

Ruby Cups: Girls in Imvepi Refugee Settlement Taking Control

Available at: <http://womens.dk/ruby-cups-girls-in-imvepi-refugee-settlement-taking-control/>

Introduction:

In 2018, CARE International and WoMena Uganda conducted a menstrual cup (MC) pilot implementation project in Imvepi Refugee Settlement in Uganda, funded by the European Union Civil Protection and Humanitarian Aid (ECHO), and supported by Ruby Cup (providing MCs).

The project was prompted by evidence of a strong linkage between Menstrual Hygiene Management (MHM) and Gender-Based Violence (GBV) in various CARE Uganda programmes in West Nile. For example, refugee girls engage in transactional sex to be able to buy pads; married women are beaten by their husbands because they cut distributed blankets to make pads (p 21). One basis for the collaboration was a shared commitment and practical experience with supporting **positive forms of male involvement and masculinity**¹, principles often mentioned in development projects, but with limited concrete approaches.

Beyond GBV, there were repeated reports of the negative effects of inadequate MHM. Women and girls² cannot engage in normal life as they have to 'sit in the sand' and wait during their periods (p 4). Poverty plays a great part, thus women and girl refugees continue to receive monthly food rations in the years after arrival, but MHM products are provided only in the first few months. They are reported to sell part of their food rations to buy pads for themselves and their family (p 9): "Some women will sell their rations but you can only get about (4 USD) from that. You then spend (1.6 USD) of that on pads alone and now you only have (2.4USD) left. You are also now hungry because you have sold all your food. (2.4 USD) cannot get you by the rest of the month." (Harriet, Trainer of Trainers, Imvepi, p 24).

Ruby Cup, a social enterprise, provided MCs, CARE Uganda provided funding and built on experience with programmes dealing with Sexual Reproductive and Health Rights and GBV programmes for over a decade, WoMena was responsible for training and data collection/analysis, using its experience from 6 years of work with MCs in over 100 sites in Uganda.

Objective and approach:

To improve the capacity of female beneficiaries to safely manage their menstruation with an MC called 'Ruby Cup', and to generally improve knowledge and perceptions around menstruation in the community (p 4).

¹ Literature rarely defines what is meant by 'positive' - one description is 'gender advocates' – speaking out as active agents and stakeholders who can transform social norms, behaviours and gender stereotypes that perpetuate discrimination and inequality (UNWomen <https://www.unwomen.org/en/news/in-focus/engaging-men>)

² We use the term 'women and girls', but are aware that not all women and girls menstruate, and not all who menstruate are women and girls

The field of MHM is young, and the project was intended as a feasibility study, to assess what approaches might be possible, drawing lessons for larger, longer term projects. The project included 80 girls and women as beneficiaries, 20 additional women as trainers (all 100 of whom received MCs), as well as 10 'role model men'. 30% of beneficiaries were from the host population, in accordance with Ugandan regulations (p 10).

The project was implemented in 4 phases over 6 months: 1. Exploration; 2. Training of trainers; 3. Trainer trial period; 4. a 3 month MC trial, with monthly evaluations and final evaluation (p 5). The 20 women trainers acted as mentors for the beneficiaries; the men acted as advocates and supporters, e.g. through 'men's clubs (p 5, 7). At the end of the training, having established a dialogue, broader issues were introduced: Reproductive Health, particularly how to prevent HIV and other Sexually Transmitted Infections, and avoiding unwanted pregnancies. For M&E, several quantitative and qualitative tools were used: knowledge retention test, menstrual diaries, questionnaires, personal interviews and Focus Group Discussions (FGDs) (p 4,5).

Results:

At baseline of the project, most women said they used disposable (commercial) pads, although qualitative data showed that the supply of pads was often insufficient and inconsistent (as well as expensive) (p 13). Reusable menstrual products such as washable pads (for example reusable menstrual pads), cloth or a variety of other materials were also used. One problem was that many of these menstrual products require knickers which girls/women do not always have. Discussion about MHM was taboo, knowledge among study participants was low (p 23).

Acceptability and usage: At the end of the three months, 84% of participants had adopted the MC. A few reported they discontinued, since they had fallen pregnant or were nursing. One dropped the MC in the latrine, one MC was eaten by a rat. **Consistent usage increased over the three months: from 74% to 87%** (p 8). The major concerns expressed were that the MC would cause infertility (this concern was alleviated when some participants fell pregnant). Initial concerns that the MC was difficult to insert were alleviated when first-time users could speak to trainers. No mention was made of difficulties with boiling, which has been found a concern in other pilot projects. All 80 girls and women who received the first training and Ruby Cup are still active in the project, minus one woman who passed away. **That is a 98% retention rate** (p 11).

Comfort and satisfaction: At end-line, **94% were 'very satisfied'**. 11% 'felt bad' the first month, none the last month (p 9). Many reported that increased comfort meant they no longer had trouble walking to distribution points for food (before they experience chafing and discomfort). A water bottle/towel was included as part of the kit, and many beneficiaries reporting using this to reduce menstrual cramps (p11).

