



## MENSTRUAL HEALTH MANAGEMENT AMONGST THE NEST INTERNATIONAL'S USERS IN COPENHAGEN-PILOT PROJECT



### PILOT EVALUATION REPORT

December 2020





## ABOUT WOMENA

WoMena is an NGO working with implementation of innovative evidence-based reproductive health solutions in low-resource settings. We develop and implement strategic plans for increasing the use of selected solutions in partnership with local and international implementing partners and technical experts.

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## ACKNOWLEDGEMENTS

This report was prepared by WoMena Denmark with support from the Knowledge Management team and is the property of WoMena. We would like to thank Elisabeth Marais for her valuable work scoping the existing literature on the topic.

The project was funded by Soroptimist International Denmark. WoMena would like to thank Soroptimist International Denmark for their partnership and continuous support of WoMena's efforts in promoting menstrual health management. Your support is invaluable and makes it possible for WoMena to continue our work in Denmark.

WoMena would like to sincerely thank the staff at the Nest International for their close collaboration and dedication in relation to the project. Without your great support, insights and knowledge sharing this project would not have been possible to complete.

Last, but not least, we would like to thank the women participating in the project, for your generosity, curiosity and courage in sharing your thoughts and experiences. We are very grateful to you, and hope this project can be useful to you or your colleagues in some way.

In addition, we would like to thank OrganiCup for donating menstrual cups for the project.

**Photo credits:** *WoMena Denmark*

**Recommended citation:** *Sørensen, KH., Lundgren, D. and Kurp, AM (2020): Menstrual health management amongst the Nest International's users in Copenhagen, WoMena, Copenhagen*



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## ACRONYMS

MC Menstrual Cup

MHM Menstrual Health Management

## EXECUTIVE SUMMARY

Foreign sex workers in Denmark are triply marginalised - due to their profession, legal status, as well as in matters related to menstruation. This pilot project aimed to assess the acceptability of the menstrual cup (MC) as well as education in menstrual health management (MHM) amongst 26 women from this group using the 'Nest International' centre, who volunteered to be part of the project. They were provided with MCs and education. Given their legal status, consistent follow-up and advice proved difficult to undertake, with only 11 agreeing to a follow up interview. Most of those interviewed reported using both MCs and alternative MHM products. Lessons learned concern both the challenges in consistently supporting this mobile group, and the challenges in interviewing them.

## PARTNER PROFILES



**Soroptimist International Denmark:** The project was funded by Soroptimist International Denmark ( Soroptimist International Denmark, n.d.). Soroptimist International is a global volunteer movement working together to transform the lives of women and girls through education, empowerment and enabling opportunities (Soroptimist International, n.d.).



**The Nest International:** The Nest International is an independent, private institution that supports foreign female sex workers and women who may be victims of human trafficking. As foreign sex workers have other needs than Danish sex workers the organisation offers a variety of services fitted to support the women, including access to the healthcare system, legal consultancy, support in their native countries, overall guidance and care as well as the opportunity to stay at a safe house where counselling, care and educational activities are offered (The Nest International, n.d.).



**OrganiCup:** The MCs used in this project were donated by OrganiCup. OrganiCup is a Danish company that produces MCs. The OrganiCup MCs are made of 100% soft medical-grade silicone and are allergy certified, vegan and cruelty-free (OrganiCup,n.d.).

## INTRODUCTION AND BACKGROUND

The overall theme of the United Nations Sustainable Development Goals is 'leaving no-one behind'. Foreign female sex workers in Denmark, who may be trafficked, may face multiple layers of discrimination due to their profession, legal status and the special stigmas associated with menstruation.

We scoped the international literature to see whether we could find anything addressing the MHM challenges faced by this vulnerable group. The existing literature on the topic was extremely limited, and we only identified a few studies addressing the barriers these women face accessing health care services (UNAIDS, 2012; Lazarus et al., 2012; Argento et al., 2020).

## PROJECT OBJECTIVES & TARGET GROUPS

### *Project Objectives*

The primary objective of the pilot project was to assess if the MC was an acceptable MHM product amongst foreign female sex workers, using the Nest International's services in Copenhagen. The results and lessons learnt from the pilot project will be used to assess if the project should be scaled up. To achieve this objective, foreign female sex workers using the Nest International services were educated on MHM and MC use.

