The Social Exclusion of Homeless Menstruators within the Sanitary Dignity Framework and its Implementation

by

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DECLARATION

I, the undersigned, Katleho Ramafalo, hereby declare that:

1. The research reported in this dissertation, except where otherwise indicated, is my original work.
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ABSTRACT

The *Sanitary Dignity Framework (*2019) is a policy that aims to preserve and maintain indigent girls' and women's dignity during menstruation. In South Africa, the term "sanitary dignity", can be equated to what the rest of the world recognizes as menstrual hygiene management (MHM). Sanitary dignity or MHM is centred around the provision of menstrual health hygiene products (MHPs) such as tampons and sanitary pads to anyone who menstruates and cannot afford to purchase MHPs for themselves. Limited of access to MHPs, water and sanitation facilities, and privacy make it impossible for vulnerable menstruators to achieve sanitary dignity. This policy excludes street-based homeless menstruators as it only makes provisions for those who have access to state-funded institutions such as; quintile 1, 2, and 3 schools, mental institutions, hostels, places of care, and prisons. Street-based homeless menstruators are marginalized twofold; they reside on the streets and they menstruate. This dissertation discusses how the social exclusion of street-based homeless menstruators within the *Sanitary Dignity Framework* strips them of their fundamental right to dignity by denying them access to the sanitary dignity they are entitled to.

Keywords*: homelessness, menstruation, menstrual health management, menstrual health products, sanitary dignity, social exclusion*

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Psalm 23

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LIST OF ACRONYMS

DSD	Department of Social Development
DWYPD	Department of Women, Youth and Persons with Disabilities
ISMC	Indigent Sanitary Management Committee
MHH	Menstrual Health Hygiene
MHM	Menstrual Health Management
MHP	Menstrual Hygiene Product
PSDC	Provincial Sanitary Dignity Committee
SDIF	Sanitary Dignity Implementation Framework
SDOC	Sanitary Dignity Oversight Committee
UNICEF	United Nations Children's Fund
WASH	water and sanitation

CHAPTER 1: INTRODUCTION

"A woman typically menstruates for a significant portion of her lifetime. As such, menstruation could be seen as a universal physiological phenomenon that women must manage, no matter their geographical, material or socio-political location. At the same time, however, differences in contemporary social, cultural and symbolic responses to menstruation, in access to menstrual products, and in the provision of public facilities, greatly affect women's management of menstruation, as well as their ability to engage comfortably in various activities in both the private and public domains."

(Kelland et al., 2017: 33)

1.1 Introduction

In this dissertation I address the question of the evident social exclusion of street homeless menstruators living on the streets from the Department of Women, Youths and People with Disabilities' *Sanitary Dignity Framework*, which is intended to advance "women's socio-economic empowerment and the promotion of gender equality" (DWYPD, 2019: 5), and the effect this exclusion has on the lives of those who menstruate while dwelling on the pavements of South African metropolitan cities. Street-based homeless people are those who do not have access to state-owned homeless shelters, temporary housing or any other form of informal and insecure housing. They include individuals who sleep on the pavements, under bridges or any other public space such as parks, beaches and abandoned buildings. Even though, "homelessness" may have varying definitions and multiple epistemologies, this research is primarily focused on those who reside solely on sidewalks, pavements, alleyways, under bridges, public parks, and beaches. This dissertation will also use the term "menstruator" instead of "girl" or "woman" because there are people who menstruate but do not identify as "women" or are gender non-conforming. The United Nations Children's Fund (UNICEF) defines a "menstruator" as "a person who menstruates and therefore has menstrual health and hygiene needs – including girls, women, transgender and non-binary persons" (2019: 8). To better understand the neglect of marginalized menstruators, I look at the issues and challenges street-based homeless menstruators face during menstruation.

My research centers around an analysis of the *Sanitary Dignity Framework* in order to identify the systematic social exclusion of homeless menstruators. This research is important because it brings into focus the perils of a lack of public policy representation of a vulnerable group of people. It places particular importance on the lack of representation of homeless menstruators within the *Sanitary Dignity Framework* and how this absence will continue the cycle of neglect that this group of people face. I argue that sanitary dignity or menstrual health management (MHM) is not only a matter of access to menstrual hygiene products (MHPs), but also has an impact on gender equality, human dignity and socio-economic advancements. Failure to account for street-based homeless menstruators in public policy may also give allowance to national and provincial governments to neglect the needs of this group of people without consequence.

In this chapter I explain the key concepts that inform the epistemology of this dissertation. I explicate my understanding of the term "sanitary dignity" in relation to the *Sanitary Dignity Framework*. I also consider homelessness and what it means to be a street-based homeless menstruator. This is done to rationalize this research and to introduce the matters that will be discussed further in this dissertation. Lastly, I provide an itemization of the contents of the following chapters that make up this dissertation.

1.2 Sanitary dignity is the right to menstruate with dignity

South Africa views "human dignity" as a foundational and fundamental value in our Constitution. The South African Bill of Rights states that, "Everyone has inherent dignity and the right to have that dignity respected and protected" (1996). Dignity, according to Ackermann (2012: 17), means "human worth". I understand human worth to mean that dignity is equivalent to assigning value and subjecthood to the individual; that on a fundamental level we are all equal; that by virtue of being human you are entitled to respect. Ackermann (2012: 25) adds that for human dignity to prosper certain basic physical needs must be sustained. Therefore, when discussing menstruators and the factors that make it difficult for them to have human dignity/ human worth I will be interrogating the *Sanitary Dignity Framework* which is proposed by the Department of Women, Youth and Persons with Disabilities (DWYPD) as a policy to promote and advance gender equality and the empowerment of women, by granting them the opportunity to "manage menstruation with adequate dignity" (DWYPD, 2019:3).

The term "sanitary dignity" being "the preservation and maintenance of the self-esteem of an indigent girl and/or woman especially during menstruations" (2019), can be equated to what the rest of the world recognizes as menstrual health management (MHM).[1] Sanitary dignity or MHM is centered around the provision of menstrual health hygiene products (MHPs), such as tampons and sanitary pads, to menstruators who cannot afford to purchase those for themselves, amongst other things that make it impossible for vulnerable women to achieve sanitary dignity. In South Africa, the provision of sanitary towels has been viewed as the primary way to manage menstruation for indigent women, as "menstruation is often a rather inconvenient biological reality against which there is no control (and) which is expensive for most ordinary women" (DWYPD, 2019). The DWYPD (2019) further states that "the ability to manage menstruation with adequate dignity is essential to the human rights of women and girls". Therefore, this policy envisages more than just provision of MHPs, incorporating (at least rhetorically) a concern for the fundamental human rights of anyone who menstruates, especially those who are the most vulnerable in society.

The *Sanitary Dignity Framework* aims to address the issues faced by marginalized menstruators by enforcing "national norms and standards" (DWYPD, 2019) and providing for "certainty on a uniform approach to sanitary dignity" (DWYPD, 2019). However, the policy omits street-based homeless menstruators and also allows each municipality to plan their own implementation for the provision of sanitary dignity, thus potentially fragmenting implementation. The policy makes provisions for those who may miss school or work due to the lack of water and sanitation (WASH) facilities and MPHs, and it acknowledges that the lack of these resources may result in a negative impact on indigent persons' health and well-being (DWYPD, 2019). Missing school or work because of restricted access to MHPs and WASH facilities compromises the rights of indigent menstruators because they are denied access to participate in their daily activities, which "may also negatively affect the person's self-esteem and confidence" (DWYPD, 2019). Vora's insight that "menstruation is costly process"[2] (2016:2) is echoed by the DWYPD. The cost of MHPs is a heavy burden on indigent menstruators that men and boys do not have to carry. As the *Sanitary Dignity Framework*

[1] MHM is a call for menstrual equity. Zivi (2020:122) says that MHM could be "the right to water and sanitation, he right to privacy or the right to education."
[2] In 2015, the MHPs industry was worth close to 30 billion US dollars. "As an example, the average menstruator in the United Kingdom, a developed nation, spends approximately 35 000 British Pounds on MHPs in their lifetime." (Vora, 2016:2).

(DWYPD, 2019: 4) correctly notes, menstruation and its cost are a plight that "...has been aggravated by the increased unemployment levels and poverty" experienced in South Africa:

> Indigent persons have competing needs therefore those who receive social grants would rather use these social protection instruments for other priorities than for menstrual health management (MHM).
>
> (DWYPD, 2019: 4)

In summation, the policy is geared towards providing sanitary dignity to indigent women and school going girls by providing MHPs and WASH facilities, and by promoting positive and conducive environments for those who menstruate.

1.3 The effects of homelessness on sanitary dignity

Menstruation can occur when a menstruator does not expect it and they may use unclean and unsafe materials that may cause them to contract reproductive tract infections, such as "urinary tract infections, yeast infections, and vulvar contact dermatitis." (Parrillo and Feller, 2017: 4). Fortunately, well-off menstruators only use unclean and unsafe methods during extreme circumstances that are beyond their control, and usually for a short period of time. They have access to clean water and the space to privately and safely deal with the symptoms associated with menstruation. Parrillo and Feller (2017: 4), like Vora (2016), Winkler and Roaf (2015) and Lahiri-Dutt (2015), assert that menstruation and menstrual hygiene health (MHH) are seldom discussed and addressed because menstruation is still viewed as a taboo and is stigmatized. The secrecy and shame around menstruation is more severe for women who are marginalized due to their race, class, religion and culture. The overlooking of menstruation and MHH in academic, legal and political discussions has resulted in a "lack of sanitary products for homeless women…" (Parrillo and Feller, 2017: 4). Using the city of Cape Town, in the Western Cape, as an example, it is apparent that homeless people make up a relatively large number of our population. According to the Western Cape Government (2019), close to 5000 people are homeless in the greater Cape Town area and over 700 of those who are homeless live in the central business district (CBD). My research aims to examine how provincial government, such as the Western Cape Province, aims to provide or evade providing sanitary

dignity to street homeless menstruators as they are socially excluded from the *Sanitary Dignity Policy Framework*. The social exclusion of street homeless menstruators can easily be overlooked as there is a lack of literature that is solely concerned with the menstrual needs of homeless menstruators in developing countries.

