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# **Chapter 1: Introduction**

Every month around 1,8 billion women, girls, transgender men and non-binary people menstruate (UNICEF, n.d.).<sup>1</sup>

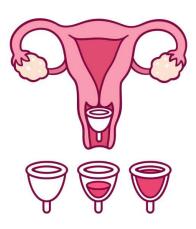
Traditionally, menstruation has been surrounded by secrecy and taboos. An extreme example is the traditional practice in Nepal, where menstruating women and girls were routinely exiled from their family homes and women have even died in the barren circumstances of so called "menstrual huts" (BBC News, 2019). This is rather extreme but in many communities around the world, menstruation is still a topic that is not openly discussed and surrounded by shame. Fortunately, things are changing. In more and more countries, the impact of menstruation on the lives of women and girls is being recognised as an important matter, not just by women themselves but also by policy makers. In the context of this growing global attention, there is also increased awareness of the importance of menstruation management for schoolgirls (Plan International (n.d.).

There are various methods girls can use to manage their period. The most common are pads and tampons. Both work on the basis of cotton fibres absorbing menstrual fluid, with a tampon being inserted into the vagina, while pads are stuck to a girl's underwear. With the pressure on the environment rising to a crisis point, concerns about the amount of waste that is generated by the use of pads and tampons have also grown and alternatives to pads and tampons are being developed. There are now a number of reusable alternatives, from period underwear to washable pads, that produce no waste and eliminate the need to constantly buy new products with each new menstrual cycle. One of these reusable methods of menstruation management is the menstrual cup, which is the focus of this study.

The menstrual cup is a silicon cup used to manage menstruation. It is inserted into the vagina. Unlike a tampon, it does not absorb menstrual fluid but rather collects it. The cup can be held inside the body for up to 12 hours after which it is taken out, emptied, rinsed off and reinserted. One cup can be used for five to ten years. Not only does a menstrual cup eliminate waste, it is also significantly cheaper than pads or tampons. This means it presents a solution to the problem that many girls and women face of missing out on certain activities because they cannot afford to buy sufficient products to manage their period.

<sup>1</sup> Not all people who menstruate are women and not all women menstruate. This report uses "women" and "girls" and related terminology to denote all menstruating people. This is not meant to offend but is done to ensure readability.





Source: <a href="http://www.bleedingfeminism.com/2012/11/an-alternative-to-tampons-menstrual-cup.html">https://www.bleedingfeminism.com/2012/11/an-alternative-to-tampons-menstrual-cup.html</a>
<a href="https://www.bleedingfeminism.com/2012/11/an-alternative-to-tampons-menstrual-cup.html">https://www.bleedingfeminism.com/2012/11/an-alternative-to-tampons-menstrual-cup.html</a>
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<a href="https://www.istockphoto.com/nl/illustraties/menstrual-cup">https://www.istockphoto.com/nl/illustraties/menstrual-cup</a>

Period poverty affects 500 million girls and women around the world (Plan International (n.d.). It means that due to the high costs of pads and tampons, they are forced to withdraw from daily life on the days they are menstruating. The exact number of girls who are absent from school because their families struggle to afford menstrual products is not known but period poverty affects many girls around the world. This leads to undesirable situations. Some girls resort to uncomfortable, less hygienic ways of managing their period such as using newspaper, rags and socks filled with sand, which leads to infections and provides little dignity during menstruation. Other girls simply miss school on the days they have their period thus threatening their education and putting their future at risk.

Despite the cost effectiveness and its reduced impact on the environment, the menstrual cup does not seem to be widely used amongst schoolgirls. More importantly, we seem to know very little about the reasons for this. Why are girls not using the cup?

The existing studies about the menstrual cup focus mainly on the experiences of adult women (van Eijk et al., 2019). There is little research about the perceptions and experiences of schoolgirls who might benefit from using the cup. In their study 'Acceptability and Performance of the Menstrual Cup in South Africa: A Randomised Cross-Over Trial Comparing the Menstrual Cup to Tampons or Sanitary Pads' Beksinska *et al.* (2015) monitored and compared the experiences of 110 adult women after they were provided with either a menstrual cup or pads and tampons. The women reported positive experiences with the use of the cup. One of the recommendations of the study was that menstrual cups be used by schoolgirls, especially where there is potential for reduced school attendance due to period poverty (Beksinska *et al.* 2015: 157). However, the question remains whether girls know what the menstrual cup is and how to use it? Would they use it? Why or why not?

There have been no studies investigating the awareness of the menstrual cup among schoolgirls. This project aims to fill that gap by investigating girls' awareness of the menstrual cup and their barriers to using it. Before studying actual experiences of girls with the menstrual cup, it seems useful to find out whether they know of the cup and are open to using it.

This study compares schoolgirls in South Africa and the Netherlands. In particular, it investigates their knowledge of and attitudes towards the menstrual cup as a method for menstruation management. The aim is

- to identify the main barriers to using the menstrual cup;
- to investigate whether receiving more information about the menstrual cup could lead to a greater willingness to use it; and
- to explore other strategies that could lead to a higher menstrual cup usage among schoolgirls.

The comparison between South Africa and the Netherlands is specifically aimed at investigating how existing barriers could best be overcome, both in general and in a particular national context. Thus, this study provides broader insights in the ways in which girls in different countries think about and deal with menstruation and menstruation management.

The study consists of two parts. The first part is a survey conducted in a South African and a Dutch school. The survey aims

- to describe differences in girls' awareness of the cup and differences in girls' willingness to use it;
- and to discover possible explanations for these differences.

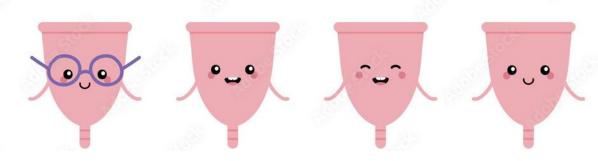
Chapter 3 of this report deals with the survey methodology including the way the variables have been measured. In chapter 4 the survey data is analysed and presented by using graphs and diagrams. Chapter 5 discusses the main findings and conclusions that can be drawn from the survey results.

The second part of this study consists of focus groups and in-depth interviews with a selected group of South African and Dutch respondents. It allowed for an exploratory approach which meant that a variety of perspectives, perceptions and opinions about the menstrual cup and related issues could be explored in depth. This part of the research was aimed at gaining further insights into the broader context of menstruation management in the two countries and finding ways to overcome existing barriers in a context-sensitive manner.

Chapter 6 of this report covers the methodology used in conducting the interviews and focus group discussions, while chapter 7 presents the results of the focus groups and interviews and chapter 8 discusses the main findings and conclusions.

Finally, chapter 9 provides a general conclusion of this study and recommendations for further research.

Through this research, girls will hopefully gain more information about the menstrual cup as a menstruation management method. The results from the surveys are useful as they can paint a picture of which groups of girls require more assistance with menstruation management. The results of the focus groups and interviews will provide deeper insights into how schoolgirls could best be informed and empowered. Generally, a better understanding of the barriers to menstrual cup usage among schoolgirls can inform awareness campaigns that may lead to increased usage.

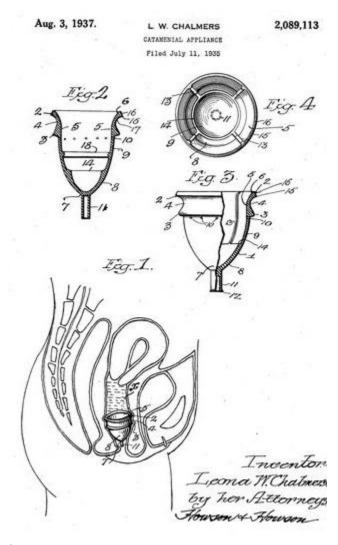


Source: https://stock.adobe.com/sk/search/images?k=menstrual+cup+vector&asset id=294554984

# **Chapter 2: Background information**

# 2.1 The facts about the menstrual cup

While sanitary pads and tampons are well known and widely used ways of managing menstruation, the menstrual cup is less familiar. It was developed and patented in 1937 by an American actress and inventor, Leona Chalmers. At the time, the design was similar to the menstrual cup sold today, but it was made from hard rubber which probably made it uncomfortable to use (Finley 2016). Over the years, the design has been improved to become the menstrual cup which is currently on the market. It is made of medical grade silicone and is flexible but still has its original bell shape. The cup is folded and inserted into the vagina where it unfolds. Unlike a tampon which absorbs the fluid to be thrown away, the menstrual cup collects the menstrual fluid and needs to be emptied every 6 to 12 hours, depending on the flow. It can be reinserted after rinsing it with water. After a cycle, the cup is disinfected by boiling it in water.<sup>2</sup> Due it its reusability, the cup lasts for 4 to 5 years, with some companies even claiming 10 years of use.



