et al., 2020). Girls reported that they had to wear bigger pads to manage flow as they are not allowed to go to the bathroom during class which can result in them smelling and causing embarrassment. Due to many bathrooms not having sanitary bins, some girls would pack their used sanitary pads into their school bags to dispose of them at home. Macleod et al. (2020) found that 80% of bathroom facilities in their study were inadequate. Other studies have highlighted factors in the school context such as male teachers making girls wait to use the bathroom, and boys teasing girls that can influence a girl's willingness to attend school while menstruating (Kirk & Sommer, 2006).

Related to the school environment as well as societal views, Crankshaw et al. (2020) identify a patriarchal theme in relation to male teachers and menstruation. The male educators interviewed as part of their study felt uncomfortable teaching on the topic of menstruation, and learners also indicated that the male educators did not reprimand boys when they were teasing girls about menstruation. Their findings illustrated the societal gendered discourses that abound in society both within and outside the school environment (Crankshaw et al., 2020). These gendered discrepancies are not new, nor are they confined to the South African context. Diorio and Munro (2000) in their New Zealand study on gendered education around puberty found that boys are told about exciting and positive changes to their bodies, including wet dreams, while girls are warned about the unpleasant changes such as odours and leaking of bodily fluids. Girls do experience stigma if they are deemed to be menstruating due to their odour and this can have mental health implications (Kirk & Sommer, 2006). Paphitis and Kelland (2018)

report on the sexualised treatment that girls experience from both male peers and teachers as a result of this shift from girlhood to womanhood that is associated with menstruation. They also found that girls are uncomfortable talking about menstruation to men and boys as it is considered inappropriate or taboo. Girls reported wanting to be able to speak about menstruation regardless of gender. The taboo of speaking about menstruation to men included that of speaking about menstruation to fathers, as the topic of menstruation between parents and children is also avoided (Crankshaw et al., 2020; Erchull & Richmond, 2015; Kirk & Sommer, 2006). Further, in the Siyahluma Study, the researchers also encountered male participants who had undergone initiation into manhood stating that they could not talk about menstruation with female facilitators. As the session unfolded the male participants did participate but there are clear cultural taboos about who can and who can't talk about menstruation (Paphitis & Kelland, 2018). Menstrual taboos are furthered by men being left out of the conversations on menstruation, "feminist scholars believe that men's attitudes towards menstruation are a key factor in perpetuating menstruation myths" (Erchull & Richmond, 2015, p.93-94).

Cultural factors not only affect who girls can speak to about menstruation but it also affects what products they can use for their MHM as well as the activities that they can engage in. The Crankshaw et al. (2020) study in Gauteng found that girls mostly use sanitary pads as there was some cultural resistance towards tampons, myths around tampons and girls losing their virginity, as well as a fear of use and an apparent discomfort with tampons. Further as outlined by some mothers who were interviewed in the study, parents only know about sanitary pads and therefore they purchase for their children that which they are familiar with.

Menstruation has been viewed as a hygiene crisis and has many taboos about menstruating women being unclean and able to have a negative impact on a whole range of activities from preparing food to participating in prayer (Erchull & Richmond, 2015; Kirk & Sommer, 2006). These stigmas and taboos continue in contemporary society such that many individuals still view menstruation as dirty and unsanitary. However, despite society viewing other bodily fluids such as urine and faeces as unsanitary, individuals are not actively discriminated against because of their bodily functions yet when it comes to menstruation there is a gendered differentiation (Wahidin, 2019). Women need to hide any sign of menstrual fluid or any object that positions women as menstruating objects. White (in Erchull & Richmond, 2015) outlined three menstrual taboos in U.S culture: the need for girls and women to cleanse, avoiding certain activities to ensure concealment such as not swimming during menstruation, and the silencing

taboo, that of not speaking of menstruation to boys and men. Buckley and Gottlieb (in Kirk & Sommer, 2004) highlight that the benefits that girls experience due to these taboos also need to be examined, for example, not having to do household chores while menstruating or as Bobel (2019) suggests the menstruator tents that provided a space to offer girls support.

Erchull and Richmond (2015) argue that the way in which menstruation is spoken or not spoken about will impact the way in which individuals feel about menstruation. Based on this, the findings of studies that report girls' ambivalent feelings towards menstruation are understandable. Crankshaw et al. (2020) in their study found that both educators and learners were calling for more conversations around menstruation. Sexuality and Reproduction education is a challenge in South Africa and there needs to be a change at both a curriculum and policy level (Crankshaw et al., 2020).

MHM research up to this point

Girls are severely constrained by their position in society in a multitude of ways, and this extends to their options in terms of managing their menstrual health. This can be from having access to sanitary products, the type of products they have access to, WASH facilities at school and access times, and at home, other health needs including accurate menstrual health and reproductive health education and the need for privacy. Due to their inferior position in society, these decisions are often dictated to them by the adults in their lives, be it government officials, advocacy organisations, teachers, parents, aunts etc. Torondel (2017) distinguishes between software and hardware in terms of how girls manage menstruation. Much focus has been on the hardware (access to sanitary products, WASH facilities) whereas girls are not being supported in terms of software (knowledge, privacy, dignity, convenience and security). Little work has been done to specifically highlight the support girls need in terms of software of MHM but even less has been done in terms of resistance and power that girls experience while managing their menstrual health. This includes both the power that is taken away as well as the power girls might themselves assert or learn to assert. Only through understanding girls' constraints in totality, not only at a physical management level but at the level of really understanding the psychosocial and societal constraints, including power relationships that affect girls' ability to manage their menstrual health will one be able to find sustainable and effective interventions to support girls and improve their schooling attendance and educational attainment.

This Study

The goals for the present study were, firstly to understand what forms of discipline and control menstruating girls experience in a school setting with regard to containing their bodily functioning and fluids. And secondly to explore whether there is any resistance or support from other girls in an all-girls' school towards having their menstruating bodies disciplined and contained, and if so, what form this resistance and support takes.

I hypothesized that girls feel that menstruation is normal, because it is a monthly bodily process that they have no control over when it comes, and for how long, but that due to the nature of how society views it and encourages girls to not talk about it, girls feel more negatively than positively towards their menstrual cycle and may feel shame, and the need to conceal this bodily process.

Conclusion

In this chapter I have outlined how MHM and a lack of WASH facilities can lead to distress⁴ among girls including school absenteeism. However, I have argued that girls' experience of menstruation at school is not solely framed by what takes place in school. Girls cannot leave their lived experiences and beliefs that they have acquired in their contexts outside of school, at the school gates. It is imperative then, in trying to understand how girls experience menstruation, to examine how the girls are framed by society and the power structures in school, and how these contribute to their experience of menstruation.

In Chapter 2, I will examine Foucault's understanding of power alongside Feminist Theory to explore the possible societal beliefs and practices that contribute to how society frames girls and menstruation. The proceeding chapters will then explain the research method that I used in this study as well as the findings, and thoughts on a way forward.

⁴ I use the term distress here as a generic term to describe varied experiences that could be considered from mild to severe in terms of psychopathology. Strong or overwhelming emotional states that impair daily functioning, for example, not going to school due to a fear of being embarrassed or extreme anxiety would be considered distress. This approach allows one to examine how their distress is linked to circumstances (Cromby, Harper, & Reavey, 2013).

Chapter 2: A Foucauldian Feminist Approach

Given that the aim of this study is to examine discipline and control, and resistance, using a Foucauldian Feminist Discourse Analysis, in a school setting, an institutional setting, this chapter will initially explore Foucault in terms of his work, *Discipline and Punish* (1995). Specifically, Foucault's disciplinary technology as well as his views on power relationships, will be explored. As the study also seeks to analyse the discourse with a Foucauldian Feminist approach, thereafter this chapter will offer an examination of Foucault and feminism in terms of how the two interconnect, along with the methodological approach that will be used to undertake a Foucauldian Feminist Discourse Analysis in my study.

Foucault (1995) discusses the emergence of what he calls disciplinary technology in *Discipline and Punish*. Disciplinary technology has at its aim the regulation, control and normalisation of behaviour of individual subjects in order to improve utility and thereby docility (Macleod & Durrheim, 2002). Foucault describes docility or the docile body as one that can be transformed and improved, essentially maximising every possibility of opportunity to increase the productivity (economically or politically) or utility of the body through the use of discipline or disciplinary technology. Foucault uses the example of what a perfect soldier's body constitutes in order to maximise force. It differs however, from a slave in that a docile body is not an appropriated body (Foucault, 1995). The three forms of disciplinary technology that I will explore are hierarchical observation, normalising judgement and surveillance. These three forms of disciplinary technology serve to enforce discipline and I will examine how they operate in a school setting. These tools are effective in producing and maintaining control without the need for any physical force or violence. Surveillance is not only implemented by central controls of power such as governments who wish to control their population and the bodies that make up the population to increase productivity. Surveillance as a tool to ensure docility operates at both a macro (national government level) as well as a micro (family, individual level).

Although Foucault focused on prisons in his writing, schools are institutions with their own disciplinary technologies in place in order to create an environment that fits with the culture and ethos of the school. Surveillance is used in a school setting to maintain discipline. It can be seen in a school setting in which the teachers observe learners' behaviour to maintain and increase productivity. The teacher typically stands at the front of the classroom and the layout of the classroom is such that the teacher can see everything that is happening at once. Much like the omnipresent gaze of the panopticon in prisons to survey the subjects, the teacher or

authority figure surveys learners. Under the watchful gaze of the teacher each learner then exercises surveillance over others and themselves thereby increasing their own utility by becoming docile (for example their academic learning improves by sitting quietly and listening attentively to what the teacher is instructing).

Institutions of learning, including schools, are places of power and can use these spaces to control and create Foucault's docile bodies. However, power, according to Foucault, is not a tangible object that is used, yet one cannot escape its grip within society (Bowdridge & Blenkinsop, 2011). Power exists in all human relationships; Foucault rather speaks of relationships of power than of power (Bowdridge & Blenkinsop, 2011). In this study, I interchange power and relationships of power with Foucault's understanding attributed to both. Bowdridge and Blenkinsop, state that "Foucault believes that power enters all human relationships – particularly those, like education, in which one individual attempts to direct the behaviour of another" (2011, p.151). While the relationships of power in places of education might be more visible, there are also more insidious ways in which power operates within schools and society. The schooling system can be implicated as a system that forms certain truth-objects. Further, Foucault highlights that even within these power relationships, such as between learner and educator, the power does not operate in the same way in every context. Other factors such as gender, age, race, personalities, other relationships (coach, register class teacher) will also affect how the power dynamics play out in each interaction. Nonetheless, Foucault posited that power is always present (Bernauer & Rasmussen, 1987; Bowdridge & Blenkinsop, 2011). Despite this, Foucault avoids an essentialist approach and rather asks questions about the individual experience (Mcnay, 1991).

Foucault did not outline a specific method or approach to analysing discourses. I have chosen to use Willig's (2013) approach to a Foucauldian Discourse Analysis which "asks questions about the relationship between discourse and how people think or feel (subjectivity), what they may do (practices) and the material conditions within which such experiences may take place (positioning)" (Willig, 2013, p.381). It examines all this while highlighting where the power in these relationships resides. For Foucault the subject is created throughout history and this leads to "the modern conception of the self" (Foucault in Yates & Hiles, 2010, p.202). The ways in which language is used in the world creates certain ways of being and seeing (Willig, 2013). Thus discourses both enable and constrain. Language not only establishes who can say what, about whom, and when but it also constructs objects, and thereby also creates subject positions (Parker, 1992; Willig, 2013). In creating a subject positioning it can constrain the body such

that one loses their agency and is forced, coerced or pressured (explicitly or implicitly) into submission (Willig, 2013). Foucault, argued that these discourses also define institutional cultures in how they organise and regulate social life (Willig, 2013).

Society's dominant heteronormative beliefs about masculinity and gender foster a patriarchal culture and this becomes the dominant discourse through which bodily processes such as menstruation, that only pertain to women, are mediated. This patriarchal culture cannot be separated from society and the ideas that society has about how schools should operate. Schools thus operate on both a macro and micro level of power. The institutional practices are reinforced by the discourses that operate both within and outside of the school, and the two consolidate one another. For example, in the schooling system children are referred to as 'learners' with those instructing them as the 'educators'. These terms and discourse of education set up a power dynamic.

Foucault and feminism

Foucault never took a gendered approach within his work (Macleod & Durrheim, 2002). He is criticised by feminist theorists for this oversight. Rather than disregard Foucault because of this shortcoming, this work chooses to see how his work can be used to explore the power relations that girls experience in their daily lives (within a patriarchal culture) around menstruation through a feminist lens. There are areas of overlap between Foucault's work and feminism which can help us to do this (Macleod & Durrheim, 2002; McNay, 1991; Sawicki, 1988). Foucault's work certainly merges with some key themes in the broad field of feminism (McNay, 1991; Sawicki, 1988) such as the political being personal, the politics of relations in everyday life, and the body and sexuality being an area of political struggle.

Foucault's levels of power

Foucault did not study which group has the power and what their aims were with regard to how to use that power. His project was to examine where power is and how and why it operates (Macleod & Durrheim, 2002). In this regard, he used two levels of power: micro-level and macro-level. Micro can be viewed at the personal level. Whereas macro can be viewed as the larger political, institutional or level of government. Macleod and Durrheim (2002) argue against critics who suggest that Foucault's focus on micro-politics leaves overall structures of domination unanalysed (Alcoff cited in Ramazanoglu & Holland, 1993; Sawicki, 1991). Macleod and Durrheim (2002) suggest that critics who believe that there is a gap in explanation from Foucault in terms of how power flows between the concentrations of power and the micro-

level relations of power are unfamiliar with Foucault's work on governmentality. Governmentality acknowledges both the micro levels of power and the macro strategies of power equally (Macleod & Durrheim, 2002). Although, they argue that even despite not possibly having had access to his work on governmentality, Foucault never suggested that micro-level powers are not taken up at the macro-level. Foucault merely did not believe that there is one central control of power. Rather he argued for a bottom up approach to analysis.

Foucault's governmentality then is concerned with both subjectivity (I could not go to school today as I did not have MHM products) and through the use of bio-power objectivising the individual (the government's concern with ensuring girls stay in school so that they can be educated and become meaningful productive docile bodies in society who will contribute to the economy). The drive to increase human productivity and labour has ensured that the goal of government is to have a healthy population to increase output. The family unit however is "an element internal to population, and as a fundamental instrument in its government" (Foucault, 1991, p.99). Macleod and Durrheim (2002) argue that this interlinking of the micro and macro strategies of power in terms of the population and the family are illustrated in the discursive constructions of adolescent reproduction. Menstruation cannot be separated from adolescent reproduction and likewise these strategies of power across the micro (individual and family) level as well as the macro-level (population) are evident. School absenteeism is depicted as a national concern and education is viewed as a child's right and therefore the responsibility of parents to ensure that their children are in school thereby acting as a "fundamental instrument" (Foucault, 1991, p.99) in the government (Macleod & Durrheim, 2002).

Macleod and Durrheim contend that "Foucault's work on governmentality provides feminists with a broad-ranging and incisive theoretical tool for the analysis of gendered relations on a micro- and macro-level" (2002, p.1). This tool is helpful then in understanding how girls experience menstruation in a school setting which stretches across both the macro- and micro-level. Foucault focussed on power relations and the body in society, particularly the technologies between individual subjects and the institutions in their contexts, arguing that the power that is used to govern populations could be analysed in the same way that power in the everyday context is analysed.

Power is practiced

In order to ensure that power is practiced, one needs docile bodies. Bentham created the panopticon, a structure that offered 360-degree surveillance of prisoners, whereby many could be effectively policed by few, and those being policed did not know whether or not they were

being watched. The panopticon in all its formats is a political tool that has many applications (Foucault, 2008). The polyvalence of the panopticon ensures that it has the ability in its many contexts to perfect the exercise of power. Removed from its historical context “the Panopticon ... must be understood as a generalizable model of functioning; a way of defining power relations in terms of the everyday life of men” (Foucault, 2008, p.9). Accordingly, there are three practices that can ensure these docile bodies in schools: hierarchical observation, normalizing judgements and examinations (Bowdridge & Blenkinsop, 2011). These three are not dissimilar to Foucault’s disciplinary technologies.

Hierarchical observation in schools is similar to Bentham’s architectural design of the panopticon. The learners are being watched at all times. For Foucault, if the educator wants productivity and successful learning of the learner, it depends largely on the extent to which the learner is prepared to submit and become the docile body. The most productivity will occur when this power relationship occurs with very little by means of challenging authority or resistance from the learner (Bowdridge & Blenkinsop, 2011). Foucault (1995) proposed that power should always be visible so that the inmate does not know whether they are being watched but they must believe that they are being watched at all times and “preferably by an unseen observer” (Bowdridge & Blenkinsop, 2011, p.153). The perfection of power then, is when the individuals no longer need that surveillance, but begin to enforce self-surveillance, self-monitoring and policing to ensure their own docility (Bowdridge & Blenkinsop, 2011). The panopticon gains its efficacy in its ability to be omnipresent and yet even if it is discontinuous, “the perfection of power should tend to render its actual exercise unnecessary” (Bowdridge & Blenkinsop, 2011, p.6). Historically imprisonment was used to discipline and control, however, Foucault argues that as a society we have become so good at imprisoning ourselves in systems of thought and societal practices that we have in essence become our own jailers (Bowdridge & Blenkinsop, 2011). Self-discipline and self-surveillance is not necessarily a bad practice but the potential for inappropriate control exists and therefore is open to abuse (Bowdridge & Blenkinsop, 2011). There are also explicit and implicit rules in all relationships of power, including conscious and unconscious boundary setting by all participants in the relationship. For Foucault, subjectivity is produced and is not inherent, it is through produced experience that power is maintained.

Power is productive

In order to ensure productivity a system of rewards and punishments needs to be set up. This system needs to ensure that everyone who is part of the system understands what is permitted. This process is the establishment of cultural norms (Bowdridge & Blenkinsop, 2011). In the schooling system there are processes for judging (examinations) and documenting which learners display shortcomings in their success and these are acknowledged in some format such as reporting. Learners know that they are always being observed and categorized, those who achieve are viewed as those who accept the norms and do not resist. Those who fall short of the expected productivity are viewed as disruptive, resistant or non-conformers. However, in the case of a learner, they might willingly comply and embrace the docile body, offering no resistance in order to gain from the relationship. In the school environment, and the power dynamic that occurs between educator and learner one can see the aim being that of increasing production, spreading education and developing the economy. Thus, the panopticon has the “role of amplification” (Foucault, 2008, p.11). He also suggests that power works towards increasing “social forces” including to “raise the level of public morality (Foucault, 2008, p.11).