Homeless menstruators often use toilet paper as makeshift pads often soil their clothing. They usually have a limited amount of changing clothes and may, therefore, walk around with soiled clothing or may wash their clothes with dirty water without soap (Parrillo and Feller, 2017: 4). Walking around with blood-soiled clothing is not only unhygienic, it is also emotionally taxing. Menstruators who are being subjected to those conditions are not granted human dignity. Menstruation is not only viewed as a "taboo process" (Vora, 2016: 2), it is also costly: financially, emotionally and physically. Vora (2016: 2) echoes the words that my mother told me once I began menstruating, menstruation is "… shrouded in secrecy and taboo". The secrecy associated with menstruation ensures that the natural process that ensures the survival of our species is viewed as something shameful and should never be spoken of, even in private spaces. This engrained shamed is common even within more developed spaces, so that "the idea that menstruation as an unclean or toxic process is still perpetuated in Western societies" (Vora, 2016: 2).

My research brings to the forefront a topic that is often avoided and allows those who society has erased to be made visible. Besides the gaps in the literature, menstruation is indeed a beautiful and natural part of a menstruator's life cycle. However, when you are poor, marginalized and neglected by society, it can be a heavy burden to behold. My research, as a form of menstrual activism, will show that sanitary dignity should be made a priority when dealing with issues around homelessness in a country like South Africa which also holds human dignity to a high regard.

1.4.Chapter outline

This research aims to historicize, interrogate and discuss the effects of the social exclusion[3] of street homeless menstruators within the *Sanitary Dignity Framework* and makes use of the implementation plan proposed by the Western Cape Province as an example of how social

[3] "The marginalisation, or exclusion, from mainstream society of persons... because of the cumulative effect of severely limited access to material, cultural and social resources" (Hills, 1999: 2).

exclusion within public policy operates in the real world. This is achieved through the use of public policy analysis strategies as theory building tool. The analysis of the *Sanitary Dignity Framework* is centered around how the rights of those who have been socially excluded can be reinstated through advocating for their representation in public policy.

Chapter two will explore research that is available around homelessness in South Africa, and research conducted in other developing countries around the provision or lack thereof, of sanitary dignity to vulnerable menstruators. This review of the literature shows that there is a gap in research centered around street-based homeless menstruators and their sanitary dignity in the developing world. To conclude chapter two, I therefore also discuss research conducted in South Africa about homelessness.

In the third chapter, I explain how I conducted my research and the tools I use to expose the social exclusion of homeless menstruators within the *Sanitary Dignity Framework*. This chapter considers the challenges I faced as a master's student, who had planned and prepared to do empirical research, conducting research during a global pandemic that forced the whole world to remain indoors in order to avoid spreading and/or contracting the novel coronavirus (Covid-19).

In chapter four, I conduct a public policy analysis where I show how a policy such as the *Sanitary Dignity Framework* systematically socially excludes street-based homeless menstruators. I look at how the socially exclusion of this group of people undermines the core objectives of this policy.

Chapter five reflects on the factors that allow for the social exclusion of homeless menstruators. Through a discussion of the experience of homelessness, I argue that a policy that is aimed at empowering menstruators should be concerned with easing the hardships that homeless menstruators face while on the streets, hoping to change their lives for the better. I use the Western Cape and its proposed implementation of the policy as an example of how social exclusion can violate the rights of the vulnerable.

The conclusion of this thesis, chapter six, consolidates the discussions and arguments made in the dissertation. I return to my research question, summarize and reflect on the research, and make my recommendations.

1.5 Conclusion

Homelessness, as an ideological construct or literal rooflessness, poses many difficulties for most countries in the world. In South Africa, people who migrate from rural areas to seek work in the metropolises make up the bulk of those who end up street homeless (du Toit, 2010: 112). Therefore, there will always be an influx of hopeful job seekers making their way to cities such a Johannesburg, Cape Town and Durban. In conclusion, this research not only fills a gap in the literature, but it also magnifies an important issue that has been neglected in South African public policy: that the experiences of non-menstruators and menstruators on the streets are different because of many psychological, emotional and biological factors. Menstruation, as the subject of this thesis, is one of the most challenging parts of the street homeless menstruator's experience and more attention and resources must be directed towards those who menstruate while homeless.

CHAPTER 2: GROUNDWORK

2.1 Introduction

This research addresses the needs of street-based homeless menstruators through a policy lens in order to ensure that their menstrual rights are not violated, and their human dignity is upheld. It is a sphere activism. The main theme I have encountered amongst all the menstrual activists, who advocate for those who menstruate, is that they aim to demystify menstruation, to ensure that everyone has adequate information about menstruation and that every person who is of reproductive age and menstruates has access to MHPs as well as a reliable supply of water and sanitation. Bobel (2010: 7) states that "(m)enstrual activism rejects the construction of menstruation as a problem in need of a solution", but rather it is a natural bodily process that should be celebrated. Therefore, the problem is the lack of resources, information and public policy representation instead of menstruation. By opening up the conversations about menstruation we, as menstrual activists, are confronting negative representations of menstruations "… which impede the development of safe products, the distribution of comprehensive information, and honest, informed dialogue about this bodily process" (Bobel, 2010:7). However, as a third-wave feminist,[4] I cannot deny that many women who came before me made noise about menstrual culture, with "(m)enstrual activism (being) an outgrowth of the mid- to late twentieth- century feminist women's health activism" (Bobel, 2010: 8). My ideas and assertions are not new, but they have merit because they are situated with a contemporary South African context.

The literature reviewed for this dissertation is the work of scholars who are, through their practice, menstrual activists. Their work is centred around highlighting the issues that marginalized menstruators face during menstruation, as well as the conditions they face that make their experience of menstruation unbearable and unconstitutional as their right to human dignity is infringed upon. There is a lack of literature around the experiences of street homeless menstruators in South Africa, therefore, I will be using the research conducted in the developed world in order to inform my understanding of what it may be like to be a homeless menstruator.

I conclude this chapter by discussing the implications of the open-ended definition of homelessness and how it may negatively impact the representation of street-based homeless

[4] "A new breed of feminism" (Bobel, 2010: 4) that aims to be more inclusive, active, accessible and better prepared to mobilize resources.

menstruators in a policy such as the *Sanitary Dignity Framework*. Definitions in policy are important as they dictate who reaps the benefits of that particular policy as well as what that policy promises to provide.

2.2. Menstruating as a street homeless person

The world through the lens of a marginalized menstruator looks like an obstacle course. Inventing new ways to collect blood, finding creative new ways to hide the blood stains and mastering menstrual etiquette to avoid the shame that stems from the inability to conceal menstruation. These obstacles are easier to manage when a menstruator has access to adequate WASH facilities and MHPs such as pad, tampons or a moon cup. Menstruators who have access to a private toilet with clean water and soap, as well as a safe and secure place to rest when the side effects of menstruation persist, should consider themselves privileged. Through conducting my research and learning about the importance of the *Sanitary Dignity Framework*, it has become more paramount to bring conversations about menstruation and its implications on those who are street-based homeless to the forefront. Homelessness is hardly discussed as an engendered experienced and, therefore, the experiences of street-based homeless menstruators often goes unnoticed and disregarded. The struggle to find information and research about how street-based homeless South African menstruators manage their menstruation has resulted in a reliance on the work of Vora (2016 & 2020), whose research is centered around understanding the challenges that homeless women in Western countries experience while on their period. Vora (2016: 4-6), through her study of homeless women in the United Kingdom, reported two concerns: that the products were too expensive and those who could afford to get menstrual products could only afford the cheap, often faulty, brands; and the need for a warm and comfortable place to rest and alleviate the symptoms of menstruation. If menstrual hygiene is an obstacle for homeless women in a developed country, it is fair to assume that it will be even more challenging for homeless women in a less well-resourced developing country like South Africa. Vora (2016: 4) found that, "the financial and social restrictions that face homeless women affect the way that they perceived their bodies and the resources that they can access to manage the effects of menstruation". The homeless women that Vora (2020: 31) spoke to view menstruation as a negative occurrence with one of the participants stating that, "being on your period is the worst part for a woman to be homeless – it gives you that extra blow". Homeless non-menstruators, who predominately identify as

men, spend the money they manage to earn on paying for an overnight stay at a shelter or buying food. In contrast, homeless menstruators have to not only find money to pay for food and accommodation, but they also have to buy MHPs. Vora (2016: 4) uncovered that, "homeless women are concerned that they would not be able to afford MHPs to last them through their menstrual week". The situation becomes even more stressful when they cannot afford to buy any MHPs at all.

Sleeping on pavements and sidewalks is both emotionally and physically strenuous. The lack of privacy takes its toll on one's sense of self-worth and dignity. The shame of being society's anomaly, not only ignored as people walk past them or jump over their makeshift beds to get to where they're going, but also erased from the civil society's consciousness when they are "…overlooked by public, civil society actors, policy makers and academic" (Vora, 2020: 31). This experience is intensified when a homeless menstruator begins their monthly cycle. They are not only denied privacy, but they are in pain, feeling emotionally vulnerable, exhausted and feeling embarrassed. After spending their days trying to avoid situations that may make them feel stigmatized and ashamed, they have to spend their nights sleeping in insecure makeshift structure in the public's view. According to Vora (2016: 6), homeless women "feel like they can't move but are required to be constantly mobile". The requirement to constantly be mobile becomes an even more difficult challenge when "warmth and comfort" are "important factors to alleviate negative symptoms of menstruation" (Vora, 2016: 6). For these aforementioned reasons, homeless shelters become very important to menstruators during their menstruation week. According to Vora (2016: 7- 8), homeless shelters in the United Kingdom "provide warm space and maybe provide sanitary products". However, the shame and stigma of menstruation may sometimes cause the homeless women to shy away from asking for MHPs. In a study conducted in the United States of America that examined the real-life challenges that homeless adolescent women face when seeking reproductive health services, it was shown that women had difficulties managing their hygiene during menstruation (Ensign, 2000: 141). Women said that "…finding places that would give them sanitary pads or tampons was difficult, and then finding bathrooms to be able to change the pads or tampons was also a problem" (Ensign, 2000: 141).

