

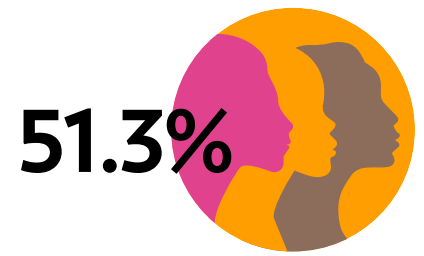
*There is adequate resource infrastructure and systemic support for menstrual health and hygiene (MHH), though continued legislative action and resource development is required.*

## MHH CONTEXT

In South Africa, collaboration between MHH rights organizations and advocates, governmental actors, and donor groups has allowed for continual improvement in the MHH landscape (UNFPA, 2021). Despite challenges presented by the coronavirus pandemic and economic instability in recent years, South Africa has committed to advancing MHH conditions. In 2019, the Department of Women, Youth and People with Disabilities (DWYPD) drafted the Sanitary Dignity Implementation Framework (SDIF) to promote menstrual dignity and guide MHH development. Additional governmental decisions have improved various aspects of the MHH landscape, including removal of the 15% VAT on MHH products in 2018 and establishing South Africa's Menstrual Health Coalition in 2020. Additionally, multiple government departments now take active roles in MHH resource allocation to communities and schools, as well as the creation of comprehensive MHH education. In addition, the South African Bureau of Standards published the washable, reusable sanitary towel quality standard (SANS 1812) in 2020 and are currently working on a cup standard. South Africa's overall development has allowed for the improvement of water, sanitation, and hygiene (WASH) conditions, though insufficient standards for WASH facilities in households and schools yield continuous challenges to MHH. Affordability and accessibility of menstrual products remains the primary obstacle in the MHH landscape, as well as the social acknowledgement of MHH's importance.

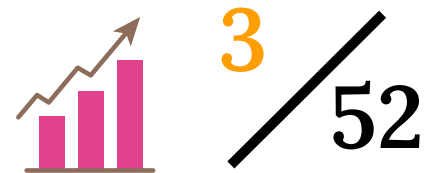
### Absenteeism

In South Africa, MHH is a leading cause behind girls' absenteeism in school and educational situations (SACMHM, 2020). Research from the University of Stellenbosch concluded that 30% of girls miss school while on their periods (Letsoalo, 2019) and can miss up to five days of school per month due to MHH (Haberer, 2018). A study from MIET Africa found that lack of access to MHH products, insufficient WASH facilities, stigma, and pain and discomfort related to menstruation were some of the primary factors behind girls' absence from school. The same study shows absenteeism can often be due to menses related pain and general feelings of being unwell, as well as fear of leakage of menstrual blood, especially when there is limited access to menstrual products (Unpublished data from a study by Devaki, Beksinksa, et al 2022, in preparation).



**51.3%**  
of the population are women  
and girls (27 million)<sup>1</sup>

### Girl Friendliness Index<sup>2</sup>



### Household WASH Access

- As of 2015, 92.5% of South African households had access to improved water sources and 86% had access to municipal water.<sup>3</sup>
- As of 2017, 82% of South African households had access to improved sanitation facilities. However, since 2020 South Africa has seen a new rise in the use of bucket toilets.<sup>4</sup>



# MHH CONTEXT

This is consistent with the findings from Crankshaw's study that reported, apart from physical symptoms and product access, girls may also miss school due to embarrassment, secrecy, and fear of leakage or teasing (Crankshaw et al., 2020). One study conducted in the provinces of Gauteng, Eastern Cape and KwaZulu-Natal examines how menstruation affects school attendance and participation in other educational activities including drama and sport. It found that 50% of girls who experienced menstruation reported missing an average of 5.3 days of school and also missed other school-related activities (Unpublished data from a study by Devaki, Beksinksa, et al 2022, in preparation). In addition to facing MHH barriers in educational settings, South African women and girls face similar challenges in their workplaces and communities, with inadequate access to sanitary products and proper WASH facilities (WIN-SA, 2012).

## Access to education and information

Lack of comprehensive MHH education is a significant obstacle in South Africa; 75% of 118 school-age girls surveyed in the KwaZulu-Natal province reported they had received insufficient MHH education before menarche (Geismar, 2018). 57% of the learners participating in focus group discussions shared they had learned about menstruation from their mother, with only 13% receiving information from school (Unpublished data from Devaki, Beksinska et al., 2022, in preparation). Formal MHH education in South African school settings is limited, and girls often receive MHH information from female relatives or authority figures. The lack of formal MHH education is exacerbated in rural areas, where women and girls are less likely to regularly attend school (Geismar, 2018). Due to inadequate MHH information, as well as common instruction to hide menstruation, many girls experience trauma in menarche (Geismar, 2018). The Department of Basic Education (DBE) and the Department of Water and Sanitation (DWS) are collaborating with education authorities to address and combat some of the challenges facing MHH equity in schools, specifically in rural areas (UNFPA, 2021). The DWYPD, the United Nations Population Fund (UNFPA, 2021), the Department of Social Development, and partnered organizations are working to provide improved MHH information and education (SACMHM, 2020).

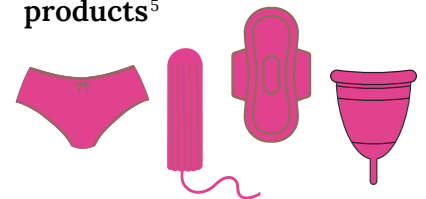
## Access to products

An estimated 60% of women and girls in South Africa do not have access to menstrual products (WIN-SA, 2012), with accessibility and affordability remaining two of the central barriers. Particularly for those in rural areas and/or those who are affected by higher levels of unemployment and poverty, the cost of menstrual products remains out of reach (DWYPD, 2019). One in seven school-age girls reported not having access to adequate sanitary products while menstruating (Crankshaw et al., 2020), and more than three million women and girls are estimated to lack proper MHH products due to affordability (Letsoalo, 2019).