Power is bottom up

Foucault wrote on the power of discourse and illustrated how discipline and control in institutions, including schools, explain how power operates. Foucault connects discourses that convey “individual reason, responsibility and pathology with discipline, surveillance and power” (Parker, 2002, p.144). Foucault argued that power is everywhere and that in order for power to exist, there has to be the option to be free from that which is controlling the subject (Radovanovic, 2010). Schools can be viewed as patriarchal spaces due to the historical nature of excluding girls from these spaces (Walshaw, 2001). It can also be viewed by the separating of boys and girls into single-sex schools originally whereby girls were taught different skills from boys. Walton (2013) argues that while gender is the distinction between sexual differences, these differences are constructed in discourse. Power, therefore, “has its greatest effect not in some ultimate authority figure exercising control but in the bodies that can be individualized by these relations” (Foucault, 2008, p.11).

It could be argued that the power that works to control and confine the female body in an all-girls’ school must be different to the power that works in a co-ed school (Matteson, 2014). One would hope to see some resistance to the notion of the body as object, or are girls so confined by the social construction within which they exist that they are unable to see the power operating on their bodies. The ultimate goal for Bentham was such that surveillance was spread across

time and space such that society self-disciplined (Foucault, 2008, p.12). Complete docility in relation to their bodies and menstruation would highlight Foucault's theoretical stance that the "increase of power can be assured only if, on the one hand, it can be exercised continuously in the very foundations of society, in the subtlest possible way, and if on the other hand, it functions outside these sudden, violent, discontinuous forms that are bound up with the exercise of sovereignty" (Foucault, 2008, p.11). While they might willingly comply to power relations that are productive (listening to teachers in order to gain an education or learn something in order to increase their knowledge in order to ultimately get a job), it is expected that there might be resistance to other forms of surveillance that are more oppressive (self-surveillance by learners on other learners around menstruation). While getting an education in order to get a job can be viewed as falling into the trap of the power of capitalism and other discourses, this acquiescence could also be viewed as freeing the individual from other power relationships as the end goal. Nonetheless, the focus of this study is on power relations, productivity and resistance in relation to menstruation. Most feminist treatises are silent on the topic of menstruation yet it is an aspect of women's lives that most will experience (Young, 2006).

Surveillance at the micro- and macro-levels

Surveillance is instituted at both the micro-level and the macro-level. At the micro-level individuals use the gaze or judgements based on dominant discourses and views concerning the behaviour of other individuals. For example, menstruation as taboo, and something that needs to be hidden, forms part of the dominant discourse that ensures that any behaviour to the contrary is met with judgement by other individuals. Macleod and Durrheim (2002, p.6) argue that "Surveillance becomes powerful by extending itself to self-reflection and self-consciousness". The individual then monitors her own behaviour and practices to ensure that she is conforming to the norm. For example ensuring that she conceals menstruation at all costs by constantly checking if she has leaked. This, Macleod and Durrheim (2002) argue, is how for example macro-issues of gender oppression link with the micro-level gendered practices and relations. Self-surveillance is the ultimate success of power and disciplinary control. Foucault, focussed on subjectivity or techniques of the self, that which we do to ourselves rather than to others (Foucault, 1985, 1986; Macleod & Durrheim, 2002). These techniques of self are used to conform to ideas of truth, or those that pervade in society and to those in authority. Girls do not speak openly about menstruation, even to other girls or people who menstruate because they have been conditioned to not refer to this bodily process openly. Girls have been taught that this is a private matter, they practice self-surveillance and so conform to the 'truth' of the taboo

of menstruation and perpetuate the narrative that menstruation is something to be kept hidden and about which they should be ashamed.

Bio-power

Foucault's term bio-power refers to the power that is enforced at a broader society level, a macro-level (i.e.) the population. However, it also refers to the power that is imparted onto the individual body, the micro-level. Bio-power was Foucault's first acknowledgement of power working at both the micro- and macro-levels in society and individuals' lives. Bio-power is power working at the population level i.e. in terms of the government controlling the population as well as the individual controlling themselves. Bio-power working at both levels ensures that the individual's compliance and productivity increase, resulting in the docile body. This produces a better output politically in terms of economic development. In terms of menstruation, many studies look at the impact of girls not having access to sanitary products during menstruation and therefore their absenteeism from school (Bobel, 2019). Therefore, in order to increase productivity, it is important that girls go to school. However, these discussions remain at a population level and don't go further to an individual level to improve or change other aspects that prevent girls from being active members in society such as the constant worry about leaking while menstruating. Given that power is working at both a macro- and micro-level and political or government decisions impact the individual personally, bio-power gives way for bio-politics. Given that power, according to Foucault, is not owned by one group, this allows for individuals to resist the power being thrust onto them. While Foucault avoided gendered bodies, and is criticised for this. The feminine body is synonymous with a docile body. One argument against criticism suggesting that Foucault was a relativist is his notion that power can be resisted.

Pastoral Power

At the level of government, the macro-level, politicians and leaders are seen to be responsible for representing their members, and should be held accountable for their followers' well-being. This would be the same for a religious affiliation or organisation, and arguably for a teacher in a classroom who is responsible for the learners' well-being, and parents in a family. Sticking with dominant patriarchal discourses, the mother would be responsible for the care of the children in the family while the father for the discipline. On the micro-level, power is practiced both through disciplinary technology as well as pastoral power. While disciplinary power uses surveillance and normalising judgement, pastoral power uses guidance and care (Macleod & Durrheim, 2002). In order for these two powers to work they need to relate to a dominant

discursive construction at the macro-level. For example, using a patriarchal dominant discourse of gendered subjectivity and gendered relations in relation to menstruation, normalising judgement would entail telling girls that they should be careful now that they have reached menarche they can fall pregnant (a visible stamp of having broken the societal norm) (Kirk & Sommer, 2006) whereas the pastoral power would advise girls to keep clean and healthy. The evidence of pastoral power's guidance is evidenced from mothers through the technique of care and comfort. However, mothers, as women who exist within a patriarchal society would also hold normalising judgements around teenage pregnancy as a cause for concern (Macleod & Durrheim, 2002). Pastoral power also appeals to a higher power. These dominant discourses of the family are utilised to produce pathologised readings of adolescent reproduction and thereby reducing a girl's willingness or ability to speak to her parents about menstruation.

At a government level in South Africa, despite public schools being deemed secular, there is a strong Christian influence at both a government and a school level (Hodgson, 2012). World religions view menstruation with differing levels of severity in terms of impurity and rules restricting religious activities during menstruation (Tan et al., 2017). Many of these rules, while they may have been watered down over the years still persist.

Menstruation is also regarded as shameful due to its connection with sexuality. Norms of sexuality are often derived from cultural and religious beliefs for example from Christian controls over sex and from those values that emphasized women's passivity, purity and obedience to men. These contribute to the notion of sexuality, particularly in women, as stigmatized (Johnston-Robledo & Chrisler, 2013; Sitar, 2018). Women's bodies are a "locus of operation of power" (Tivadar in Sitar, 2018, p.96); the place and the embodiment of social hierarchy, in which the male body is portrayed as strong and durable and the female body as fragile and flexible (Sitar, 2018). Society directs women to hide all aspects relating to menstruation as "patriarchal gender relations in contemporary society are preserved by a modern visible/invisible woman, who enters the public sphere but who must hide an aspect of femininity – menstruation – to achieve equality" (Markovčić in Sitar, 2018, p.779) It is the language around menstruation that makes it a social concept distinct from the biological process. The biological process can be managed with MHM and WASH. The social concept of menstruation needs further management. According to Strange (in Sitar, 2018, p.772) "the narratives of menstruation are created/articulated through cultural truths relating to what femininity ought to be." The use of euphemisms keeps menstruation absent from public discourse. As such it is shrouded in

shame since without stigma there could be no reason for euphemism (Johnston-Robledo & Chrisler, 2013).

Conclusion

The study sought to explore how girls manage the psychosocial aspect of menstruation in relation to the powers that are operating around them. Foucault's understanding of relations of power and disciplinary technologies to create a docile body inform my understanding of girls' experiences of menstruation in the school setting, including hierarchical observation, normalising judgement and surveillance. Schools are places of power with power operating on both a macro- and micro-level. I use a feminist understanding of power at both the micro- and macro-level to further understand the girls' experiences of menstruation. The following Chapter outlines the methodology and approach I used to understand the challenges that girls experienced beyond physical MHM and WASH.

Chapter 3: Methodology

This study is qualitative in nature using mixed methods and survey material within a discursive paradigm to answer the following research questions:

- What forms of discipline and control menstruating girls experience in a school setting with regard to containing their bodily functioning and fluids?
- Is there any resistance or support from other girls in an all-girls' school towards having their menstruating bodies disciplined and contained, and if so, what form does this take?

I utilised a two-step phased approach in undertaking my research.

Phase one examined the Siyahluma Study's questionnaire (Macleod et al., 2020; Paphitis & Kelland, 2018), a quantitative study undertaken in Eastern Cape Schools that asked open and close-ended questions relating to how menstruation affected girls' school attendance, the products girls utilised, sanitation facilities in schools and how all these factors affected girls' participation in school activities (Macleod et al., 2020). That study also examined how these factors differed by school type. It was undertaken in two different district municipalities in the Eastern Cape: Makana Municipality and Buffalo City Metropolitan Municipality (Macleod et al., 2020). I conducted a thematic analysis of the archival data pertaining to well-resourced fee-paying public schools from the Siyahluma Study conducted between 2013 and 2015 to identify which questions would be relevant to my study, and what additional questions needed to be included to answer my research questions. Thematic analysis was done using Braun and Clarke's (2006) six step thematic analysis of the original study's data. Having done this, I was able to finalize the survey to be used in my study (Appendix B). I modified the Siyahluma Study questionnaire by selecting questions that were relevant to my understanding of the factors that lead to school absenteeism as well as including additional questions that were more qualitative in nature, taking these questions deeper to try to understand the psychosocial factors that play a role in girls' MHM while at school in relation to discipline, resistance and support available, in order to understand the power dynamics that pertain to menstruation in a school setting. The final questionnaire contains both open and close-ended questions and was the survey that I used to conduct my study. The first part of my survey contained questions that pertain to quantitative data, demographic information such as age at menarche, physical challenges, access to products and school facilities. The second part of the survey asked qualitative questions in relation to resistance, power relations and support.

Convenience and purposive sampling (Frey, Botan, Friedmand, & Kreps, 1991) were used for accessing the school chosen for my study. This all-girls' fee-paying public secondary school in the Eastern Cape was not part of the Siyahluma Study. No all-girls' public high schools were included in the Siyahluma Study. All Grade 11 girls in the chosen school, 86 learners, were invited to participate. Grade 11s were chosen as this is the sample group that was used in the Siyahluma Study, and these findings were analysed to see which questions garner relevant responses to the aspect of power, discipline, and control in relation to menstruation. Further sampling was done through self-selection as only those learners who had returned their parental consent (Appendix C) and learner assent (Appendix D) forms were allowed to participate in the study. This is further discussed in relation to ethics. A total of 35 learners were eligible to participate.

The time chosen to conduct the research was after the Grade 11 learners' final November 2019 examination. This time adhered to the Department's stipulation as it was outside of school time. I personally facilitated the survey to learners who had returned their consent and assent forms. The survey was conducted in the examination venue and the girls were given 45 minutes to complete the survey.

Phase two entailed analysing the completed surveys both quantitatively and qualitatively. The first part of the survey was analysed quantitatively. For quantitative data means were calculated across all respondents for each question. Categorical variables were counted across all respondents for each question to give a broad overview of any general trends among the participants in this study. The second part of the survey was analysed using Foucauldian Discourse Analysis. I read and re-read each survey to familiarise myself with the content. The survey responses were then typed up verbatim into an excel spreadsheet. In the interests of transparency, the use of a precise systematic coding system, Nvivo 12, was used to ensure that the process of analysis and interpretation was uniform and consistent. The surveys in their entirety were inputted into Nvivo. I examined the surveys for broad themes which I coded. I then systematically worked through each survey's responses following Willig's (2013) six stages, described below. I coded each piece of discourse that related to each step. The direct quotes of the girls are shared in my analysis to make explicit to the reader the process of thinking by which the interpretation made is reached (Cohen, Marion, & Morrison, 2011). The data has been supplied in full. I have not corrected spelling nor grammatical errors. I have used full quotes in my discussion in order to ensure that another researcher will be able to assess my line of thinking and to see how I have made the deductions that I have.

Process of analysis

The survey responses were analysed using Willig's (2013) approach to a Foucauldian Discourse Analysis which is not without its inadequacies. Willig (2013) sets out clear procedural guidelines for a six-stage approach to Foucauldian Discourse Analysis. She does, however, acknowledge that these six stages do not constitute a full analysis in the Foucauldian sense (Willig, 2013). This approach acknowledges that power does not reside in the text alone. A Foucauldian Discourse Analysis shows how relations of power and ways of knowing shift over time. It asks broader questions, such as discursive constructions, how menstruation is constructed, what assists in these constructions and what these constructions achieve in society. The stages also look at positioning, practices and subjectivity. The focus is on how the object is constructed specifically in its local setting and the enquiry is grounded in the politics of the day (Arribas-ayllon & Walkerdine, 2008).

1. Stage one in Willig's (2013) approach examines discursive constructions. The discursive object for this study is menstruation. Both direct and indirect references to it need to be included in the analysis of the discourses used by girls in relation to menstruation.
2. The second stage entails identifying the various discourses working within the texts, for example discourses from biomedical models to psychosocial constructions.
3. The third step is to look at what gains are made by using these constructions, in essence what Grade 11 girls gain by phrasing or referring to the object in this way. Willig points out that the manner in which individuals express matters surrounding health and illness are not subjective but are created from "culturally available explanations" (2000, p.548). It is to be expected then that the same speaker can express contradictory ideas and draw on different experiences from their social contexts.
4. The fourth step is to look at how the subject (the Grade 11 girls) are positioned by others and locates them in a position from which to speak or act.
5. The fifth step looks at practice, and how discourses limit what can be said and done by different individuals.
6. The final step looks at the subjectivity of discourses and how this constructs how we view ourselves in the world.

The approach to this research is a Foucauldian feminist approach. Three aspects relating to Foucault's views of power will be used to analyse the participants' understanding of their

menstrual cycles and menstrual health management: “Power is exercised rather than possessed, power is not primarily repressive, but productive, and power is analysed as coming from the bottom up” (Sawicki, 1991, p.21). The study aims to access experiences of school girls around their experience of menses. Foucault wrote on the discipline and control in institutions including in schools to explain how power works. While Foucault did not distinguish between female and male and is criticized for doing this, De Beauvoir in her explanation for writing ‘The Second Sex’ writes, “One day I wanted to explain myself to myself... And it struck me with a sort of surprise that the first thing I had to say was ‘I am a woman’” (De Beauvoir, 1989, p.xxi). It could be argued then that the power that works to control and confine the female body in an all-girls’ school must be different to the power that works in a co-ed school (Matteson, 2014). One would hope to see some resistance to the notion of the body as object. Therefore the analysis will use Foucault’s ideas of power alongside a feminist agenda. Adolescents and boys are socialized based on their sex organs, this then makes “the body a site of power and therefore a site for social control” (Mathews, 2014, p.2). Therefore, along with Willig’s approach to a Foucauldian Discourse Analysis, a feminist evaluation of the responses was also implemented to uncover the problematic societal discourses that impact on girls’ MHM in a school setting.

Validity and reliability in analysing survey responses

Studies show that adolescents are able to complete self-report surveys reliably (Haughland & Wold, 2001). However, the responses are based on self-reports of participants and therefore there might be response bias. Given that the girls are in Grade 11, 17-years-old, and many started menstruating at 13 years of age, there can be some error in their recall. Demographic as well as subjective experiences were asked for in the survey which ensures some objectivity of the data. As a feminist and a researcher who is pro menstrual cups, it is comforting to see other studies have found similar findings to ensure that my own bias has not come into my findings. Given the small-scale nature of the research, the findings of the small and heterogeneous group cannot be generalized. However, the participants’ input will be valid through their direct sharing of their menstruation experiences in the survey. The findings will also provide insight into an otherwise under-resourced area of menstruation. While the nature of qualitative research means that it is open to interpretation, and therefore debate, the use of a precise systematic coding system will help make the process of analysis and interpretation explicit to the reader. This will strengthen the validity of the research process and subsequent findings.

Ethics

In any relationship of unequal power lies the potential for abuse. Zink and Burrows pose the following question which I think is pertinent to my research, “Foucault understands power as being both productive and repressive, while also being inescapable within the human context, what might this mean for a practice ostensibly committed to justice and student emancipation?” (in Bowdridge & Blenkinsop, 2011, p.150).

Universities are educational institutions in which power resides. In order to conduct this study, permission had to be sought from the university ethics committee. Ethical approval was granted by Rhodes University Ethical Standards Committee (RUESC) (Ref 2019-0384-955). As a student, in the organisation, I had to comply with the ethics committee’s requirements. Doing research with children is always flagged as having the potential to exploit a vulnerable population. It needed to be conducted in a manner that guards against any risk to the participants while potentially bringing benefit to them. Participants were guaranteed confidentiality in that they did not have to share their name on the survey. Given that individuals under 18 years of age are considered minors, parental consent needed to be obtained in order for the girls to participate. In so doing, the study, forms part of the system that replicates and enforces the docile body. Girls who were too afraid to ask their parents for permission, for whatever reason, including due to the taboo of speaking about menstruation would have been excluded from this process which hoped to foster a sense of emancipation in the girls rather than re-enforce the societal power dynamic that silences girls from speaking about menstruation.

Permission to conduct this research also had to be obtained from the Eastern Cape Department of Education (ECDoE). I applied for and obtained permission to undertake my study at my chosen school from the Eastern Cape Department of Education (ECDoE). The approval was granted by the ECDoE provided that I adhered to a number of stipulations including that the local district office is informed, consent is obtained from the relevant school principal and that parental consent is obtained. Learner assent was not requested by the ECDoE. Further, the research undertaking was not permitted to be done during official school times, including school breaks, and it should not interrupt educators’ time or task. Permission was sought and obtained from the study site principal and letters to learners and parents, along with learner assent and parental consent forms were distributed to all Grade 11 learners. Conditions outlined by the Department for the researcher to conduct the research also explicitly stated that parental

consent needed to be obtained for research involving minors. To note, the ECDoE did not request learner assent forms. The schooling and education systems are set up within patriarchal structures in which learners do as their elders say.