In summation, homeless menstruators face many challenges that their non-menstruating counterparts do not. Apart from the lack of privacy, food insecurity and erasure, street-based homeless menstruators also suffer the indignity of menstruating in public view. Relying on donations or cheap and ineffective MHPs, finding refuge in public toilets and having to

experience the side effects of menstruation in cold and uncomfortable spaces. The realities of street-based homeless menstruators are hopeless and hazarders, however, their issues are often neglected or disregarded all together, even by those who have dedicated their lives to helping the street homeless population in our society.

2.3 Menstruating in a world that detests menstruation

Bobel and Fahs (2020) are menstrual activists who are have interrogated the reasons why the conversation about menstruation has become so exclusionary that the menstrual needs of anyone who is not a Western or privileged person is completely erased from the conversation. They acknowledge that the work done by menstrual activists before them has resulted in the conversation around menstruation being more mainstream but argue that "there is still a deep investment in concealing it" (Bobel & Fahs, 2020: 955). They argue that the conversation around menstruation is often centred solely around representing an image of menstruation that is watered down and often negates the essence of the shame associated with menstruation, actively avoiding any discourse that may destabilize the status quo. Bobel and Fahs (2020: 955-956) maintain that, "the movement is now overtly concerned with the politics of respectability". Politics of respectability or menstrual etiquette often silences discussions around the difficulties of menstruation and its disproportionate negative impact on those who are marginalized and unable to access clean running water, MHPs and a safe and warm place to rest. Instead, the discourse around menstruation is saturated by conversations that converge to solely centre on access to MHPs. By focusing on access to MHPs, they have inadvertently prioritized the merits of concealing menstruation through adequate access to MHPs, instead of exposing menstruation as a complex issue that is a public health, housing, water and sanitation, social development and education issue. Achieving sanitary dignity should be a conversation conducted between multiple governmental agencies as its effects on the marginalized ripple throughout all aspects of their lives. Instead, the notion that, "to be an empowered menstruator, it seems, one must keep menstruation private" (Bobel & Fahs, 2020, 956), has dominated contemporary discussion around menstruation. Fundamentally then, as Bobel and Fahs (2020) argue, menstrual activism at the moment advocates to ensure that menstruation remains "socially acceptable", denies any radical change and has "turned its back on its radical history to reinvent itself as a neoliberal enterprise" (Bobel & Fahs, 2020: 956).

To fully comprehend Bobel and Fahs (2020) critique of the contemporary forms of menstrual activism it is beneficial to understand the term "menstrual etiquette" as it informs the politics the discourse of menstruation. Menstrual etiquette is the act of concealing menstruation and its discomforts, in which society communicates to menstruators that it is important to keep the experience of menstruation and their status as menstruators hidden from, especially, the boys and men in their communities (Sommer el al, 2015: 1303). Menstrual shame, according to Sommer et al (2015: 1303) is a "an inevitable part of the social order" and has been normalized through the limited representation of menstruation in discourses centred around health, political and socio-economic issues that those who menstruate may face. This engrained shame, that is common even within developed, progressive Western spaces, ensures that menstruation is perceived by both men and women as the abject.[5] Powrie (2003: 223) claims that the abject is "linked to the maternal, to lack of control and helplessness, to all the fluids we might associate with early childhood (vomit, blood, urine, excrement)". Therefore, menstruation as a liminal state, an in-between space where the abject is both a necessary part of life and a shameful occurrence which should be hidden. The self is operating as the other for a few days in a month. Where, in some religions and cultures, women on their period[6] are isolated from society and are only allowed back once they have stopped bleeding. Powrie (2003: 223) describes this phenomenon as being "poised on the cusp of subject-hood, but not quite yet subject". This realisation that in both the global North and South menstruation is experienced as a form of othering and can be the grounds on which society can erase women by denying them a sense of self once every month should be a prominent point of discussion for all feminists, activities and allies of the women's liberation movement.

What follows below is an examination of what vulnerable women experience during their menstruation apart from the typical discomforts that of menstruation in general. So far, we have looked at concrete research about the experiences of menstruators in the developed world. Even though information about street homeless women in South Africa is currently limited, there is some information and research centred around the experiences of marginalized women in developing countries, and although these experiences may not be specific to the experiences of the street homeless, they do provide insight into the challenges that may be relevant in a country like South Africa.

[5] "The abject is perverse because it neither gives up nor assumes a prohibition, a rule, or law; but turns them aside, misleads, corrupts; uses them, takes advantage of them, the better to deny them." (Kristeva, 1982: 15).
[6] Colloquial term for menstruation.

2.4. Menstruating in a developing country

Street homeless menstruators are not the only group of menstruators who experience hardships during their period. Menstruators who live in insecure housing, like informal settlements, squatter camps, communes, rural villages and mobile homes, also encounter challenges during menstruation. They share a toilet with multiple people who may or may not be a member of their immediate family, they often do not have a toilet in their home and are accustomed to using toilets that are unclean. Although these menstruators may not at first glance be viewed as "homeless", the South African Homeless People's Federation makes the point that people who live in poorly developed and neglected parts of South Africa are "technically homeless" (Podlashuc, 2011: 3). Through extensive research looking for scholarly writings on menstrual health hygiene (MHH) and how vulnerable menstruators experience their monthly cycle, I found three case studies that expose what marginalized women in developing nations encounter. MHH is the "access to clean sanitary materials that can be changed in private as often as necessary, access to soap and water for washing, and access to a place for the hygienic disposal of used sanitary materials or washing, if reusable pads are used" (Kuhlman et al., 2019: 238). According to Scorgie et al. (2016), Mason et al. (2013) and House et al. (2012), women in developing nations face a number of challenges, such as: lack of access WASH during menstruation, shame and secrecy associated with menstruation, limits to menstruators' ability to access helpful information about menstruation, and lack of reliable and safe MHPs. I discuss these further below.

2.4.1 Access to sanitation services

Bitten by Shyness (2016) is an article which presents findings from a study conducted by PATH, an international health organization, on Menstrual Hygiene Management (MHM) among women in three low-income communities in Durban, South Africa. The study is part of a bigger, multi-country study, which aims "to understand women's beliefs and practices around menstruation in the context of their respective sanitation environments" (Scorgie et al, 2016: 162). Researchers used qualitative, participatory methods because of the sensitivity of the topic. They "… further aimed to inform advocacy for improved sanitation services and access to MHPs [Menstrual Hygiene Products] for women and girls in low-income settings globally" (Scorgie et al, 2016: 162). This article is essentially an analysis of data on women's experiences

with available sanitation facilities, such as toilets. It also examines "the background of local attitudes toward menstrual blood and its need for containment" (Scorgie et al, 2016: 162).

Scorgie et al (2016: 162) sought to use Photovoice as a tool through which the participants may share their experiences of menstruation through the use of the images they capture themselves. Participants used photographs to tell their stories and to archive their lived experiences, using cameras provided by the researchers to the participants, which allowed them to record their own experiences. Scorgie et al (2016: 162) suggest that the aim of this method is to encourage the part: "[w]e sought to give women control over the processes of representation, using methods that are empowering in their design" (Scorgie et al, 2016: 162). Looking at how women disposed of their MHPs when they have to use communal toilets that are often far away from their homes and also often broken down, the study showed that, "sanitation planners and local authorities had generally failed to provide for disposal of the non-biodegradable sanitary pads used by women" (Scorgie et al, 2016: 170), along with a lack of privacy when changing or disposing of MHPs. These conditions not only make menstruation harder for these menstruators, but they also deny them their right to menstruate with dignity.

Research on the intersection between menstrual hygiene management and sanitation systems identifies the following as areas of concern: "…the availability of privacy and space for women to manage their menses"; "… the existence of adequate washing facilities, including water supply"; and "the potential for blockages in sanitation systems caused by inappropriate disposal of MHPs" (Sebastian et al. in Scorgie et al, 2016: 170). In the Photovoice study, "lack of privacy and safety when changing and disposing of MHPs troubled women the most, possibly even overshadowing concerns about poor hygiene from inadequate water supply or potential sanitation system blockages" (Scorgie et al., 2016: 170-171). Scorgie et al. (2016: 173) found that "[w]omen's keen desire for privacy during menstruation, and their desire to conform to local norms of hygiene, discretion, and dignity, shaped how they disposed of products and the manner in which they used and engaged with sanitation systems". Even when other hygiene requirements (piped water, flush toilets, and a space for washing hands) were met, "women's need for privacy while changing soiled products and disposing of menstrual waste was rarely considered or satisfied" (Scorgie et al., 2016: 173). Scorgie et al. (2016: 173) recommends that stronger advocacy is required at community level to "bring women's experiences and input into planning, and ensure that sanitation systems—especially communal ones—are more responsive to the MHM needs of women and meet local standards of dignity, safety and hygiene" (Scorgie et al., 2016: 173).

2.4.2 Misinformation and shame

We Keep it Secret so No One Should Know (2013) is centred around what the researchers called the " Menstrual Solutions Study" (MS Study) (Mason et al., 2013: 2). This study solely focused on school going-girls in Kenya and gave them an opportunity to "… raise issues considered relevant to their menstrual experiences" (Mason et al., 2013: 3). Unlike the Scorgie et al study, which narrowly focused on hygiene and privacy when women change MHPs and dispose of them, this study encompasses that aspect, as well as paying for sanitary towels, how young girls are prepared for menstruation, identifying menstruation as an illness, and addressing the fear and shame that comes with menstruation. "Young girls face emotional and physical challenges when experiencing menarche in rural African populations", according to Mason et al. (2013: 9). Menarche is the first time an adolescent girl experiences menstruation. In rural western Kenya, many girls reported that they had "… no prior knowledge of menstruation, describing learning of menstruation only when they experienced bleeding for the first time" (Mason et al., 2013: 3). These young girls' knowledge of menstruation was rudimental, but most of the girls understood menarche as "… a sign of being grown up or mature" (Mason et al., 2013: 4). Once a girl began menstruating she became vulnerable to being married off or being sexually abused by family members. The young girls reported that they viewed menstruation as a sickness that caused them to feel physically ill. The headaches, stomach aches, backaches and tiredness made "housework become more difficult for some" (Mason et al., 2013: 4).

