

Menstrual Cup Interventions Follow-up Study Report¹



A SUMMARY AND PERSPECTIVE²



¹ Full study report available at: http://womens.dk/wp-content/uploads/2019/04/Menstrual-Cup-Interventions-Follow-up-Study-Report-March-2019_FINAL-V0.2.pdf

² Recommended citation: WoMena.2020. Menstrual Cup Interventions Follow-up Study Report, Uganda: A summary and perspective. WoMena.



Introduction:

This study aimed to examine the long-term perceptions, experiences, and impact of introducing Menstrual Cups (MCs) as a Menstrual Health Management (MHM) method among girls, women and family and community members in Kitgum, Gulu and Katakwi, Uganda, from 2012 to 2015. Participating girls and women received both menstrual health education and a donated MCs for personal use. The study was conducted in collaboration with Mbarara University of Science and Technology's Institute of Interdisciplinary Training & Research. The study was funded by WoMena members via membership donations as well as a contribution towards transport costs by DanChurchAid. Ruby Cup, a social enterprise, donated MCs.

WoMena first introduced MCs in Uganda in 2012 in Kitgum, in collaboration with the Uganda Red Cross Society to 31 adult women (Tellier et al., 2012). Following the high level of acceptability (75% very good & 25% good) among these women, WoMena conducted a school-based study in Gulu among 194 schoolgirls aged 12-18 in 2013. The study was conducted with ethical approval from Gulu University Research Ethics Committee and Uganda National Council for Science and Technology. The results of the study in Gulu indicate that schoolgirls reported comfort, independence, mobility and reduced leakages as benefits of MC use (Hyttel et al., 2017). Between 2014 and 2015, in collaboration with DanChurchAid, WoMena provided implementation support to the Transcultural Psychosocial Organisation to implement a MC project in four schools in Katakwi, to 140 primary school girls aged 12-18. A follow-up shows a majority of girls reporting using MCs and school management supported the use of MCs (Wrang, 2017).

Then, a follow-up study was carried out by WoMena to examine the long-term compliance to safe use and care guidelines, perceptions, experiences, and impact of MC and its acceptability as an MHM method amongst women and girls who received both menstrual health education and a donated MC for personal use from three MC interventions/studies in the rural Kitgum, Gulu and Katakwi districts in Uganda between 2012 and 2015.

Objective and approach:

The objectives of the study were to: (a) Understand whether participants continue to use their MCs and comply with the safe use and care guidelines after the initial intervention; (b) Identify the benefits and challenges experienced by girls, women and their families/communities due to long-term use of MCs; (c) Identify the impact of MC use on girls and women's participation in social and economic activities and/or school attendance; and (d) Report on factors that may promote and support long-term use and acceptability on MCs and formulate recommendations for future research on MCs and MHM interventions.

Approach: The study employed questionnaires amongst 117 MC recipients, focus group discussions (FGDs) with 14 parents, teachers, and community leaders, interviews with 23 MC recipients, and 23 MHM facilities assessments.

Results:

Continued use of the MC: Out of 117 MC recipients, **82.1% were continuing MC users** (participants who used the MC during their last period or stated that still use the MC). 79.5% of the continued MC users reported using the MC during their last period and 21.2% of participants stated that they used the MC as their only MHM method.

A higher percentage of participants who had received their MCs in 2014 and 2015 continued to use their MCs compared to those participants who received their MC in 2012 and 2013.

The main benefits reported by respondents were avoiding **leakages**, being a comfortable and convenient MHM method that **supported better body literacy**; using the MC enabled them to discover their **"inner clock"**. This led to MC users being able to **plan their time and activities** accordingly. **Not needing to change** their MCs as often as other MHM products as it is **reusable**: "I love the cup, cause when I'm wearing it, I feel free. I don't have to, like, bother myself that I'm going to buy maybe pads this has saved me money that I used to spend "monthly"." (Angel, 14, Gulu). Allowing menstruators to **carry out their daily activities without restrictions** during their periods and **feeling free**: "I can run very well without any problem, I ride bicycle without any problem, I sit well on the motor cycle and I feel free." (Sharon, 21, Kitgum).

Patterns of adaptation to MCs use: MC users adapted to using the MC gradually, initially distrusting it, using it interchangeably with other products while slowly learning to trust the MC and became more confident using it. The observed adaptation period took between 2 to 6 months, with routines built over a longer period of time (Van Eijk et al., 2020).

Risks, Secret Routines and Missing Connectors: Three overarching themes in relation to adaptation of MCs and their long-term use were identified throughout interviews and FGDs:

Theme one: The Notion of Risk

The Risk of Harm to One's Body and Health: MC users worried that inserting the MC with dirty hands and coming into contact with dirty latrines would result in infection, as well as the issue of vaginal insertion and internal use of the MC by both MC recipients and community members: "It lasts longer, and the disadvantage comes when it's wrongly inserted, and it causes harm inside" (Brenda, 21, Kitgum). Ultimately, the perceived practical benefits (such as saving money) for their communities prompted users to defy risks and to continue using the MC: "When it was first given, I first feared using it. The first month I missed (using) it, I went for these other pads... The second month, I say I will try this cup today, because there was no money. I started inserting the cup, I found that when putting it in, it pains, at the outer entrance.... I got up to remove the cup, I go and bath and try the cup again because pad was not there, money also was not there, I feared using pieces of cloth. I stayed. Then came a time when I bought a pad. I found that using the pad was hard, because you need to bathe frequently. I put back the cup. When I got used (to it), I continued with it, and I did not waste money on pads then." (Mercy, 17, Gulu).