Towards the emancipation and social justice agenda it might have been in the learners' best interests to forego parental consent letters and to allow learners to participate without their parent's knowledge. However, again confined to the power that resides in these places of learning is the fact that in order to begin the study ethics needed to be obtained. While the university ethics committee might well have accepted an argument to waive the parental consent forms, it appears unlikely that the ECDoE might have been so accepting. Given the time constraints of the study it made better sense for me to not offer any resistance in order to increase my utility. However, this done at the expense of social justice.

In order to mitigate some of the potential for abuse, Bowdridge & Blenkinsop (2011) suggest engaging learners in a discussion on hierarchical observation and surveillance in all its forms, both the benefits and potentially dangerous aspects around it. In doing this, individuals will be able to identify the power operating in their relationships, they might be able to resist it, comply willingly, or possibly due to the power imbalance at least be able to recognize it. I did engage the Grade 11 Life Orientation educator for a feedback slot to engage learners around hierarchical observation and surveillance in relation to menstruation and the school setting. However, due to the Covid-19 global pandemic which closed schools the school curriculum was shifted significantly such that my request was not taken up, most likely due to time constraints and other pressures placed on the educator by this significant disruption.

One manner in which abuse is identified is when docility does not lead to increased utility. Utility in the schooling system is a positive result for the individual in terms of their own knowledge gains. In addition to utility then, to assess whether the relationship is abusive or oppressive is to question whether the individuals involved benefit from the relationship (Bowdridge & Blenkinsop, 2011). However, relationships that satisfy these requirements could still be abusive. Educators need to know how unequal power relations operate to avoid abusing their power. Power ensures docility, and therefore who decides utility and the considerations around this are important. Power operates within relationships and it does not necessarily have to be negative. Power in the form of hierarchical observation can ensure that learners learn successfully, in a learning environment that fosters this, as well as learning safely.

Farrimond (2013, p.63) argues that qualitative methods have an “emancipatory function” in respecting human experience. This research was done in a manner that sought to do no harm and I hope that the participants benefitted from having a space to share freely on the topic of menstruation. At the very minimum, it is hoped that the participants feel that their experiences matter and that it might help challenge dominant discourses that perpetuate the view that discussions about one’s menstrual cycle are taboo or a topic that should only be spoken about in private.

Conclusion

In answering my two research questions, I chose to conduct my study in two phases. The first which entailed drawing on the Siyahluma Study questionnaire to create my own survey to facilitate. This was facilitated to Grade 11 learners at my chosen study site. In the second phase of my study, these surveys were analysed, firstly looking at the demographic information more quantitatively and then using Foucauldian Feminist Discourse Analysis in analysing the questions that were more qualitative in nature and pertained to resistance, power and support. Having outlined the process that I took in accessing the experiences and thoughts on menstruation from the girls, the following chapter will share these findings.

Chapter 4: Results

The first part of the results chapter will outline the demographic information and quantitative data relating to the girls' responses in relation to menstruating while at school. Part one of the survey specifically sought to obtain information relating to demographic information, physical challenges, access to products, the school WASH facilities, girls' management practices, and their experiences of interacting with others while menstruating. A full summary of all questions posed with a summary of responses is given in Appendix A. In the second part of this section, which is qualitative in nature, I offer up a Foucauldian Feminist Discourse Analysis using Willig's (2013) six steps in relation to part two of the survey that posed questions particularly around discipline and control of containing their bodily fluids, and the support and resistance that girls experience.

Part 1

This part of the survey was analysed quantitatively. The means or categorical variables were calculated per question.

Demographical information and quantitative data

In the Eastern Cape, isiXhosa is by far the largest spoken language, followed by Afrikaans and English. Twenty-seven out of the 35 participants are home-language isiXhosa speaking. The second largest language group was English with eight girls being home language English, and only one girl indicating Afrikaans as her home language. Of the 35 girls with questionnaire data, the median age was 17, with (inter-quartile range, IQR 0). The youngest participant was 16-years-old and the oldest was 18-years-old. All 35 girls that participated in the study had started menstruating. Median age of menarche was 13 years (IQR 2). Eleven out of 35 girls or 31% indicated that they miss school because they are menstruating with the average number of days that they miss each time they menstruate as 1.5 days. All 11 indicated that they had access to sanitary pads that were supplied by their mothers in the majority of cases, with one girl indicating that she supplied herself and another indicating that female relatives or female guardians supply her with products. All 11 indicated that they experience cramps while menstruating with only one girl not indicating other physical challenges such as diarrhoea, nausea, vomiting, headache and fatigue. School absenteeism due to menstruation is linked to pain as the primary reason.

Twenty-nine out of 35 girls approached their mother when they reached menarche. Of the six participants that did not have their mother as the person they approached, five girls approached a female relative and one approached a friend. Two participants shared that they approached their father. Only 16 girls indicated that menstruation was covered in school classes before they started menstruating. The vast majority of girls indicated that menstruation had since been covered in Life Orientation with only one girl indicating that menstruation had not been covered in Life Orientation classes. Upon reaching menarche, the largest proportion of girls were told that menstruation is natural/ a normal process/ a part of life (11/35) and were given advice about menstruation being part of the maturation process and becoming a woman (12/35). The next popular categories were around which products to use and management (9/35), and hygiene advice (8/35). Less common information was biological information about menstruation or literature to read, advice about sex and negative or pejorative statements about menstruation. In terms of positive aspects around menstruation, only one girl recalled being given affirming or supportive statements, and only one girl indicated that she was told not to be afraid or ashamed.

With regard to ongoing advice around menstruation, 16 girls indicated that they go to their mother for advice, the next largest source of advice comes from friends. No participant indicated a father or male figure as a source of advice in terms of menstruation currently. The most common advice is around management, hygiene, and that menstruation is a natural and normal part of life. In terms of who girls would have liked to ask about menstruation, a large number, 19, indicated that there is nobody that they would like to approach. A few girls indicated that they would have liked to approach their mother or father. Of the few girls who would have liked to approach another person, the reasons cited for not approaching them included: taboo (5/35); a lack of understanding on their part (4/35); a lack of access to the person (1/35); and fear (2/35); fear of embarrassment while talking to the individual (3/35); fear of being embarrassed in the future (1/35); and fear of blame in the future (1/35).

Physical challenges

Thirty-four out of 35 girls reported feeling physical challenges while menstruating. The vast majority, 32, experienced cramps, 15 reported diarrhoea, followed by fatigue, nausea, headaches and vomiting. Back pain was also reported. Seventeen out of 35 girls reported that menstruation had prevented them from partaking in classroom activities, this was mostly due to physical reasons but was also due to difficulties concentrating, management reasons and

discomfort with the social setting. Pain was also reported as the main reason for school absenteeism in the Gauteng study by Crankshaw et al. (2020). More girls, 24, reported that menstruation had prevented them from participating in sport. Again, physical symptoms were cited as the most common reason. A fear of swimming while menstruating was the second most cited reason along with discomfort with the social setting, and possibility of exposure due to management difficulties such as the unreliability of products and the embarrassment that would arise from this. Similarly, to classroom activities, 16 girls, reported that menstruation prevented them from participating in social activities. Physical symptoms were the most common reason along with social discomfort and fear of exposure, and the resulting embarrassment. Mood swings, and feeling irritable were also cited. Swimming and not being able to swim while menstruating was cited as a reason that prevented participation.

Two girls indicated that they have been prevented from swimming while menstruating by others. Twenty-seven girls reported that girls have used menstruation as an excuse to get out of activities even when they did not need to. All the girls in this study reported using sanitary pads. Ten out of 35 girls reported using tampons, often indicating that this was only for swimming purposes. Two girls reported using cloth. One girl indicated that she used toilet paper when caught unaware. The most common reason for choice of management product was comfort and painlessness. Ease of use, and access were the second most commonly cited reasons. The range of time between changing of products during the day ranged widely from every 2 hours to 24 hours. The average was 5.5 hours with 4 hours being the most common response. Most girls, 32, are supplied with their products by their mothers. Girls also indicated that they supply their own products and 12 girls indicated that their dads supply their products. Two girls reported that the school supplies their products. Over half, 22 girls, reported that menstrual products are expensive with them spending over R40 per month on menstrual products⁵. The majority of girls, 26, said that the community clinics do not provide sanitary products. Six individuals reported that the community clinics do provide sanitary products. Three girls reported that they make use of this service. This service that is provided by the community clinic is not a widespread occurrence. As per the *Sanitary Dignity Framework* (2019) sanitary products are not generally freely accessible at clinics and hospitals in South Africa. Eighteen girls indicated that the school does provide sanitary pads to girls who need,

⁵ The minimum wage for a domestic worker in South Africa in 2021 is R19.09 per hour. Therefore a mother who is a domestic worker needs to work for two hours to afford sanitary pads for one girl per month.

while 15 girls indicated that the school does not provide sanitary products. Two girls indicated that they do not know. The school does not provide sanitary products as such. The administrative staff have some products available, and it is funded by the school, but this is not a formalised approach. Girls often ask at the front office when they are unprepared or do not have sanitary products and the all-female staff in the office feel the need to assist. Therefore, girls who do ask, will be assisted but the products are not freely available in the bathrooms. Girls who are desperate will ask, and are assisted.

School facilities

The school bathrooms have facilities for girls who are menstruating, this was confirmed by 34 participants. The participant who indicated that there were no facilities for girls who are menstruating also indicated that there is no running water in the basins which is inaccurate and perhaps indicates haste in completing this section of the questionnaire or is a response to her home environment. In municipal outages, the school turns over to borehole water. The researcher inspected the school facilities, and these are well-maintained school bathrooms with sanitary bins in each toilet stall, there is running water for flushing toilets, running water to wash hands, doors for privacy, toilet paper, soap, and cloth towels for drying of hands.

All participants indicated that the school has sanitary bins in each toilet stall. The basins are located outside the stall, and there were mixed responses from girls regarding whether they would prefer that the basin was inside the stall. Given that none of the participants use menstrual cups this might partly explain why some girls do not see a reason to have the basin within the stall. Five participants indicated that they do not feel safe using their school's sanitation facilities with all explanations relating to hygiene:

<i>Participant</i>	<i>Quote</i>
26	"Sometimes the bins aren't exactly clean which makes me hesitant to open them but I have to use them so I do"
35	"easy to get an infection because everyone uses the toilets, not everyone is a neat freak"
22	I feel as if we need more sanitary facilities, bigger bins, toilet spray, paper towels not cloth, and for soap to clean toilet brushes as well as sanitizer for toilet seats. Pad shelf for girls who might not have a pad"

In general, these concerns will arise from any clean and well-maintained public bathroom due to the large number of individuals making use of them. The request for a pad shelf also extends to a need for freely available sanitary pads which speaks to access to MHM products. This request was cited by all participants as one mechanism that could make menstruation better for women in general.

Access to products

All 35 participants in this study indicated that they use pads, ten indicated that they use tampons alongside pads and two indicated the use of cloth alongside pads. No participants indicated that they use a menstrual cup. One individual, participant 3, indicated that she had used toilet paper when she first started menstruating as she did not have anything else available. For participant 19, pads “are safe and hold the blood from coming out onto your clothes”. The preference for pads was common with some resistance towards tampon use:

<i>Participant</i>	<i>Quote</i>
24	“I feel more comfortable with using pads”
3	“I refuse to use a tampon! Instead I use pads when I have a heavy flow, towards the end when it’s lighter and doesn’t know what it wants to do, I use liners”
11	pads “seem like the easiest product to use and are the most available”
27	“I really wanted to go swimming and I was afraid to use a tampon so I didn’t swim because I was on my period”

However, not all girls completely resisted tampons. Participant 5 and participant 6 shared that they use pads and tampons as they are available to them. Sanitary pads were by far the most popular product, for a variety of reasons. For participant 14, upon reaching menarche, her mother “didn’t tell me anything; they just gave me pads”. For participant 28, “I was told to use pads by my aunt”. For participant 7, she uses pads as “they’re safe in terms of sanitation and they are easy to use, and are less invasive”. She was also shown “how to use a pad” when she reached menarche. Participant 8 shares, “I’ve learnt that it’s safer to use sanitary pads during your cycle and I use tampons when I have a water-based activity to do (swimming)”. For participant 10 she uses pads and tampons, “they are convenient. I use tampons because I swim on a regular basis”. For participant 15, “Tampons are more convenient [sic] and they don’t shift like pads but I wear pads in the night so I don’t wear the tampon for more than the instructed hours”.

Not all girls highlighted their reason for their preference in their response but what came through strongly is that pads are viewed as safe and comfortable. Additionally, girls learned about what products to use from their mothers. Further, for a lot of girls, their mothers are responsible for purchasing their products. For participant 9, her mother taught her about pads and purchases her pads and she shares that “I’m more comfortable in pads”. This finding concurs with Crankshaw et al. (2020) that highlights the impact that mothers and elders have on a girl’s understanding of MHM products. If mothers believe that pads are safest (due to their own education from their mothers or cultural and religious beliefs) this is what young girls will come to believe. For participant 29, “I use pads because they are comfortable and I use cloth when my mother can’t afford pads”. Further, if mothers are responsible for purchasing MHM products and have control over this, then girls will only have access to that which is provided. Participant 14 uses pads “because my mother has taught me to use them and most people who also menstruate use pads”. Due to a lack of access and education they are unable to make decisions that might better suit their lifestyle, for example, wanting to swim but being unable to due to menstruating.

The above outlined the practicalities of the girls’ MHM and the WASH facilities available to them at school. This data provides contextual information of girls’ MHM. This data is important as it illustrates that access to products and WASH facilities are certainly not the only constraints that girls experience when trying to manage menstruation while at school. The data above suggests that all the girls in this study have access to products, mostly sanitary pads, as well as all girls having access to WASH facilities at school. Despite this, eleven girls still reported school absenteeism due to menstruation. This suggests that despite many activists, government policies, and researchers suggesting these contribute to school absenteeism, these are not the only contributors, and other factors need to be explored in order to gain a total understanding of how girls manage menstruation while at school. Physical factors, including pain, is another reason that contributes to school absenteeism, but this certainly does not explain the full extent of girls’ experiences of MHM while at school, and completely ignores the psychosocial factors. The following section will explore the findings to the second part of the survey, that was qualitative in nature, and sought to answer my two research questions, in a step-by-step outline using Willig's (2013) six steps.

Part 2

In this section I outline the results of the second part of the survey, looking at discipline, control, resistance and support, using Willig's (2013) Foucauldian Discourse Analysis.

Stage one - discursive constructions

The first step in Willig's (2013) approach to a Foucauldian Discourse Analysis is to examine the discursive constructions of the object of study. The discursive object for this study is menstruation. Both direct and indirect references to it need to be included in the analysis of the discourses used by girls in relation to menstruation. Discursive constructions is not only about finding synonyms of the object of study but also about acknowledging shared meanings. Therefore, while the object of study is 'menstruation' along with all the words which refer directly to menstruation, synonyms, euphemisms and other references, one is also identifying other constructions of the object of study that might have shared meanings. Willig (2013) gives the example of examining relationships and how 'love', 'marriage' and 'monogamy' are inextricably linked. Similarly with menstruation, 'periods', 'tampons', 'reproduction' are all discursive constructions that are linked to the object of the study and need to be included in identifying the "shared meanings" (Willig, 2013).

Menstruation is explicitly referenced as an annoyance or inconvenient occurrence as it affects activities and plans. Participant 35 shares, "sometimes I'm just over them and get irritated and wish I was not having them." Menstruation can be a barrier to participate in activities – this can be a choice but it can also be due to not being able to swim for example due to not using tampons. There is an implicit suggestion that tampons are not suitable and for some they are even considered unsafe. A need for a menstrual application that allows one to plan around menstruation also holds the implicit meaning of needing to be prepared for menstruation in order to assist in concealing menstruation. These shared meanings will be discussed in the fifth stage.

Willig (2000) highlights that the failure to mention an 'unspeakable' informs us about, and shows the meaning in that which cannot be spoken of. This is perhaps the most important aspect of the discursive constructs surrounding menstruation. Menstruation is referred to as "it" and not merely as a deixis. The girls in this study also made use of multiple euphemisms to avoid referring to menstruation. – "period", "time of the month" (participants 1, 2, 3 etc.), "cramps"

(participant 1), “when girls are PMSing” (participant 14), “periods or mensa⁶ menstruation in Xhosa” (participant 17), “stuff” (participant 11) “red ants” (participant 22), “pad backwards, 'dap' - when you ask for one from your friends” (participant 22), “one of those days” (participant 22), “shark week” (participant 27), “Devil’s water” (participant 6). The girls also outlined layers of euphemisms – “period” and “time of the month” (participant 27 as well as most girls in the study) for friends and even deeper euphemisms – “cramps” when speaking to parents (participant 1). For participant 11, “When I talk to my mom I refer to menstruation as having my ‘stuff’ and when I talk to my friends we talk about having our ‘period’”. Different contexts require different euphemisms, different conversations evoke and necessitate different types of silencing. There is a clear sense amongst the girls that you cannot *really* talk about menstruation with parents, and certainly not with males. Participant 21 shares, “If it’s a male I say “it’s that time of the month” because it is awkward to say the actual word”. For participant 7, “Nothing can make menstruation a great experience but we can try and get rid of the stigma and shame attached to it. Women should be able to speak about menstruation without making others feel uncomfortable”. This highlights yet another context in which menstruation discourse is revealed – when spaces for potential disruption are opened up there is a discourse around menstruation which is liberatory and aspirational. Yet despite these affirmative proclamations, the simple use of the word ‘menstruation’ is enough to make both girls themselves and others feel uncomfortable. The simple word ‘menstruation’ then holds such power as it evokes very strong feelings in others, however, due to the way in which society has constructed it as a dirty and taboo topic, it also creates discomfort in the subject who could use it in discourse to create discomfort in others.

Stage 2 - Various discourses working within the texts

The many constructions of the object are then situated within discourses that will differ across cultures. These discourses can and do change over time and throughout history and this is the essence of Foucauldian Discourse Analysis. This stage then examines how relations of power and knowledge operate within a given historical period in a specific local setting. There were a variety of discourses identified in the way in which the girls speak about, or have been in-

⁶ The official isiXhosa term for menstruation is ‘ukuya exesheni’. The direct translation being ‘to go to that time’. ‘Mensa’ is also used as a borrowed term from ‘mens-truation’.

formed about, and refer to menstruation including: medicalising discourse, hygiene crisis discourse, heteronormative and reproductive discourse, taboo/discourse of shame, feminist discourse, community of suffering, and normalising discourse. These will all be addressed in turn.