Source:

https://twitter.com/urmila92531581/status/1470288991500914 691

Like with pads and tampons, there are various brands offering different menstrual cups made of silicone. Most brands manufacture cups in two sizes depending on whether the user has given birth or not. In the Netherlands, cups can be bought online and are widely available in drugstores and pharmacies. They are sold for between €15 (R250)³ to €25 (R400). In South Africa, there is a company that manufactures menstrual cups.⁴ However, cups are only available in a very limited

<sup>&</sup>lt;sup>2</sup> In some cultures this may raise concerns because of the proximity of food preparation with menstruation.

<sup>&</sup>lt;sup>3</sup> All monetary values are based on prices of products on drugstore websites. <a href="https://clicks.co.za/">https://clicks.co.za/</a> was used for South Africa and <a href="https://www.trekpleister.nl/">https://www.trekpleister.nl/</a> was used for the Netherlands. All conversions between both currencies are based on the exchange rate of 15 March 2022 where €1 is equal to R16,52. The numbers have been rounded off.

<sup>&</sup>lt;sup>4</sup> See <a href="http://mpowercup.co.za">http://mpowercup.co.za</a>

number of specialised shops or online. Locally produced cups cost around R300 (€18). Mass-produced imported cups are sold from around R200 (€12).

The average woman loses about 85ml of fluid per cycle and has 9 to 13 cycles per year. On average, a woman menstruates from the age of 13 until she is about 50. This means she uses around 14 000 menstruation products in one lifetime. In South Africa, the cheapest tampons and pads cost around R1,25 and R2 per unit, respectively. This means a woman spends anything from R18 500 (€1 091) to R28 860 (€1 746) on sanitary products in her lifetime<sup>5</sup>. In the Netherlands, tampons or pads cost around €2,50 (R40) for 30 units. Thus, the average Dutch woman spends around €1 200 (R20 000) on sanitary products in her lifetime<sup>6</sup>.

If a South African woman were to replace her menstrual cup every 5 years, she would spend around R1 750 (€105) on menstruation management in her lifetime. In the Netherlands, it is more expensive, €140 (R2 500), but this still pales in comparison to the costs of pads or tampons. The initial cost of the menstrual cup is higher than pads or tampons but in the long term the cup saves a substantial amount of money.<sup>7</sup>

Not only does the menstrual cup provide an economic advantage to girls and women, it is also better for the environment and the health of the user (AllMatters, n.d.). First, most pads and tampons are made of cotton, which is a plant that needs a lot of water to grow. In addition, nonorganic cotton holds insecticides and pesticides which are harmful to users and the environment. Third, not only do the 300 products per woman per year create a huge amount of waste, the plastic packaging, applicators, wrappers and boxes add to this by contributing about 200 000 tonnes of waste per year. Most of this waste ends up in a landfill or even in the oceans, beaches and rivers. Lastly, tampons have a structure through which air can move allowing certain bacteria to grow. Because of this, tampons have become associated with Toxic Shock Syndrome (TSS) from extended use. TSS is caused by the growth of a particular bacteria over time and is possible because of the structure of the tampon. The menstrual cup is made from medical grade silicone which is better for the environment. Seeing as it collects the fluid rather than absorbing it, there is no waste involved. The cup also does not affect the bacteria in the vagina making TSS nearly impossible.

<sup>&</sup>lt;sup>5</sup> To put it into perspective, 52% of South African women live on less than R1 183 (€71) per month (The Borgen Project, 2020).

<sup>&</sup>lt;sup>6</sup> 6,2% of the Dutch population lives on less than €1 100 (R18 000) per month (Centraal Bureau voor de Statistiek, 2021).

<sup>&</sup>lt;sup>7</sup> Organisations aimed at helping those who miss school due to their menstruation can also save money by donating menstrual cups instead of tampons or pads to schoolgirls.

# 2.2 Period poverty and the costs of menstruation management

Due to the economic advantage of the menstrual cup, it can help alleviate period poverty. Families with limited financial resources who struggle to make ends meet can often not afford to buy pads and tampons, especially with the cost of menstrual products being relatively high. In addition, in many communities, the conversation around menstruation is not very open, forcing girls from poorer backgrounds to keep quiet about the challenges they are facing in accessing sanitary products. As a result, some schoolgirls are unable to attend school when they are menstruating because their family cannot afford menstruation management products. This problem is present all over the world. It is especially apparent in countries with a high poverty rate, such as South Africa but also affects women and girls in the Netherlands where poverty is less common.<sup>8</sup>

There are a number of initiatives to lower the cost of menstruation and increase the accessibility of menstrual products for poorer families, both from the government and from non-governmental organizations. One example is the decision by the South African government to include sanitary products in the list of products free from value-added tax. Other initiatives

According to Africa Check, South African schoolgirls who are old enough to have started menstruating number around 5 million. Approximately 20% of these girls attend schools where parents pay school fees (Jeynes, 2016). It is likely that parents who can afford to pay school fees also have sufficient financial resources to purchase sanitary pads or tampons for their daughters. In a country that has been identified as the most unequal country in the world (World Bank Group, n.d.), the situation is different for the majority of South African schoolgirls. They attend government schools that do not charge fees. Given that around 2,6 million girls attend such no-fee schools and many of those girls live in poverty, it is clear that more than half of South African schoolgirls struggle with menstruation management. In the Netherlands about 6,2% of the population live in poverty (Centraal Bureau voor de Statistiek, 2021). The definition of poverty clearly differs in both countries. In the Netherlands in 2020, it meant that a person's monthly income fell below €1 100, or for a couple below €1 550. Taking this definition as a starting point, poverty potentially affects about 1 in 10 of all menstruating women in the Netherlands (De Bovengrondse, 2019). In fact, according to a study by Plan International (2019), almost 9% of girls and women between 12 and 25 in the Netherlands, do not have enough money to manage their periods safely and in a hygienic way. In both South Africa and the Netherlands, schoolgirls from families with limited financial resources who struggle to make ends meet are unable to buy sufficient pads or tampons. In South Africa, this problem possibly affects as many as 80% of schoolgirls.

In the Netherlands, 9% of schoolgirls struggle with menstruation management because of their financial

circumstances.

<sup>&</sup>lt;sup>9</sup> There are countries where there is no Value Added Tax on menstruation products and places where the products are completely tax-free. Other countries enforce a lower tax rate on period products than on other products. In the Netherlands, for example, most products are taxed at 21% but period products have a tax rate of 9%. Another example, facilitated by the government of the United Kingdom, is to place taxes earned from period products into funds going to charities and NGOs who try to combat period poverty. One of the front runners in combatting period poverty is Scotland. They have recently passed a law stating that period products should be free and available to all women. This means that dispensers with pads and tampons are included in all public bathrooms, particularly at schools. Citizens also have the ability to request a more sustainable, long-term use product like the menstrual cup from the municipal government. In the Netherlands, there was a petition, a few years ago, in which four students called on the government to include the menstrual cup in basic health insurance (ter Steege, 2019). This would make the cup free for all women, as basic health insurance is compulsory. Unfortunately, the petition did not receive enough signatures.

revolve around the donation of sanitary products to women and girls who need them. In the Netherlands, the people who depend on such donations of menstrual products are homeless persons, undocumented migrants and people who get groceries from the foodbank (De Bovengrondse, 2019). In South Africa, many donation drives for sanitary products are initiated by non-governmental organisations such as Project Dignity<sup>10</sup> or organised via the provincial departments of education (Mlaba, 2020; Willis, 2017). Making sanitary products more accessible allows schoolgirls to take better care of their bodies during menstruation and helps them to stay in school when they have their period. (Mortlock, 2017; Pilane, 2017). However, most of the aforementioned initiatives in the Netherlands and South Africa focus on pads and tampons, while other menstrual management methods, including the menstrual cup, are largely being ignored.