Both the Scorgie et al. and Mason et al. studies concluded that sanitary dignity for these vulnerable women can be improved if certain initiatives are implemented at community level. The initiatives are not explicitly stipulated in either of the studies. In South Africa, the women were not dealing with menarche, but rather their main problem was maintaining their dignity in a context where they are denied privacy, whereas, the young girls in the Kenya study were faced with challenges of menarche. Both sets of women's menstrual hygiene was impaired by their low-income status which made them particularly vulnerable.

2.4.3 The cycle of neglect

In order to better understand the universal factors that negatively impact menstrual hygiene I drew on a study that shows how menstrual hygiene is often neglected by the WASH sector and

other sectors implicated in the maintenance of menstrual hygiene, because provision MHM tends to be a focus on sexual and reproductive health and education (House et al., 2012: 257). House et al. (2012: 257) refer to these universal factors that hinder menstrual hygiene as "a cycle of neglect", constituted by the lack of agency, misinformation, lack of social support, infringing on a girlchild's education, menstruation as an illness and a lack of sustainability, both environmentally and financially. (House et al., 2012: 257-258). The cycle begins when "(w)omen and girls are… excluded from decision making and management in development and making relief programmes" (House et al., 2012: 257). This lack of involvement may also be personalised, at a household-level. Women and girls "… generally have little control over whether they have access to a private latrine or money to spend on sanitary materials" (House et al., 2012: 257). They argue that the cycle of neglect is compounded by a lack of information as well as a lack of awareness about menstruation. Adolescent girls are not empowered with information about menstruation because their mothers or caregivers also have limited knowledge of menstruation and "shy away from discussing the issues with them" (House et al., 2012: 257). Women are also reported to be unaware "… of the biological facts or good hygiene practices" (House et al., 2012: 257), which, in turn, perpetuates the cultural taboos and stereotypes that restrict them from participating in their everyday activities. Apart from the social factors mentioned above, the cycle of neglect is also perpetuated by a lack of access to menstrual hygiene products and functioning WASH facilities. Social factors, such as religious beliefs, taboos and cultural practices, can mean that women are also denied access to WASH when they need it the most because they are not allowed to use shared WASH facilities during their periods (House et al., 2012: 257-258). Denying the access to WASH facilities then causes women to suffer academically because they can no longer go to school because they are unable to use shared WASH facilities at home or at school. The health of menstruators can also be impacted by poor hygiene, which can lead to urinary tract infections and other sicknesses (Parrillo & Feller, 2017: 4). The cycle of neglect is completed by a lack of sustainability:

> "Failing to provide disposal facilities for used sanitary pads or cloths can result in a significant solid waste issues … Failure to provide appropriate menstrual hygiene facilities at home or at school could prevent WASH services being used as intended" (House et al,. 2012: 258).

These studies highlight the fact that "(m)enstrual hygiene supplies are a basic necessity that many low-income women lack" (Kuhlmann et al., 2019: 238). Therefore, when examining the conditions that homeless women in the Western Cape experience, it is useful to determine what their cycle of neglect is made up of. The menstruators who were studied in South Africa and Kenya were not homeless, and had some level of access to facilities and products. My research looks at menstruators who do not have access to even the bare minimum facilities and/or products and rely on social services provided by local or provincial government, through homeless shelters and other institutions put in place to provide Sanitary Dignity for them. Generally, homelessness results in lack of privacy and dispossession for all; however, for those who menstruate the disruption of the typical benefits of having a home can be detrimental to them during that time. Having access to clean water, a private and safe space to change a pad or a tampon, and being able to rest and treat the symptoms associated with menstruation, are basic necessities that are often unavailable to homeless menstruators. The definition of home/homelessness does not only provide perspective by identifying who I am speaking of, but it also serves as a reminder that, even though, the outcomes of this research may have political ramifications, the subject matter is personal and intimate. If, as Scorgie et al (2016:2) correctly note, "women's experiences of menstruation are simultaneously framed by local sanitation provisions and by existing beliefs and practices relating to menstrual blood" the outcome of my research may show similarities to the research done in North America, but it will also yield differences that are specific to this region.

2.5 Who are the homeless? The importance of representation within public policy.

"Meanings are not fixed but are continually contested, formed and reformed in the context of political, social, cultural and economic struggles" (Watson, 1999: 84). Watson (1999: 84) points out that homeless peoples are often not included in policy, which results in their needs and rights being neglected. The term "homelessness" has also changed over time and could connote different meanings in different context. Watson argues that homelessness is difficult to theorize because it is "defined by objective criteria and categories as opposed to subjective experiences on the one hand, and stereotypical constructions on the other" (Watson, 1999: 83). Watson adds that how homelessness is defined often serves "to marginalize women's homelessness at the same time as operating with normative assumptions around the patriarchal family and women's place within it" (1999: 81). Homelessness results in a lack of privacy because the individual who is homeless is essentially "propertyless" (Sommerville in Tripple

and Speak, 2002: 339). Being "propertyless" means more than being roofless, it means that the individual who is "propertyless" does not have the luxury of privacy, or the privilege of having a personal domestic routine. Those who have access to shelters have to comply with the rules of the shelters or risk being denied entry: homeless shelter occupants have a curfew, their meals are regulated and all the spaces they occupy are communal. Even though they have a roof over their heads they are still "propertyless". This "propertylessness" is even graver for those who reside on the streets.

2.5.1 The Significance of Defining Homelessness

> "Homelessness is the absence of personal, permanent, adequate dwelling. Homeless people are those who are unable to access a personal, permanent, adequate dwelling or to access such a dwelling to financial constraints and other social barriers"
>
> (Tripple and Speak, 2002: 341)

Definitions are an integral part of public policy analysis. How a group of people is defined in a policy determines who is illegible to benefit from the services and/or products offered in the policy. Watson (1999: 81) confirms the importance of defining homelessness in relation to public policy by stating that how homelessness is defined can construct some individuals as in need of assistance while others are not. In this section I define the term "street homeless" and use this definition to exemplify the social exclusion of street homeless menstruators within the Sanitary Dignity Framework. The notion and definition of "homelessness" varies. Homelessness has been explored by Sommerville (1992: 530) as an ideological construct, in which "(h)omelessness is ideologically constructed as the absence of home and therefore derivative from the ideological construction of home" (Sommerville, 1992: 530). On this conception, "home" is not only a physical place but it is also a symbol that embodies "…ideas such as comfort, belonging, identity and security" (Tripple and Speak, 2002: 337). Since "home" is not as simple as four walls and a roof where one can reside. "Home" is then a sign, in the sense of "those objects by which humans communicate meaning" (Fortier, 2002:19). According to Fortier (2002: 20), a sign has two parts: the signifier and signified. The signifier is the sign's physical form, "the material phenomenon" and the signified is "the concept invoked by the signified" (Fortier, 2002:20). Elam (1980: 5) states that a sign is a "thing" or rather the "ensemble of material elements". The sign is a two-faced "thing" that is made up of

a physical component which is known as the signifier with a mental concept which is known as the signified. As such, a sign is usually the "thing" that has meaning attached to it because of the connotations associated with it. Sommerville's seven key signifiers of home are: shelter, hearth, heart, privacy, roots, abode and paradise (Somerville, 1992) An individual is, in this framing of the concept, homeless if these seven signifiers are negated or restricted, so that "homelessness is the condition that represents the corollary of these, expressed in connotation with coldness, indifference…" (Tripple and Speak, 2002: 338).

Other scholars have defined homelessness as "… a lack of social ties and relations revealing social exclusion or marginalization" (Edgar et al. 1999 2-3). According to Cross et al. (2010: 7), in the South African context, the definition of homelessness puts emphasis on living on the streets. For example, homelessness is defined as "…the condition of routinely sleeping on the streets without regular access to shelter" (Cross et al. 2010: 7). This coincides with the United Nations' definition which states that the homeless are "households without shelter that would fall within the scope of living quarters" (UNHCR, 2005)). The homeless "carry their few possessions with them sleeping on the streets, in doorways or on piers, or in any other space, on a more or less regular basis" (Tripple and Speak, 2002: 340). Cross et al. (2010: 7) acknowledge that even though these definitions are helpful, they neglect "the many shelter-insecure urban dwellers", because in South Africa "most poor people who do not have formal housing… do not become street homeless" (Cross et al., 2010: 7). Instead, they live in informal settlements in shacks, tents or other makeshift shelters. However, these groups of people face a lesser risk than those who are classified as the "homeless street population" (Cross et al., 2010: 7).

2.5.2 Street homelessness on the sidewalks of South Africa.

For the purpose of this study, I am using the definition of homelessness that was documented in the McKinney-Vento Homeless Assistance Act (1987), which defines a homeless person as:

> (1) an individual who lacks a fixed, regular, and adequate night-time residence; and
> (2) an individual who has a primary night-time residence that is –
>
> a. a supervised publicly or privately-operated shelter designed to provide temporary living accommodations (…);

b. an institution that provides temporary residence for individuals intended to be institutionalized; or
c. a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

This definition is useful because the menstruators that are the focus of this dissertation are those who cannot ordinarily access help from private or public homeless shelters, because they often cannot afford to pay the overnight stay admission fee, and who are not accounted for within the Sanitary Dignity Framework. Naidoo (2010: 129) further distils the term "street homelessness" by labelling it the "visible manifestation of being without shelter". In South Africa, the street homeless are often found on "... the sidewalks of metropolitan municipalities' (du Toit, 2010: 111). This is a result of not only being roofless but for the street homelessness "it is intimately connected with social and economic conditions" (Naidoo, 2010: 132). Du Toit (2010: 112) argues that street homeless is prevalent in metropolitan municipalities because those areas attract many job seekers who may be unable to find accommodation. This is exacerbated by the fact that homeless shelters in Metropoles such as Cape Town charge homeless people for a night's stay. Both du Toit and Naidoo agree that homelessness is mishandled in South Africa because it is seen as a welfare or housing issue instead of employing other government departments to tackle the psychological and health implication of homelessness.