Medicalising discourse

The use of PMS as a euphemism to avoid talking about menstruation directly is also a discourse in which menstruation has been medicalised. As Kissling (1996) notes, Premenstrual Syndrome is far more likely to be spoken about on health shows than unproblematic menstruation. Participant 14 refers to menstruation as “when girls are PMSing” instead of having to use the term ‘menstruation’. Premenstrual Syndrome has its roots in menstruation as a condition that severely limited women’s capabilities. Participant 3, upon reaching menarche was told, “It’s normal” or “maybe you should see a doctor”. Participant 6 was also told, “That it’s normal, I shouldn’t stress or that I should ask a doctor about a specific problem I’m having”. For participant 18, “I consulted my doctor about having heavy flow and I was told that it is normal because not everyone has the same amount of blood excreted”. She further adds, “I only speak about menstruation when I have queries and I sometimes ask my mom but I prefer speaking to do [sic] my doctor as he has more knowledge”. Interestingly to note that the male doctor has more knowledge on menstruation despite not experiencing it himself. In most of the cases that girls referred to the need to speak to a doctor, their concerns were that of needing more clarity around menstruation as opposed to concerns needing medical intervention. This suggests that more education and open communication is needed to allay girls’ fears and concerns about menstruation before turning to healthcare professionals.

Hygiene crisis discourse

The explanations that girls receive and how they understand menstruation is one of a hygiene crisis. For participant 16, “my mom told me to ensure I’m always clean when menstruating. She also explained the biological aspect of menstruating”. For participant 33, “She tells me about the hygenics [sic] of menstruation and what I have to do to keep clean during this time”. For participant 29 menstruation “cleans the womb for the baby”. Many researchers argue that girls lack basic knowledge of menstruation and the biological processes and organs involved (Diorio & Munro, 2000; Kirk & Sommer, 2006). However, many girls’ understandings of menstruation are framed by a discourse that reveals menstruation as dirty, and a hygiene crisis that needs to be managed (De Beauvoir, 1989; Kelland et al., 2017; Young, 2006):

<i>Participant</i>	<i>Quote</i>
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21	“They told me that when on periods your body has an odd odour so I must make sure that I take a bath everyday [sic] and change my pad every 4 hours. They also told me that my body will experience changes”. In response to this information “I watch YouTube channels that just cover what can help with smells when on periods”
24	“My friend told me to be always clean because menstruation is sensitive a person can have a bad smell”
2	I believe it’s good to let go of dirty and unhealthy blood a [sic] month”. Upon menarche, participant 2 was told “that I need to be extra hyginic” [sic]
12	was told “to remain clean in terms of hygiene and consume less dairy as it increases the flow”
19	“They told me to always be clean and wash regularly to prevent smelling and that I should change my pad 3 times – 4 times a day”
18	“I am growing and I need to start treating myself like a lady in terms of hygiene”

Participant 24 was also told “you have to stop eating milk to have a light flow”. Food restrictions or advice are fairly common with participant 35 sharing, “That it’s normal and I have to keep myself clean. Eat certain foods to avoid heavy flow and how to manage period pains”. For participant 22, menstruation is positive as it “cleans out toxins in my body clots”. She also shares that during menstruation one “can’t have sexual intercourse (because they are not comfortable) even though the [sic] can”. The benefits of menstruating for participant 24 is that it is “cleaning your body inside”. Therefore, for many individuals, menstruation is a process that cleans one’s body internally but in doing so it dirties the external body and produces this unhygienic condition that needs to be managed and hidden.

Heteronormative and Reproduction discourse

Many participants shared that menstruating indicated that one had the potential to fall pregnant or was confirmation that one was not pregnant. For participant 15, she does not view menstruation as a negative event “because its [sic] your body telling you [sic] are not pregnant (in most cases)”. Thus, menstruation is a clear sign of one’s reproduction potential. There were some variations on this theme. Participant 1 shared, “I don't think it a privilege to be reminded that you're not pregnant. Also, I think it’s unnecessary for gay people”. Here participant 1 hints at an underlying meaning that being pregnant is a positive event and therefore being reminded

that you are not pregnant is a negative or shameful position. She goes on to suggest that menstruation which has the potential for pregnancy is unnecessary for gay or lesbian women as two women are not able to conceive. This is a very clear example of heteronormative discourse. This participant, who identifies as gay (as identified through her sharing on her survey) has come to believe the notion that a man and a woman has a child, despite herself having two moms. It evidently highlights how dominant discourses become so entrenched that it is even very difficult for individuals who live in a manner that is contradictory to these dominant discourses to still believe them.

Menstruation is referenced as a sign of reproduction potential. The discourses used around reproduction stem both from biomedical discourse as well as patriarchal and religious discourse. Reproduction is viewed as a positive aspect of menstruation and femininity but only under the correct conditions. Participant 20 shares that “it’s a gift from God so we should embrace it”. For participant 8, upon reaching menarche she was told that “I can be pregnant”. Menstruation as failure to conceive can be viewed positively if one is not married and is a school girl, from a patriarchal, biomedical and religious discourse. For participant 13 the benefit to menstruating is that it “tells you that you aren’t pregnant”. Reiterated by participant 24, “They are happy they are not pregnant”. Girls shared that they experience concern if their cycle is late, as this could mean that they are pregnant and this is problematic given their context. Participant 26 shares, “Now that I’m menstruating, I feel relieved when I have my period because it lets me know that my cycle is still normal. Sometimes I panic slightly when it comes late even though there is such a thing as having a late period and it’s normal. I just get worried sometime [sic]”. Upon reaching menarche, participant 12 was told that “I have reached a stage in my life where I am becoming a grown women [sic]. This is the time that is dangerous as it is now very possible for me to become pregnant if I do participate in sexual activity. I was told to look after myself”. This discourse places the burden of responsibility on the girl. For participant 17, “My mom then told me about boys, sex and pregnancy... Because she is my mother, and at the time I was very young (9). I wish I was treated [sic] a child. Simply because all she would talk about is boys and sex of which I already knew”. Participant 34 was told the following: “My mom told me how to take care of myself. How to change the pad and also how to take care of my body. If I ever engaged in any sexual activities it would lead to pregnancy”. Reproduction in these discourses is also viewed as positive, as women are viewed as child-bearers, and as wombs. In fact, many shared that the ability to reproduce and grow a child is a blessing, and for most the only real positive aspect of menstruation; for participant 19 the

benefit of menstruation is the ability to reproduce, “because I want to be a mother and have babies”.

Taboo or discourse of shame

There was a strong discourse illustrating the need to conceal that one is menstruating. For participant 2, “I spend most of my time with my brother and cousin brother so it would be nice for me to ask for pads from them...I thought it was wrong of me to do so”. This intense need to conceal menstruation, particularly from males will be discussed in stage 5 under practice in relation to limitations on what can be said and done.

Feminist discourse

Many participants revealed that menstruation is ‘nothing to be embarrassed about’. Many girls suggested that menstruation was a sign that their body was functioning healthily. Participant 8 states, “not necessarily privileged but I don’t think it’s a bad thing because it is who we are. It shows that we are women that bleed every month and we are still alive and healthy”. For participant 7, “Menstruation doesn’t change your character or physical abilities”. Others went further to highlight the power in women and menstruation:

<i>Participant</i>	<i>Quote</i>
12	“it makes them strong. They can handle the situation which proves their strength”
6	“it’s empowering and natural”
4	“It’s sore. The fact that we survive it every month makes us strong”
32	Some girls are able to withstand all the pain that they experience. Others think it’s the pain that makes them strong. Females and males should be equal. Males should just be more considerate”
27	“If girls are able to shed blood every month for 7 – 10 days and still be alive does not make them weak”

Participant 2 feels that “it is a privilege to feel like a woman and to see that you are a woman and be proud”. For participant 20, “I use the word ‘MENSTRUATION’ as I see no need to come up with nicknames because girls need to be confident enough to speak about menstruation”. She further feels that women are privileged to experience menstruation because “We get to experience the inner workings of a woman and how our body works and it teaches us to be confident with ourselves”. However, having said this she also shares that she has felt

uncomfortable telling someone she is menstruating because “it’s sometimes dependent on who you tell and not everyone is of [sic] understanding with menstruation”. This highlights the ambivalence that girls experience in relation to menstruation, while on the one hand believing it is a natural process, on the other hand they feel ashamed of this bodily process that must be controlled and concealed. She also shares that “We (girls) are capable of doing anything”. And for participant 26, “It’s my body and my experience”.

Community of suffering

A discourse of menstruation as a community of sufferers comes through with participant 2 sharing that menstruation, “actually makes them (girls) strong, feel the pain that their mothers have felt”. Hereby suggesting that women all experience this ‘suffering’ and can commiserate. There is also quite a lot of support that girls share with one another, as well as girls indicating that teachers are supportive as they understand menstruation. Participant 1 shares, “We all help each other [sic] because we understand the situation”. Participant 8 shares that other girls and teachers are sympathetic to girls who leak while menstruating at school, “they tell them that they are leaking and if they have extra pads they provide”. For participant 16, girls and teachers are “very helpful and supportive and always willing to share”. Participant 23 adds, “they offer them support and sanitary pads”. Participant 12 says that “some girls would tell the girl who is experiencing the leak but others would just keep quiet”. Participant 3 on whether she has ever teased someone about menstruation states, “That’s rude and unfair and disrespectful towards their womanhood. I could never do that to someone”. Again, there can be some level of minimising the possible actions of an individual as it might be difficult to acknowledge that one themselves could be part of the problem. Despite this she says other girls and teachers are not sympathetic to girls who leak at school, “I have never experienced this before”.

Suggestions of concern and care do appear among most participants. In response to whether girls and teachers are supportive if someone leaks at school, she shares, “I’m not sure but I’d love to believe that they are”. Participant 6 also shared that “I wouldn’t want to ever be mean to someone”. Participant 7 shares, “I’ve never seen somebody leak at school”. It appears that the fear of leaking versus the reality of how often an individual leaks are not proportionate. However, given the stigma and shame and need to conceal the distress around this possibility happening to an individual is very real. Participant 29 says, “I am surrounded by females most of the time, and they have a similar problem...I get to meet people who are in the same situation

and that makes our conversation similar”. Participant 32 shares that girls and teachers are sympathetic as “they understand that these pains aren’t [sic] easy to deal with”. However, many girls did share their experiences of leaking and needing to go home or having to refrain from participating in activities and this is discussed under stage 5.

Normalising discourse

The girls use normalising discourse in referring to how they feel about menstruation. For participant 35 this was reiterated a number of times, “no, cause [sic] it’s a normal thing and it’s very hard to give it a nickname” and “no cause [sic] it’s nothing special, it’s something we go through”. However, when asked what would make menstruation a positive experience, her answer was “having people know about it so they can be comfortable and fine with someone menstruating”. Therefore, for participant 35, she embraces a normalising discourse with regard to menstruation. It is however, clear, that this discourse of menstruation being a normal and natural process is not a widely embraced discourse outside of women themselves. This discourse is widely accepted by the participants in this study, girls who menstruate. However, while all the girls articulated that menstruation was a normal process, they all also were trapped in other socially pervasive discourse and practices that reiterated the need to conceal menstruation. The ambivalence or contradictory beliefs and experiences that the girls live daily perpetuate the problematic responses and ways of being. This cognitive dissonance creates mental discomfort in individuals and can cause distress. Further clarity would be required on whether this approach of stating that menstruation is normal while behaving in contradictory ways is embraced by the girls as a means to make themselves feel more comfortable with menstruation or whether this is a genuine feeling.

Stage 3 – Action Orientation

The third step is to look at what gains are made by using these constructions, in essence what Grade 11 girls gain by phrasing or referring to the object, menstruation or themselves as people who menstruate, in this way. It also requires examining the construction of the object in a particular piece of discourse, in a particular context, and how it relates to that which has been shared in the surrounding text. Willig (2000) points out that the manner in which individuals express matters surrounding health and illness are not subjective but are created from “culturally available explanations” (Willig, 2000, p.548). It is to be expected then that the same speaker can express contradictory ideas and draw on different experiences from their social contexts. For example, girls might indicate in one instance that they do not want to talk about

menstruation to anybody. This is because it can be uncomfortable for them to talk about a topic that is constructed socially as taboo. However, at a later moment, girls might reflect that they would like menstruation to be spoken about more openly in order to create a better experience for all girls. In the former scenario, by not talking about menstruation it creates a comfort or sense of conformity for the girls. In the latter, the girls realise the need for more open engagement in order to improve the way in which society views menstruation. Stage 3 then is an active reading of the discursive contexts to understand the relationships and the gains and losses that are achieved by deploying the object in certain ways. This is reflected in the cognitive dissonance expressed by the girls in their normalising discourse.

Despite the girls being quite adamant that menstruation is natural and normal through the use of normalising discourse, their positioning, within the dominant discourses, does not allow them much space and power to follow through on their belief. For participant 34, a way to make menstruation a positive event would be “by making it known that it is okay to undergo menstruation and it is also okay to talk about it because it doesn't do anything, nor does it determine your strengths nor your weaknesses”. In her words there is an implied meaning that there is a discursive construction around the object menstruation, such that those who experience menstruation are weak. Essentially this girl is asking for equity such that she can fully live out her life as an equal to people who do not menstruate. She wants to gain equality by ensuring that menstruators are not prejudiced.

Ambivalence

<i>Indicators of ambivalence (girls offered differing views of menstruation throughout the survey)</i>		
Menstruation as positive	9/35	26%
Menstruation as negative	24/35	69%
Menstruation is a neutral experience	22/35	63%
Menstruation is a privilege	14/35	40%

Nine girls indicated that their menstrual cycle is a positive event. Twenty-four girls indicated that their menstrual cycle is a negative event. Despite the majority indicating that it is a negative event, 14 girls said that women are privileged to experience menstruation and that they had benefited from being able to say that they are menstruating. Despite this, 17 girls shared that they had felt uncomfortable telling someone that they are menstruating. Seven girls indicated that they had made others uncomfortable by sharing that they are menstruating with them. These responses highlight the cognitive dissonance that the girls may experience. While they

realise that sharing that they are menstruating might benefit them in some way, it also creates discomfort to them as it has been engrained in them, often by their mothers, and society that they need to keep it private.

Twenty-three girls indicated that the girls and teachers are sympathetic, and supportive to girls who leak at school. Twenty-two girls suggested that menstruation is a neutral experience. This number perhaps best illustrates the ambivalence that girls feel towards menstruating. Two girls shared that they had teased another girl in relation to menstruation. Participant 22 shared “jokes, happens all the time”. It is likely that this number would be under-reported as acknowledging that one teased another is acknowledging that one is problematic and contributed to another’s distress. Four girls shared that they had been teased. The details around the incidents were not shared and therefore it is not possible to understand the events in greater detail. However, given that one would expect the all-girls’ environment to be supportive and filled with understanding it gives a clear indication that the power in the dominant discourse in society infiltrate the school setting.

Power in menstruation

The ambivalence of menstruation for girls also means that there are instances in which menstruation is viewed positively and as an empowering experience. Ten girls indicated that menstruation could be a positive experience for all women. These girls acknowledge the benefits to menstruation such as the possibility of having a child of their own. They do also acknowledge the need for women to have access to a number of other factors before this can happen, for example access to sanitary products, pain killers, and a greater understanding of menstruation by the broader society. Three girls indicated that menstruation is a negative experience for all women. One girl indicated that menstruation gives girls power over boys. One girl indicated that menstruating makes girls weak as it “makes their mood change” (participant 33). Fourteen girls indicated that they have had an experience where they were not able to do something they wanted to due to menstruation. Fourteen girls indicated that they struggle to manage their menstrual cycle while at school. Being prepared as to when one’s menstrual cycle is due allows girls to manage their cycle better. Ten girls indicated that they track their menstrual cycle for this purpose.

Stage 4 – Positionings

The fourth step is to examine subject positionings. Discourses position subjects and if these positions are taken up it frames one's subjectivity and experiences. Willig (2000) gives the example from biomedical discourse in which a person with ill-health takes up the subject position of 'patient'. They are then a passive subject in a biomedical model of the expert (doctor) and patient relationship. The patient who accepts this subject position then accepts what the doctor says and does to them. Discourses are also closely connected with how social life is organised and are linked to how power operates not only between individuals but also at an institutional level. Thus the patient is bound up in the institutional structure and its cultural practices. For example, once a patient is admitted to hospital, into the care of the doctor, they are then subjected to medical practices until being discharged by the doctor.

In this study the subject (the grade 11 menstruating girls) are positioned by others. Girls are positioned as child when talking to parents. In a school setting girls are positioned as learners. Girls are also positioned as a fellow girl who also menstruates by their peers. Female teachers are also positioned as fellow menstruators by girls while at the same time being an authority figure. There are cultural rules of respect and authority that govern the relationship between a child and parent, and learner and teacher in the very many different cultures in South Africa. These are all hierarchical in nature with the only difference being the degree of power imbalance shifting slightly between more liberal families and school settings versus conservative settings. When talking to peers the relationship is more on an equal footing, not dismissing the class, racial and gendered differences. Some girls feel that menstruation positions them as a woman. For some this identity as a woman is a privilege and an experience to be proud of. The position of a woman also attributes some power to the girl.

However, despite menstruation equating these girls as women, pregnancy while in school is still widely discouraged. An understanding of one's menstrual cycle can assist women with determining their peak fertility times, "when they are at the best able to become pregnant in their cycle apparently" (participant 3). The use of the hedging term, "apparently" is noteworthy. This could suggest that the girl is not herself certain whether one is really able to track her peak fertility period, possibly due to a lack of a biological understanding of menstruation, alternatively, it could be used as a way to not indicate that she herself does this for possible fear of judgement, likely around the notion that she could possibly be sexually active. This idea of positioning a girl as being responsible for knowing when she is fertile and thus able to determine her fertility potential can have opposing effects: one of a feminist approach towards being

empowered with regard to one’s body, however, it also positions the girl as responsible for any unwanted pregnancies. Many of the girls carry the understanding that menstruation and being a woman means motherhood “it means we can carry children” shared participant 4, and participant 34 says, “This is because we know that at a *later stage* [italics added] you will be able to carry your own child, given that you are fertile”. Thus, the reproductive potential is internalised. This message is internalised as well as placed onto others, participant 27, “This means they are able to carry children *if they want to* [italics added]”. For participant 28 the positive of menstruation is “to be able to *one day* [italics added] have children of their own,” however, she shares, “I am not ready to have a child yet”. While participant 28 explicitly states that she is not ready to have a child there are implicit meanings in the phrasings by other participants in them appreciating that menstruation is the process linked with childbearing, while acknowledging that they are not yet ready.