While the initiatives to combat period poverty are providing immediate relief to some schoolgirls, handing out pads and tampons to girls in underprivileged communities is not a long-term sustainable solution. If school-going children cannot afford the products, then it is likely that the entire family is struggling. By sending pads and tampons home with girls, there is no guarantee that they will not be forced to share the donations with their mothers and other family members. This would then leave too few products available for the girls to prevent them from missing school because of their period. Given that the biggest problem surrounding school attendance when menstruating is poverty, there is also a risk that the donated pads and tampons will simply be sold and the money spent on more pressing basic needs. The initiatives that have been started to combat period poverty make a difference but present new challenges and difficulties. Ideally, assistance for girls missing school due to period poverty should come in the form of a sustainable, cheaper and long-term solution. The menstrual cup is a better suited option that has not yet been widely explored and used. (Jennike 2016; Unknown 2017).





Source: http://www.slate.com/articles/double\_x/doublex/2015/06/menstrual\_cups\_are\_a\_feminist\_issue\_they\_re\_health\_y\_eco\_friendly\_and\_good.html

https://www.nytimes.com/wirecutter/reviews/best-menstrual-cup/

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<sup>&</sup>lt;sup>10</sup> See <a href="https://projectdignity.org.za/">https://projectdignity.org.za/</a>

# **Chapter 3: Survey Methodology**

#### 3.1 Problem Statement

Despite the cost effectiveness, convenience and reduced impact on the environment, menstrual cup usage is limited amongst schoolgirls in both South Africa and the Netherlands. The reasons for this have not been widely researched. Understanding the barriers to menstrual cup usage can inform awareness campaigns that may lead to increased usage.

#### 3.2 Aim

The aim of this research project is to investigate:

- The level of awareness of the menstrual cup amongst schoolgirls in South Africa and the Netherlands.
- The barriers to using the menstrual cup amongst schoolgirls in South Africa and the Netherlands.
- Whether receiving factual information about the menstrual cup could lead to a greater willingness to use it.
- Other strategies that could lead to a greater willingness to use the menstrual cup.

The significance of this research is that it will help to understand which barriers to using the menstrual cup are prevalent amongst schoolgirls. The comparison between girls in South Africa and the Netherlands helps to identify how these barriers could best be overcome, both in general and in a particular national context. In addition, by providing relevant information to schoolgirls, this research empowers girls to make more informed decisions about menstruation management.

# 3.3 Hypotheses

- There is limited awareness of the menstrual cup amongst schoolgirls.
- Menstrual cup usage is low amongst schoolgirls.
- The main barrier to using a menstrual cup amongst schoolgirls is a lack of information.
- When girls know more facts about the menstrual cup, they are more willing to try it.

### 3.3.1 General Sub-Hypotheses

- Very few girls have heard about the menstrual cup.
- Girls who have had their first period are more likely to have heard about the menstrual cup than girls who have not yet started menstruating.
- Very few girls have ever used a menstrual cup.
- Most girls would not consider using a menstrual cup.
- The main barrier to using a menstrual cup is a lack of information.

- When girls know more facts about the menstrual cup, they are more willing to try it.
- Girls who normally use tampons are more likely to consider using a menstrual cup than girls who normally use sanitary pads.

## 3.3.2 Sub-Hypotheses comparing South Africa and the Netherlands

- In the Netherlands, more girls have heard of the menstrual cup than in South Africa.
- The main sources of information about the menstrual cup differ in the two countries.
- The main barriers to using the menstrual cup differ in the two countries.
- The impact of information provided differs in the two countries.
- In both countries, reduced costs is not the biggest incentive to using the menstrual cup.

## 3.4 Variables<sup>11</sup>

## 3.4.1 Dependent variables

**Awareness of the menstrual cup:** Do girls know that the menstrual cup exists? This was measured by asking girls whether they had ever heard of the menstrual cup before the survey was distributed. They were asked to indicate 'yes' or 'no'.

**Use of a menstrual cup:** Have the girls ever used a menstrual cup? This was measured by asking girls whether they have ever used it. They were asked to indicate 'yes' or 'no'.

Willingness to try a menstrual cup: Would the girls be willing to try using a menstrual cup? This was measured by asking girls whether they would consider using one. They were asked to indicate 'yes' or 'no'.

**Barriers to using the menstrual cup:** What are the main reasons for not wanting to try it? This was measured by asking girls to select all of the reasons that apply to them and then counting the number of times each option was reported.

# 3.4.2 Independent variables

Whether the girl has had her first period: This was measured by asking girls whether they have had their first period. They were asked to indicate 'yes' or 'no'.

The product the girl uses most often to manage her period: Does the girl use sanitary pads, tampons or some other product? This was measured by asking girls to tick the box of the product they normally use, 'sanitary pads', 'tampons' or 'other:....'.

**Country:** Does the girl live in the Netherlands or in South Africa? This survey was done on two separate occasions: first in South Africa and thereafter in the Netherlands. This coincides with

<sup>&</sup>lt;sup>11</sup> For an explanation on variables see <a href="https://www.scribbr.com/methodology/independent-and-dependent-variables/">https://www.scribbr.com/methodology/independent-and-dependent-variables/</a>

the times the researcher attended the schools where the surveys took place. Therefore, country of residence was not a survey question but simply recorded by separating the data of the first survey from the data of the second one.

#### 3.4.3 Controlled variables

Factual information about the menstrual cup: For the South African girls the dissemination of factual information took the form of a short self-produced video. The video covered what a menstrual cup is, how it is used and some of its advantages and disadvantages. This video was shown to all girls after they filled in part 1 of the hard copy questionnaire. After watching the video, they were asked to fill in part 2 of the questionnaire in which the questions measuring the willingness to try a menstrual cup and barriers to using the menstrual cup were asked again. To capture the results of the Dutch girls an electronic survey was used. The structure similarly consisted of two parts with factual information in between. The factual information in the survey for the Dutch girls consisted of pictures and text covering the same topics as the video used for the South African girls. After the pictures and text, the Dutch girls completed part 2 of the questionnaire in which they were again asked about the willingness to try and the barriers to using the cup.

#### 3.5 Method

## 3.5.1 The Sample

The survey data of the South African girls was collected at *Rustenburg Girls' High School*, which is a state school located in Cape Town. It is a girls' school, meaning only female learners attend the school. The education provided at the school is on the South African secondary school examination level and the school teaches the standard national curriculum. *Rustenburg Girls' High School* is a fee-paying public school. This means that the girls' families pay monthly school fees. Therefore, it is a reasonable assumption that these girls come from families that can afford products for menstruation management.

The survey data of the Dutch girls was collected at two campuses of one Dutch school with both male and female pupils: *Mencia de Mendoza Lyceum*, located in Breda, and *Mencia Sandrode*, located in Zundert. In the Netherlands, the secondary school curriculum is divided into three different trajectories: a theoretical, combined and practical trajectory offered over respectively 6, 5 and 4 years. *Mencia de Mendoza Lyceum* offers the theoretical and combined secondary school curriculum (*VWO* and *HAVO*) and *Mencia Sandrode* offers the combined and practical secondary school curriculum (*HAVO* and *VMBO*) and the first three years of the theoretical curriculum (*VWO*). According to international standards, a South African high school diploma is equivalent to the combined curriculum (*HAVO*) of the Dutch secondary school system. All schools in the Netherlands are government funded so the selected Mencia schools are not fee-paying schools. Any fees that are charged are voluntary and for specific extra-curricular activities. Given

the location of the schools and the general welfare of the Dutch population, it is reasonable to expect that the Dutch girls participating in the survey are able to afford products to manage their period.

For the Dutch girls, the questionnaire was translated into Dutch. Especially in the questions about the barriers to using the menstrual cup, the researcher has carefully checked that comparable words were used to describe potential barriers.

#### **3.5.2 Consent**

Written permission to conduct a survey was requested and received from the school principal of Rustenburg Girls' High School. At Mencia de Mendoza, the survey was sent to the girls via the school administration and participation in the survey was considered a personal choice. In both schools, the survey included clear information about the anonymity of the answers and the use of the data.

#### 3.5.3 Data Collection

Data was collected using a two-part survey.<sup>12</sup> In South Africa, this was handed to the girls on paper<sup>13</sup>. In their form classes, the girls received a verbal explanation about the aim of the project and an assurance that the survey would be anonymous. They were then asked to complete the first part of the questionnaire, which measured all dependent and independent variables, without writing their names on the forms. The girls subsequently watched a short self-produced, home-recorded video with factual information about the menstrual cup: what it is, how it is used and some of its advantages and disadvantages<sup>14</sup>. After watching the video, they were asked to fill in part 2 of the questionnaire (on the back of the page) and immediately return the forms to their teacher.

