



**F R E E D O M**  
**CUPS™**

**BLOSSOM TRUST  
VIRUDHUNAGAR PROJECT 2019**

**MONITORING & EVALUATION  
REPORT**



## SUMMARY

- ❖ Age of users ranged from 11 - 38
- ❖ 63% of women always/exclusively use the menstrual cup
- ❖ Only 17% of women do not use the cup
- ❖ Benefits related to ease/convenience of use, cost effectiveness, and ease of disposal
- ❖ “Initial fear” is the largest barrier to use but is frequently overcome
- ❖ 1/3 of negative comments pertain to issues that could be addressed with education

## 1. INTRODUCTION

Menstruation remains a monthly struggle for women in India. Approximately 30-40% of women in rural areas in South India use products that are not specifically designed for menstruation such as cloth, and sanitary pads are often expensive and not customized to women's needs. Moreover, women struggle with the disposal of these products, with the unavailability of appropriate facilities resulting in the majority of these products being buried or burned. On top of personal difficulties, menstruation remains a social taboo. In Hindu religion, which constitutes 93.84% of the Virudhunagar district population, it is strictly prohibited to enter temples or to attend religious festivals when you are menstruating. All in all, monthly menstruation considerably limits freedom of movement, daily practices and for rural women.

In using a menstrual cup, women will not depend on buying disposable sanitary pads, or to use thick batches of cloth when menstruating. Managing menstruation becomes more safe, affordable and convenient. As a menstrual cup can be inserted for up to 10 hours, school girls particularly will have more freedom by not having to worry about leakage, which makes their menstruation easier to manage – even when there are insufficient school toilets in which to change. As the cup can last for 10 years, it is a great sustainable substitute for women in rural areas.

From November 13th to November 16th 2019, Blossom collaborated with Freedom Cups to provide women in rural India with menstruation cups. Vanessa Paranjothy, the Co-founder of Freedom Cups, flew in with 300 Freedom Cups to distribute over the following days. 2-3 meetings were set up each day, each attended by 30-40 women, in the villages surrounding Virudhunagar. Over the course of 4 days, Blossom Trust and Freedom Cups went into 8 different villages and to 1 school, providing nearly 300 women with a menstruation cup. Here we present the results from our monitoring and evaluation, 3 months after the initial project.

## 2. METHODS

The M&E was conducted 3 months after the Freedom Cup collaboration project (27<sup>th</sup> February and 3<sup>rd</sup> March 2020). Surveys were designed to evaluate the usage, benefits and barriers of the menstrual cups within the beneficiaries. The questionnaires formed the basis of semi-structured interviews administered by Mercy Annapoorani to individuals that received the cup during the meetings in November. With the pilot project distributing 270 cups across 8 villages in the Virudhunagar district, we aimed for a 10% return rate. We successfully interviewed 24 people across 4 villages (8.9% return rate) with ages ranging from 11 to 38 (table 1). The questions were formatted as simple yes/no answers for quantitative data collection, with flexibility to collect positive/negative comments as qualitative data for a mixed methods approach.

**Table 1: Summary of data collected, as age group and gross usage**

AGE (group)	FREQ.	YES (variable)	NO (never/once)
11 – 15	3	2	1
16 – 20	2	2	0
21 – 25	3	3	0
25 – 30	5	3	2
31 – 35	2	2	0
35 – 40	1	1	0
[No data]	8	7	1
<b>TOTAL</b>	<b>24</b>	<b>20</b>	<b>4</b>

Villages visited: Kelavuneri, Alhikulam, Vaggamankundu and Kaluvanchery

### 3. LIMITATIONS

We encountered some logistical and technical limitations in conducting the M&E. Without the element of novelty, our Field Officer found it difficult to incentivise women to attend the survey/interview. This limited our sample size to below the optimal 10% return. The survey itself did not account for literacy levels in the community, so was reliant on interpretation of question and answers via Mercy Annapoorani, possibly introducing bias. A flaw in survey design also limited collection of age data.