The moody woman or rather the woman in distress

Girls are positioned as moody or grumpy by others, brothers, fathers, friends, “They say I’m acting a certain way because of my period” (participant 4). This might be accurate as some girls do describe feeling irritable during their monthly menstrual cycle but it could also be used as an excuse as patriarchal discourse to force girls into submission and encourage behaviour that is viewed as more feminine. Participant 3 shares, “It can be painful and an inconvenience. Sometimes I have nothing to use or I get in ‘mood swings’ and then I get told or asked ‘why’ or ‘what’s wrong with you?’ etc.”. She further adds, ‘Well if I’m in a ‘mood’ I can say this is why. But it’s also uncomfortable to have to explain myself. ‘Why should I have to explain myself. Leave me alone’”. A shift in mood was described by most participants as being unpleasant for their own sake but which is exacerbated by the responses of others:

<i>Participant</i>	<i>Quote</i>
4	“If a boy asks why I’m moody and I say I’m on my period they get strange”
29	“It’s because it comes with responsibilities and since the other gender doesn’t experience it, this makes the females to be [sic] uncomfortable when they are with another gender”
14	“I get all moody and cranky. Its life my life changes for a bit”

17	“I hate it, I feel bloated and moody for about a week as they take 7 - 10 days”
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However, for participant 10, she herself does not enjoy her shift in mood, “Being on my period makes me annoyed most of the time which I do not enjoy. It is also worrying that I could bleed through a pad and be embarrassed”. There is a suggestion here that despite the fluctuating hormones, one’s own anxiety and distress at trying to conceal the fact that she is menstruating heightens this fluctuating mood. For participant 13, the disadvantage to menstruation is that you “have to carry stuff around privately”. For participant 28, “I am always in pain, because of period pains and I worry a lot not to get dirty”. She further adds that she does not partake in social activities while menstruating because (I) “don’t want to be with people while I am stinking”. For her, her monthly menstrual cycle “comes with a lot of pain and emotional drainage [sic]”. For participant 29, she says women “have to carry a burden of making sure their menstruation does not smell or mess their clothes”. The fear of being revealed to be menstruating by one’s smell was a wide concern. Participant 33 shares, “I might feel disgusting to be around others, being constantly cautious of the way I smell and other girls noticing something is off”. The many factors that girls have to consider while menstruating to ensure that they are not found out to be menstruating adds a significant mental load on them, one that can cause distress and a shift in mood.

The school girl/learner

The movement of girls in school is restricted as per institutional rules and hierarchical structures that dictate only educators can grant permission for movement during class time. Girls are not always allowed to go to the bathroom as they are the learner who has to adhere to the regulations and authority in the classroom. This undermines their need to manage their menstrual cycle and can add to the distress and anxiety and fear around leaking which is a very real fear. Participant 26 shares, “It limits me in lots of ways because sometimes it stops me from doing normal day-to-day things like really relaxing. I’m always alert because I don’t want it to stain or it’ll be because I’m in pain”. Participant 6 says, “Some teachers get mad when you need to use the bathroom during lessons”. Participant 15 shares, “sometimes you leak/or you have to change and asking for permission to deal with something so uncomfortable is annoying”. Despite many girls acknowledging that they are not always allowed to go to the bathroom, only one girl indicated that she has experienced someone else having control over her body and how she manages her menstrual cycle. Girls have embraced the societal norm of

those in authority (teachers, parents) having control over their movement. One girl indicated another person has control over her body in terms of the products she uses. Her mother purchases her sanitary pads and she does not challenge it as it is her mother’s money. Interestingly, despite the majority of girls being dependent on their mothers to purchase their MHM products, only one views this as the removal of her control to manage and contain her bodily functioning and fluids in the manner in which she chooses.

Environmental concerns

Girls don’t always have the choice in terms of products that they can use to manage their menstrual cycles. Participant 6 shares her concerns, “the amount of waste we cause, the pain before, during and after as well as the prices and costs that follows – environmental degradation”. This girl positions people who menstruate as responsible for environmental degradation. She was the only one to highlight this matter but clearly feels responsible for environmental damage. Again this puts enormous responsibility on girls who do not have much control over their MHM due to a lack of access (ability to choose or purchase their choice of products) or availability of knowledge and support. The use of a menstrual cup would relieve this individual’s concern of damaging the environment. However, without being educated about possibilities and being supported that these products are safe, it will remain a burden on the girl.

Female inferiority

The position of girls and women in a patriarchal discourse is that of inferior, weak, in need of male protection. In a patriarchal discourse one could assume it is merely a fact that women are inferior to men, for participant 20, “regardless of us menstruating it's a thing in society that boys will always have power over us”. This was a common trend:

<i>Participant</i>	<i>Quote</i>
27	“Boys will always feel superior to girls no matter the circumstance”
1	“Girls will always be at a disadvantage to boys”
35	“Some get very emotional and whatever a guy says hurts them, giving the power to the guy”

If it is not menstruation that places women as inferior to men in society, then what is it, and who has created this hierarchy. Is it a comfort for girls to believe that it is not menstruation that creates this inferiority but rather a simple fact of life. However, if this is simply true, then why

do women and girls go to such extremes to conceal this bodily function? Participant 6 went on to share her views around how men and women are viewed in society, “because the male gender tends to minimise women anyway”. Here she has resigned herself, in the position of a female, to female inferiority.

For participant 7 though, the inferiority is felt but there was a sense that this can be challenged and resisted in order to normalise the experience of menstruation, “Nothing can make menstruation a great experience but we can try and get rid of the stigma and shame attached to it. Women should be able to speak about menstruation without making others uncomfortable”. The theme of stigma creating female inferiority was common:

<i>Participant</i>	<i>Quote</i>
34	“It’s the things that come with it. There is also a stigma attached with menstruating that often makes females can’t talk about it [sic]. It is also a negative experience for some as most don’t have supplies for when they are menstruating”
3	“It is stressful, painful, hard to hide from men in my household. Changes my body (physical appearance and how I feel). I have bad acne in general but it’s getting better. When I menstruate, it gets worse again and my parents and brother say ‘Oh, you see. It’s from all the sweets you were eating’ etc.”

Pain was another theme that recurred throughout, for participant 8, menstruation is negative because of “the severe pains. Some people may also feel judged because of their menstruation which makes them feel uncomfortable and makes the experience negative”. However, for participant 22, there is strength in enduring menstruation, she shares that it “actually makes us strong, cramps are very painful, they don't understand”. For this individual, there is a clear sense of othering and difference. Menstruation for this individual makes women strong and shows one’s power and resilience. Participant 27 elaborates further, “If girls are able to shed blood every month for 7-10 days and still be alive does not make them weak”. Each girl has internalised a different meaning and understanding for herself, “some girls are able to withstand all the pain that they experience. Others think it’s the pain that makes them strong” (participant 32). These stories that girls tell themselves and meanings they make of the pain, i.e. it makes

me strong, could be an attempt at resisting their position of inferiority, and giving themselves a new meaning or position, one of strength.

Womanhood

While menstruation is predominantly an ambivalent experience for many, the part that makes menstruation a positive experience is in part from the experience positioning a girl as a woman. Participant 10 shared the following, “It is simply a bodily function and I do not view it as positive or negative. I think that some people think of it as a symbol of womanhood”. For participant 26, upon reaching menarche, her parents “told me that now that I had started my periods, It now meant that I was a big girl and that I had the new responsibility of taking care of myself as they wouldn’t always be there for me”. While for others, this precise experience of being a woman (that of menstruating) is the precise experience that makes it unpleasant to be a woman. For participant 14, the only positive about menstruation is, “if someone is not a female, because they don't experience it”. Again there were many variations on the feelings among girls on being positioned as a woman:

<i>Participant</i>	<i>Quote</i>
2	“It is a privilege to feel like a woman and to see that you are a woman and to be proud”
3	“If boys are like ‘why’ this or that and feel like I owe them an explanation. Or family members, it can be a pain. As if they (female elders) didn’t experience this when they were younger”
32	“Not all women enjoy the process. Some think its [sic] holding them back while others feel it’s a journey of womanhood”

While for some it is viewed as a symbol of maturity and responsibility as one’s parents will not always be around, while for others womanhood (menstruation) prevents them from achieving all of their goals. This ambivalence again is reflective of a society in which women need to conceal menstruation in order to perform at the standard of men and achieve while at the same time embrace the opportunity that menstruation provides for child rearing.

Individualised experiences

Although menstruation is viewed as a biological phenomenon that most women experience, each woman’s experience can be vastly different depending on her circumstances and situation. For participant 33, in referring to women and menstruation, “Women don't have the same backgrounds so it could be different”. There was a common view that each girl will experience menstruation differently:

<i>Participant</i>	<i>Quote</i>
11	“Not all women are experiencing the same circumstances so not all women can deal with menstruation appropriately”
16	“women don't have the same views”

Individuals acknowledge that the management of one’s menstrual cycle will differ in relation to many factors including access to products and pain killers among other factors. There are many contributors to creating a space that is uncomfortable for a person to manage menstruation. By positioning each girl as an individual, girls ensure that they do not remove each girl’s individuality and voice to share their own feelings and experiences. This is important as menstruation is often viewed as a process that can be managed simply by providing girls with sanitary products. Here girls are clearly highlighting the fact that each experience is different and therefore each girl’s needs will also differ and need to be accommodated for. For participant 18, “I expect people to know that all women go through menstruation at some point and its [sic] normal so I don't see why I should feel uncomfortable by something that's completely normal”. For this girl, there is a resistance to assume a position of ‘other’ or ‘difference’ that creates discomfort in others. Here she states explicitly that the expectation and responsibility to know about and understand menstruation resides with each individual and therefore the duties and rights around menstruation do not solely belong to the people who menstruate.

Stage 5 Practice

The fifth step looks at practice, and how discourses limit what can be said and done by different individuals. This step explores what opportunities are available for individuals to take action, and what limitations exist in terms of what can be said and done. In this stage, particularly given my research questions in relation to discipline, control and resistance, the focus is to examine where any imbalances of power might exist and how these create or block opportunities for individual action. Given that the study site is an all-girls’ school, the analysis also ensures a close reading to acknowledge any difference that this fact might have on opportunities for defying or resisting societal norms that might persist in more patriarchal spaces.

Limits to who girls can speak to

Many participants feel that menstruation is a topic that needs to be opened up and spoken about more frequently as it is currently taboo. Participant 2 shares, “Need to open opportunities to talk about menstruation and feel comfortable”. For participant 3, menstruation should not be a

differentiator or distinguisher, “you shouldn't use it to your advantage. We are equal and both have things we go through”. For participant 15, the experience of menstruation is a helpless situation, “it happens and there is nothing we can do to stop it”. The current situation for girls seems to be quite helpless, and that there needs to be a change in terms of how society views menstruation in order for girls to be able to access opportunities equally. Many girls feel uncomfortable talking about menstruation. For participant 28, she would have liked to approach her mom, “It feels awkward to talk to my mom about such”. She also shares that she would have liked to approach health services as she wants “to know more about it,” but “the people are mean and sometimes rude”. For participant 28, even talking to her mom in a family setting, on a micro-level of power, she is inferior and unable to breach this hierarchy. It is understandable then that she is even less able to approach those in a different societal position of power, medical experts, regarding her concerns.

The subject position of being a girl and menstruating in a patriarchal society sets up difference. For participant 3, speaking about menstruation can be uncomfortable, “If I'm not comfortable with a person who is asking”. From her earlier sharing that she talks to her mom and (girl) friends, this would suggest that speaking to anyone outside of these subject positions can be very uncomfortable. This is particularly so when talking to boys or men:

<i>Participant</i>	<i>Quote</i>
18	“A lot of males (boys) get uncomfortable when such conversations take place and its [sic] mainly because of the stigma around menstruation”
24	“Boys actually make fun of girls when they are menstruating”
33	“Boys don't care about it but belittle us when they see us suffer”

While for participant 22, “because it is normal now and I feel as if people should understand by now (age group)”. Participant 26 shares, “Some people find it like it's a wierd [sic] thing when I find nothing wrong with it. But I guess that's them being immature. The way they say it makes me uncomfortable. Eg. Some boys my age... some guys my age thought it was a joke and each time we come across the word they'd laugh as if it was funny but I never got the punch line”. These girls feel that speaking about menstruation to certain individuals, particularly males is uncomfortable. There is an inherent taboo, passed down to girls to not speak about menstruation to non-menstruators, in this specific patriarchal South African context, men. However, they also seem to hold thoughts that at a certain age, with a level of

maturity, individuals should be able to move past this discomfort. There is an implied suggestion that it is from the male side that this does not happen despite their age.

Participant 6 does not feel embarrassed sharing that she is menstruating, “no because it is natural and if they are immature it's not my fault”. However, despite this assertion that menstruation is natural and normal and nothing to be embarrassed about nor necessitates a need to act differently, she also indicates that she refers to menstruation by many humorous euphemisms. Although she suggests that the euphemisms, such as “devil’s blood” are done to create humour, humour is often used to talk about topics that are taboo (Kissling, 1996). Participant 16 is quite adamant that “it's a natural process so there is absolutely no need to feel embarrassed or uncomfortable”. For participant 7, there are a number of subject positions contained in being a menstruating girl and although she shares that there are no positive aspects, she shares her frustrations at there being negative connotations. She shares, “Dololo⁷. There aren't any besides the fact that I'm not pregnant. I don't see why you should feel uncomfortable about talking about something that is common and beyond your control”. For this individual, a period means that she is not pregnant and this is positive as she is a girl in school and being pregnant would come with a lot of societal judgement. This theme is persistent, with participant 8, articulating that menstruation is good in terms of knowing that one could fall pregnant but that as a teenager, a monthly menstrual cycle indicates that one is not a teenager that is pregnant, “knowing that your body is functioning well, and you're not pregnant, teenager”. She specifically highlights ‘pregnant, teenager’. The reproductive potential is good but not as a teenager. For participant 23, the positive aspect of menstruation is “because it is one of the processes of being able to carry babies”.

The arrival of her menstrual cycle each month is reassurance for participant 7 that she is not pregnant. Despite this she also expresses frustration at the reality that many girls feel uncomfortable talking about an involuntary biological phenomenon. For participant 35, tracking her menstrual cycle also allows her to seek assistance if necessary, “It's to know if you missed your cycle and ask about it if it's too late”. Similarly, participant 8 also feels that talking about menstruation with someone that you do not have a close relationship with is unpleasant, “Telling someone that I don't have a strong relationship with can be uncomfortable”. A clear indication that the acceptable practice around talking about menstruation can only be with

⁷ ‘Dololo’ is a South African term for nothing.

people you are close to. For participant 11, “my brother feels uncomfortable/awkward when I tell him that I am menstruating”. She also shares that, “sometimes having to tell my dad that I am menstruating or explain to my teacher why I am not participating can be uncomfortable”. This is also true for participant 34, “I sometimes get uncomfortable when speaking to my dad about it as well as teachers here at school”. However, in a patriarchal discourse, it is clear that while a father or male figure might be close to a girl, menstruation is not a topic that should be discussed with boys or men:

<i>Participant</i>	<i>Quote</i>
23	“there are certain topics you can’t discuss with men – I’ve been taught”
29	told by her mother that “if I skip a month something might be wrong and I should hide it from males”

For participant 14, she would like to be able to approach her father, “because at times my mother is not always there; so when I ran out of pads I have to call her”. She feels that she cannot approach her father “because he doesn’t share the same thing; I don’t think he would understand”. Participant 25 would also have liked to be able to approach her father “but because he’s male and it would have been awkward” she did not. For participant 16 however, “People around me understand the concept of menstruation so there’s no discomfort in talking about menstruation. And this applies to males too”. However, participant 7 had a different experience, “My dad told me this is a sign of me growing up to become a woman. He then took me to Spar to buy all kinds of pads”. To make menstruation a positive experience, participant 2, feels that girls need to be made to “feel comfortable enough to talk about it and gain advice”. This is shared by participant 10 who suggests a need for “more education, for both men and women”. Despite participant 8 suggesting that she only talks to “close people” she suggests that “they should be encouraged to talk about their cycles and be proud as they are strong”. Participant 12 suggested that she made someone uncomfortable by telling them that she was menstruating, “when I explained to a male teacher why I wanted to use the bathroom”. This is similar to the Crankshaw et al. (2020) study suggesting that male teachers are uncomfortable talking to girls about menstruation. Further, participant 12 feels that “sanitary towels should be given out like condoms”. Although in recent years government has handed out female condoms, male condoms are still the most widely and freely available condoms in South Africa.

Participant 10 states, “Although I do not enjoy menstruation, I view it as normal so I feel fairly neutral about it”. While this participant says she feels neutral about menstruation, this is not

what she reveals about being embarrassed should she bleed through or leak on her clothing, making menstruation visible. She reveals that, “people who this happens to are sometimes teased”. Therefore, while a girl might feel that menstruation is normal and natural, the fact that the other might tease the subject, creates this fear and embarrassment and shame that might arise should this bodily process become visible. For some girls, such as participant 18, menstruating not only impacts their daily activities but restricts her behaviour while sleeping, “I hate having to always go to the bathroom to change my pad and clean myself up. Sometimes I wake up and the blood has gone over so in order for that not to happen I have to sleep on my back the whole night”.

Participant 9 shares, “Sometimes boys are curious to know what's bothering you when you're uncomfortable so instead of making the conversation weird I find phrases”. Here there is a clear responsibility on the girl to not make the conversation ‘weird’ and so she avoids referring to menstruation directly. This is a similar experience for participant 21, “If it's male I say "it's that time of the month" because it is awkward to say the actual word”. However, if menstruation is a biological phenomenon then it begs the question as to why the boy will feel uncomfortable hearing the word menstruation. For participant 11, she also shares, “my brother feels uncomfortable/awkward when I tell him that I am menstruating”. Participant 10 states, “most men are very awkward about periods and it feels uncomfortable to mention it to them”.

For participant 34 stigma is explicit in menstruation, “It's the things that come with it. There is also a stigma attached with menstruation that often means females can't talk about it. It is also a negative experience for some as most don't have supplies for when they are menstruating”.

No girls in this study reported that they use informing boys or others who will be uncomfortable hearing that they are menstruating as a means to purposefully create discomfort in the other as a mechanism of gaining control or power over the other. The shame and discomfort that the girls experience prevents them from using this as a mechanism to create anguish in the other. This discomfort that comes from referring to menstruation, can be utilised in a girl's personal interests as a form of resistance. Participant 9, shares, “they get to dodge doing things”. Here the participant insinuates that menstruation provides opportunity for resistance, an opportunity to use menstruation as an excuse to not participate in an activity, whether the reason is valid or not. Participant 20 shares, “If I don't feel like participating in something I use that as an excuse”. For participant 11, “Having the opportunity to not have to participate in some activities can be relaxing at times”.