2.6 Conclusion

There is a lack of research that is primarily concerned with the experiences of street homeless menstruators in the developing world. Therefore, the literature that informed my understanding around the topic at hand has been fragmented. The beginning of this literature review focused on sanitary dignity. I looked at why and how menstrual activists have been preoccupied with the provision of MHM. This was followed by an exploration of the factors that hinder MHM in developing countries, which contribute to the cycle of neglect of marginalized menstruators. To understand what menstruators might experience on the streets of Cape Town, Johannesburg or Durban, I studied Vora's (2016) research that concluded that street homeless menstruators face two main challenges: access to MHPs and a space to experience menstruation in safe and comfortable environment. Lastly, I defined homelessness as it pertains to this research, its implication on public policy and the physical manifestation of street homelessness on the

streets of South Africa. The following chapter will discuss how I approached conducting my research and discuss the challenges I faced throughout that process.

CHAPTER 3: METHODOLOGY

3.1 Introduction

The South African Department of Women, Youth and Persons with disabilities (DWYPD) has established a trans-departmental policy that is aimed at providing sanitary products for women who are in need thereof and are unable to provide these items for themselves. According to the DWYPD (2019: 4), "achieving equitable sanitary dignity will require that ALL women and girls – inclusive of women and girls with disabilities – can manage their menstruation with normalcy and in dignity". The methodology used to identify and analyse the social exclusion of street homeless menstruators in the *Sanitary Dignity Framework* and the implementation plans set out by each Province will be conducted by myself rough a form of public policy analysis.

Public policy analysis as a qualitative form is both systemic and creative (Oni, 2016: 235) in nature and is a form of phenomenological research. Oni (2016: 325), says that public policy analysis should fulfil a simple task, which is to generate "detailed knowledge about a proposed or actual policy". The *Sanitary Dignity Framework* is in its implementation phase and, therefore, the information I have access to is the content contained within the policy document itself and the actions taken by public administrators and public officials in order to fulfil the mandates set out within the policy. The policy has now evolved into programme(s), small units of tasks and actions designed to fulfil the main objectives of the policy. It is worth noting, however, that I had to adjust my methodology in order to adapt to novel conditions this thesis was written under. In this chapter I provide a treatment of how this research was conducted, after giving a brief synopsis of why public policy analysis is an appropriate way to conduct research in the South African context.

3.2 Public policy analysis as an appropriate research tool in the South African context

Public policy analysis is contextual, with its objectives determining its function. The modern form of public analysis, which materialized in the 1960s as an outcome of "economic and reconstruction planning for Europe after World War 2" centred on the need "to improve health policies and deal with water resource problems" and was later broadened to include other sectors such as education and training (Healey in European Training Foundation, 2018: 7). In the South African context it has been used as a particularly useful tool to monitor and evaluate

the impact of policy reforms implemented after apartheid. Roux (2002, 419) points out that, "(c)onstitutional reform of such a magnitude inevitably leads to change and transformation in almost all spheres of government and administration" necessitating tools to gauge how effective the goals and objectives of transitional policies were in serving the needs of society (Roux, 2002: 421).

Policy, according to Roux (2002: 425), "…can never be static" because it responds to contemporary problems in a society. Therefore, "[i]t should constantly be adapted to match the impact of environmental variables and influencing factors" (Roux, 2002: 245). It follows that conducting a policy analysis should also be a dynamic process that changes to fit the context in which that policy exists. Schmitt (2012: 29) defines public policy analysis as "a systematic study of public policies", where the intention is to study the roots of a policy in order to comprehend why that policy came to be. The European Training Foundation (2018: 7-8) views policy analysis as an on-going, problem-solving tool that will bring about improvements. Quade (in Roux 2002: 427) states that policy analysis is "any type of analysis that generates and presents information in such a way as to improve the basis for policy-makers to exercise their judgement." Analysis in such a case is used in a broad sense, as "it implies the use of intuition and judgement and encompasses not only the examination of policy by decomposition into its components but also design and synthesis of new alternatives" (Quade in Roux, 2002: 427-428). An analysis that will aims to provide insights into the *Sanitary Policy Framework* requires me to anticipate the problem that needs to be solved in order to improve the policy.

3.3 Challenges encountered while conducting research during a global pandemic.

Research, like any other aspect of academia, has been impacted by the novel Coronavirus (Covid-19). In March 2020, as I was preparing to enter the field, South Africa entered its first lockdown, and by April the Western Cape was the epicenter of Covid-19 in South Africa. South Africans who were not classified as essential workers were required to shelter in place and to practice social distancing by remaining in their homes, avoiding direct contact with others and limiting the amount of time spent in public spaces, and only leaving to receive essential goods and services.[7] During this time academic research must continue, because social injustices,

[7] South Africa. 2020. Disaster Management Act. 2002. Amendment Regulations issuesdin Terms of Section 27 (2). Notice 43232 of 2020. *Government Gazette*, 43095: 3-9. April 16.

gaps in our knowledge and the need to generate new theories persist. This is certainly true – and perhaps even more so than ever – of the challenges facing menstruators.

3.3.1 Qualitative fieldwork before Covid19: Questions that still need answers

My initial research plan required me to spend time at homeless shelters, conducting interviews and, most importantly, observing the daily routines of the menstruators who are admitted into the shelters I would have went to in order to conduct my research. This would have been an attempt to capture the lives of those that society has erased, in essence giving a voice to the voiceless by depicting their real-world experiences as accurately as possible. I had intended to visit homeless shelters in the Western Cape and to ask staff members as well as selected homeless menstruator from those shelters the following questions:

1. What facilities and menstrual products are offered to women during menstruation?
2. How do women access these facilities and menstrual products?
3. Are there requirements for receiving menstrual products? If so, what are they?
4. What is done to educate women about menstruation and menstrual hygiene?
5. What are the biggest challenges they face when providing menstrual hygiene health and sanitary dignity to homeless women?

I hoped that the response to Question 5 would generate a list factors that make up the cycle of neglect that homeless women face, which would provide an empirical basis from which to assess what local government was doing to ensure that homeless women's menstrual hygiene health is secured, as well as to determine what needs to be done in order to improve the lives of some of the most vulnerable women in this region. Many researchers impacted by Covid-19 restrictions have opted to conduct qualitative research, such as interviews and surveys online, through voice calls or emails. However, homeless women rarely own electronic devices or access to data. Moreover, I do not have any contact with homeless women, and I would have relied on the homeless shelters to connect me to homeless women who are interested in participating in my study. During this period, homeless shelters are heavily burdened by the large number of people seeking refuge, making it difficult to receive assistance from the administrative staff.

The Department of Health in the Western Cape is currently not involved in the sanitary dignity programme that is proposed and supported by the national DWYPD. Instead, the province is exploring the possibility of entering into partnerships with NGOs for this purpose and the

Western Cape Government's Department of Social Development (DSD) is encouraging the public to donate MHPs to homeless shelters. People are urged to donate "toiletries, such as shaving razors, deodorant, soap, toothpaste, shampoo, sanitary towel, etc." (The Western Cape DSD, 2019). What I had hoped to explore is whether or not the reliance on public donations, as well as NGO ownership of the provision of sanitary dignity to homeless people, is effective. However, in compliance with the state-imposed lockdown that put into effect the Disaster Management Act of 2003[8], I was confined to my home and could not conduct fieldwork in the traditional sense. I therefore re-focused my study on an analysis of the Sanitary Dignity Policy.

3.4 Analysing the Sanitary Dignity Policy Framework

I undertook the task of analysing the social exclusion of street homeless menstruators because, from my initial reading of the policy document. I began by analysing the policy through a "bureaucratic organizational model" (Oni, 2016:349) to attempt to understand why it was decided that it would be appropriate to socially exclude street homeless menstruators. I chose to use the bureaucratic organizational model as a lens because it stresses the notion that every decision is "a reflection of entrenched cultures within an organisation and this gives room for predictability" (Oni, 2016: 349). This lens is used in chapter 4, where I explicitly analyse the policy and discuss how homelessness is not regarded as an engendered experienced. In that chapter, I examine who the policy lists as its beneficiaries. Chapter 5 focuses on my interpretation of the policy as a way to demonstrate how damaging this form of erasure can be to an already marginalized group of people. I argue that social exclusion of street homeless menstruators not only denies them their right to menstruate with dignity.

3.4.1 Identifying a system of neglect through a public policy analysis

According to the DWYPD (2019), the main aim of the *Policy Sanitary Dignity Framework* "is to promote sanitary dignity and to provide norms and standards in respect to the provision of sanitary products to indigent persons." Furthermore, the policy adds that it "seeks to promote the addressing of girls and women rights including the rights of persons with disabilities; social

[8] South Africa. 2020. Disaster Management Act. 2002. Amendment Regulations Issued in Terms of Section 27 (2). Notice 43232 of 2020. *Government Gazette*, 43095: 3-9. April 16.

justice and emphasises the basic human rights of indigent persons" (2019). The policy is aimed at addressing a gap in the provision of sanitary products to vulnerable women, especially those who are unemployed or live in poverty.

The *Sanitary Dignity Framework* is a relatively new policy, thus there is little implementation or evaluation. I rely on the reading and extrapolating of the document in order to present the evidence that has led me to conclude that homeless menstruators are victims of social exclusion. Through a close reading of the policy I identify the problem (social exclusion of street-based menstruators) and set out to show how grave the implications of this problem are on lives of those affected.

3.5 Conclusion

Conducting qualitative empirical research that relied on face-to-face interaction became impossible in 2020 due to Covid-19 and the implementation of social distancing regulations in order to curb the spread of the virus. I began this chapter by discussing the tools I initially wanted to use in order to gather my data and answer my research problem. However, I could no longer conduct interviews and thus my research became desk-based. The focus of my interrogation into understanding why and how homeless menstruators became socially excluded from the *Sanitary Dignity Framework* shifted to the study of the policy itself. In order to study the policy, I opted to conduct a policy analysis. However, policy analysis is dynamic and shifts in order to account for varying conditions. Due to the *Sanitary Dignity Framework* being a new policy that has not gone through a complete implementation and monitoring and evaluation process, I aimed to focus solely on answering my research questions: a) why and how street homeless menstruators are socially excluded within the *Sanitary Dignity Policy*? and b) what are the potential consequences of this subsequent social exclusion on street homeless menstruators? To identify the problem within the policy and to achieve the aims of this research I rely on other academic research that is centered around the study of those who menstruate while on the streets. Through this work I aim to "extend the knowledge of society" (Roux, 2002: 427), "unravel social problems" (Roux, 2002: 427), and incite a conversation that pushes for the provision of the services stated within a policy are made accessible to those who need them.