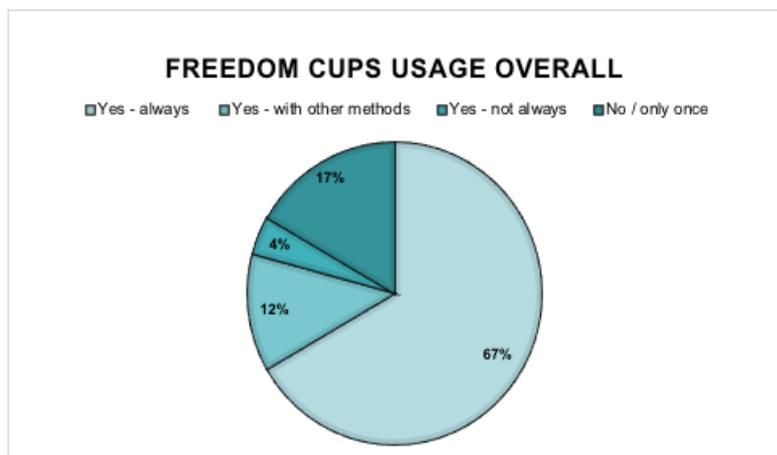
### 4. RESULTS

#### Usage

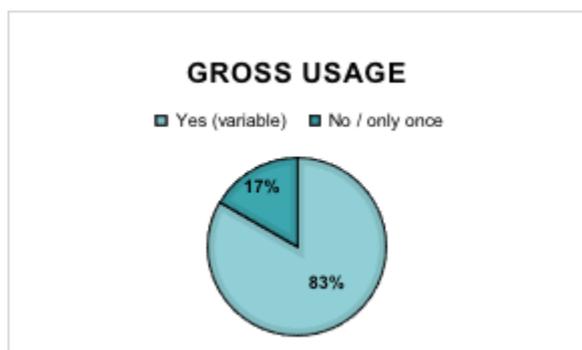
We were pleased to find that a large proportion of women interviewed were successfully using the menstrual cup (figure 1). Looking at gross usage, only 17% of the cohort stated that they do not use the cup at all - which includes individuals who tried to use it once and were unsuccessful. This is compared to an overwhelming 83% of the cohort who stated that they did use the menstrual cup to some degree (figure 1.a). Of those who stated that they do use the cup, 80% stated that they always use the cup without any other menstrual management method (figure 1.b). This equates to 67% of the total cohort exclusively using the menstrual cup (figure 1), showing a very promising high usage rate in the population interviewed.

We then looked at gross usage as a function of age group (figure 2). Results were somewhat limited by the lack of age data, but show a even spread of positive and negative responses across age groups. Girls as young as 11 were found to be successfully using the menstrual cup, ranging to post-partum women up to 38. We found that age is slightly more restrictive at the upper boundary than at the lower boundary, suggesting younger girls are more open to trying menstrual cups as a management method.

