Period Shops on Campus: Break Silence on Menstruation and
#LeaveNoMenstruatingGirlBehind
Menstrual hygiene and equity as a human rights issue: research and Lunette’s response and pilots

Lunette has in the past 12 months engaged in gathering data, interviewing more than 50 NGOs. In the following we will present:

1. Existing research based on desk study (PART 1)
2. Lunette’s response to these findings (PART 2)
PART 1: Research overview

Qualitative and quantitative research has been conducted related to hygienic use and acceptability of the menstrual cup, also in East-Africa. To sum up the findings:

• Hygiene: Based on clinical testing, menstrual cups are more hygienic to use in low-resource settings compared to traditional products (such as rags/cloth) or pads.
• Overall acceptability and positive user-experience in low-resource settings was high, from 80% to 95%.
Menstrual hygiene and equity as a human rights issue

“The average woman will have about 450 menstrual cycles over approximately 38 years of her life; this translates to managing menstruation for roughly 6.25 years. The ability to manage one’s menstrual health with adequate knowledge, safety, and dignity and without stigma is an essential human right.”

PATH publication, 2016
Research: silence on menstruation


ROBYN BOOSEY; EMILY WILSON

Findings: “Poor MHM is a cross-cutting human rights issue that relates to economic and social rights, including rights health, water and sanitation, education and work. However, despite this, it has been a largely neglected topic within the international human rights system. (...) More work is needed to fully understand the menstrual taboo in order to effectively break the silence and advance work toward the realisation of women’s rights and an understanding of gender equality that enables women to succeed.”
Menstruation-related challenges and barriers

- A persisting taboo: menstruation is heavily stigmatized; e.g. 66% of adolescents in Africa unaware of periods before their menarche
- Often related to female absence from school/work (in Africa up to 20% of girls miss school because of menstruation)
- Lack of access to comfortable and hygienic products (if any)
- Poor sanitary facilities and lack of access to clean water
- High cost of disposable products → transactional sex (Kenya, above 50% according to estimates)

Sources: Unicef 2012: menstrual hygiene – manage it well; Menstrualhygieneday.org, 2015; SSWM: menstrual hygiene management webpage
Research: Lack of access to (sustainable) products in E-A; a real issue

Source: FCG-publication, supported by Melinda and Bill Gates Foundation. (2016). An opportunity to Address Menstrual Health and Gender Equity.
Importance of coupling products + SRHR support/education


2. FCG-publication, supported by Melinda and Bill Gates Foundation. (2016). An opportunity to Address Menstrual Health and Gender Equity.

After a menstrual cup and SRSHR training in a school in Kibera slum, training by the Cup Foundation.
Research: Menstrual cup & drivers for acceptability

“Drivers and challenges to use of menstrual cups among schoolgirls in rural Uganda: a qualitative study”, MARIA HYTTIEL, CAMILLA FALDT THOMSEN, BIANCA LUFF, HALVOR STORRUSTEN, VIOLA NILAH NYAKATO, and MARIANNE TELLIER, Study published in WATERLINES (2017)

36 schoolgirls aged 13–17 a school-based controlled trial of menstrual cups, interviews and four focus group discussions

Findings: Most (34 out of 36) participants overcame initial challenges mastering the techniques for insertion and removal and adapted to menstrual cup use.

Major drivers for acceptability: creating trust in the menstrual cup, peer support, increased comfort, independence, and mobility due to reduced leakage, especially when in school
Hygienic use of menstrual cup in low resource settings


644 girls (14-16 years): a feasibility study on the effect of menstrual hygiene on schoolgirls' school drop-out and health – three arms (pads, cups, usual practice)

Findings: Reproductive tract infection prevalence was 21.5%(cups), 28.5% (pads) and 26.9% (control arm of traditional practice). Bacterial vaginosis was less prevalent in the cups (12.9%) compared with pads (20.3%) and control (19.2%). Cups or pads alone were not found to reduce school dropout risk, and more research would be needed on this topic.
Examining the safety of menstrual cups among rural primary school girls in western Kenya, Juma et al.*, published in BMJ open (2017)

604 girls (age 14-16) – three arms – cup arm 224

**Aim:** Examine the safety of menstrual cups against sanitary pads and usual practice in Kenyan schoolgirls.

**Method:** vaginal swabs and cups tested for bacteria

Among 604 eligible girls tested, no adverse event or TSS was detected. S. aureus prevalence was 10.8%, with no significant difference over intervention time or between groups.