CHAPTER 4: SOCIAL EXCLUSION WITHIN THE SANITARY DIGNITY FRAMEWORK

4.1 Introduction

Sanitary dignity for all should be prioritized, especially for those who exists at intersectionalities of vulnerability which amplify social exclusions because of competing challenges. The street-based homeless are such a group.[9] They are concerned with primarily surviving the day: getting enough food and water, staying safe, and hopefully finding a secure place to sleep at night. In the evenings, they become preoccupied with their safety, protecting not only their belongings but also their bodies. The work conducted by Morrell (1998 & 2001) on masculinity affirms my assertions that women, transgender women and non-binary people are most vulnerable to gender-based violence not only on the streets but also in their homes, at work, church and any other public space where men can assert their dominance without consequence. This is possible because the men they occupy space with are emboldened by patriarchy which is a hierarchy that only functions when the individual who is considered feminine is subordinated through violent means (Morrell, 1998: 607-608 & Morrell, 2001: 7). The street homeless are already shunned by society and relegated to an inferior, almost subhuman status where their lives are disposable. In this chapter, I examine the *Sanitary Dignity Framework* and show how this policy is exclusionary. It neglects those who are street-based homeless by omitting them as beneficiaries of the policy. I will also explain what I mean when I use the term "social exclusion". I argue that at the core of the social exclusion of street-based homeless menstruators, exists a disregard of the inherent engendered experience of homelessness. To conclude this chapter, I will summarize the findings of the analysis and begin to elude the real-world implications of the social exclusion of the street-based homeless menstruators. The implications of the social exclusion will be further be discussed in Chapter 5, where I will use the implementation of this policy in Western Cape as an example.

[9] The same is true for those who are transgender and non-binary, which is not a focus of this dissertation. For instance, sanitary dignity becomes the last concern for a transgendered street homeless woman.

4.2. Sanitary Dignity Framework and Social Exclusion

The *Policy Framework on Sanitary Dignity* was drafted in 2017 and was published in 2019 and it is now known as the *Sanitary Dignity Framework*. The Department of Women, Youth and Persons with Disabilities (DWYPD) as the mandate-holders for "gender equality and the empowerment of women" (DWYPD, 2019), took on the development of this policy in order "to promote sanitary dignity[10] and to provide norms and standards in respect of the provision of sanitary products to indigent persons" (DWYPD, 2019). However, street-based homeless menstruators are not represented in this policy and their unique needs are not catered for. In this section I will explicitly present evidence from the policy itself that shows that street-based homeless menstruators are socially excluded from this policy because they are omitted from the policy's list of beneficiaries. I will begin by discussing the concept of sanitary dignity as stated in the policy and highlight its significance. This section leads into a discussion about how the social exclusion of street-based homeless menstruators affects the lives of those who menstruate while on the streets of metropolitan cities such as Cape Town.

4.2.1 The Objectives of the Sanitary dignity Framework

In the South African context, sanitary dignity means "that every girl child and woman in the country can manage their menstruation in a dignified manner" (DWYPD, 2019: 9). The DWYPD (2019: 3), also states that "the ability to manage menstruation with adequate dignity is essential to the human rights of women and girls." Dignity, in this regard, is equated to high self-esteem and the promotion of self-worth. A menstruator's self-esteem is preserved through the provision of MHPs and adequate WASH facilities to curb absenteeism from school or work and also ensuring that the health and well-being of that woman is prioritized. The DWYPD (2019), in this way aims to rectify that previous human rights violations that restricted indigent menstruators from participation in their day to day activities. Apart from the violation of human rights, MHPs such as pad, tampons and other menstrual products are a financial burden that those who do not menstruate do not have to worry about. The objectives of this policy, as stated by the DWYPD, are:

[10] "… the preservation and maintenance of the self-esteem of an indigent girl or woman especially during menstruation" (DWYPD, 2019: 4)

8.1

a) to protect and preserve the sanitary dignity of indigent girls and women as a fundamental human right;

b) to provide for an integrated and coordinated, responsive government programme aimed at the provision of sanitary products free of charge to indigent girls and women;

c) to provide for inter-departmental and inter-governmental cooperation;

d) to broaden economic participation in the sanitary dignity value chain to include the empowerment of women;

e) to contribute towards the improvement of the learning capacity of indigent persons, especially indigent girl learners;

f) to promote the empowerment of indigent persons in society and in the economy;

g) to provide acceptable national norms and standards in respect of various aspects relating to sanitary dignity and sanitary products;

h) to provide for awareness campaigns on sanitary dignity in general and the provisions of this Framework in particular, with a view to educate all persons involved in respect of their rights, duties, responsibilities, roles and functions, as the case may be;

i) to ensure that the provision of sanitary products is not unduly exploited commercially. For example, resale of the free products; and

j) to improve the level of menstrual health and hygienic practices of indigent persons with a view to improve their quality of life.

(DWYPD: 2019: 15-16)

4.2.2 The significance of the Sanitary Dignity Framework

The programmes and interventions that this policy is committed to providing are programmes and interventions that supply MHPs and WASH facilities to the beneficiaries listed about. The implementation of this policy nationwide will be done is such a way that the needs of the most vulnerable will be prioritized. However, "It does not prohibit any other efforts to promote and protect the sanitary dignity of girls and women not mentioned in 9.1.5" (DWYPD: 2019). The implementation will address one group at a time. According to the DWYPD (2019) "Sanitary dignity interventions are, in general, not properly regulated and managed". The following are identified by the DWYPD in paragraph 9.1.2 of the policy as areas of concern underpinning the need for the policy:

> a) There are no national norms and standards for the sanitary products or for the implementation of sanitary dignity programmes in the country.
>
> b) Although some provinces provide sanitary products to some indigent persons, it would seem that this is not necessarily done in terms of approved policies. Furthermore, in some instances these initiatives are not properly funded and coordinated.
>
> c) The South African approach may be criticised for being too narrow since it focuses mainly on the preservation and maintenance of an indigent girl or woman's self-esteem during menstruation by means of the provision of sanitary products rather than a comprehensive package of education and water supply, sanitation and hygiene (WASH).
>
> d) The target beneficiaries differ from province to province, in other words, there is no clarity on who the beneficiaries should be and thus no consistency in this regard.
>
> e) There is insufficient monitoring and evaluation of the impact and effectiveness of the project in provinces.
>
> (DWYPD (2019: 7-8)

4.2.3 The beneficiaries of the Sanitary Dignity Framework

The continued stigma around menstruation makes it difficult for vulnerable menstruators to enjoy their monthly cycle because it comes an obstacle they need to get around. The DWYPD compiled a list of beneficiaries who will receive state-funded services and MHPs which will make it possible for them to menstruate with dignity. In terms of paragraph 9.1.5 these are "indigent women and girls who have reached puberty, commenced menstruation" and—

a) attend schools ranked at quintile 1, 2 and 3 as well as special schools and farm hostels. The option of expanding to quintiles 4 and 5 will be based on the results of a needs assessment and availability of resources;
b) attend Post-School Education and Training institutions;
c) live in indigent and child-headed households;
d) have been admitted to any state-owned mental institutions, hospitals, orphanages, special needs schools, places of care, prisons and places of safety;
e) Vulnerable Indigent Women & Girls not in State Institutions.
f) have been identified by an Indigent Sanitary management Committee (ISMC) or Provincial Sanitary Dignity Committee (PSDC): Provided that the relevant ISMC or PSDC must submit a motivation to the SDOC for the inclusion of such persons as beneficiaries of this Framework and such persons may only be provided with sanitary products if so, approved by the SDOC.

(DWYPD:2019:18)

I understand that "…places of care and places of safety" refers to homeless shelters and other places where homeless women receive state funded amenities. However, there are many reasons why street-based menstruators choose to remain on the streets. Homelessness in South Africa is a result of cracks in the housing and social welfare sector (Naidoo, 2010 & du Toit, 2010). In Chapter 5 I will discuss the factors that disqualify certain homeless people from accessing these state funded facilities.

4.3 Social exclusion within the Sanitary Dignity Framework

As mentioned previously, the policy prioritizes the provision of MHPs and WASH facilities. These interventions are made accessible to indigent menstruators at schools, close to where they live and close to where they work (DWYPD, 2019: 18-20). Street-based homeless menstruators are often unemployed and are not attending school. Therefore, they rely on public restrooms to access WASH facilities. Because they are not listed as beneficiaries, their access point (public restrooms) is not regarded as spaces where state-funded MHPs may be distributed. Homeless menstruators live not only on the margins of society, but they exist within the intersectionality of class and sex; they are poor and they menstruate. For the purpose of this discussion, I have not addressed race and gender. Some menstruators are not feminine-presenting or may identify as non-binary or transgender women. Both these identities are replete with taboo and social judgement, with the result that school-going girls are often a more desirable indigent group of people for advocates of menstrual dignity, instead of those that society has generally elected to erase. Hills (1999: 2-6) puts forward multiple definitions of what social exclusion means because, like many complex social phenomena, it is complex and can vary with each context. The he presents is that social exclusion is "the fact of being outside the normal, mainstream social and economic structures which bind a community and society" (Hill, 1999: 2). People who are socially excluded are often those "who have little or no access to the institutions and facilities of society" (Hills, 1999: 2). Their lack of access to these institutions and facilities is caused by lack of representation in public policy. People who experience acute propertylessness are often denied entry in public libraries, clinics and are expelled from public parks because they are seen as those who do not belong because, due to their circumstance, they do not look like or fit normative conceptions of respectability. Social exclusion is a directed effort that ensures that those society deems as "other" are hindered from participating in society. The list of the beneficiaries in the *Sanitary Dignity Policy Framework* and, as I will show in Chapter 5, its implementation in Cape Town show how social exclusion operates.