## Menstrual Product Access

**3.7  
million**

girls are estimated to be  
unable to afford MHH  
products<sup>5</sup>



## VAT on Products

**0%**  
since 2018<sup>6</sup>



# MHH CONTEXT

Women and girls who cannot afford MH products often turn to unsafe or unclean methods to manage their menstruation, including using rags, socks, and paper ([Herberer, 2018](#)). While the SDIF has improved menstrual product access in schools there is inconsistency across schools and regions, with some secondary and primary schools continuing to lack sufficient supplies of menstrual products and higher education students still struggling to afford products ([SACMHM, 2020](#)). As of 2020, only 33.7% of learners reported receiving MH products from their school ([Crankshaw et al., 2020](#)). Additionally, not all school environments have adequate WASH facilities that girls require to manage their menstruation in a safe, hygienic manner ([Herberer, 2018](#)). Approximately 366 schools throughout South Africa have no water for sanitation, and an additional 3,297 schools still rely on the use of pit latrines ([SAHRC, 2021](#)). The COVID-19 pandemic presented further challenges to the accessibility of MHH resources, both in terms of affordability and the inability for girls to receive MHH products from schools during the pandemic lockdowns. In the first quarter of 2020, MH products failed to be delivered to any school in any province, and it is unclear if product distribution has since resumed ([Ndaba, 2020](#)).

## Myths and taboos

There are numerous myths and taboos associated with menstruation in South Africa, and one that is particularly common is the idea that menstruation illustrates the inferiority of women and girls as compared to men and boys ([DWYPD, 2019](#)). Especially in rural communities, women and girls are considered unclean while on their periods and are pressured to conceal that they are menstruating. In addition, women and girls menstruating are often barred from activities such as cooking, washing clothes, and social activities, which further compounds the stigmatization associated with menstruation ([Ramathuba, 2015](#)). In his paper on the research of the South African Zulus, Ngubane found there was a belief that menstrual blood weakened male fertility and masculinity (Ngubane, S. (1977) cited in Oxfam 2016 Page: 45). Additional findings about South African taboos are that menstrual blood is dangerous to men and the fertility of cattle and crops ([V.T.A.Ten 2007](#)). There are programs, such as one from UNFPA in Eastern Cape and KZN with their partner Kwambele, which focus on normalizing conversations about MHH and deconstructing misconceptions about adolescent sexual and reproductive health and rights.

## Mental and physical health impacts

For those who cannot access proper menstrual products or WASH facilities during menstruation, the risk of infections and blood-borne diseases increases ([Kalichman & Simbaq, 2004](#)). Additionally, women and girls' diets are often restricted when they are menstruating, which can result in malnutrition and ill health ([Ramathuba, 2015](#)). When women and girls are burdened by the cost of MHH products, are ostracized due to their menstruation, or are forcibly absent from social settings, their mental health and personal dignity are also at risk of being negatively impacted ([DWYPD, 2019](#)).

## Product Standards <sup>7</sup>



Disposables



Washable Pads



Cups

Currently being developed

## Key Government Actors

- Department of Women, Youth and Persons with Disabilities
- Department of Social Development
- Department of Basic Education
- Department of Health
- Department of Water and Sanitation
- South African Bureau on Standards
- Department of Correctional Services
- Department of Trade, Industry & Competition
- Department of Small Business Development
- Department of Higher Education & Training
- Provincial departments of Education & Social Development
- National Treasury

## MHH Policies & Programming

The past five years, the South African government has made some tangible strides toward improving national MHH conditions and resource equity. The DWYPD has taken an active role in advancing MHH rights and gender equity and used South Africa's Constitutional Commitment to Equality to address sanitary dignity, provide MH products, and develop more thorough MH education (DWYPD, 2019). In September 2019, the DWYPD launched the Sanitary Dignity Implementation Framework (SDIF), a multi-sectoral initiative to promote MHH dignity, improve MHH conditions, and provide guidance for MHH management practices. In March 2020, the DWYPD established the South African Coalition on Menstrual Health and Hygiene Management (SACMHM, 2020), which aims to research and analyze MHH conditions, as well as allocate MHH resources. In May 2020, the South African Bureau of Standards (SABS) issued its first official standard for washable reusable sanitary towels. This standard also banned the inclusion of toxic dyes and harmful materials in reusable pads (Mahajan & Joshi, 2021). SABS is also currently working on a tampon standard.

In 2018, the South African Finance Minister announced the abolishment of the 15% VAT on menstrual pads in order to improve product accessibility (Shah, 2018). However, the order did not eliminate the 20% import tax on MH products, and it is unclear thus far if the VAT was removed from all MH products or solely commercial pads (Adepoju, 2019). Increasingly over the last several years, the South African government has allocated portions of its national budget to address MHH equity. In its 2018 and 2019 federal fiscal budgets, South Africa allotted respectively R79 million (approximately US \$4.7 million) and R157 million (approximately \$9.3 million) to provide MHH products to low-income individuals (Barbier, 2019). For the 2020/21 financial year, South Africa consigned sanitary pads to no fee-paying, farm, and special schools, assisting more than two million school-age girls (UNFPA, 2021). The government has also made several substantial financial commitments to its sanitary dignity charter through its South African Coalition on Menstrual Health Management, which is headed by the DWYPD (UNFPA, 2021).

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