The Risk of Exposure of Menstrual Status: For schoolgirls, emptying and reinserting the MC at school introduced the risk of being **"caught"** menstruating by other pupils. As all schools in the study experienced occasional water shortages and long distances to the functional water sources, girls reported carrying a water bottle with them to the latrines to rinse their MCs and wash their hands.

The Risk of losing the MC: MC users expressed various fears of losing their MC. These included dropping the MC in the latrine (this risk was linked to feeling rushed when using shared facilities), however, the perceived risk of dropping the MC in the pit reduced with time as users learnt that the MC would not fall out and they became more skilled at emptying the MC. Other risks of losing the MC were having it taken by rats or having it stolen by someone who knew they used the MC: "I would tell them [girls] to know how to keep their cups properly because back at our different homes, there are fathers who are drunkards and will feel happy that their child has brought them a cup for his waragi [local gin]. So, they should keep them properly." (Joyce, 13, Katakwi, Gulu).

Theme two: Secret Routines

Developing MC Routines: Over time, MC users learnt when the MC was in the right position and guessed when it would be full. More experienced MC users easily described how many times and at what time of the day they would empty the MC both on light, and heavy flow days and whether they could stay with the MC inserted overnight.

Living up to expectations: Self-confidence in public during one's period experienced by the MC users was an outcome of feeling secure and trusting with the MC and most importantly, knowing that it would not leak. "Working with the cup is easy because I cook bread from home and walk to sell it, so it makes work easy and no one knows that you are on your menstruation and it does not show it out, even if I wear a white dress it does not show out". (Sharon, 21, Kitgum)

MC users stated that after using a MC for an extended period of time, their **body language during their periods changed** and men also observed this change: "Also, when all those signs show, you see a change in her behavior, for example carrying water all the time for her to take shower. This is a clear sign that...Yes, that she is in her menstrual period." (Godwin, male relatives, 49, Gulu). MC use also allowed women to keep their "menstrual status" private from others and thus essentially enhanced their ability to self-police their bodies: "But after I got the cup I could sit without any problem no one could even notice that I was doing my menstrual period." (Faith, 16, Gulu).

Theme three: Missing connectors in support structures

Gaps in school support structures: Interviewed schoolgirls mentioned that they would prefer peer support to senior woman teachers (SWTs) as they feared to reach out to their SWTs, or did not have sufficient information or their experiences were not seen as relevant to the girls: "No, to teachers I have not gone. I have not even told the senior woman teacher. I have never reached her to say that this cup is like this, they help us like this, I never did.... Because with teachers, I fear. Ah, I am familiar with my fellow young people but not with teachers.... Yes, because the children we are of the same size, teachers are big." (Priscilla, 17, Gulu).

Shared Experiences: Girls and women did not usually share their personal experience of menstruation with others unless it was necessary, for instance when needing painkillers. Experiences were more likely to be shared when a MC recipient already had an established social bond with another recipient, not necessarily within the school environment: "The four of us who come from that home got them. <...> I may change my mind and say hey, this thing, I will not use it this time, but I reason out within myself and I say let me use it because some of my friends, who use this thing also say that ... when you use it continuously you will get used to it. So, I also started using it and until I got used to, because I have my aunt, she also uses it." (Priscilla, 17, Gulu).

Authoritative and supportive knowledge networks: Different forms of knowledge (authoritative and self-established) influenced the effectiveness of intervention, reduced the notion of risk and gave MC users confidence in using the MC: "And they told us: "If you don't like the cup, you should not even continue using the cup. But it is your own choice

to choose whether to use the MC or not." So, for me I've realised that the cup is good, that is why I'm using it. Otherwise, other people cannot bring for you the cup when they know the cup is not good...some of these girls, those ones who are talking ill about the cup, are those ones who did not listen. Who did not understand the instructions..." (Angel, 14, Gulu).

Information sessions carried out by trusted authorities, like known NGOs working in the area or schools contributed to creating trust and confidence in the MC and **parents felt that the introduction of the MC was positive and supported its use amongst their daughters**: "Betty (URCS³ trainer) she said she tried using this cup. She inserted it on the first day, she went and boarded the vehicle and she reached her destination...In the morning, she slept till morning, again she had doubt that this cup could have entered inside her, but she found this cup was there then she removed it and re-inserted it again. When she reached home, from there she knew that this cup was there, there was nothing that could happen to it. This cup can stay. So, everyone started saying: "for us, we also tried like that and we had some worries that this cup could enter inside them." From there Betty gave us advice that this cup will not enter, it only stays where you have put it. It doesn't enter." (Jane, 22, Kitgum)

Lack of Access to the MCs: Girls reported feeling stressed if they were seen as mediators for MC access. MC recipients themselves did not have sufficient information about where to access MCs, which placed them under pressure and seemed to impact recipient's willingness to talk about menstrual cups to others: "But even this cup, even if you're to share: it's useless because the cup is not even there, so there is no need to share about it because there is no way you can illustrate it when it's not there." (Elizabeth, 16, Gulu).