In public policy analysis, how key terms are defined not only determines what those terms mean but also how the policy will function, or what purpose will it serve. It becomes even more evident who the policy is aimed at when looking at who or what the document clearly states as its beneficiaries. In the *Sanitary Dignity Policy Framework*, street-based homeless

menstruators are not represented. Only those who have access to state-owned "places of care" and "places of safety" are catered for (DWYPD, 2019: 18). In South Africa being "street homeless" means that an individual "...is a visible manifestation of being without shelter" (Naidoo, 2010: 129). Those who live in informal settlements, homeless shelters and other places that are not in in plain view to the public may also be defined as homeless when using the term "homelessness" as an umbrella term. In addition, the special conditions that street homeless menstruators who are predominantly women find themselves in are rarely acknowledged and documented in any policy geared towards the "homeless". "Housing and Social Welfare government sectors are tasked with alleviating underlying problems affecting the homeless" (Naidoo, 2010: 130) but neglect to find solutions to the homelessness problem that already exists. The *Sanitary Dignity Framework*, therefore, geared to those menstruators who are attend quintile 1,2, and 3 schools, are admitted into state-owned facilities, and are identified by the ISMC and PSDC and approved by the SDOC. Neglecting to specifically mention those who are street homeless leaves those menstruators potentially struggling to get access to the resources required to achieve sanitary dignity. The lack of public policy representation of homeless menstruators can result in a failure to provide sanitary dignity for those who rely on public restrooms to access WASH facilities.

4.7. Conclusion

Menstruators find themselves in need of self-cleaning facilities, money to buy MHPs and a safe place to rest and change the sanitary products they are using. Overlooking menstruators means that they will not be given financial assistance to help them purchase MPHs and they end up using unsafe methods in order to contain and conceal their menstrual blood. Street-based homeless menstruators face the following challenges that non-menstruators do not have to face unable to afford MHPs, no access to WASH facilities and suffer emotional and physical distress from seeking refuge in uncomfortable spaces. Street-based homeless menstruators often worry that "they would not be able to afford MHP to last them through their menstrual week" (Vora, 2016: 4). They also experience feeling "emotionally sensitive and drained while on their period" (Vora, 2016: 6). These are concerns and challenges that non-menstruators, who are predominately men, do not have to worry about. In the following chapter, I will discuss the implications of the social exclusion of street-based homeless menstruators within the Sanitary Dignity Framework. The discussion will draw from examples of how the policy is implemented

in Western Cape. It will demonstrate how the lack of representation in public policy negatively affects those who are excluded.

CHAPTER 5: THE IMPLICATIONS OF SOCIAL EXCLUSION

5.1 Introduction

The evident exclusion of those who are street-based homeless within the *Sanitary Dignity Framework* echoes Golden's perception that somehow street-based homeless men are acceptable whereas street-based homeless women "must be bad lots or they would have a home" (Watson, 1999: 83). Watson (1999: 83) asserts that neglecting gender when creating policy that deals with the needs of the homelessness will always result in the needs and experiences of women remaining marginalized. Equally, creating a policy that does not account for the menstrual needs of those who are street-based homeless performs the same injustice as a housing or welfare policy that neglects women, they both create room for the violation of sanitary dignity of those who menstruate while residing on the streets. In this chapter I will discuss why social exclusion is not only a mere lack or representation within public policy; it has real-world implications that result in marginalized groups of people experiencing neglect. I will refer to the implementation of the *Sanitary Dignity Framework* in Western Cape as an example of how this lack of representation affects the lives of street-based homeless menstruators.

5.2 How the Western Cape implemented the Sanitary Dignity Framework

In a Province where homelessness is "…defined by objective criteria and categories as opposed to subjective experiences…" (Watson, 1999: 83), we find that the street homeless are overlooked in distribution of resources when policies that should help them, such as the *Sanitary Dignity Framework*, are implemented. Although the policy is a positive step towards gender equality and the empowerment of women, it is worth noting that this is the first of its kind and it was established to fill a gap in society. "There is currently no national law, policy or framework guiding the achievement of equity in access to sanitary dignity for indigent persons" (DWYPD, 2019: 7). This resulted in gaps wherein the provision and supply of MHPs and MHH to the most vulnerable was erratic and inept. Its mandate and implementation at provincial level focuses mainly on school-going girls, child headed households, women admitted in state-owned institutions and those identified by the newly formed sanitary dignity committees at both national and provincial level. In the Western Cape, the DSD (2019) has committed to using R23.8 million to provide sanitary pads for school going girls in the region

however they do not have a strategy put in place to make provisions for others groups of indigent women and girls, more especially homeless menstruators.

5.2.1 The neglect of street-based homeless menstruators in the Western Cape

Street homeless menstruators find themselves in difficult position because they have experienced a type of social exclusion that made it impossible for them to have access to welfare services and social housing (Kennet, 1999: 39). The City of Cape's *Street Homeless People Policy* (The City of Cape Town, 2013: 5) aims to:

> "identify and provide street people with the necessary developmental assistance to access accommodation, health services, skill-development services, employment and social grants and aid in facilitating the reintegration or reunification of street people into families, community and society."

However, it has failed to account for the fact that metropolitan municipalities have large concentrations of homeless people who live on the streets (du Toit, 2010: 111). One of the policy's main aim is to reunite the street homeless with their families in order to get them off the streets. The *Street People Policy* provides that it:

> 2.1.seeks to articulate the City of Cape Town's processes to identify and provide street people with the necessary developmental assistance to access accommodation, health services, skill-development services, employment and social grants and aid in facilitating the reintegration or reunification of street people into families, community and society.
>
> 2.2. provides for the establishment and support of Local Network of Care to assist with the reunification of street people with their families and communities
>
> (The City of Cape Town. 2013:3)

This policy fixation on family reunification neglects to address the root causes of homelessness and how to deal with the growing number of people who are without shelter. The policy suggests that homeless people should be identified, taken to an assessment centre where they will be prepared to be reunified with their families. Alternatively, homeless people will be

directed to a temporary shelter. Homeless people will be helped to get employed or social grants so that they can afford to pay use the facilities that are state-funded such as homeless shelters (The City of Cape Town, 2013: 12). Du Toit (2010: 111) claims that street-based homelessness is more visible in metropolitan cities such as Cape Town, Johannesburg and Durban. This is due to people flocking to these areas in hopes of gaining employment. Du Toit (2010: 112) suggests that municipalities such as the City of Cape Town should determine how they will handle the influx of street homeless individuals and they should be strategic about where they chose to locate their homeless shelters. It is useful to consider an example like the Haven Night Shelter in Claremont, Cape Town, to understand why some people may remain on the streets even though shelters are functioning in their area. The Haven is a temporary shelter and rehabilitation facility for homeless people in Cape Town which is endorsed by the Western Cape Department of Social Development (DSD). They prioritize family reunification and social integration. As stated on the Western Cape DSD website,[11] their mission is to get homeless people to return home to their families. Homeless people who wish to access the facilities and services offered must register and be willing and able to "buy a bed". Buying a bed costs an unemployed homeless person R12 a night whereas those who earn above R1400 a month are charged at R750 monthly fee. The Haven charges their clients ostensibly because they want to ensure that the homeless people coming take responsibility and are accountable. The homeless people can also earn their stay by working for the shelter. Apart from the cost of an over-night stay at a homeless shelter, some shelters only cater to teenagers and people with special needs. It may also be challenging to getting to a homeless shelter as many street homeless people do have any other form of transportation besides walking, if there are no homeless shelter within walking distance. Certain individuals will still on remain street homeless because fear of discrimination, lack of documentation and/ or a desire to remain untraceable. Therefore, omitting those who reside solely on the streets may result in the sanitary dignity being disregarded.

The *Street People Policy* does not address issues around menstruation, including access to MHPs and WASH facilities. The exclusion of the needs of homeless menstruators in this policy preceded the *Sanitary Dignity Framework*. The consequent discussion about the

[11] Western Cape Department of Social Development. 2019. *Homelessness.* https://www.westerncape.gov.za/general-publication/homelessness-0. [5 December 2019].

implementation of the Sanitary Dignity Framework reflects how street-homeless people are neglected in general.

5.2.1.1 Progress Report on Quarter 1 (April-June 2019) on the Sanitary dignity programme

The implementation of the Sanitary Dignity Framework is prescribed within the Sanitary Dignity Implementation Framework (SDIF), with its main objectives being:

> (i) to protect and preserve the sanitary dignity of indigent girls and women as a fundamental human right;
>
> (ii) to provide for an integrated and coordinated, responsive government programme aimed at the provision of sanitary products free of charge to indigent girls and women;
>
> (iii) to provide for inter-departmental and inter-governmental cooperation;
>
> (iv) to broaden economic participation in the sanitary dignity value chain to include the empowerment of women;
>
> (v) to contribute towards the improvement of the learning capacity of indigent persons, especially indigent girl learners;
>
> (vi) to promote the empowerment of indigent persons in society and in the economy;
>
> (vii) to provide acceptable national norms and standards in respect of various aspects relating to sanitary dignity and sanitary products;
>
> (viii) to provide for awareness campaigns on sanitary dignity in general and the provisions of this Framework in particular, with a view to educate all persons involved in respect of their rights, duties, responsibilities, roles and functions, as the case may be;
>
> (ix) to ensure that the provision of sanitary products is not unduly exploited commercially. For example, resale of the free products; and

(x) to improve the level of menstrual health and hygienic practices of indigent persons with a view to improve their quality of life.

(DWYPD, 2019: 1-2)

The SDIF model "comprises five categories of inputs that are crucial to assure the successful and sustainable implementation of the SDIF in future" (DWYPD, 2019: 1)::

a) An enabling environment - supporting and enabling policy, legislation, budget etc. are in place.

b) Enabling infrastructure –safe, hygienic and private water supply, sanitation, hand washing facilities, disposal systems, are available and accessible.

c) A gender-responsive menstrual health management implementation value chain is in place i.e. gender-responsive procurement; manufacturing, distribution etc.

d) Monitoring and reporting.

e) Evaluation and learning.

(DWYPD: 2019: 1)

The SDIF is a reflection on how each Province has begun to rollout the DWYPD's sanitary dignity mandate. The document does not mention homelessness or the menstrual needs of homeless menstruators. Across all five categories, the needs of other indigent menstruators beside school going girls, are not mentioned. There are currently no funds or infrastructure allocated to providing street-based homeless menstruators with MHPs or WASH facilities. Therefore for there cannot be any evidence of any monitoring and evaluation initiative concerned with the menstrual needs of street-based homeless menstruators. Lack of policy representation, has in this case, resulted in street-homeless menstruators being overlooked in the SDIF. There not state funds set aside to ensure that their sanity dignity is upheld. The following discussion will articulate what are the implications of this neglect.