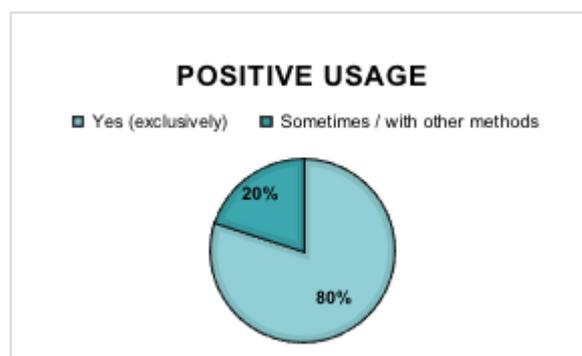
Figure 1: Overall usage



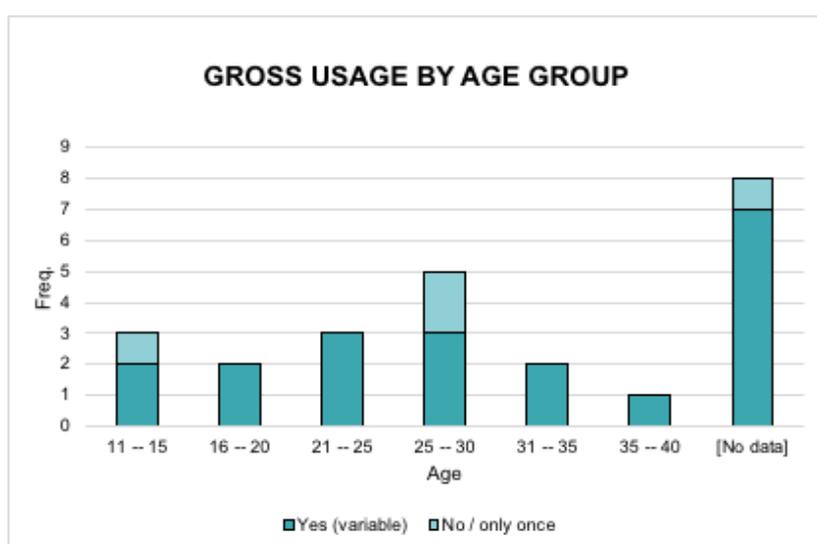
**Figure 1.a: Gross usage**



**Figure 1.b: Positive usage**



**Figure 2: Usage as a function of age**



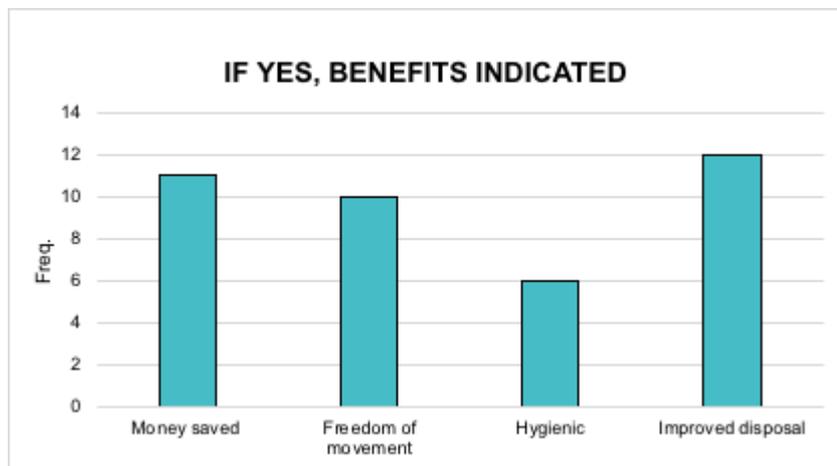
## Benefits

Feedback indicated that women appreciated all 4 main benefits that we included (money saved, mobility, hygiene and disposal) with fairly even distribution (figure 3). Improved hygiene of menstrual cups was least commonly chosen as a benefit, indicating that it is less of a priority than utility in managing menstruation. This is with the exception of one comment that “diseases will not spread due to infection”. Many of the women indicated the financial benefit of using menstrual cups, with women usually receiving between 30-80Rs allowance per month, with an average of 45Rs, to manage their menstruation. Several of the younger participants receive a Government allowance or receive sanitary products free from school. Notably, improved disposal was the most commonly selected benefit. This benefit was intended to refer to the sustainability of menstrual cups, given the lack of facilities to properly dispose of sanitary napkins. Surprised by the popularity of this option, we found that the perceived benefit in disposal is actually linked to improved discretion, driven by the shame associated with disposing of sanitary napkins.

The positive comments frequently stated that the menstrual cups were “user friendly”, “easy to use” and “easy to handle”. There was a strong emphasis on the utility/convenience of menstrual cups, with many comments referring to “time saved” or that they “do not have to visit toilet facilities as often”, allowing women increased mobility in their day-to-day lives. A prime illustration of increased freedom is that one woman “used to take 3 days leave, now feels comfortable”. Interestingly, we received some specific comments to unanticipated

benefits, such as “no marks in school uniforms”, that the menstrual cups “do not stick in dresses (like sanitary napkins do)” or that the cup increases movement “especially during rainy season” (referring to the absorptive nature of napkins). This illustrates a wide range of positive outcomes perceived by the beneficiaries.