Community/male involvement: Role model men were a great support. As one man said: "I have understood that this [menstruation] is not a disease. Before I used to see it as something very bad, but nowadays, no problem." (Role Model Man, Imvepi, p 7). Women noted the importance of male involvement: "These days there are those who are educated who go into the community and talk, making

men understand that for a woman to be on her period is an important moment. Because if you marry a wife or you have a daughter who doesn't have her period – it means there is a problem” (CARE Volunteer, Imvepi, female, p 12). Men were very curious to learn more about menstruation, once they overcame taboos, for example using men's clubs to inform and discuss. (Male trainer, Imvepi, p 11).

Water/Sanitation/Disposal: Reusable products (cloth, pads or cups, both commercial and home-made) and soiled underwear need to be washed and dried, which can pose challenges in refugee settlements. It was estimated that water requirements were around 15 litres per cycle for washable cloth or pads, but the MC **could be used without underwear, and needs little water for washing: an estimated 1 litre per cycle** (p 10). “When using cloth pads I had to use a lot of water because the water would get dirty fast from blood. Then I had to wait for it to dry which could take up to two days, meaning I had to really think ahead how I would manage when that was drying. Now with the Ruby Cup I can just wash with a little water during my cycle and at the end I boil to disinfect it.” (Beneficiary Harriet TOT, Imvepi, p 10, 22). “I received re-usable pads but because they required so much water, my grandmother, who I live with, discouraged me from using them because they were wasting the little water we had. I am very thankful for the Ruby Cup because it uses less water and my grandmother supports me in using it because of that.” (Beneficiary, Imvepi, p10). Notably - **the amount of water, and drying time, vary greatly by brand** - for reusable pads between a few hours and a few days. Several participants mentioned that it can be difficult to find a latrine to change or wash products, whereas a private place to empty a cup twice a day is easier. Latrines in homes were not filling as easily with MCs (about 180 disposable pads would be needed yearly - MCs or other reusable products reduce this problem)(p 10).

Cost: 180 disposable pads per year would cost a total of around 20 USD (p11). MCs were distributed free of charge, but commercially available MCs are selling at between 7-25 USD (very variable prices depending on brand and distribution method), and last up to 10 years. **Women reported they no longer had to sell the distributed food to buy pads** (p 9). “Since the project started I now feel comfortable because when I use the cup, instead of thinking where I'm going to get money to buy pads, I am using the cup and the cup is really helping me.” (Beneficiary, Imvepi, p 9).

Agency: Several beneficiaries referred to going from a state of fear to one of freedom - taking control. One beneficiary reported that when she walked to food distribution she used to develop wounds and bad odour; now she felt comfortable and free. Another stated: “Before I got the cup, I found it really difficult when I was in my period to go to school. I really feared shame if I was seated and the blood can smell. Really, I had that fear. But since I received the cup, I can put on the cup and it can just hold the blood. It cannot come out and spill everywhere, and I can even change my cup at school.” (Female student Beneficiary, Imvepi, p 11). Boys would tease girls when they stained, as bulges from pads could be seen through their dress, and sometimes boys would ransack girls' bags and find pads, but this stopped (Viola, student, Imvepi, p 21).

Reducing Menstrual Taboos: before the intervention, the topic of MHM was taboo. **At end line 94% had discussed the topic with family members and friends** (p 12). People used to “beat around the bush” when discussing menstruation. Now they say the word “menstruation” and women are not ashamed of their cycle (Harriet, TOT, Imvepi, p 21)

Linkages with GBV, Teenage Pregnancies, and Transactional sex: these linkages were confirmed in the feedback. “These are things that lead into sexual exploitation. Because me I know I don’t have a father, I don’t have a mother, I’m in school and I will see somebody who will deceive me like that. Ok, in case if you fall in love with me, I’ll provide each and everything. Now comparing this situation I’m in, I will just accept that person so that person will buy me ‘Always’ [disposable pads], of which it will lead into early pregnancy or it may lead even into school drop-out. Because whenever these men give things to you they want those things to be paid back, or it may be sexually. That’s how some of the girls were affected in the community.” (female TOT, Imvepi, p 12) Menstruation was also seen to lead to school dropout for girls or early marriages when parents cannot afford expenses such as menstrual pads for their daughters to remain in school (p 4).

Conclusions and Recommendations for Future Projects:

Overall, the project indicates positive and promising results from this approach, for example high uptake and continued use of MCs, diminished taboos and shame, providing an entry point for broader SRHR education, community acceptance, very positive role of trainers to act as mentors, and role model men who change from a negative (e.g. violent) to positive (supportive) roles. These are many prerequisites for staying in school, postponing marriage and preventing unintentional pregnancy and infections. They also may help address some of the concerns some have about the acceptability of MCs.

Operational lessons learned include:

- 3 months is very short for implementation, given the dynamic changes that occur over that time. Preferably there should be 6 months.
- There was much jealousy amongst those who did not get chosen to participate, and the impression that they spread rumours (e.g. that MC made you infertile). It is perhaps better to distribute in a smaller area, to all who want to participate.
- It is important to know about, and distinguish clearly from, other ongoing projects (e.g. there was a government family planning advocacy programme going on at the same time, leading some to think the MC was a contraceptive
- Local, traditional, religious and community leaders, both male and female, should be actively engaged and encourage men and boys to support women and girls during their menstrual cycle and in general hygiene
- Male engagement should be encouraged at all levels to reduce the risks of discrimination, rejection of women and girls using the MC (p 12,13).