5.3 Heavy Yoke to Bare: Being Homeless while menstruating

Vora (2016) identifies three possible barriers that may make it difficult for homeless menstruators to have sanitary dignity:

1. Lack of access to pads, tampons or other devices used during menstruation to capture menstrual blood (menstrual hygiene products).
2. Lack of access to WASH facilities to help them women clean themselves as well as proper ways to dispose of menstrual hygiene products.
3. No access to spaces that are clean and safe, where women can change their menstrual hygiene products and bathe.

These three barriers are obstacles that those who do not menstruate will not face while residing on the streets. This experience is specific to those who menstruate and their lack of presentation in public policy leaves them even more vulnerable. To effectively provide and sustain sanitary dignity for street-based homeless menstruators, policy makers must be willing and able to address all the intersectionalities that make menstruation unbearable for the street homeless menstruators. The main reason that the *Sanitary Dignity Policy* has socially excluded the street homeless menstruator is that it prioritizes the provision of MHPs to those who are documented in governmental systems such as schools, homeless shelters and other state run and/ or funding institutions. There are reasons why some people remain street homeless and do not seek refuge at homeless shelters or to return "home", even though there are homeless shelters that are able to admit them. The *Sanitary Dignity Framework* is a good starting point however, there is a need for a sanitary dignity policy that is geared towards those who are street-based homeless.

5.4 Conclusion

The *Sanitary Dignity Framework* (DWYPD, 2019: 18) states that only "indigent women and girls who have reached puberty, commenced menstruation" are the rightful beneficiaries of the programs and services that will be made available when this policy is implemented. Their belonging is also determined by whether they "attend schools ranked at quintile 1,2, and 3 as well as special schools and farm hostels", they must be registered students at post-education and training institutions, prove that they live in disadvantaged child-headed households, be vulnerable and reside in state owned mental institutions, hostels, orphanages, places of care, prisons and places of safety and/ or "have been identified by Indigent Sanitary Management

Committee (ISMC) or Provincial Sanitary Dignity Committee (PSDC) (DWYPD: 2019: 18). This policy excludes not only street-based homeless menstruators who are the subject of this research, it also excludes those who may attend schools that are not listed and households that are indigent but are not child-headed. The social exclusion of street homeless menstruators is also evidenced in how the *Sanitary Dignity Framework* advises that the policy should be applied. It advises that indigent menstruators must be identified instead of them seeking help for themselves. Recall that according to the *SDF*, it is Sanitary Dignity Committees that must motivate to the SDOC for the inclusion of new beneficiaries, who will not otherwise be provided with sanitary products (DWYPD, 2019: 18).

Therefore, those who do not qualify or are not identified will not be considered. The policy "provides minimum norms and standards in respect of implementation" (DWYPD, 2019: 18), which means that provincial governments can use their discretion in implementing this policy in their regions. The policy lastly states that it will promote a "phased approach" which may mean that women and girls that are identified as high priority may benefit from this policy before those who for some reason have been relegated to a secondary position. What follows below is a discussion that will show how the social exclusion of street-based menstruators within this policy translated into the Western Cape provincial government blatantly disregarding them and their needs when allocating funds to implement the programs proposed in the policy. The Western Cape government has elected to spend R23.8 million on providing MHPs to school going girls and have[12], for now, neglected even those who reside in state funded institutions.

Chapter 4 and 5 have shown how the social exclusion of a group of people from public policy can negatively impact the lives of the marginalized in our societies. To conclude this dissertation, Chapter 6 will summarize the arguments made in this dissertation.

[12] (DWYPD, 2019: 3)

6. CONCLUSION

6.1 Introduction

In this dissertation I have examined what the factors are that prevent sanitary dignity and what can be done to restore dignity to subjects that have been objectified and othered due to a natural bodily process that has been rendered taboo and unspeakable by patriarchal, capitalist and/ or religious social constructs. Those who have the bodies which are sites of menstruation every month, those who have bodies that are yet to be the site of menstruation and those that have bodies that were once the site of menstruation have the right to speak for any and every body that is, has and will be the site of menstruation. In this dissertation I addressed the question of the evident social exclusion of street homeless menstruators living on the streets within the *Sanitary Dignity Framework*, and the effects it has on the lives of those who menstruate while dwelling on the pavements of South African metropolitan cities. In conclusion, I will discuss how I answered my main question and what my findings were. I also summarize and reflect on the research I presented, and make my recommendations.

6.2 The Social Exclusion of Street-based Homeless Menstruators with the Sanitary Dignity Frame and its Implementation

The *Sanitary Dignity Framework* has its merits, however, as evidenced in this dissertation, it neglects street-based homeless menstruators. I presented evidence from the policy which pointed to that street-based homeless menstruated are nor represented in this policy or its implementation framework; SDIF. I made use of the list of beneficiaries presented within the policy to show that street-based homeless menstruators are omitted from the policy. To show that this omission has real-world implications, I referred to the SDIF that stipulated that currently, the focus of the sanitary dignity mandate is on providing MHPs and WASH facilities to school-going menstruators (DWYPD, 2019: 1-2). The combination of street-based homeless menstruators from the Sanitary Dignity Framework and the SDIF resulted in provincial governments such as the Western Cape allocating all the funds and resources available to

providing sanitary dignity to school-going girls only.[13] I have shown that the lack of policy representation may have real-world implications. I draw attention to the point that, when discussing sanitary dignity for street-based homeless menstruators we must take into account that their concerns are not only affording MHPs or accessing WASH facilities. As the street-based homeless, they do not have the luxury of privacy, comfort, nutritious foods or any pain-relieving methods that may make their period comfortable and manageable.

6.3 Summary and Reflection

In November 2020, Scotland became the first country in the world to provide free MHPs to all its citizens who need them.[14] This new development in the global North shows that developed countries can, if they prioritized it, end period poverty[15] by making MHPs free. However, in the developing world, where WASH facilities are underdeveloped and information about menstruation is rudimental, achieving sanitary dignity becomes a bit more challenging. South Africa where homelessness is experienced by people who have "homes"; people who live in informal settlements, shacks, underdeveloped villages are considered homeless by the Homeless People Federation of South Africa. To achieve sanitary dignity in South Africa, an investment in improving housing infrastructure must also be prioritized to ensure that all homeless menstruators are have a safe and private space where they can experience their period with comfort and ease. However, as discussed in this dissertation, street-based homeless menstruators in the developed world face the same challenges as those in the developing world. These challenges may be of varying degrees but they are similar. What follows are the three primary problems that street-based homeless menstruators face during menstruation:

1. no safe and comfortable space to rest and alleviate the symptoms of menstruation,
2. lack of access to WASH facilities, and
3. lack of access to quality MHPs.

[13] The Western Cape government has elected to spend R23.8 million on providing MHPs to school going girls and have[13], for now, neglected even those who reside in state funded institutions.

[14] BBC. 2020. *Period Poverty: Scotland first in world to make period products free.* https://bbc.com/news/uk-scotland-politics-51629880 [24 November 2020]

[15] Lack of access to MHPs (Parry, 2019: 1)

(Vora, 2016: 1-2)

The *Sanitary Dignity Framework* only addressed two out of these three issues, provision of MHPs and WASH facilities. These provisions were made to catered predominately to school-going menstruators. I provided evidence from the Western Cape's DSD and the SDIF ,wherein the province allocated funds only to providing MHM to school going girls and relied on public donations to supply the homeless with MHPs. I showed how public policy analysis can be used as tool to question policy decisions and to advocate for a change by discuss the implications of the decisions presented within that policy. I used a style of public policy analysis that relied on reading the policy and analysing the list of beneficiaries in order to show that street-based homeless menstruators are indeed neglected.

6.4 Recommendations

When reimagining an equitable solution to the problem of the evident social exclusion of street-based menstruators when discussing the provision of sanitary dignity, I recommend that placing MHPs in public toilets will make menstruation easier for the homeless. Vora (2016) notes that public toilets become safe havens for homeless menstruators during their monthly cycle, they get to rest and have access to WASH facilities. Street-based menstruators will benefit from having quality MHPs at their disposal, free of charge and without suffering the indignity and shame of asking for MHPs from strangers. I acknowledge that sanitary dignity as a public health concern will not be achieved solely by handing out MHPs, and that there needs to be a multiple departmental approach that prioritizes raising awareness about menstruation, adequate housing, and psychological and physical support during menstruation. However, making MHPs accessible in public space will ease the financial burden that street-based homeless menstruators face. The stigma associated with both homelessness and menstruation is also highlighted as a another factor that makes menstruating while homeless challenging. Preventing homelessness is important and should be prioritized, however, those who already find themselves roofless must also be prioritized. Currently, family reunification is the main solution offered to those on the streets and as discussed previously in Chapter 5, the main reason why people remain on the streets is that they may be unable to afford to pay the fee. I recommend that menstruators be allowed to stay at state-funded homeless shelters during their period week free of charge. This will ensure that they menstruate with dignity. Sanitary dignity

can improve the well-being of those who have suffered great indignities due to their inability to afford MHPs or have access to WASH facilities.

6.5 Conclusion

The main argument in this dissertation is that social exclusion of any group of people within public policy has real world implications. Using the *Sanitary Dignity Framework* and its implementation in the Western Cape as a case study, I showed that the omission of street-based homeless menstruators meant that money and resources that should have been shared among all indigent menstruators was allocated only to school-going girls. There are currently no indications that the Western Cape Province will allocate funds to make provisions for those who rely on public spaces for shelter or access to WASH facilities. Furthermore, this dissertation called attention to how creating an exclusionary beneficiaries list can lead to a cycle of neglect of vulnerable people who are not deemed allegeable to receive the services and products offered in the policy. Lastly, the intersection between menstruation and homelessness was brought forward in order to shed light on the difficulties that street-homeless menstruators face even in both developing and developed countries. Therefore, interrogating how the South African DWYPD presents the *Sanitary Dignity Framework* further marginalizes street-based homeless menstruators.

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