In the Netherlands, an email with a link to a digital form was sent to all the girls attending Mencia de Mendoza Lyceum and Mencia Sandrode. The email included an explanation about the survey and the project and assured the participants that the answers were anonymous. The link took them to a digital version of the two-part questionnaire measuring the dependent and independent variables. Instead of a video the information was provided as text with pictures. The link took the information was provided as text with pictures.

Data for both countries was collated and represented in tables and graphs required for analysis.

<sup>&</sup>lt;sup>12</sup> The survey in South Africa was conducted in 2017. The Dutch survey in 2021. This is a considerable timespan however, given the importance of the underlying cultural differences, I do not expect the main trends amongst South African girls to have changed significantly over time.

<sup>&</sup>lt;sup>13</sup> See "South Africa" under Questionnaires in Appendix.

<sup>&</sup>lt;sup>14</sup> The information provided is visible in the questionnaire. See "Questionnaires" in Appendix.

<sup>&</sup>lt;sup>15</sup> See "The Netherlands" under Questionnaires in Appendix.

<sup>&</sup>lt;sup>16</sup> See "The Netherlands" under Questionnaires in Appendix.

# Chapter 4: Results and analysis of survey data

# 4.1 Respondents – South Africa vs The Netherlands

A total of 217 South African girls participated in the survey.

The two-part survey was handed out in class to all girls in grade 8 at Rustenburg Girls' High School. At the time of the survey, there were 169 girls in grade 8 divided over 6 form classes. One class was unable to participate in the survey due to technical problems. In all, 132 girls divided over 5 grade 8 classes completed both parts of the survey. This means that 61% of the South African respondents were assumed to be 13 to 14 years old.

The same two-part survey (with one additional question) was handed out in class to all girls in grade 11. At the time of the survey, there were 140 girls in grade 11. However, there was a school outing related to a particular subject on the day of the survey and not all grade 11 girls participated in the survey. In total, 85 girls in grade 11 completed both parts of the survey. Thus, 39% of the South African respondents were 16 years old or older.

In the Netherlands, a total of 132 schoolgirls participated in the survey.

The survey was distributed digitally to all the schoolgirls at two Mencia school campuses. The school administration sent an email, including a link to the questionnaire, to 814 girls attending the Zundert and Breda locations of the school. Of the girls receiving the link, 132 filled in the two-part survey.

The reason for the lower response rate in the Netherlands probably lies in the fact that the survey was not an integrated part of school lessons as was the case at the South African school. Filling in the survey had to be done in the Dutch girls' own time.

The age groups are less well defined among the Dutch respondents, because the Dutch survey was not conducted in two different year groups but rather distributed to all classes of the secondary school. Thus, the ages of the girls participating in the Dutch survey ranged from 12 to 17, with 57% of respondents being 16 years old or older.<sup>17</sup>

<sup>&</sup>lt;sup>17</sup> Rather than take 'age' as one of the independent variables we take 'first period', see next section. Whether a girl has had her first period or not is potentially more relevant for her awareness and usage of menstruation management methods than her age. This way we also avoid the complications of the different ways of data collection and thus the differences in age groups between the South African and Dutch respondents.

# 4.2 Awareness of Menstrual Cup – South Africa vs The Netherlands

Figure 1: Awareness of Menstrual Cup

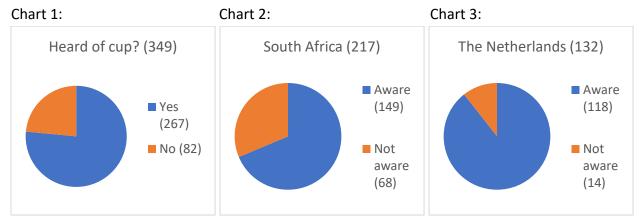


Figure 1 illustrates the awareness of the menstrual cup among schoolgirls in South Africa and the Netherlands, based on responses to the question 'Have you ever heard of the menstrual cup?'. Chart 1 in figure 1 shows that more than three quarters of schoolgirls (77%) reported they had heard of the menstrual cup before the day of the survey. This figure is a lot higher than expected. There is an assumption that the girls were being truthful when they filled in the questionnaire. However, there is no way of checking whether the girls who said so really knew about the menstrual cup before the start of the survey. This means that the actual awareness could be lower than the figure reported.

Charts 2 and 3 compare the **South African** girls (217) with girls from the **Netherlands** (132). Of the South African girls, 69% reported that they are aware of the menstrual cup. For the Dutch girls, the percentage is considerably higher at 89%. Before drawing any conclusions about this difference, a closer look at another variable is needed.

Whether a girl has had her first period or not may influence her awareness of the menstrual cup as a method of menstruation management. Girls who have not had their period would perhaps not be expected to know all of the different methods to manage menstruation because they do not yet need to use these methods.

Of the 217 South African girls, around 10% (21 respondents) had not started menstruating yet. Among the 132 Dutch girls, the percentage of girls who did not yet have their first period was around 5% (7 respondents).

In both countries, there was a considerable difference in the awareness of the menstrual cup between girls who had their **first period** and those who were not yet menstruating. Of the South African girls who had not had their first period, only 48% (10 respondents) reported that they are aware of the menstrual cup, compared to the 69% awareness among all South African girls. In

the Netherlands, the difference was only slightly smaller: 71% of girls who were not yet menstruating had heard about the menstrual cup versus 89% awareness among all Dutch girls. It is important to note that the absolute numbers of the girls in the non-menstruating groups were relatively low. Nevertheless, a difference in the awareness of the menstrual cup between girls who have had their first period and those who are not yet menstruating was expected and indeed clearly visible in both countries. More importantly, this variable seems to have a comparable effect in both countries and can therefore not explain the observed difference in levels of awareness between South African and Dutch girls.

## 4.3 Sources of Information – South Africa vs The Netherlands

## Figure 2: Sources of Information

Chart 1:

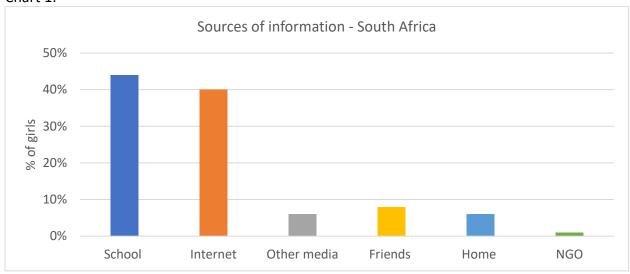
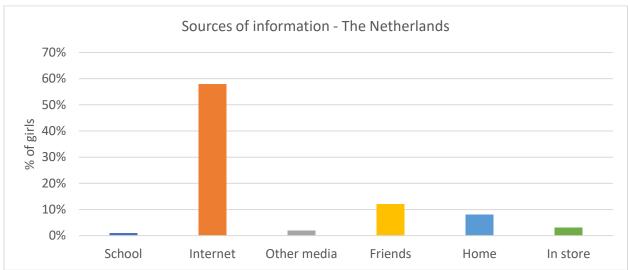


Chart 2:



The questionnaire for the South African girls attending grade 11 included a question about their **sources of information**. The girls who indicated they had heard of the menstrual cup before the survey (78 respondents) were asked in an open question "How/where did you hear about the menstrual cup?" Girls could include more than one source of information in their answers and some of them did so. 'School' and 'internet' were the sources most often mentioned, by 44% and 41% of the girls respectively. Six girls reported they heard about the menstrual cup from friends, while five said they heard about it at home. Another five listed TV, magazines or other media as their source of information. Only one South African girl reported that she heard about the menstrual cup through a "campaign for girls who cannot afford sanitary items".

The second graph of figure 2 shows the sources of information mentioned by the Dutch girls who had heard of the menstrual cup before the survey (118 respondents). Most Dutch girls (58%) indicated that they got their information about the cup from the internet. Friends seemed to be a slightly more frequent source of information than the girls' home environment. Three Dutch girls mentioned that they saw the cup in a shop and became aware of it in that way.

When comparing the sources of information of South African and Dutch girls one difference stands out. In the Netherlands, 'school' is hardly mentioned as a source of information, whereas in South Africa, the school seemingly plays a key role in providing girls with information about the menstrual cup. This finding has important implications for decisions about the best ways to empower girls in relation to menstruation management.