As a secondary objective and as per WoMena's programmatic model, the staff at the Nest International were trained as well to build their capacity to carry out MHM projects independently in future.

### *Target Groups*

The target group of the project can thus be divided into two groups:

1. **Foreign female sex workers:** The main target group for the pilot project were foreign female sex workers and women who may be victims of human trafficking and who are using the Nest International's services in Vesterbro, Copenhagen.
2. **The staff at the Nest International:** In order to provide the women with day to day support, staff members at the Nest International were also introduced to the MC. In addition to the day to day presence, it was also important to have support from people the women trust. Many of the women are in Denmark illegally and may not trust people they do not know. In order for the women to be able to ask all questions and give their honest opinion about the MC, it was important for us that this possibility was available at the Nest through the staff.

## PROJECT SETTINGS, ACTIVITIES, AND METHODOLOGY

### *Settings*

The two primary services where the collaboration with WoMena took place were the Nest Internationals Tuesday Clinic, where women can be tested for sexually transmitted diseases and the Night Café (open Thursday to Saturday night) where women working in Vesterbro, Copenhagen during the night are offered a safe space where they can relax.

In addition, WoMena volunteers also informed women about the MC at the Nest Internationals safe house where women who have officially been declared victims of human trafficking (or are in the process of being declared officially as victims of human trafficking) can get help to get out of the trade.

### *Activities*

A meeting with the Nest Internationals staff was carried out in May 2018. The staff were briefed about the project, introduced to the MC and provided WoMena volunteers with information on the women using the Nest International facilities.

A 15-minute presentation on menstruation, the female reproductive system, MHM products (including the MC) and intimate hygiene were given to interested women at a health-themed information night at the Nest International in June 2018. Women, who were interested in using the MC after the presentation, were able to discuss MC use and menstrual hygiene more thoroughly in private with WoMena volunteers before being handed out an MC.

Hereafter, WoMena volunteers were present approximately once a month at the Tuesday Clinic from July 2018 until January 2020 and 6 times at the Nest's Night Café between July 2018 and July 2019. At the Night Café and Tuesday Clinic, the Nest staff would approach the women, asking if they were interested in hearing about the MC. If they were, WoMena volunteers would provide the women with a short introduction to the MC (10-15 minutes) and the female reproductive system before providing interested women with an MC.

In addition, a 30-minute presentation on menstruation, the female reproductive system, MHM products (including the MC) and intimate hygiene were given to 5 women living at the Nest' safe space in September 2019. A total of 26 women were provided with an MC.

### *Methodology*

#### *Follow-up Interviews*

Before the MCs were handed out to the women they were asked if WoMena volunteers could contact them via phone 3-6 months later to hear about their experiences with the MC (oral consent and phone number were provided to WoMena volunteers). It was underlined that it was perfectly fine if the women had not tried using the MC and they should provide their honest opinion. Due to resource constraints, it was not possible for the staff at the Nest to support in the follow-up interviews.

The follow-up interviews were performed in two rounds. The first round was conducted in December 2018 and the second round in June 2020. A protocol describing the follow-up was written before the first follow-up session. It was

noted that the interview should not take longer than 10-15 minutes and focus on the MC acceptability and feasibility. The content of the follow-up protocol was developed based on WoMena's previous projects tools and was discussed with the Nest employees before its implementation.

Two WoMena members conducted the follow-up calls. One asked the questions from the protocol and one took notes from the conversation. This was done as the women had not consented to being recorded prior to the interview. The notes were compiled into a database.

## RESULTS

### *Baseline*

No baseline interviews were conducted with the women. This approach was agreed with the Nest' staff as baseline interviews could potentially feel intruding in regards to the women's privacy. Although not known, it is estimated that many of the women are in Denmark illegally and the Nest should act as a safe space for the women. Face to face interviews where personal questions are asked could jeopardise the view of the Nest as a safe space and hinder trust.

Through conversations with the women the below baseline information was gathered:



The vast majority of the women who received an MC were from Nigeria followed by Romania as the second-largest nationality amongst the women. A few women of Asian origin also received an MC.