A symptom of menstruation as reported by 34 girls in this study is pain and other physical symptoms that impact on a girl's functioning and comfort levels. For participant 10, in practice, "It makes me angry or annoyed which makes me a worse person. It is time consuming and it causes physical pain". For participant 1, "it is annoying and and [sic] inconvenience to me because it affects my plans and day to day activities". There are disadvantages that she experiences while menstruating, "You have to constantly go to the bathroom, you have to constantly be on alert in case you have an accident, you are in pain for some of the time". However, despite this constant need to check, participant 5 shares that you "aren't always allowed to go to the bathroom". Participant 30 says, "I constantly have to go to the bathroom to check if it is time to change the pad or not and I sometimes do not feel comfortable in class especially when sitting". Participant 31 adds, "It happens at the wrong time and the cramps that come with it are very painful. I constantly have to go to the bathroom".

Societal views that create stigmas around menstruation limit what girls can say and do both in private, home spaces, as well as in the school space, despite these girls attending an all-girls' school.

Limits products that one can use

For participant 1, when she started menstruating, her mother "told me about what products I can use and how to apply them". She further says that she uses pads, "because I am more comfortable with them". She shares that community clinics do distribute products but that she does not make use of these "because my parents provide me with what I need". Participant 3 shares that she does feel that somebody else has control over how she manages her menstrual cycle in terms of "what products I can use". However, when probed on whether she resists this control, she says, no because her mom provides products for her and "its [sic] her money, not mine". Again for participant 20, her mother also showed her how to use a pad at menarche but she says she uses pads because "they are comfortable and prevent you from messing on yourself". For participant 35, "My mom told me about it and they are comfortable and they are the ones used by many when menstruating". Girls accept the sanitary products given to them, for the most part without question. Given that sanitary products are not distributed freely, girls, who do not have access to their own income, have very little choice but to comply.

An expectation that men should be more supportive, but does the female support exist

Interestingly, given the extreme efforts girls go to conceal their menstruation, one would expect a supportive and kind community of sufferers. However, according to participant 4, “some are supportive but some girls make fun of others”. Four girls who participated in this study shared that they had been teased by other girls, whereas two girls who participated in this study, admitted to having teased other girls about menstruation. Participant 16, however, feels that there is a supportive community in the girls and teachers, saying that they are “very helpful and supportive and always willing to share”. The support is limited according to participant 31, “The teachers are supportive and sympathetic about menstruation at school but only in specific situations”. While for participant 33, “they understand that these pains aren't easy to deal with”. There seems to be a level of support by other females, given that they have first-hand experience of menstruation themselves. However, girls are also sometimes themselves responsible for creating discomfort and unease among their peers, despite expecting male practices to be more supportive and understanding.

Most participants shared that sanitary pads need to be freely available for all women in order to make menstruation more bearable. Participant 23 shares, “The availability of free quality sanitary products for all can make it a positive experience”. Participant 24 reiterates this, “Make menstruation products available to all women and educate everyone about it”. This was a widely held view:

<i>Participant</i>	<i>Quote</i>
33	“Given the right things to prevent inhygiene [sic] and pain women can enjoy their time with the right amount of the people educated”
25	“pads and painkillers should be free”
28	for menstruation to be positive for all women they need to “have medication to help with pains” and “give sanitary towels to everyone”
26	“I think if we created an environment where menstruation was as normal as puberty or frequently talked about then it would be ok and it wouldn't be so embarrassing for others”

Here is clear indication from girls that their practice is limited, in that they are not completely free to manage their menstrual cycles as they choose given a lack of access to sanitary products, painkillers, as well as wider education and open communication on the topic.

Limits activities one wants to participate in

Pain, the need to conceal menstruation, and access to the correct MHM products has significant effects and impacts on the ways in which girls behave and are able to participate. All participants indicated at least one way in which menstruation limited their participation. Participant 32 says, “As a sportswoman, cramps can have a huge effect on my ability to participate fully”. For participant 5, a lack of access to the correct products resulted in her not being able to partake in a social activity because she “forgot to bring tampons to the beach, couldn't swim”. Menstruating prevented many girls from swimming, as shared by participant 5. This was a recurring theme among participants. This was also a finding in the study by Macleod et al. (2020). Menstruation and its management cannot be simplified to merely offering girls sanitary products as there are many factors that contribute to limiting their practices:

<i>Participant</i>	<i>Quote</i>
30	“I couldn’t participate in the interhouse swimming gala because I was on my period”
17	“I couldn’t play netball as the pad was uncomfortable also I was scared it could fall”
29	she could not participate in sporting activities “when I didn’t expect it which leads to me messing on my clothes”
12	“not being able to sit like you normally would. Having to sleep in one position to avoid a mess. Having trouble running, jumping and being active”
5	“some women get very bad cramps, they can’t do regular activities or function properly until it is over”
11	“I struggle to participate in class if I’m experiencing pain (can’t concentrate). I can’t participate in movement activities as I experience pain. I struggle to have a good time when I’m experiencing pain while menstruating”
14	“because I had a headache and cramps I couldn’t focus so I placed my head on the desk and I slept”. “Because I can’t focus properly because of the pain and also the changing the pad part can be difficult at school”
29	she was prevented from staying at school, “It took me by surprise and I had no pads meaning I had to go home”

26	“because of my cramps, I am unable to give tasks my all”
25	“I get painful period pains that restrict me from doing some things I like... pads and painkillers should be free”
14	“Cramps are very painful; they make you want to just sit down; so I didn’t go to sport/gym. Because of cramps I didn’t go to an event I was invited to; I slept”
27	“They can't afford pads so they skip school or work. Some women can afford pads some cannot... (for) women who cannot afford pads, menstruation becomes a negative experience”
28	have to miss school, because of period pains not being able/being comfortable to change my pad whenever I want to do so”
10	“the physical and emotion [sic] symptoms, the embarrassment and not being able to do certain things. It even means that some people cannot go to school”
20	If I have intense cramps I can’t really do any active activities or I just go home”
21	“It is [sic] always feels like a drag and it’s sore and it restricts what you do and what you wear. It also makes me feel self-conscious”
25	“could not go to a school movie night because I was vomiting”
33	“When I have stomach cramps, they get severe and I would not be able to focus. I did not have enough sanitary towels to last me a long day as it came unexpected”
35	“having to wear specific clothing that won’t show you are menstruating”

The burden of concealing menstruation occurs on multiple levels including the sensory level, for participant 29, concealment includes, “They have to carry the burden of making sure their menstruation does not smell or mess their clothes”. And for participant 35, menstruating while at school is difficult “because you around people and you must contain a certain act”. These restrictions can be removed in some cases, for participant 22, “swimming, I did not know about tampons yet”. Once she was introduced to tampons this restriction on not being able to swim while menstruating was removed. Similarly, for participant 33, “Given the right things to

prevent inhygiene [sic] and pain women can enjoy their time with the right amount of the people educated”. Again highlighting that MHM can be made easier for girls through various practices but this currently is not happening.

Provides an excuse to avoid activities

On the other hand, menstruation can be used positively to avoid certain practices shares participant 11, “having the opportunity to not participate in some activities can be relaxing at times”. Participant 9 concurs, sharing that menstruation can be positive for some as “they get to dodge doing things”. For participant 14 this ability to be excused from school is also possible due to menstruation, “If you are really in pain; they allow you to go home”. Participant 26, agrees with these special allowances that are granted due to menstruation, “Teacher let us go to the bathroom during class. Get to skip sport after school”. Participant 27 reiterates the support that girls who leak or begin menstruating unexpectedly while at school are offered, “They help them get extra clothes and/or allow them to go home”. Other benefits include:

<i>Participant</i>	<i>Quote</i>
1	“I’ve been able to use it as an excuse to get out of sport or social activities”
4	“I can go home and eat food whenever I want”
23	she benefits as she is restricted “from doing household chores”

Being controlled

Only one participant, participant 3, referred to other’s having control over her with regard to menstruation in relation to her being dependent on her mother to purchase her sanitary pads. Participant 9 shares that “I’ve never had this experience”, of someone trying to control how she manages her menstrual cycle. This despite the fact that her mother purchases her sanitary pads and only showed her how to use pads. Participant 15 referred to the inconvenience and expense of menstruating, “sanitary items are expensive”. However, participant 15, referred to girls who are not able to participate in certain practices due to menstruation, “some women can’t participate in other things because of this. Like going to pray in this other religion”. Participant 4 spoke about limitations to being able to control one’s bodily functions, “Teachers don’t allow us to go to the bathroom sometimes which is hard if you [sic] realised you just started your period but can’t do anything”. However, despite this she shares that “No one has tried to take control of my period”. Girls’ responses suggest that the cultural order of things and ways in which mothers give pads and girls take them without question, institutions

(schools, religious etc.) prescribe ways of doing things and these all go unquestioned as they are culturally acceptable. There is a hint that possibly only when it is outside of one's own social and cultural way of being is it highlighted as potentially problematic, "in this other religion." There is a sense that this is not how it is practiced in my religion but this other religion has restrictions. Potentially, girls are only able to see the limitations that culture and society place on them if they are able to step outside of what has become an engrained practice of their lived reality.

Talking about menstruation

For participant 5, "Don't really mention it to anyone", "not something I like talking about", "I try and avoid the topic". Yet despite all her efforts and wishes, she also says that there needs to be change so that "it (menstruation) [sic] more accepted and talked about." Only one participant, participant 5, suggested that what makes menstruation positive for some is that they "get attention". There are clear restrictions on talking about menstruation which have also been covered above in limitations on who one can speak to.

Controlling one's cycle

Participant 10 tracks her menstrual cycle as "it allows me to be prepared for it". For participant 8, the use of contraceptive pills assist her with her pain management, "My menstrual cycle is constant because of the pills I use. I get severe cramps and if I don't drink my pill, it gets worse". For participant 15, tracking one's cycle helps in "avoiding mishaps". And for participant 34, "it allows me to be mentally prepared as to when to expect it". These methods empower girls to feel that they have control over their bodily functioning.

Stage 6 Subjectivity

The final step looks at the subjectivity of discourses and how this constructs how we view ourselves in the world. This step looks at the subject positions that girls take up for themselves and their subjective experience. It then examines what the consequences are for accepting this subjectivity.

For participant 1, who takes up the subject position as a gay menstruating girl, it is "not a nice experience to be reminded you are not pregnant as it is "unnecessary for gay people". By taking up the subject position of a gay girl she believes it is unnecessary to menstruate. Possibly she might think menstruation is unnecessary for anyone not wanting to have children. This highlights her thinking of gay people not conceiving children. She is herself a child of two women

and therefore adoption is, in her subjective world experience, an option of reproduction for individuals who are gay. However, there are other options including fertility treatments available to women wanting to conceive outside of a heterosexual relationship or a relationship in general. This is not the dominant narrative in a patriarchal heteronormative discourse and therefore seemingly outside of her subjective experience, despite her own lived reality.

For participant 21, in reference to menstruation, “its [sic] special and only women have it and because it prepares our bodies for positive things in the future”. She takes up the position that menstruation is a positive aspect of being a woman as it prepares for good things in the future, such as being able to have children. She also shares that during menstruation, “My boobs grow bigger and my hips get wider” which she views as a benefit to menstruating. The potential for having a baby was widely expressed as the positive, if not the only benefit of menstruation:

<i>Participant</i>	<i>Quote</i>
9	“You are able to birth a baby”
10	“It means that I can have children one day”
12	“It prepares us for child birth”
33	“It might be painful but the thought of it being able to bring another human being to life makes it better. I have not given birth yet but it is a thought to feel good about”

Other subject positionings (for example girls as learners and children, girls as inferior, girls as moody etc.) have also been discussed in the previous stages. The way in which one is positioned by others will and can influence how one positions and views oneself. This is why the girls struggle with cognitive dissonance. Despite for example being told that they are now a woman (upon menarche), this is not the way that they are positioned in a school setting whereby they are a learner and child. This impacts on what practices they can participate in and will therefore affect their subjective experience.

Conclusion

Willig’s (2013) six steps explore the power dynamics at play in the girls’ menstrual experiences and provide insight into the psychosocial aspects that affect the way in which girls view themselves in relation to menstruation, and others around them. Religious, cultural, biomedical, heteronormative, feminist and patriarchal discourses all influence the way in which girls come to position themselves, their ways of acting and being in the world, the consequences of them

taking up the subject positions that they choose to occupy, and the opportunities that these all have for them in practice, both in terms of opening up practices and closing them down. Despite having access to WASH facilities at school, private and hygienic facilities to manage menstruation while at school, and access to MHM products, mostly in the form of sanitary pads, girls still find themselves bound up in powerful societal constructs and discourses. This will be expanded on in the following discussion chapter.

Chapter 5: Discussion

In this semi-urban Eastern Cape, South African, fee-paying school setting, school absenteeism when it did occur in relation to menstruation was not due to MHM challenges in terms of lack of products nor adequate facilities, for the most part. Improved psychosocial factors need to be addressed to improve the menstruation experience for all girls and women. It was clear from the girls' responses that various dominant discourses are at work in their understanding of menstruation and the ways in which they manage their menstrual cycles in a school setting.

To answer the first part of my question of this study, that of what forms of discipline and control menstruating girls experience in a school setting with regard to containing their bodily functioning and fluids the following relevant themes emerged and will be discussed. Firstly girls experience cognitive dissonance while managing their menstrual health in that while they are taught that this is a natural process, they are also educated on societal views and discourses, including patriarchal discourses, heteronormative and reproductive discourses (influenced by religion and culture) and to some extent medicalised discourses.

The second part of the discussion will examine the themes that emerged in relation to any resistance or support, that girls in an all-girls' school experience, towards having their menstruating bodies disciplined and controlled, and what form this resistance and support take. There was some evidence to suggest that there is a community of suffering with some understanding and support. However, the discussion seems to come full circle back to the discourses that are pervasive in society and therefore, despite what appears to be some effort by girls to resist having their menstruating bodies controlled and disciplined (for example by the widespread understanding of concealing this bodily process) by stating that it is a normal process that one should not be embarrassed by, the girls still adhere to society's rules of not speaking about menstruation to men.

Cognitive dissonance – It's normal but it's not

Despite Willig (2000) arguing that the nature of discourse and language is such that it can be altered and changed to create new constructions and subjectivities, the girls have not managed to transform and shift the power dynamics of the discourse despite their best efforts of believing and claiming that menstruation is natural and normal. Foucault also argued that power is not bound up in dominant structures but can be altered and shifted Radovanovic (2010). The girls reiterated over and over that menstruation was natural and normal. However, despite this belief, many girls acknowledged feeling uncomfortable telling someone else about menstruation.

There is clear ambivalence or cognitive dissonance at work. This stems from the ultimate paradox of how society views women on the one hand as inferior to men but on the other it idealises women as mothers (Jackson & Falmagne, 2013). The way in which South African society treats men and women differently is certainly highlighted by the girls in particular.

Patriarchy at play

The patriarchal discourse frames menstruation as unsanitary and dirty and such that needs to be hidden and contained and certainly not shared with boys or men. If women want to be viewed as equal to men then they need to contain that which distinguishes them. Women need to hide any sign of menstrual fluid or any object that positions women as menstruating objects (Roberts et al., 2002). Girls need to conceal menstruation and ensure that it is not visible through staining nor leaking (Kissling, 1996). This was a widespread concern identified by the girls in this study. They felt very little control over managing their bodily fluids when they were at school, particularly while in the classroom. Despite needing to go to the bathroom often, school rules and certain teachers prohibit this creating discomfort for the girls. This was also a finding of the Crankshaw et al. (2020) study.

Further, menstruation is a topic that must not be spoken about, least not in public, and certainly not to men. This was a finding by both Crankshaw et al. (2020) and Paphitis and Kelland (2018) in their South African studies. Crankshaw et al. (2020) found that male teachers feel uncomfortable teaching about menstruation, and the girls found that male teachers do not reprimand boys who tease girls who leak. Paphitis and Kelland (2018) found that boys in school, who had undergone traditional manhood ceremonies, would not speak about menstruation with women. This was a culturally engrained practice.

No girls in this study indicated that they seek out men to speak about menstruation. Nineteen out of 35 girls said that they do not want to approach anyone to talk about menstruation. This reiterates a need for concealment, privacy and shame that is attached to speaking about this bodily process. One explanation could be the all-girls' context of this study. This finding differs from other studies such as Crankshaw et al. (2020) in which girls and boys shared that they would like to talk more openly about menstruation. However, despite the girls saying they do not want to approach anyone to talk about menstruation, they did echo a call for better education around menstruation so that these stigmas and taboos do not continue. It is more likely that the nature of this study allowed for, as Foucauldian Discourse Analysis does, differences in discourse in different instances that more closely reflect the individual girls' real life experiences. On the one hand they feel uncomfortable talking about menstruation (due to

the social taboos) but on the other hand wanting things to change and knowing that this can only happen through greater communication. In their responses to how menstruation could be a more positive experience for women, they all suggested education, of both men and women. There was also a sense that they would like to be able to talk to their fathers without feeling awkward but that this was not possible. Perhaps, in this aspect, the girls are suggesting that they do not want to do the work of educating others but that societal views do need to change. Or possibly the girls realise that in their inferior position of children (to their parents), learners (to their teachers), girls (the inferior sex) they will not have much authority in changing perceptions around menstruation. This differs from Foucault's understanding of power in which he argues that power can be shifted and changed and Willig's argument that discourses can be altered. Therefore, possibly through empowerment programmes of girls, along with biological information around menstruation, there would be a shift in their views. Paphitis and Kelland (2018) did find a shift in girls who initially did not want to participate in the educational theatre intervention, for fear of being recognised, to later wanting to perform even at schools where they would certainly be recognised. Their process through performance clearly empowered the girls to not only communicate that menstruation is normal but also empowered them to share this publicly in front of boys and men. The long-term sustainability of these type of programmes would have to be investigated as short-term Life-Orientation lessons that provide girls with basic information around menstruation, while necessary, do not provide the empowerment that girls are asking for.

It means you are a woman and can reproduce ... but not yet

The heteronormative and reproduction discourse forms part of the patriarchal discourse which places women in a submissive position. The potential for reproduction or motherhood is viewed as beautiful, and worthy of pursuing, however, it needs to fit the patriarchal narrative in terms of the appropriate timing for pregnancy as teenage pregnancy is taboo. These dominant discourses that pervade the society in which the girls in the study exist cannot be removed from the way in which they experience menstruation while at school. Upon menarche they are informed that they are becoming a woman and can carry children but at the same time they are discouraged from discussing sex or menstruation with males but also women.