A smaller but also interesting difference is the fact that none of the South African girls mentioned shops as a place of exposure to the menstrual cup. This may have several reasons. In the Netherlands, cups are widely available in various drugstores. In South Africa, this is not the case and the internet is the most accessible way of purchasing a cup. Furthermore, many Dutch adolescents have part-time paid employment in supermarkets, restaurants et cetera next to their school. This means that many Dutch girls have their own independent source of income and are more likely to buy their own sanitary products. In this way, they might encounter the menstrual cup in the drugstore. These explanations, though plausible and interesting, are not of major importance, seeing that only three Dutch girls mentioned 'shops' as a source of information.

<sup>&</sup>lt;sup>18</sup> Unfortunately, due to a logistical error, this question was not included in the questionnaire distributed to the South African girls in grade 8.

# 4.4 Method of Menstruation Management – South Africa vs The Netherlands

Figure 3: Methods of Menstruation Management



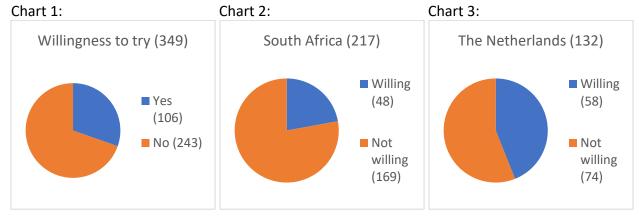
The **use of the menstrual cup** was ascertained for all girls by asking whether they had ever used a menstrual cup. The actual use of the menstrual cup was very low among all respondents. Only two of the 196 South African respondents who indicated that they had started menstruating (less than 1%) reported they had ever used a cup. Interestingly, the use of the menstrual cup was slightly higher among Dutch girls. Six out of the 125 Dutch respondents who indicated they had had their first period (5%) reported that they had ever used a cup. <sup>19</sup> Overall, menstrual cup usage was very low compared to other methods of menstruation management. Only 2% of all menstruating schoolgirls who participated in the surveys had ever used a cup.

Interestingly, there is a considerable difference between girls in the two countries when it comes to the use of other **methods of menstruation management**, see figure 3. In the Netherlands, tampon usage was markedly higher than in South Africa. Over half of the Dutch girls (52%) indicated they normally use tampons to manage their period, compared to less than a third (30%) of the South African girls. This becomes particularly relevant when we look at the girls' answers to the question whether they would consider using a menstrual cup.

<sup>&</sup>lt;sup>19</sup> One girl had used the menstrual cup before but said that using it was "too much work". She no longer used the menstrual cup and therefore we only see five people who report the cup as method of menstruation management while six girls have tried it.

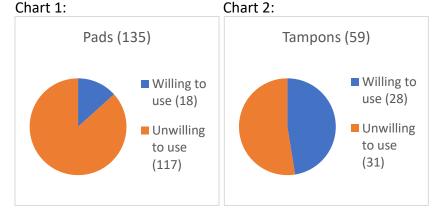
# 4.5 Willingness to Try the Menstrual Cup – South Africa vs the Netherlands

Figure 4: Willingness to Try the Menstrual Cup



Pigure 4 shows three charts: the willingness to try a menstrual cup among South African and Dutch girls. How many girls would be willing to try a menstrual cup? Chart 1 shows that 30% of the girls participating in the two surveys (106 respondents) indicated they would consider using a cup, while 70% (243) were unwilling to try. Charts 2 and 3 in this figure compare the willingness among South African and Dutch respondents. Of the South African girls 22% (48 respondents) were willing to try a cup. The percentage of girls willing to consider a menstrual cup was much higher amongst Dutch respondents: 44% (58 respondents). Not only are Dutch girls more aware of the existence of the menstrual cup, they are also more likely to consider using a menstrual cup than the South African girls.

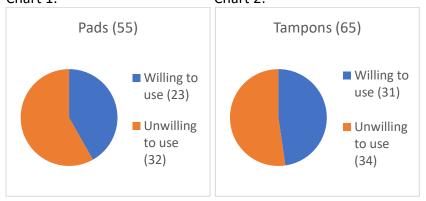
Figure 5: Willingness to Try the Menstrual Cup and Use of Other Methods – South Africa



Charts 1 and 2 in figure 5 compare South African girls according to the **product** they normally use to manage their period. Girls who were not yet menstruating are not included in these two charts. Of the girls who indicated they most often use sanitary pads (135 respondents), 13% were willing to try a cup. The percentage of girls willing to consider a menstrual cup is much higher (47%) among girls who indicate they normally use tampons. This means the product normally used to manage menstruation has an effect on the willingness of South African girls to try a menstrual

cup. Girls who are comfortable with using tampons are more likely to consider using a menstrual cup than girls who normally use pads.

Figure 6: Willingness to Try the Menstrual Cup and Use of Other Methods – The Netherlands Chart 1: Chart 2:



Charts 1 and 2 in figure 6 compare Dutch girls according to the **product** they normally use to manage their period. Again, girls who were not yet menstruating are not included in these two charts. Of the Dutch girls who indicated they most often use sanitary pads (55 respondents), 42% were willing to try a cup. The percentage of girls willing to consider a menstrual cup is only slightly higher (48%) amongst girls who indicate they normally use tampons. Interestingly, the product normally used to manage menstruation does not seem to have much effect on the willingness of Dutch girls to try a menstrual cup. In the Netherlands, girls who are comfortable with using tampons and girls who normally use pads show a similar willingness to try the menstrual cup. The difference between the two groups is much smaller than in South Africa, where the product normally used to manage menstruation has a sizable effect on the willingness of girls to try the cup.

Figure 7: Willingness to Try the Menstrual Cup after Providing Information

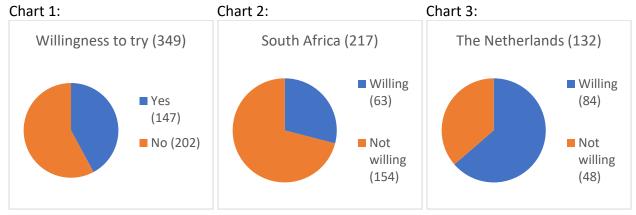


Figure 7 illustrates the answers of the girls to the second part of the survey which they completed after being provided with information about the menstrual cup. It is made up of three charts, showing their willingness to try a menstrual cup as measured immediately after receiving the

**information**. Chart 1 shows that 42% of the girls participating in the two surveys (147 respondents) indicated they would consider using a menstrual cup after receiving the information. This is up from 30% who said so prior to receiving the information contained in the survey. It looks as though some of the barriers to using a menstrual cup might be overcome by providing factual information about the cup.

A comparison of the answers of the South African and Dutch girls highlights an interesting difference. Charts 2 and 3 in figure 7 compare the willingness among South African and Dutch respondents after they received information about the menstrual cup. Of the South African girls 29% (63 respondents) were willing to try a cup, which represents an increase of 7%. The increase in the percentage of girls willing to consider a menstrual cup was much higher amongst Dutch respondents: 20%. Before receiving the information about the cup 44% of Dutch girls were willing to try the cup. This rose to 64% after reading the information about the cup included in the survey. Clearly, providing factual information about the menstrual cup had a much bigger impact among Dutch girls.

To enable a closer look at the impact of information on the willingness of girls to try the menstrual cup figures 8 and 9 show the direction of the impact among South African and Dutch girls respectively.

Figure 8: Willingness to Try the Menstrual Cup after Providing Information – South Africa

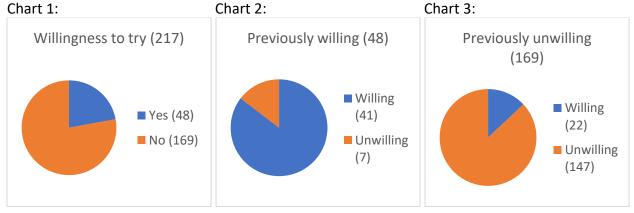


Figure 8 is made up of three charts, showing the details of the changes in the **South African girls'** willingness to try a menstrual cup after receiving information about the cup. Chart 1 shows that 22% of South African girls (48 respondents) indicated they would consider using a menstrual cup prior to receiving the information contained in the survey. Charts 2 and 3 compare the girls who previously said they would not consider using a cup with the girls who said they were willing to try in order to ascertain the direction of the impact of the information. After receiving the information, 13% of those previously unwilling to try a menstrual cup reconsidered and indicated they were now willing to try (22 respondents). On the other hand, 15% of the girls who had earlier

indicated that they were willing to consider using a cup now stated they no longer wanted to (7 respondents). This means that the information may have persuaded some girls to try the cup but it also seemingly influenced other girls to rethink their willingness to try, in other words it also dissuaded some girls. That the information did not have a larger positive effect might be because it was not extensive enough or not presented in the most accessible format. However, the persistent unwillingness of South African girls to try a cup could also stem from other underlying factors, such as the fact that the menstrual cup is a new product and people are generally not open to trying new things.