It was evident that the majority of the women lacked basic knowledge of menstruation, intimate hygiene and the female reproductive system. Often the women were unaware of the physiology of the female reproductive system and did not know what menstruation is. Many of the women were unaware that the female anatomy has three body openings (urethra, vagina and anus) and were therefore reluctant to use the MC as they thought their urine would fill up the MC and make it leak.

When presented with the MCs some women were afraid that the MC would expand their vagina and were in general unwilling to use any MHM products that should be placed in the vagina. The fear of expanding their vagina was primarily heard amongst Nigerian women.

In terms of hygiene, some women indicated that they sometimes used hand sanitiser or shampoo to clean their vaginal area after having sex and were unaware that this could be unsafe. Others used regular soap. Only very few women said they used intimate soap or water but all women cleaned themselves thoroughly after sex. None of the women were aware that the vagina is self-cleansing.

The women used a variety of MHM products at baseline. Some women used pads, toilet paper or cotton wool as MHM products while one woman used face wipes around cotton wool as her primary menstrual health product. Only a few women used tampons. There seemed to be a preference for the different types of MHM products depending on the women's nationality where Nigerian women mostly used cotton wool, Romanian women used pads and Asian women used tampons.

None of the 26 women had heard about the MC but they were interested in hearing about sustainable and cheaper alternatives to their current MHM products.



### Follow-up interviews

In total, 11 out of the 26 women (43%; 11/26) who received MCs were interviewed during the follow-up period. Low follow-up attendance was due to a variety of circumstances, e.g., change of country of residence. The answers were inserted into a database for further analysis and interpretation. Answers from the follow-up interviews were coded with numeric values and summed up in tables. Graphs were used to present the results in a more understandable way. Missing data were coded differently to be distinguished. Only completed answers were considered for the analysis. The list of questions is presented in Table 1.


<i>Did you use menstrual cup since receiving it?</i>
<i>How many times have you used it?</i>
<i>Are you satisfied with a menstrual cup?</i>
<i>What alternatives do you use?</i>
<i>Will you use a menstrual cup in the future?</i>
<i>Did you talk about a menstrual cup with someone?</i>

Table 1. All the questions used for the analysis of the results from the follow-up interviews

A total of 10 of the interviewed women (91%; 10/11) indicated that they had used the MC since they received it, while only one woman (9%; 1/11) said that she had not used the MC at all. However, the frequency of MC usage varied amongst women (see Figure 1).

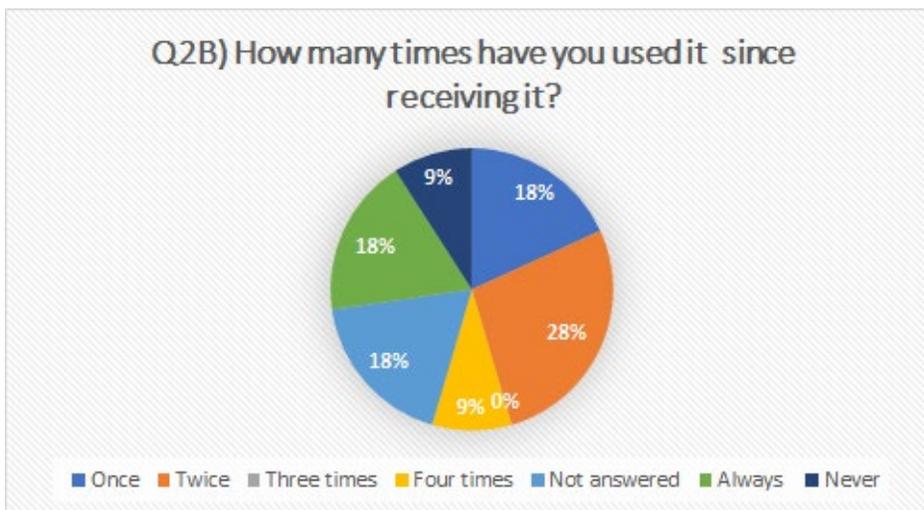


Figure 1. The frequency of MC usage amongst women who participated in the follow-up period. N(total) = 11

Most of the women who had used the MC (80%; 8/10) were satisfied with the MC and only two women were not satisfied (20%; 2/10). The reason for dissatisfaction was not determined during the follow-up. Three women (30%, 3/10) indicated that they solely used the MC during their menstruation whereas almost all women specified that they used alternative MHM products in addition to the MC. These alternatives included pads and tampons. Whether the women would use the MC in the future is unsure. More than half of the women (55%; 6/11) indicated a willingness for MC usage, while the remaining women (45%; 5/11) did not answer the question. More than half of the women (55%; 6/11) also declared they spoke to their family members, friends or colleagues about the benefits of MC usage and the challenges women came across. However, about a third of the women (27%; 3/11) said that they did not talk to anyone about their experience with MC usage.