There are still many cultural teachings that derive from a religious and patriarchal narrative. While society has moved on from the medical teachings that Delaney, Lupton, and Toth (1988) write about of menstruating women being believed to spoil ham, there are still certain cultural beliefs that persist around menstruation. Most religious teachings and beliefs offer views on

menstruation that are pejorative. The Judeo-Christian and Islamic teachings forbid intercourse while a woman is menstruating. These teachings, although archaic and not spoken about due to the taboo nature of the topic feed into the hygiene crisis narrative. Only one girl shared on the issue of sexual intercourse while menstruating. She suggested that while having sex while menstruating was possible, many wouldn't because they would feel uncomfortable. She did not elaborate but likely this is due to societal beliefs around the hygienic nature of menstruation which was pervasive in the girls' sharings on the need to be clean and odourless while menstruating. Advertisers for sanitary products use this narrative of a hygiene crisis that needs to be managed to sell their products (de Waal Malefyt & McCabe, 2016). It however, also seems to be a widely shared piece of information for girls who reach menarche and the possibility of being exposed to be menstruating by one's smell is a common concern. This is understandable as Kirk and Sommer (2004) indicate that girls do face stigma if they are deemed to be menstruating by their odour.

Pastoral power and care, or patriarchy

Two girls in this study indicated that they had been prevented from swimming by others due to the fact that they are menstruating. One girl highlighted how she was told how to sit differently since menarche. All the girls in the study used sanitary pads, apart from when swimming. These girls had mostly been told to use sanitary pads by their mothers. Girls indicated that this was due to the comfortability and painlessness associated with pads. Certain themes around pads being safe and "less invasive" were also articulated by participant 7 and participant 12. Many religions have historically frowned upon tampons arguing that they break the hymen of the girl. For the most part, girls believe that using sanitary pads is their own personal choice, however, one girl said that she uses what her mother buys her as it is her money. The girls were shown how to use sanitary pads and these are the products that are purchased for them. The study by Crankshaw et al. (2020) did highlight the fact that mothers teach their daughters that which they know, in terms of pastoral power, this would be to be clean and healthy. Advice such as change one's pad regularly to ensure that you do not smell was widespread. This advice would also pose as normalising judgement and stems from patriarchal discourses in which women should not talk to men about menstruation. It further leads to self-surveillance by the girls such that they are constantly on the look out to ensure that they do not leak or smell. Essentially the girls have become their own jailers in disciplining and controlling their bodily functioning and fluids. Despite their best efforts to believe that they are not 'misbehaving' by menstruating, they cannot be found out by society who is constantly

watching. Nor in the school context can they ask the jailor (teacher) to go to the bathroom as disclosing the need for their request breaches societal norms and standards.

Resistance and support in a community of suffering

The second part of the study question was to examine if there is any resistance or support from other girls in an all-girls' school towards having their menstruating bodies disciplined and controlled and if so what form this resistance and support takes. We hypothesised that in an all girls' school there should be greater understanding of menstruation and therefore a more supportive environment. To some extent the girls in the study did identify a community of suffering or support and some slight resistance to having their bodies controlled. Most girls in the study recognised some support or empathy extended by other girls and teachers to girls who were menstruating or who leaked. While teachers did not always allow girls to leave the classroom during class time, the need for education facilities to increase productivity of bodies, if a girl was desperate, expressed a need due to menstruation or had an accident the request would be granted. There seemed to be a sense that all females experience menstruation and so there is an underlying understanding. However, there was still the recognition that teachers are figures in authority and control. Some girls reported not feeling supported or acknowledged that girls teased one another about menstruation. This did not seem to be done in a malicious way, although given that girls expressed feeling irritable and moody while menstruating any jokes might not be appreciated. Despite girls wanting to be supportive, girls who leaked would go home. Again an acknowledgement that while these accidents do happen, they are not completely accepted and still need to be hidden. A girl would not continue with her school day with a stained school uniform as this would breach the societal norms of concealing menstruation.

In terms of resistance, there seemed to be no active resistance by the girls against dominant discourses. There are only two means by which girls show passive resistance. Firstly, they do on occasion use menstruation as an excuse to get out of activities that they do not feel like participating in. However, although this does happen, there are many activities that girls do want to participate in and are unable to due to pain and other reasons, such as not being able to swim as they use sanitary pads. The other passive form of resistance is through normalising and feminist discourses that the girls embrace. A feminist discourse that suggests that women are equal to men is also prominent among the girls in this study and in some ways serves as a protective factor. Many of the girls in the study viewed menstruation as a process that inherently makes them female as it is due to menstruation that they are able to carry children.

For some, this ability to carry children, at some level makes them greater or more powerful than men. To this end though, they are confined to the role of child-bearers and for those who choose to not accept this role (whether by choice or other) are then negatively impacted.

Limitations

The study did not ask girls to share their family's view around insertion methods of MHM and the link between virginity and the possible hymen breakage; therefore this suggested religious link remains hypothetical. It would be a useful area to explore in a study that was hoping to educate girls on other possible MHM products but particularly for sustainable solutions such as the menstrual cup. Focus group studies would also have benefited this study to further explore deeper themes as written surveys and time constraints are limiting in what is shared by participants.

The way forward

While many studies are focussed on ensuring that MHM does not affect school attendance such as ensuring WASH facilities at schools and making sanitary products available to girls, the long-term impact of the constant worry around social taboos affects all girls and this should be given attention (Jewitt & Ryley, 2014; Kirk & Sommer, 2004; *Sanitary Dignity Framework*, 2019). The mental load that girls have to carry in terms of MHM, apart from access to products and safe WASH facilities, cannot be ignored. Therefore education cannot only happen in the classroom with girls, it needs to be a much broader programme that targets dominant societal discourses.

Conclusion

Dominant discourses in society affect the ways in which girls are able to manage their menstrual cycles. Even in instances where girls have access to MHM products and WASH facilities there are other factors that impact on their ability to fully engage in the classroom while menstruating. Despite being in an all-girls' school, seemingly free from male bodies, girls are still controlled by the discourses and views of broader society. Girls experience cognitive dissonance around menstruation, they believe it to be a normal bodily process yet it is a process that should not be discussed, particularly with boys and men. They also believe that the positive aspect of menstruation is the ability to reproduce. However, the appropriate time for this is also dictated to them by societal beliefs around teenage pregnancy. Patriarchal discourses infiltrate every aspect of menstruation. The cultural norms of schooling including that of the learner-teacher power dynamic affect girls' ability to ask to use the bathroom, during class time, while menstruating. They also need to ensure that their menstruating body is

concealed at all times. Girls offer slight resistance in occasionally using menstruation as an excuse to avoid certain activities that they do not wish to partake in. Further, there does seem to be understanding among teachers and other girls around the difficulties of managing menstruation while at school. Despite this acknowledgement, menstruation is not fully embraced and still needs to be managed within the bounds of cultural norms and discourses. MHM is therefore not as straightforward for girls as simply having access to sanitary products and WASH facilities, it has much wider implications that cause distress to menstruating girls.

Chapter 6: Conclusion

Most research and activism efforts around MHM have focussed solely on access to sanitary products and WASH facilities in order to reduce school absenteeism among menstruating girls. Particularly in the South African context, few studies have explored psychosocial factors that impact on girls' experiences of managing menstruation while at school. Macleod et al. (2020) found that MHM is very context-specific and varies across school types depending on the differing environments. A thorough awareness of the socio-cultural factors that exist is vital in order to understand the power relationships in which girls live and manage menstruation. This finding is similar to my findings.

My study contributes to the knowledge around menstruation-related challenges that school girls face around discipline and control of their bodily functioning and fluids in a school context, one of discipline and control. In answering the first part of my research question, girls experience discipline and control in a school setting in containing their bodily functioning and fluids through access to bathroom facilities and the times in which this is permitted. Girls feel uncomfortable speaking about menstruation or indicating to a teacher that they need to go to the bathroom as they are menstruating and this controls how they are able to manage their bodily functioning and fluids in a school setting. Therefore, girls largely discipline and control their own bodies to conceal menstruation as girls did indicate that teachers are supportive and understanding of menstruation. The second part of my research question examined resistance or support that girls experience in an all-girls' setting. It appears that girls offer up very little resistance to having their bodies disciplined, and infrequently used menstruation as an excuse to get out of an activity that they did not feel like participating in. There was a sense of a community of suffering and support that was offered among the girls but there was a clear sense that menstruation needs to be managed discreetly and there was self-discipline among all the girls to ensure that societal rules around menstruation were not breached. Therefore, despite it being an all-girls' school societal rules of concealment are obeyed.

Conclusion

My study went further than simply looking at MHM products and WASH facilities to explore the psychosocial challenges that girls experience. There is a gap in the literature relating to these difficulties. Future research should explore how best these socio-cultural, patriarchal and religious beliefs around menstruation can be addressed in order to ensure that girls experience less distress around menstruation. Educating girls around the biological processes of

menstruation and MHM including providing adequate WASH facilities, while needed, will not alleviate the distress and cognitive dissonance that some girls feel in relation to this natural bodily process.

Appendix A

How old are you?	The median age was 17, with (inter-quartile range, IQR 0) The youngest participant was 16 years and oldest was 18 years. Median age of menarche was 13 years (IQR 2)
Into which racial category would you be placed?	27/35 girls classified themselves as African, 5 girls as white, 2 girls as coloured and 1 girl as Asian
What is your mother tongue?	26/35 girls are isiXhosa speaking, 8/35 girls are English home language and 1/35 indicated Afrikaans as a home language
Do you adhere to a religion?	30/35 girls indicated Christianity as their religion, 1/35 identified as Muslim and 4/35 indicated no religion
With whom do you live while you are attending school? (For example, I live with my Mom, Grandfather and two brothers). Please indicate the ages of all the people with whom you live.	10/35 – reside with both parents 5/35 – reside with a female parent 2/35 – reside with a male parent 2/35 stay with female extended family 1/35 – stays with female parents (two moms) 12/35 – stay in hostel 1/35 – stays with both parents (divorced/split/shared weekends)
Have you started menstruating?	All 35 participants had started menstruating
If yes, how old were you when you started menstruating?	Median age of menarche was 13 years (IQR 2)
Has the topic of menstruation been covered in Life Orientation classes at school?	34/35 girls indicated that the topic had been covered in Life Orientation classes. 1 girl indicated that the topic had not been covered
Has the topic of menstruation been covered in other school classes?	14/35 said that menstruation had not been covered in other classes
If yes, please specify in which subject:	Those that indicated menstruation was covered in other subjects listed Life Science, English and Consumer Studies
If you received information about menstruation from school classes, was the topic covered before or after you first started menstruating?	Only 16/35 girls indicated that menstruation was covered before they started menstruating
Whom did you approach for support when you FIRST started menstruating?	29/35 girls approached their mother. Only 6/35 did not have their mother as the person they approached. In these cases, 5 approached a female relative and 1 approached a friend. Only 2 participants shared that they approached their father
What did this person/these people tell you about menstruation?	11/35 girls were told that menstruation is natural/ a normal process/ a part of life 2/35 were given biological information about menstruation/literature to read 1/35 was told do not be afraid/ashamed/worried 4/35 were given advice about sex 8/35 were given advice about hygiene/health 9/35 were given advice about products 9/35 were given advice about management 1/35 was given advice about behavioural norms (that I should sit properly) 1/35 was given affirming or positive and supportive statements 2/35 were given negative/pejorative statements 12/35 were given advice about maturation/becoming a woman 1/35 indicated that she could not remember what she was told.
Who do you usually go to for advice about menstruation?	16/35 go to their mother for advice.

	<p>1/35 to a female guardian 4/35 go to a female relative 2/35 go to a female teacher 7/35 go to a friend 3/35 go to a clinic/nurse/doctor 1/35 to a religious leader 3/35 go to the media 4/35 do not ask advice from anyone 3/35 said other</p>
<p>What did this person/these people tell you about menstruation?</p>	<p>9/35 said that menstruation is natural/ a normal process/ a part of life 3/35 were given biological information 0/35 were told don't be ashamed 2/35 were given advice about sex 9/35 were given advice about hygiene 2/35 were given advice about products 10/35 were given advice about management 1/35 were told behavioural norms 2/35 were told to go speak to someone else 5/35 were told that they are becoming a woman</p>
<p>Is there anyone whom you would have liked to approach about the topic of menstruation, but whom you felt you couldn't?</p>	<p>4/35 would have liked to approach their mother 3/35 would have liked to approach their father 1/35 would have liked to approach a female guardian 1/35 would have liked to approach a female relative 3/35 would have liked to approach a male relative 2/35 would have liked to approach a teacher 1/35 would have liked to approach a romantic partner 2/35 would have liked to approach a friend 1/35 would have liked to approach a clinic, nurse, doctor, community health worker 19/35 would have liked to approach no one</p>
<p>Why would you have liked to approach this person/these people?</p>	<p>3/35 to provide practical information 1/35 to provide an understanding of the situation 2/35 to ask for further information 4/35 to ask for assistance 3/35 because he/she is my parent 1/35 they are family</p>
<p>Why do you feel you were unable to approach this person/these people?</p>	<p>4/35 – a lack of understanding on their part 1/35 – lack of access 2/35 – fear 1/35 – fear of being embarrassed in future 3/35 – fear of being embarrassed while talking to the person 5/35 – taboo 1/35 – fear of blame in future</p>
<p>Have you experienced any physical challenges while menstruating? (E.g. Cramps, Diarrhoea, Nausea, Headaches, etc.)</p>	<p>34/35 girls reported feeling physical challenges while menstruating</p>
<p>If yes, then what physical challenges have you faced? (you may tick more than one box)</p>	<p>32/34 girls reported cramps 15/34 reported diarrhoea 12/35 reported nausea 8/34 reported vomiting 11/34 reported headaches 14/34 reported fatigue 3/34 reported other symptoms including back pain</p>
<p>Has menstruation ever prevented you from taking part in classroom activities?</p>	<p>17/35 girls indicated yes, that menstruation had prevented them from taking part in classroom activities.</p>
<p>If yes, please explain</p>	<p>11/17 explained that physical reasons/symptoms prevented them 2/17 explained management reasons</p>

	1/17 reported feeling uncomfortable in social situations 7/17 reported difficulties concentrating
Has menstruation ever prevented you from taking part in sporting activities?	24/35 girls reported that menstruation had prevented them from participating in sport
If yes, please explain	14/24 reported physical reasons 2/24 reported emotional/social discomfort 1/24 reported fear of discovery/embarrassment 2/24 reported fear related to unreliability of products 8/24 reported a fear of swimming/unwilling to swim
Has menstruation ever prevented you from taking part in social activities?	16/35 girls reported menstruation preventing them from participating in social activities
If yes, please explain:	10/16 reported physical symptoms/reasons 2/16 reported a fear of discovery/embarrassment 1/16 reported a fear of swimming 3/16 reported mood swings/feeling irritable 5/16 reported emotional or social discomfort
Has anyone else ever prevented you from participating in activities because you were menstruating?	2/35 reported being prevented from participating in activities because they were menstruating
If yes, please explain	2/35 reported that it was due to not being allowed to swim
Have you ever missed school because you are menstruating?	11/35 reported that they had missed school because they were menstruating
If yes, on average how many days would you say you miss each time you menstruate:	The range of days missed was 1 to 4. The average number of days missed was 1 day.
Have girls in your school ever used menstruating as an excuse to miss school/classes/sport, even though they didn't need to?	27/35 girls reported that girls have used menstruation as an excuse to get out of activities even when they did not need to
When you are menstruating, what products do you usually use?	35/35 girls reported using pads 10/35 reported using tampons (often indicated that this is only for water-based activities) 2/35 girls reported using cloth
Why do you use the product(s) indicated above?	15/35 – comfortable/painless 3/35 – control flow 1/35 – concealment 1/35 – convenience 7/35 – ease of use 1/35 – protection 2/35 – functionality 2/35 – hygiene 1/35 – cleanliness 4/35 – safety 1/35 – disposability 6/35 – access 3/35 – prescription from others 1/35 – reliability 1/35 – perceived well-being 3/35 – affordability 3/35 – normative judgement/good to use 1/35 - preference
On average, how often do you change/wash your product during the day? (Please fill in an estimate in the space provided below.) Every _____ hours	The range was from every 2 hours to every 24 hours. The average was 5.5 hours.
Who supplies you with menstrual products?	15/35 – indicated that they supply their own products 32/35 – indicated that their mother supplies their products 12/35 – indicated that their father supplies their products 2/35 – indicated that a female guardian supplies their products 5/35 - indicated that a female relative supplies their products 1/35 – indicated that their romantic partner supplies their products

	2/35 – indicated that the school clinic supplies their products 10/35 – indicated that a friend supplies their products 13/35 – indicated that they purchase their own products from the shops
Would you say that the menstrual products you use are expensive?	22/35 girls reported that menstrual products are expensive
How much would you say you spend on menstrual products each month?	2/33 – are unsure of spending/indicated nothing as mom buys 3/33 – spend R10-R19 2/33 – spend R20-29 6/33 – spend R30-R39 13/33 – spend R40-R49 9/33 – spend more than R50 (range R55 to R100)
Do community clinics distribute menstrual products in your area?	6/35 – said that they do provide 3/35 – were not sure 26/35 – said no
If community clinics distribute menstrual products in your area, which products do they distribute?	7/35 – said pads 3/35 – indicated tampons 1/35 – indicated cloth 1/35 – indicated menstrual cup
If community clinics distribute menstrual products in your area, do you make use of this service?	3/35 – girls indicated that they do make use of this service
If no, please tell us why you don't:	6/35 – they don't distribute 1/35 – preference/I don't want to 8/35 – no need to/purchase my own
Does your school distribute menstrual products?	18/35 – indicated that the school does provide 15/35 – indicated that the school doesn't provide 2/35 – indicated that they don't know
If yes, which products?	19/35 – indicated that the school offered pads 2/35 – indicated that the school offered toilet paper
Do your school bathrooms have facilities for girls who are menstruating?	33/35 girls indicated yes 2/35 indicated no
Bins for disposal of sanitary products?	35/35 girls indicated that there are bins for the disposal of sanitary products
Is there a BIN inside the toilet stall?	34/35 indicated that there is a bin inside each toilet stall
If the bin is not inside the toilet stall, would you prefer that it was?	14/15 said yes 1/15 said no
Running water for flushing toilets	34/35 said yes 1/35 said no
Basins with running water for washing hands	34/35 said yes 1/35 said no
Is there a BASIN inside the toilet stall?	11/35 said yes 24/35 said no
If the basin is not inside the toilet stall, would you prefer that it was?	13/27 said yes 24/27 said no
Toilet paper	33/35 said yes 2/35 said no
Doors which lock for privacy	35/35 said yes
Soap for cleaning and washing hands	31/35 said yes 4/35 said no
Towels (paper/cloth) for drying your hands	31/35 said yes 4/35 said no
Do you feel safe using your school's sanitation facilities?	30/35 said yes 5/35 said no