Figure 9: Willingness to Try the Menstrual Cup after Providing Information – The Netherlands

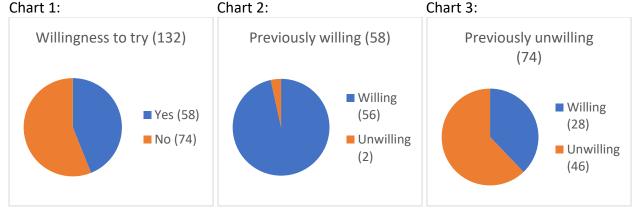


Figure 9 shows the details of the changes in the **Dutch girls' willingness to try a menstrual cup** after receiving information about the cup. Chart 1 shows that 44% of Dutch girls (58 respondents) indicated they would consider using a menstrual cup prior to receiving the information contained in the survey. Charts 2 and 3 compare the Dutch girls who previously said they would not consider using a cup with those who said they were willing to try. After reading the information in the survey, 38% of those previously unwilling to try a menstrual cup reconsidered and indicated they were now willing to try (28 respondents). On the other hand, only 3% of the Dutch girls (2 respondents) who had earlier indicated that they were willing to consider using a cup changed their mind and now stated they no longer wanted to. Similar to the South African girls, the information seems to have persuaded some Dutch girls to try the cup and dissuaded others. However, among the Dutch girls, the positive effect of the information far outweighed the negative effect.

As shown in chart 2 of figure 9, 97% of the Dutch girls who were previously willing to use the cup remained willing. In other words, the information had a much smaller negative impact than in South Africa, where 15% of the girls changed their mind based on the information provided. They were previously willing to use the menstrual cup but after receiving the information were no longer prepared to do so.

The way in which the information about the cup was provided was different in each country. In South Africa, the information was presented by showing the girls a video and in the Netherlands, the information was provided in the form of a written text with a series of images to help understanding. This difference in presentation might account for the difference in the effect of the information. However, the video seems to be more accessible and easier to relate to than the written text. Therefore, if anything, one would expect a more positive effect of the information among the South African girls. The fact that the opposite happened requires us to take a closer look at the reasons girls have given for not wanting to try the menstrual cup.

**4.6** Barriers to Using the Menstrual Cup – South Africa vs the Netherlands Figure 10: Barriers to Using the Menstrual Cup – South Africa vs The Netherlands Chart 1:

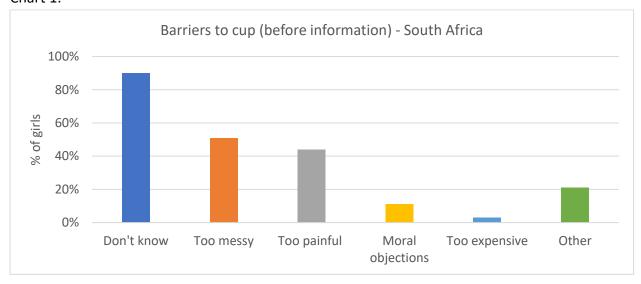


Chart 2:

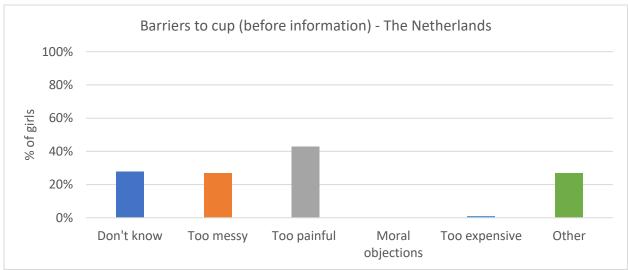


Figure 10 illustrates the different barriers to using the menstrual cup. What are the main reasons girls in South Africa and the Netherlands gave for not wanting to try a menstrual cup? The bar graphs show the number of times a particular reason was selected from a given list of reasons, which also included an open-ended option 'other:...'. The girls who were reluctant to consider using a cup (169 South African girls and 74 Dutch girls) were asked to select all the reasons that applied to them. In other words, girls could select more than one reason and many did.

Among South African girls, 'lack of knowledge' was mentioned most often as the reason for not wanting to try a menstrual cup: some girls reported they did not know how to use a menstrual cup, while others indicated they did not know how to get one and another group said a reason for not wanting to try a menstrual cup was that they simply did not know what it was. In all, 90% of the South African girls who were reluctant to use the menstrual cup gave answers related to a lack of knowledge about it. Expected pain (44%) and messiness (51%) were also frequently mentioned as barriers to using a cup. There were 18 South African girls (11%) who said they had moral objections but only 3% of girls expected the cup to be too expensive. There were different barriers mentioned in the 'other' option with some girls indicating they would not use a cup because it would be 'too big', 'unsanitary' or 'gross'.

Among Dutch girls reluctant to use a cup, 'lack of knowledge' was also mentioned as a reason for not wanting to try a menstrual cup but considerably less often. Only 28% of the Dutch girls gave answers related to a lack of knowledge about the menstrual cup. As with the South African girls, the Dutch girls reported expected pain as another main barrier to using a cup. In this case, the percentages were comparable: 43% of Dutch girls compared to 44% of South African girls mentioned expected pain or discomfort as a reason for not wanting to try a menstrual cup. Dutch girls seemed to be much less concerned about the messiness associated with cup use (27%), compared to their South African counterparts (51%). None of the Dutch girls reported having any moral objections to using the cup. Under the option 'other' Dutch girls mention things like 'tampons are fine' or report that they see 'no reason to change' their method of menstruation management.

Interestingly, figure 10 shows that girls in both countries think using a menstrual cup is painful. This is a misconception and illustrates that, while the general level of awareness of the menstrual cup among schoolgirls is fairly high, the information they have may not be complete or may not be completely accurate. This raises the question to what extent the girls' reasons for not using a cup change after they have received more information about it.

Figure 11: Barriers to Using Menstrual Cup after Providing Information – South Africa vs The Netherlands

Chart 1:

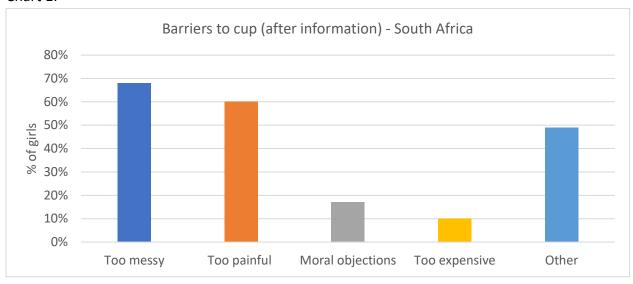


Chart 2:

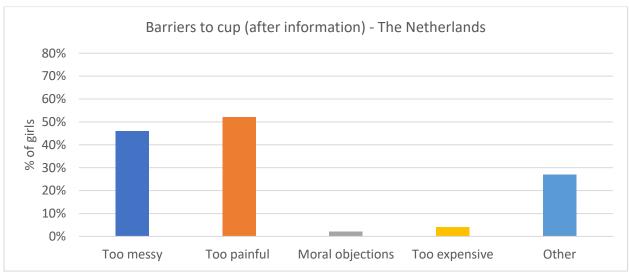


Figure 11 represents the second part of the surveys that were completed after the girls received further information about the menstrual cup. It shows the different **barriers to using the menstrual cup** as measured immediately **after providing the information**. What are the main reasons **South African and Dutch** girls give for not wanting to try a menstrual cup after they got informed?

In South Africa, the most frequently selected reason for not wanting to try a menstrual cup was that it is too messy. After receiving more factual information about the cup, 68% of South African girls see a perceived problem with cleanliness as the main barrier to using it. Expected pain or

discomfort was another reason frequently selected by South African girls after receiving information about the cup: 60% of girls see this as an important barrier. In other words, after watching a short video with factual information, South African girls still identified expected discomfort/pain and messiness as the main barriers to using a menstrual cup.