## LESSONS LEARNT

Several challenges have been identified throughout the execution of the MC implementation project amongst women using the Nest International's services. Reflections on these challenges are presented below.



### *Introduction to the MC and menstrual hygiene*

As the women were either at the Nest International for medical appointments or taking a break from work, only a short introduction to the MC was possible. Often the introduction would be around 10-15 minutes, which limited the possibility to thoroughly address all challenges related to the MC. However, all women who were interested happily asked questions about the MC and menstrual hygiene, which could indicate that their initial concerns were addressed. However, it is difficult to assess if questions that arise during the first use of the MC were adequately addressed during the introduction to the MC.

The limited time with the women may have also hindered more thorough conversations about intimate hygiene. Some women indicated that they used unsafe methods to clean the vaginal area after sex such as hand sanitizer. In order to address this issue thoroughly more focus may need to be put on addressing intimate hygiene.

In addition, the women were most frequently provided with an MC on a one on one basis. Thereby, the women were often not able to discuss or share experiences about the MC with other MC users. Furthermore, the staff at the Nest were changing depending on the service and it was not possible at the time to educate all staff about the MC. One of the most consistent findings in both WoMena pilot projects and the academic literature is that difficulties with insertion of the MC decrease markedly over the first 3 months (Tellier et al.,2012; CARE International & WoMena Uganda,2018; Gade & Madsen, 2020; van Eijk et al., 2018) and continued use and satisfaction increase over the first 3 months as people learn how to use the MC. This underlines the importance of having a stable environment for support and a place to clarify questions, which may not be possible to have sufficiently in place amongst the women which could have affected the MC uptake.

Another challenging aspect of the intervention is that the MC cannot be used by the women while they are working and many of them indicated that they were unsure what to do with the MC while working. This may indicate that while the MC is a great sustainable alternative menstrual health product it may not always be the best alternative for all women in the target group and more time should be spent addressing these challenges during the introduction to the MC.



## *Establishing a trusting environment*

Menstruation is often considered a taboo and it requires a trusting environment to be able to speak freely about it. Many of the women are likely in Denmark illegally and it can be challenging to create a safe space where they can freely speak when their status as illegal immigrants can affect what they feel comfortable talking about. The volunteers from WoMena were most often people that they had never met before which could complicate the establishment of a safe space even further. It is plausible that the women trusted staff at the Nest more than WoMena volunteers. An example of this was found during the first round of follow-up interviews where one of the women said that she was still using the MC when WoMena volunteers contacted her via phone. However, when she discussed the MC with the staff at the Nest she explained that she was too scared to try the MC and had never used it. It may be that the MC uptake could be strengthened if the MCs were provided directly from the Nest staff however due to resource constraints this was not possible when this pilot project was conducted.



## *Cultural differences*

There also seemed to be a cultural difference between the groups of women. The women from Asian countries were used to using tampons as MHM products and the thought of using the MC was not too foreign for them. This was different for Romanian and Nigerian women. While the Romanian women indicated that they normally used pads they expressed that it would be challenging for them to get used to putting something into their vagina as a menstrual health product. Nigerian women seemed to be the most reluctant to try the MC. They often expressed concern that the MC would expand their vagina or that the MC would get lost in their vagina. It could thereby be beneficial to approach different groups differently when it comes to introducing the MC.



## *Methodological issues*

The follow-up process was challenging as the women frequently move between different countries. The women will, thus, not necessarily be in contact with the Nest again after they have received an MC and it is challenging for WoMena volunteers to reach the women for follow-up interviews.