If no, please elaborate	All five responses indicated that other children were not always clean and hygienic and so this could cause infection
When are you able to access your school's sanitation facilities?	9/35 said before school 7/35 said during class 17/35 said at break 22/35 said at any time 14/35 said after school
Do you speak about menstruation to anyone?	6 out of 35 girls indicated that they do not speak about menstruation to anyone.
Do you have different words/phrases or a nickname that you use when talking to different groups of people about your menstrual cycle?	20/35 girls said that they do not have nicknames to refer to menstruation
Do you view your monthly menstrual cycle as a positive event?	9/35 girls indicated that they view their menstrual cycle as a positive event
Do you view your monthly menstrual cycle as a negative event?	24/35 indicated that they view their menstrual cycle negatively
Do you think that women are privileged to experience menstruation?	14/35 said yes, women are privileged to experience menstruation
Have you ever benefited from being able to say that you are menstruating?	14/35 said yes that they had benefited from saying that they are menstruating
Have you ever felt uncomfortable by telling someone that you are menstruating?	17/35 suggested that they had felt uncomfortable telling someone that they are menstruating
Have you ever made someone uncomfortable by telling them that you are menstruating?	7/35 girls indicated that others had felt uncomfortable by them telling them that they are menstruating
Is menstruation a neutral experience?	22/35 girls indicated that menstruation is a neutral experience.
Can menstruation be a positive experience for all women?	10/35 girls indicated that menstruation could be a positive experience for all women.
Is menstruation a negative experience for all women?	3/35 indicated that menstruation is a negative experience for all women.
Does the fact that girls menstruate give them power over boys?	1/35 indicated that it does give girls power over boys
Does the fact that girls menstruate make them weak?	1/35 girls indicated that menstruating makes girls weak as it "makes their mood change."
Have you ever teased someone about something to do with menstruation?	2/35 girls shared that they had teased someone about menstruation
Has someone ever teased you about something to do with menstruation?	4/35 said they had been teased
Have you ever had an experience allowed you to do/not do something that you wanted to/did not want to do? Explain.	14/35 girls indicated that they did have an experience where they were not able to do something they wanted to due to menstruation
Do you find it difficult to manage your menstrual cycle at school?	14/35 indicated that they struggle to manage their menstrual cycle at school
Do you track your menstrual cycle, either on a calendar, with an app, using contraceptives or using some other method?	10/35 girls indicated that they track their menstrual cycle

<p>Are other girls/teachers sympathetic/supportive to girls who leak while menstruating at school?</p>	<p>23/35 girls indicated that girls and teachers are sympathetic and supportive to girls who leak at school</p>
<p>Have you ever had an experience in which you felt that somebody else had control over how you were able to manage your menstrual cycle?</p>	<p>1/35 girls indicated yes to this. She indicated that this is in relation to the products she uses. She does not challenge it as it is her mother's money.</p>

**SOURCES OF KNOWLEDGE ABOUT MENSTRUATION AND ACCESS TO
MENSTRUAL PRODUCTS: GRADE 11 LEARNER QUESTIONNAIRE**

Instructions:

Please answer the following questions as we go through them.

There are no right or wrong answers; we want to hear about your experiences. Please answer the questions on your own and don't ask the person next to you. If you are unclear the administrator will help you!

At times you will simply mark (☑) in one or more of the available boxes. At other times we ask you to write a few sentences.

Remember that all information will remain confidential.

Please write the letter indicated by the administrator in the box provided.	
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Section 1: Basic Details

1. How old are you? _____		
2. Into which racial category would you be placed?	1. African	
	2. White	
	3. Coloured	
	4. Indian	
	5. Asian	
6. Other... Please Specify		
3. What is your mother tongue?	1. IsiXhosa	
	2. IsiZulu	

	3. English	
	4. Afrikaans	
	5. Other... Please specify	
4. Do you adhere to a religion?	1. Christianity	
	2. Zionism	
	3. Islam	
	4. Hinduism	
	5. Judaism	
	6. Buddhism	
	7. None	

		8. Other...Please specify:	
5. With whom do you live while you are attending school? (For example, I live with my Mom, Grandfather and two brothers). Please indicate the ages of all the people with whom you live.			

6. Have you started menstruating?		Yes	No
6.1 If yes, how old were you when you started menstruating? _____			
If you answered NO you can skip all subsequent questions marked with a *			

Section 2: Menstruation - Basic Information and Sources of Knowledge

8. Has the topic of menstruation been covered in Life Orientation classes at school?		Yes	No
9. Has the topic of menstruation been covered in other school classes?		Yes	No
9.1 If yes, please specify in which subject:			

*10. If you received information about menstruation from school classes, was the topic covered before or after you first started menstruating?		Before	After
*11. Whom did you approach for support when you FIRST started menstruating? (you may tick more than one box)	1. Mother		
	2. Father		
	3. Female guardian		
	4. Male guardian		
	5. Female relative(s)		
	6. Male relative(s)		
	7. Female teacher		
	8. Male teacher		
	9. Romantic Partner		
	10. Friend		
	11. Clinic/Nurse /Doctor/Community health worker		
	12. Religious leader		
	13. The media (radio, TV, newspaper, health pamphlet)		
	14. No one		
	15. Other: (Please specify)		
11.1 What did this person/these people tell you about menstruation?			

12. Who do you usually go to for advice about menstruation? (you may tick more than one box)	1. Mother		
	2. Father		
	3. Female guardian		

	4. Male guardian	
	5. Female relative(s)	
	6. Male relative(s)	
	7. Female teacher	
	8. Male teacher	
	9. Romantic Partner	
	10. Friend	
	11. Clinic/Nurse/Doctor/Community health worker	
	12. Religious Leader	
	13. The media (radio, TV, newspaper, health pamphlet)	
	14. No one	
	15. Other: (Please specify)	

12.2 What did this person/these people tell you about menstruation?

13. Is there anyone whom you would have liked to approach about the topic of menstruation, but whom you felt you couldn't? (you may tick more than one box)	1. Mother	
	2. Father	
	3. Female guardian	
	4. Male guardian	
	5. Female relative(s)	
	6. Male relative(s)	
	7. Female teacher	
	8. Male teacher	
	9. Romantic Partner	
	10. Friend	
	11. Clinic/Nurse/Doctor/Community health worker	
	12. Religious Leader	
	13. No one	
	14. Other(Please specify)	

13.1. Why would you have liked to approach this person/these people? _____

13.2. Why do you feel you were unable to approach this person/these people? _____

Section 3: Challenges

*15. Have you experienced any physical challenges while menstruating? (E.g. Cramps, Diarrhoea, Nausea, Headaches, etc.)	Yes	No
*16.1 If yes, then what physical challenges have you faced? (you may tick more than one box)	1. Cramps	
	2. Diarrhoea	
	3. Nausea	
	4. Vomiting	
	5. Headache	
	6. Fatigue	
	7. Other... Please specify	
*17. Has menstruation ever prevented you from taking part in classroom activities?	Yes	No
*17.1 If yes, please explain: _____		
*18. Has menstruation ever prevented you from taking part in sporting activities?	Yes	No
*18.1 If yes, please explain: _____		
*19. Has menstruation ever prevented you from taking part in social activities?	Yes	No
*19.1 If yes, please explain: _____		
*20. Has anyone else ever prevented you from participating in activities because you were menstruating?	Yes	No
*20.1 If yes, please explain: _____		

Section 4: School Attendance

In the previous section you spoke about various challenges that you may have faced at school while menstruating. In this final section, we want you to think about your previous answers in relation to your *actual attendance* at school while menstruating.

*22. Have you ever missed school because you are menstruating?	Yes	No
*22.1 If yes, on average how many days would you say you miss each time you menstruate: _____ days		
23. Have girls in your school ever used menstruating as an excuse to miss school/classes/sport, even though they didn't need to?	Yes	No

Section 5: Menstrual products

*24. When you are menstruating, what products do you usually use? (you may tick more than one box)	1. Pads	
	2. Tampons	
	3. Cloth	
	4. Menstrual Cup	
	5. Toilet Paper	
	6. Newspaper	
	7. Other... Please specify	
*24.1 Why do you use the product(s) indicated above? _____ _____ _____		
*24.2 On average, how often do you change/wash your product during the day? (Please fill in an estimate in the space provided below.) Every _____ hours.		
*27. Who supplies you with menstrual products? (You may tick more	1. Yourself	

than one box.)	2. Mother		
	3. Father		
	4. Female guardian		
	5. Male guardian		
	6. Female relative		
	7. Male relative		
	8. Female teacher		
	9. Male teacher		
	10. Romantic partner		
	11. School clinic		
	12. Friend		
	13. Clinic/nurse/doctor/ community health worker		
	14. I buy them myself from a shop		
	15. Other... Please specify		
	*28. Would you say that the menstrual products you use are expensive?		Yes
*29. How much would you say you spend on menstrual products each month?	1. Nothing		
	2. R10-R19		
	3. R20-R29		
	4. R30-R39		
	5. R40-R49		
	6. R50 or more... (Please specify)		
30. Do community clinics distribute menstrual products in your area?		Yes	No
31. If community clinics distribute menstrual products in your area, which products do they distribute? (you may tick more than one box)	1. Pads		
	2. Tampons		
	3. Cloth		
	4. Menstrual Cup		
	5. Toilet Paper		
	6. Newspaper		
	7. None		
	8. Other... Please specify		
32. If community clinics distribute menstrual products in your area, do you have access to these products?		Yes	No
33. If community clinics distribute menstrual products in your area, do you make use of this service?		Yes	No
33.1 If no, please tell us why you don't: _____ _____ _____			
34. Does your school distribute menstrual products?		Yes	No
34.1 If yes, which products? (you may tick more than one box)	1. Pads		
	2. Tampons		
	3. Cloth		
	4. Menstrual Cup		

	5. Toilet Paper	
	6. Newspaper	
	7. Other... (Please specify) _____	

Section 5: School Facilities

35. Do you school bathrooms have facilities for girls who are menstruating?	Yes	No
Bins for disposal of sanitary products?	Yes	No
Is there a BIN inside the toilet stall?	Yes	No
If the bin is not inside the toilet stall, would you prefer that it was?	Yes	No
Running water for flushing toilets	Yes	No
Basins with running water for washing hands	Yes	No
Is there a BASIN inside the toilet stall?	Yes	No
If the basin is not inside the toilet stall, would you prefer that it was?	Yes	No
Toilet paper	Yes	No
Doors which lock for privacy	Yes	No
Soap for cleaning and washing hands	Yes	No
Towels (paper/cloth) for drying your hands	Yes	No
36. Do you feel safe using your school's sanitation facilities?	Yes	No
36.1 If no, please elaborate: _____ _____ _____		
37. When are you able to access your school's sanitation facilities? (you may tick more than one option)	Before school	
	During class	
	At break times	
	At any time	
	After school	

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE!

Talking about menstruation: with who, how and why?

Grade 11 Feedback questionnaire

Instructions:

Thank you for agreeing to participate in my research project.

The study aims to answer the following questions:

1. What forms of discipline and control do menstruating girls experience in a school setting with regard to containing their bodily functioning and fluids?
2. Is there any resistance or support from adolescent girls in an all-girls' school towards having their menstruating bodies disciplined and contained, and if so, what form does this resistance and support take?

Please answer the following questions as we go through them. There are no right or wrong answers; we want to hear about your experiences. Please answer the questions on your own and don't ask the person next to you. If you are unclear the administrator will help you! At times you will simply mark (✓) in one of the available boxes. At other times we ask you to write a few sentences.

Remember that all information will remain confidential.

1.1 Do you speak about menstruation to anyone?	YES	NO
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1.2 If you do, to who do you speak about your menstrual cycle to?

2. What words do you use to refer to menstruation?

3.1 Do you have different words/phrases or a nickname that you use when talking to different groups of people about your menstrual cycle?	YES	NO
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3.2 Explain.

4.1 Do you view your monthly menstrual cycle as a positive event?

YES

NO

4.2 Explain your response in 4.1.

5.1 Do you view your monthly menstrual cycle as a negative event?

YES

NO

5.2 Please explain your choice above.

6.1 Do you think that women are privileged to experience menstruation?

YES

NO

6.2 Please explain your choice in 6.1.

7. What are the disadvantages to menstruating?

8. What are the benefits of menstruating?

9.1 Have you ever benefited from being able to say that you are menstruating?

YES

NO

9.2 Please explain your answer in 9.1.

10.1 Have you ever felt uncomfortable by telling someone that you are menstruating?

YES

NO

10.2 Please explain your answer in 10.1.

11.1 Have you ever made someone uncomfortable by telling them that you are menstruating?

YES

NO

11.2 If you answered yes to 11.1, please explain.

12. What do you think makes menstruation a negative experience for some?

13. What do you think makes menstruation a positive experience for some?

14. Is menstruation a neutral experience?

YES

NO

15. What do you think needs to be done in order to make menstruation a positive experience for all women?

16.1 Can menstruation be a positive experience for all women?

YES

NO

16.2 Please explain your answer in 16.1.

17.1 Is menstruation a negative experience for all women?

YES

NO

17.2

18.1 Does the fact that girls menstruate give them power over boys?

YES

NO

18.2 Explain your choice in 18.1.

19.1 Does the fact that girls menstruate make them weak?

YES

NO

19.2 Explain your response in 19.1.

20.1 Have you ever teased someone about something to do with menstruation?

YES

NO

20.2 If you answered yes to 20.1, please explain.

21.1 Has someone ever teased you about something to do with menstruation?

YES

NO

21.2 Please share the details of this experience.

22.1 Have you ever had an experience in which having your menstrual cycle

YES

NO

allowed you to do/not do something that you wanted to/did not want to do?
Explain.

22.2 Please share these experiences.

22.3 Do you have any other thoughts on menstruation that you would like to share.

23.1 Do you find it difficult to manage your menstrual cycle at school?

YES

NO

23.2 Please share these experiences.

24.1 Do you track your menstrual cycle, either on a calendar, with an app, using contraceptives or using some other method?

YES

NO

24.2 What are the uses of tracking when your menstrual cycle will occur?

25.1 Are other girls/teachers sympathetic/supportive to girls who leak while menstruating at school?

YES

NO

25.2 Please elaborate on your response in 25.1.

26.1 Have you ever had an experience in which **YES** **NO**
you felt that somebody else had control over
how you were able to manage your men-
strual cycle?

26.2 If you answered yes to 26.1, please share this experience.

26.3 Did you resist or try to oppose this **YES** **NO**
action of somebody else trying to
control how you manage your
menstrual cycle?

26.4 Please share the details of this experience.

AGREEMENT BETWEEN STUDENT RESEARCHER AND RESEARCH PARTICIPANT'S PARENT/GUARDIAN

I _____ (parent/guardian) of _____ (child participant's name) agree to allow my child/ward to participate in the research project of **Catherine Parkinson on Power in periods: a Foucauldian feminist approach to menstruation in an all-girls secondary school in South Africa.**

I understand that:

1. The researcher is a student conducting the research as part of the requirements for a/an (Honours/**Master's**/PhD) degree at Rhodes University. The researcher may be contacted on **0828839210** or c.parkinson@ru.ac.za. The research project has been approved by the relevant ethics committee(s), and is under the supervision of **Mr Jan Knoetze** in the Psychology Department at Rhodes University and **Dr Sharli Paphitis** in the **Engaged Research and Epistemic Justice Unit** at Rhodes University, who may be contacted on 046 603 8344 or 046 603 7666 or on j.knoetzee@ru.ac.za and s.paphitis@ru.ac.za.
2. The researcher is interested in **your child's experience of menstruation and the school facilities and support offered and how this may affect your child's functioning along with the power dynamics of control that relate to menstruation.**
3. Your participation will involve your daughter filling in a **written survey**. This will be facilitated in a Lesson at school and will take 45 minutes. It will be followed with a discussion and ultimately feedback regarding the research.
4. Your child may be asked to answer questions of a personal nature, but she can choose not to answer any questions about aspects of her life which she is not willing to disclose.
5. Your child and you are invited to voice to the researcher any concerns that you may have about your child's participation in the study, or consequences your child may experience as a result of her participation, and to have these addressed to your satisfaction.
6. Your child is free to withdraw from the study at any time – however she will commit herself to full participation unless some unusual circumstances occur, or you or your child have concerns about her participation which you did not originally anticipate.
7. The report on the project may contain information about your child's personal experiences, attitudes and behaviours, but that the report will be designed in such a way that it will not be possible to be identified by the general reader as no names will be asked for on the survey.

Signed on (Date):

Parent of Child Participant: _____ Researcher: _____

Appendix D

This assent form may contain words that you do not understand. Please ask the researcher, Catherine Parkinson, or a teacher to explain any words that you do not clearly understand.

RHODES UNIVERSITY - DEPARTMENT OF PSYCHOLOGY

AGREEMENT BETWEEN STUDENT RESEARCHER AND RESEARCH PARTICIPANT

I _____ (child participant's name) agree to participate in the research project of **Catherine Parkinson** on **Power in periods: a Foucauldian feminist approach to menstruation in an all-girls secondary school in South Africa**.

I understand that:

1. The researcher is a student conducting the research as part of the requirements for a/an Masters degree in Counselling Psychology at Rhodes University. The researcher may be contacted on **0828839210** or c.parkinson@ru.ac.za. The research project has been approved by the relevant ethics committee(s), and is under the supervision of **Mr Jan Knoetze** in the Psychology Department at Rhodes University and **Dr Sharli Paphitis** in the **Engaged Research and Epistemic Justice Unit** at Rhodes University, who may be contacted on 046 603 8344 or 046 603 7666 or on j.knoetze@ru.ac.za and s.paphitis@ru.ac.za.
2. The researcher is interested in **your experience of menstruation and the school facilities and support offered and how this may affect your functioning as well as the power dynamics surrounding menstruation**.
3. Your participation will involve you filling in a written survey. This will be facilitated in a Lesson at school and will take 45 minutes. It will be followed with a discussion and ultimately feedback regarding the research.
4. You may be asked to answer questions of a personal nature, but you can choose not to answer any questions about aspects of your life which you are not willing to disclose.
5. You are invited to voice to the researcher any concerns that you may have about your participation in the study, or consequences you may experience as a result of your participation, and to have these addressed to your satisfaction.
6. You are free to withdraw from the study at any time – however I commit myself to full participation unless some unusual circumstances occur, or I have concerns about my participation which I did not originally anticipate.
7. The report on the project may contain information about your personal experiences, attitudes and behaviours, but that the report will be designed in such a way that it will not be possible to be identified by the general reader as you will not be requested to fill in your name on the survey.

Signed on (Date):

Child Participant: _____ Researcher: _____

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