After the South African girls learned more about the menstrual cup by watching the video, more girls indicated that they had moral concerns. The number of girls selecting 'moral objections' as an important barrier to using the cup went up from 11% before the video to 17% (26 respondents) afterwards. There were interesting observations in the 'other' option with some South African girls indicating it would be difficult to rinse and use a menstrual cup in a public or school toilet where the basin is normally not in the cubicle.

The second bar graph of figure 11 shows the barriers to using the menstrual cup that Dutch girls report after receiving more information about the cup. Again, Dutch girls seem less concerned about the messiness associated with cup use (46%), compared to their South African counterparts (68%), although the percentage has increased compared to the answers given before the girls received the information. Only one Dutch girl reported having any moral objections to using the cup.

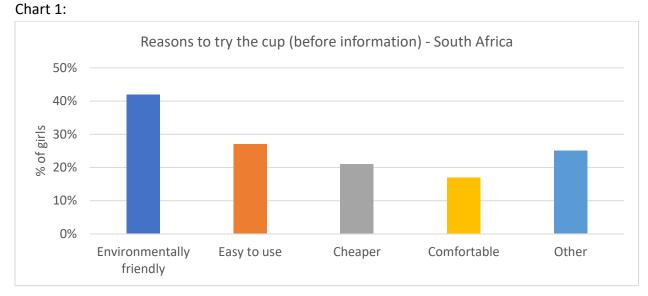
The graph shows that more than half of the Dutch girls (52%) still think using a menstrual cup is painful, even after receiving additional information about the cup. This clearly indicates that expected pain is a rather difficult barrier to overcome amongst girls who have not used the cup before. Any strategies aimed at increasing cup usage may need to rely on more than just factual information to address this perception.

Given the economic circumstances of both the South African and the Dutch respondents<sup>20</sup>, the percentages of girls mentioning the costs of a menstrual cup as a barrier to using one remain relatively low (although it is slightly higher in South Africa). This finding is not surprising given the fact that the menstrual cup is a lot cheaper than other sanitary products in the longer term and therefore reduced costs is potentially an important reason to try a menstrual cup.

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<sup>&</sup>lt;sup>20</sup> See "The Sample" under Method, Chapter 3.

# 4.7 Reasons to Try the Menstrual Cup – South Africa vs the Netherlands Figure 12: Reasons to Try the Menstrual Cup – South Africa vs The Netherlands



#### Chart 2:

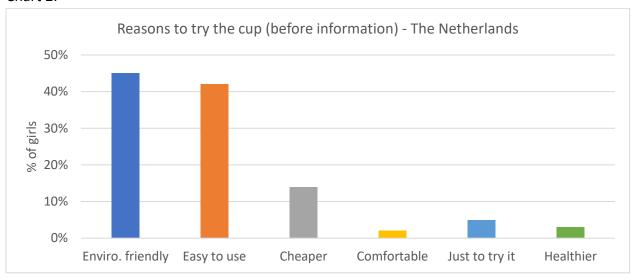


Figure 12 illustrates the **reasons South African and Dutch** girls listed for their willingness **to try** a menstrual cup. The girls who indicated they would consider using a menstrual cup (48 girls in South Africa and 58 in the Netherlands) were asked in an open question to list reasons for their choice.

The reasons given most frequently by the South African girls were that the cup is reusable and therefore better for the environment (42%) and seems easy to use (27%). Other given motivations for wanting to try a menstrual cup were that it is cheaper (21%) and more comfortable (17%) than pads or tampons.

Among the Dutch girls, the most frequently reported reasons were the fact that the cup is environmentally friendly (45%) and that it seemed easy to use (42%). Interestingly, for the Dutch girls the convenience of the cup seems more important than for the South African girls. Answers referring to how the cup can be kept inside the body for many hours were classified under the easy-to-use category and show the practical advantages of the cup as perceived by many of the Dutch girls.

A reason that was mentioned by some of the Dutch girls but did not feature at all in the responses of the South African girls was a sense of curiosity. Around 5% of the Dutch girls (3 respondents) indicated that they were willing to use the cup "just to try it".

Figure 13: Reasons to Try the Menstrual Cup after Providing Information – South Africa vs The Netherlands

Chart 1:

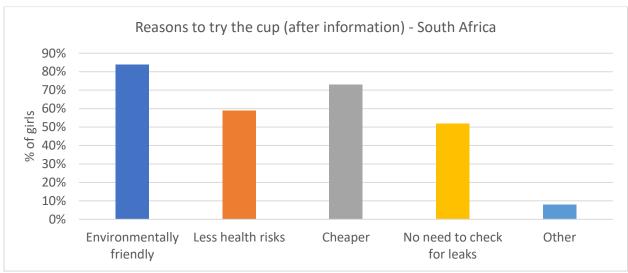


Chart 2:

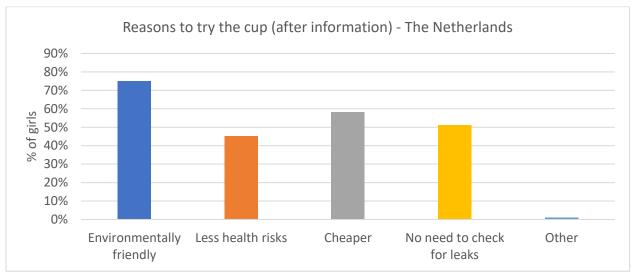


Figure 13 illustrates the **reasons** girls in **South Africa and the Netherlands** listed for considering using the cup **after** they received further **information**. There were 63 South African girls and 84 Dutch girls who indicated their willingness to try a cup after they were provided with additional information. They were asked to select from a given list of reasons, which included an openended option 'other:....', all reasons that applied to them.

Among the South African girls, the reason most frequently selected was that the cup is reusable and therefore better for the environment (84%), with the lower costs of the cup coming second - 73% of the South African girls gave the reason that the menstrual cup is cheaper than pads or tampons in the long run. The motivation that the menstrual cup has fewer health risks, unlike the Toxic Shock Syndrome associated with tampon use, was mentioned in 59% of South African cases.

Bar graph 2 of figure 13 shows the reasons to try the menstrual cup as reported by the Dutch girls after having read the additional information. It shows a picture that is very similar to the graph depicting the answers of the South African girls. In the Dutch case, the reason selected most often was that the cup is environmentally friendly, with 75% of the Dutch girls reporting it as a reason to use the cup. The second most popular reason was that the cup is cheaper in the long run, with 58% of girls mentioning it. These were followed by "no need to check for leaks" and "less health risks", with 51% and 45% of girls reported those reasons respectively.

As mentioned earlier, given the economic circumstances of both the South African and the Dutch respondents, it is not surprising that in both countries the costs are an important but not the main reason to try a menstrual the cup.

# **Chapter 5: Discussion of survey data**

## 5.1 Awareness of Menstrual Cup

The data analysis showed that the awareness of the menstrual cup among schoolgirls was surprisingly high: 69% of South African girls and 89% of Dutch girls reported they had heard of the cup before the survey. This means that a lot more schoolgirls than expected were aware of the menstrual cup. There is an assumption that the girls were being truthful when they filled in the questionnaire. However, it is also possible that girls did not want to seem ignorant and therefore reported that they had heard of the menstrual cup, while in fact they did not know about it. Unfortunately, there is no way of checking whether the girls who said so really knew about the menstrual cup before the start of the survey.

There was a marked difference in the level of awareness in South Africa and the Netherlands, with 69% versus 89% of respondents having heard of the menstrual cup.

Before providing possible explanations for this interesting finding, it is important to consider whether it is perhaps caused by a difference in the composition of the two groups of girls, for example a difference in the number of girls who have not yet had their first period.

One would expect girls who have not yet had their period to know less about the different methods to manage menstruation because they do not yet need to use them. Thus, whether a girl has had her first period or not may influence her awareness of the menstrual cup. Although the percentage of girls who had not started menstruating yet was slightly higher in South Africa than in the Netherlands, the proportion of menstruating girls was close to 90% in both surveys.

More importantly, both countries showed a similar difference in awareness between girls who had their first period and those who were not yet menstruating. In South Africa, the awareness of the cup among girls who had not yet had their first period was 21% lower than the general awareness, whereas the difference in the Netherlands was minus 18%. Although the absolute numbers of girls in the non-menstruating groups were small, the difference in awareness between girls who have had their first period and those who have not was apparent in both countries. In other words, the intervening variable of 'first period' seems to have a comparable effect in South Africa and the Netherlands. Thus, it cannot explain the observed difference in levels of awareness between the two countries.