Challenges of MC use: 70.3% of questionnaire respondents reported no challenges and stated that they "just like using the menstrual cup". 17.9% of the respondents were considered discontinued MC users. Reasons given for discontinued use were: misplacing or losing the MC, dropping it in mud, the MC being eaten or taken by rats, getting damaged or burnt, difficulty in cleaning, inserting, and removing the MC, limited access to facilities to keep the MC clean, leakages, and family/friends of the participant did not like the MC.

Adherence to hygiene guidelines: The interviewees remembered training details, regardless of the duration of time since the training was delivered. All MC recipients narrated complying with the hygiene guidelines for using the MC such as hand washing, cleaning and disinfecting the MC. Most MC users and/or their family members considered boiling the MC in a saucepan used for cooking inappropriate.

So, many reported pouring boiling water over the MC. They would also place the MC in a plastic bucket or other container, pour boiling water over it, and keep the MC in the water for a few minutes and repeat three to five times. In Katakwi girls reported difficulties acquiring a pot to disinfect the MC in and were provided with sterilisation tablets by WoMena Uganda as part of the intervention. Although the interviewed girls had used the tablets provided, they also reported disinfecting the cup by boiling or pouring boiling water on the cup.

³Uganda Red Cross Society

Conclusions:

Overall, the follow-up study indicates that MC users adapted to using the MC gradually, initially distrusting the MC, using it interchangeably with other products while slowly learning to trust the MC.

MCs, for those who continued to use them, were a comfortable and convenient MHM method that supported better bodily knowledge and understanding and allowed girls and women to carry out their daily activities without restrictions during their periods. MC users also reported feeling free, saving money, avoiding leakages whilst using the MC and continued to follow guidelines for safe use of the MC and developed their own routines and methods to facilitate this. For those who discontinued MC use reported discomfort whilst inserting and removing the MC and challenges related to keeping the MC clean and limited access to facilities.

Recommendations for Future Projects:

- **Essential impactful training:** Clear information on management practices, including take home instructions help users continue to use their MC successfully.
- **Identifying the right support persons** and building their capacity by providing them with a MC to try themselves can help **build a supportive environment** for knowledge sharing as it was mentioned as important to initial uptake and continued use of MCs. However, as social support networks can weaken over time, **alternative modes of support such as family members and friends outside the school context should also be considered.**
- **Expanding the level of communication and delivering clear information:** Considering having a clear focal point within the community and access to distribution points of MCs and ensuring wider community level communication to make the MC better known and enabling access to MCs within the wider community could encourage MC recipients to share their experiences and increase peer support.
- **Leaving room for the beneficiaries to learn and learning from them:** As girls and women learn to value their MC as an asset, they develop their own methods to cope with contextual constraints, for example adapting new ways of disinfecting their cups using available resources. Consulting girls and women in the initial stages of an intervention and brainstorming available resources rather than concentrating solely on barriers or constraints could allow for better implementation and improve product uptake.

Lessons Learnt:

- The majority of menstrual health projects are carried out within a school environment. Conducting research activities in schools may reinforce school-based hierarchies, leading schoolgirls to feel pressure to take part in research or increase the probability of socially desirable responses, as well as parents being reluctant to share negative experiences in front of teachers. It may be more conducive to carry out interviews and FGDs outside the school environment.
- Measuring uptake and use based on cycles rather than months and aggregating data according to how long participants have been menstruating may provide a more accurate understanding of use.
- A better understanding of menstrual patterns is required to understand experiences of product uptake and definitions of long-term or continued use.

References:

Hyttel, M., Thomsen, C.F., LUFF, B., Storrusten, H., Nyakato, V.N. and Tellier, M., 2017. Drivers and challenges to use of menstrual cups among schoolgirls in rural Uganda: a qualitative study.

Tellier, M., Hyttel, M., Gad, M. (2012): "*Pilot study report: Assessing acceptability and hygienic safety of menstrual cups as menstrual management method for vulnerable young women in Uganda*", Red Cross Society's Life Planning Skills Project.

van Eijk, A.M., Laserson, K.F., Nyothach, E., Oruko, K., Omoto, J., Mason, L., Alexander, K., Oduor, C., Mohammed, A., Eleveld, A. and Ngere, I., 2018. Use of menstrual cups among school girls: longitudinal observations nested in a randomised controlled feasibility study in rural western Kenya. *Reproductive health*, 15(1), p.139.

Wrang, N., 2017. A Qualitative Study Exploring Women and Girls' Experiences of Using Menstrual Cups in Uganda. Master thesis. Lund University. Lund, Sweden.