**Figure 3:** *If yes, indicate benefits of menstrual cup*

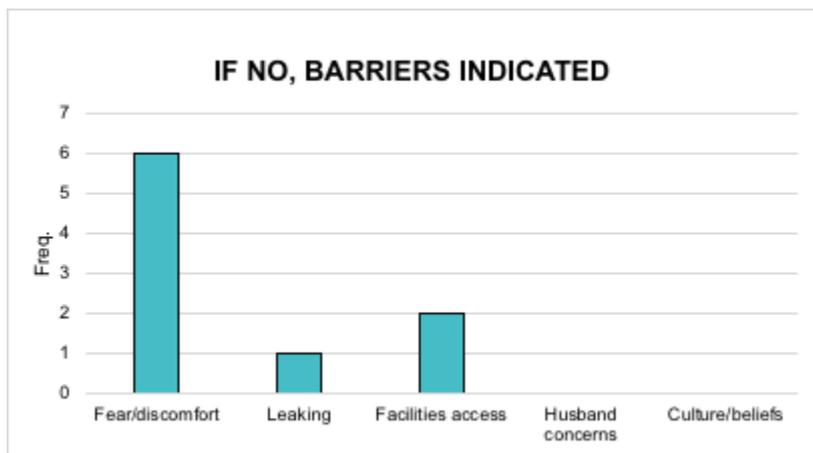


### **Barriers**

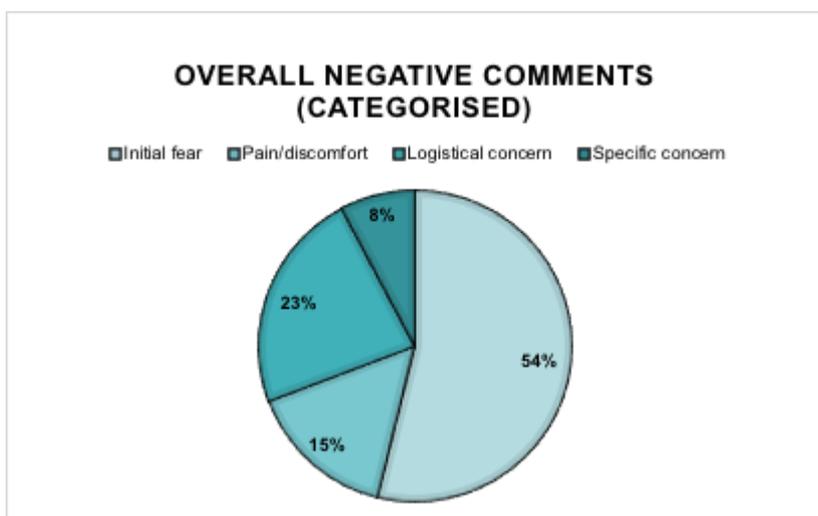
Of the 17% who did not use or only used the menstrual cup once, the overwhelming prohibitive factor selected was fear/discomfort (figure 4). This is to be expected, with tampons rarely available, and the ‘jump’ from sanitary napkins to menstrual cups quite significant. We also found some access issues for appropriate facilities, with one school-age girl commenting that “there is no running water at school to clean it”. However, it is worth highlighting that no-one interviewed indicated husband/family input or cultural conflict as prohibitive factors. This shows an encouraging degree of autonomy, and that the barriers we found were personal rather than societal. There does remain an issue with male-female dialogue: one woman commented that she “did not tell (her) husband”, and although several women said that their husbands were aware of the menstrual cup, they did not want us to interview their husbands as it remains a taboo topic.

We had comments concerning negative experiences from both users and non-users. Although the comments received are qualitative, we decided to categorize these into “Initial fear”, “Pain/discomfort”, “Logistical concern” or “Specific concern” to ascertain the extent that women are facing each type of barrier (figure 5). Of the comments received, 54% of the negative experiences were classed as “initial fear”, but many of these comments were received by women who overcame this anxiety and went on to successfully use the cup. Importantly, around 1/3 of the comments received pertained to “Logistical” (23%) and “Specific” (8%) concerns. Concerns in these categories could easily be addressed with improved or ongoing education: for example, comments included being “afraid to use during the night because it may disappear inside”, being “afraid of it falling out while running or sleeping” or “afraid of it falling out while urinating”. Likewise, the specific concern of being “hesitant to use because I have had a caesarean” is easily addressed. Altogether this suggests that 1/3 of the barriers to use could be easily overcome with improved education or a system to address misconceptions, which is a promising outlook for successful implementation of a long term project.

**Figure 4:** *If not using, indicate barriers faced*



**Figure 5:** *Categorization of negative comments*



## 5. CONCLUSIONS & PERSPECTIVES

Our results suggest a successful pilot project for the distribution of menstrual cups in rural communities in Tamil Nadu, South India. With some degree of usage in 80% of the community surveyed, a majority of women found the wearability, utility and convenience of the cup a major driving factor for continued use. One woman even commented that the cups “could have been given earlier, when attaining puberty”. We also encountered women in the community who had not originally received a cup wanting to begin using one, and a 11 year old girl who was keen to use it after reaching puberty shortly after the initial project. Indeed, 67% of the women had already recommended the menstrual cup to their friends, families or colleagues, which suggests that they are potentially a popular method. The main barrier we found was initial fear, which many overcame without intervention, but we also saw a distinct need for further basic education to assuage logistical concerns. This could be easily incorporated into project implementation, as more comprehensive initial or follow-up education sessions.

Overall, we believe there is strong potential and opportunity for the implementation of a full project: to distribute menstrual cups to rural women and empower them to safe, convenient and sustainable menstrual management.