During the first round of follow-up interviews with the women it became evident that the questions added in the initial follow-up protocol were often challenging for the women to answer. In general, the women did not understand questions that included scales (e.g. from a scale between 1 to 5, how happy are you with the MC where 1 is not satisfied at all and 5 is very satisfied). The initial follow-up protocol also included too many questions as the women often had very little time to answer the questions or felt uncomfortable answering the questions over the phone. The questions in the follow-up protocol were therefore adjusted for the second follow-up interviews. The scale questions were re-phrased so the women were asked if they liked or did not like the MC and then what they liked/disliked about it. The terminology of certain questions was also changed so for instance it was asked how many times they emptied the MC instead of how many times they changed it during the day. Some questions like "Have you had your menstrual period since receiving the menstrual cup?" or "How would you describe your ideal menstrual product?" were removed as they were found to be redundant or incomprehensible to the women. The difficulties with the follow-up protocol underlined the importance of understanding the target group and more in depth pilot testing. In depth interviews with women from the target group prior to a potential scale up of the project would be

advisable as the interviews could provide more comprehensive input on how to address the unique challenges to an MC intervention that this particular target group has.

## CONCLUSION

It can be challenging to implement a successful MHM intervention amongst foreign female sex workers. The access to women is limited and it is challenging to build a support network that is often needed for a successful MC intervention.

However, the lack of knowledge on menstruation, MHM and intimate hygiene as well as the very limited literature on the topic underlines the need for projects that targets these topics amongst the target group.

## RECOMMENDATIONS

Based on the lessons learnt the below recommendations have been identified for a potential scale up:

1. More focus should be put on establishing a trusting support network for the women where they can share experiences with the MC.
2. Strategies should be explored to enable staff to allocate more time to training the women in MC use and intimate hygiene.
3. Interviews with the women should be conducted to understand in depth the needs of the target group.
4. Cultural differences in regards to barriers to MC use should be taken into account and sensitively addressed in the training of the women.
5. Assess if alternative sustainable MHM solutions other than the MC should be offered as part of the intervention. These alternatives should preferably be easy to remove or usable while having sex.

## REFERENCES

- A Argento, E., Goldenberg, S., Braschel, M., Machat, S., Strathdee, S.A. and Shannon, K., 2020. The impact of end-demand legislation on sex workers' access to health and sex worker-led services: A community-based prospective cohort study in Canada. *PLoS one*, 15(4), p.e0225783.
- CARE International, WoMena Uganda.2018. "Ruby Cups: Girls in Imvepi Refugee Settlement Taking Control." Available from: <https://womensa.dk/wp-content/uploads/2018/12/Ruby-Cups-Girls-in-Imvepi-Refugee-Settlement-Taking-Control-03.12.18-Final-report.pdf>
- Gade, A., and Madsen, LB, (2020). "Beyond product distribution. A feasibility study of introducing a menstrual health component into four secondary schools in Buikwe District, Uganda (Phase 1)". WoMena and WoMena Uganda. Available from: <https://womensa.dk/wp-content/uploads/2020/07/Buikwe-report-phase-1.pdf>
- Lazarus, L., Deering, K.N., Nabess, R., Gibson, K., Tyndall, M.W. and Shannon, K., 2012. Occupational stigma as a primary barrier to health care for street-based sex workers in Canada. *Culture, health & sexuality*, 14(2), pp.139-150.
- OrganiCup,n.d. OrganiCup. [02 January 2021]. Available from: <https://www.organicup.com/>
- Soroptimist International, n.d.Soroptimist International. [02 January 2021]. Available from: <https://www.soroptimistinternational.org/about-us/>
- Soroptimist International Denmark, n.d.Soroptimist International Denmark.[02 January 2021]. Available from: <https://www.soroptimist-danmark.dk/>
- Tellier, M., Hyttel, M. and Glad, M., 2012. Assessing acceptability and hygienic safety of menstrual cups as menstrual management methods for vulnerable young women in Uganda red cross society's Life Planning Skills Project. *Kampala, Uganda*.
- The Nest International, n.d.The Nest International. kfuksa.dk. [02 January 2021]. Available from: <https://kfuksa.dk/reden-international/the-nest-international-english>
- UNAIDS, 2012. UNAIDS Guidance Note on HIV and Sex Worker (Last updated April 2012). Geneva, Switzerland. Available from: [https://www.unaids.org/en/resources/documents/2012/20120402\\_UNAIDS-guidance-note-HIV-sex-work](https://www.unaids.org/en/resources/documents/2012/20120402_UNAIDS-guidance-note-HIV-sex-work)
- 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.