**Findings:** Among this feasibility sample, no evidence emerged to indicate menstrual cups are hazardous or cause health harms among rural Kenyan schoolgirls
Ensure healthy lives and promote well-being for all at all ages.

Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

Achieve gender equality and empower all women and girls.

Ensure availability and sustainability of water and sanitation for all.

Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.

Ensure sustainable consumption and production patterns.

**FACT**: Girls in developing countries miss up to 5 days of school per month when they menstruate. In a study from Nepal, 41% of girls reported missing school during their menstruation.

**Ask**: Taboos and myths related to menstruation often portray women and girls as inferior to men and boys.

**FACT**: 41%

**Ask**: People have no access to improved sanitation facilities.

**FACT**: 2.4 billion

**Ask**: Workers in Bangladesh use birth control pills to stop their menstruation, so that they can avoid having to stop work or having to manage their menstruation in inadequate facilities.

**FACT**: 25%

**Ask**: Research from Ethiopia shows that 25% of girls in both rural and urban settings do not use any commercial menstrual products. Commercial products are often subject to sales and import taxes, making them unaffordable to many poorer women and girls.
PART 2: Lunette’s response and pilots

To respond to the above mentioned challenges Lunette has increased its capacity in low-resource settings.

Lunette is currently piloting in development settings and seeking to co-create and innovate new models of operation in low-resource settings.

We wish for the HUBs and students essentially to decide on the last mile activities (with the criteria that products and Dada services reach the most vulnerable), but they could also tie in with these ongoing and other upcoming pilots.

Examples of ongoing pilots and activities in East Africa in the following slides:
Innovating with students

Lunette has engaged with University of Nairobi to create an innovation workshop at Nairobi Innovation Week, through human-centered design and methodologies to engage students on issues of menstrual hygiene and SRHR more widely. Workshop taking place 03.2018 after which decision will be made on next steps. Idea of a workshop started from interest from students in the NIW 2017, where Lunette was exhibiting.
Training + cup in Kibera Slums

Kibera (Kenya): In Kibera slums The Cup Foundation in cooperation with Lunette has distributed over 8000 cups to girls after a comprehensive training curricula that tackles challenges underprivileged girls and boys face while growing up, including menstrual hygiene management. Currently, an evaluation is planned to follow up on the girls that have used the cup for years; how it has affected their quality of life, wellbeing and school attendance. Results from the evaluation are expected in the end of 2018.
Pilot in Mwanza, Tanzania

Mwanza pilot (Tanzania): Implemented with Fida International, and local partners (Mwaomi, Pentecostal church of Tanzania) Lunette is piloting a comprehensive menstrual hygiene management package in Mwanza, Tanzania, where local boys and girls receive training on puberty, reproductive health, on menstrual hygiene and on the usage of menstrual cup. Fida has identified 20 male and female trainers within the community who have started a training-of-trainers programme (TOT). After the TOT the training and cup distribution is expected to be rolled out in 82 rural schools. Currently indicators are designed to measure impact on school attendance and empowerment of girls and results will be thoroughly analysed in 2018.
Kenyan Red Cross pilot (Kenya): 100 Kenyan red cross female staff and volunteers have received a cup and an introductory training on the usage of the cup. After this initial trial and evaluation, the cup will be introduced as part of the Red Cross shops in rural and urban areas. The shops are based in the communities that offer a variety of sanitation products. The customers are reached through social marketing done mostly by Red Cross volunteers, and the customers are offered affordable prizes and flexible payment conditions. Rolled out 2018-2019.
Humanitarian pilot

Humanitarian pilot: Initial discussions with Tanzania Red Cross, UNHCR, (including discussions with UNFPA), Kigoma refugee setting.

Tanzania Red Cross staff have been trained in October 2017, to learn about the cup, and a survey is being carried out to ensure that the staff are comfortable. Manual for use of the cup has been translated into Swahili, to help these staff take the cup into use.

No agreement upon next steps or timeline as of yet. Also discussions with partners in DR Congo.
Proposed .HUBs 2018-2020

• To engage and work with adolescents, collaborate and design with both a community of innovator students and wider communities, who will be drivers of change in terms of braking the silence on menstruation.

• Strong partnerships with student associations, suppliers (e.g. Afripads), government sector, university administration, Tanzania Red Cross, Fida for last mile activities.

• We’re proposing a potentially scalable and sustainable solution, which we propose to take regional in the next 6-18 months.
Thank you!  ❤️

Please don’t hesitate to contact us at projects@lunette.com