In short, whether or not a girl has had her first period does have an effect on her awareness of the menstrual cup but the effect is similar in South Africa and the Netherlands. Therefore, it cannot cause the difference in awareness between South African and Dutch girls. A much more likely explanation for the difference can be found in the way girls in South Africa and the Netherlands think about and deal with matters related to reproductive health. Is there an open culture surrounding menstruation or do girls struggle with feelings of shame? To what extent is menstruation management a topic of taboos? While this issue was not explicitly included in our survey, general observations show that people in the Netherlands are less embarrassed about menstruation than in South Africa. More specific personal observations by the researcher, who was able to compare how girls at the two schools talk about and deal with menstruation, confirm this picture. These observations about cultural differences related to menstruation will be further explored in the second part of this research project, which makes use of focus groups and in-depth interviews.

Taking the different levels of awareness of the menstrual cup as a starting point, the analysis also showed an interesting difference in the main sources of information the girls listed in answer to the question how/where they heard about the cup. Among South African girls, 'school' was the most frequently mentioned source of information about the menstrual cup, whereas it hardly featured in the answers of the Dutch girls.

We know that, at the South African school, this project was mentioned during a school assembly before the survey was distributed among the grade 11 pupils. This could have influenced the answers the girls gave to the questions whether and where they had heard about the menstrual cup. It at least partly explains the relatively high level of awareness of the cup among the South African grade 11 girls and the frequent mention of 'school' as a source of information.

Apart from this possible partial explanation, the girls' answers to the question about sources of information suggest that, at least in South Africa, schools have an important role to play in raising awareness of different methods of menstruation management. Campaigns aimed at empowering girls to make informed choices would be wise to target schools. School seems to be the place where girls expect such information to be disseminated, particularly in the experience of South African girls. Dutch girls seem to have minimal expectations from their school environment in this respect.

The family home did not feature as an important environment to target in awareness campaigns for girls about the menstrual cup. Neither Dutch nor South African girls listed the home environment as an important source of information.

Only one South African girl stated that she had heard about the menstrual cup through a particular campaign. This shows that there are not enough campaigns or programmes with a focus on menstruation management or that they do not reach the girls participating in the surveys.

Finally, with the internet being mentioned as an important source of information in both countries, social media could also be an appropriate vehicle to drive awareness of the menstrual cup. Questions about the possible effects of such social media campaigns and what they should focus on will be addressed in the second part of this research. Here, it is important to note that, based on our findings, social media campaigns should not just aim to inform girls about the cup and other menstruation management methods. If campaigners want to increase menstrual cup usage, they must also highlight factors that could help convince girls to try a menstrual cup. Listening to the girls themselves and investigating which barriers to using a menstrual cup they identify are crucial steps in this direction.

## 5.2 Use of Menstrual Cup

The data showed that the actual use of the menstrual cup among schoolgirls is very low. Only 2% of all schoolgirls who participated in the surveys had ever used a cup.

In South Africa, less than 1% of all girls reported using the cup. Interestingly, girls who were shown to be more aware of the menstrual cup did not report a higher usage. In fact, use of the cup was extremely low across the board, with only 2 girls saying they had ever used one. Some girls may be more aware of the menstrual cup but that does not mean they also use the cup. In other words, awareness of the cup does not automatically translate into higher usage.

In the Netherlands, there were 6 girls who indicated that they had ever used a cup, which is around 5% of the Dutch girls who participated in the survey. One possible explanation for the slightly higher use of menstrual cups in the Netherlands could be the aforementioned cultural differences in relation to menstruation and a certain level of openness to try new methods of menstruation management. As mentioned, these matters will be further explored in the second part of this research project.

## 5.3 Willingness to Try Menstrual Cup

The analysis showed that a majority of schoolgirls is unwilling to try a menstrual cup: only 30% of girls participating in this research indicated that they would consider using a menstrual cup.

Less than a quarter of the South African girls were willing to try, while close to half of the Dutch girls would consider using a menstrual cup. A possible explanation for the higher willingness to try the cup among Dutch girls is the higher use of tampons. In the Netherlands, just over half of the girls reported using tampons during their period. In South Africa, this is less than a third. The change from using pads to trying a menstrual cup is much more significant than the steps girls have to take if they are tampon users and want to start using a cup. One would expect girls who normally use tampons to be more comfortable with inserting a menstrual cup and therefore more likely to consider using a cup.

The analysis did show that South African girls who normally use tampons were more likely to consider using a menstrual cup than girls who normally use sanitary pads. However, this pattern was only clearly visible in South Africa. In the Netherlands, girls who are comfortable with using tampons and girls who normally use pads showed a similar willingness to try the menstrual cup. The Dutch girls who normally use sanitary pads were almost just as likely to consider using a cup as girls who normally use tampons. In other words, the product normally used for menstruation management has a sizable effect on the willingness of South African girls to try a menstrual cup but hardly any effect on the willingness of Dutch girls. Thus, the higher use of tampons by Dutch girls can in itself not explain their higher willingness to consider the cup. Other factors are at play.

In South Africa, there is a cultural stigma around using tampons or more specifically around inserting anything into the vagina. There is a misconception and fear that tampons may break a girl's hymen, which in her culture or religion would mean that she is no longer regarded as a virgin. This fear does no longer influence the attitude of girls who already use tampons but might still play a role in the mind of a girl who uses pads. Thus, the difference in willingness between the two groups of South African girls. Similar cultural influences seem to play a much smaller role in Dutch girls' attitude towards menstruation and menstruation management. This could be the reason we did not observe the effect of the variable 'product normally used' on the willingness of Dutch girls to try the cup. It may also be an explanation for the fact that tampon use is much higher in the Netherlands and more Dutch girls would consider using a menstrual cup.

Our survey also included questions about both the main barriers to using the cup and the main reasons for wanting to try it. The girls' answers to those questions give us further clues as to the different attitudes of Dutch and South African girls towards menstruation. As expected from the earlier findings about the difference in awareness, lack of knowledge featured more prominently as a barrier in the answers of the South African girls. While girls in both countries mentioned expected pain as an important barrier, Dutch girls were much less concerned than their South African peers about the messiness associated with using the menstrual cup. A small group of South African girls reported having moral objections, while none of the Dutch girls did. Also, when it comes to reported reasons to try a menstrual cup, the Dutch girls' answers demonstrate a sense of curiosity and a very practical outlook towards menstruation management that is not observable among the South African girls.

Together, the different answers of Dutch and South African girls show that Dutch girls have a certain level of openness and matter-of-factness about menstruation that is not present among their South African peers. Clearly, such differences in attitude are crucially important for the design and effectiveness of any strategy aimed at empowering girls to make informed decisions about menstruation management.

#### **5.4 Effect of Factual Information**

The data analysis showed that receiving factual information about the menstrual cup had both positive and negative effects on the girls' willingness to use a cup. The survey provided information about the cup, how to use it and some of its advantages and disadvantages<sup>21</sup>. It persuaded some girls to try the cup but also scared some of them off: they were no longer willing to try a cup. The negative effect was considerably larger in South Africa than in the Netherlands. Similarly, the positive effect of the information was much smaller among South African girls than with their Dutch peers.

Put differently, the effect of providing factual information about the menstrual cup was bigger in the Netherlands. More Dutch girls changed their minds. The effect was also more positive. Among the Dutch girls, the information persuaded rather than dissuaded. In other words, the positive effect of the factual information far outweighed the negative effect.

This difference possibly has to do with the fact that the Dutch girls were more informed about the menstrual cup to start off with. Therefore, the information provided was not entirely new to many of them and they were less easily scared off.

In South Africa, the overall effect of the factual information was limited. That becomes even clearer when looking at the reported barriers to using the cup. After and despite providing the information, girls still mentioned expected discomfort or pain and a perceived problem with cleanliness as the main barriers to using a cup. This suggests that, in the context of South Africa, barriers to using a menstrual cup cannot be overcome by just providing factual information about the cup. Informing girls about the cup's advantages and how to use it seems to convince only a few girls to try the cup. It is clearly not sufficient to overcome the negative perceptions others have of the menstrual cup.

In the Netherlands, the information had more effect and a more positive effect. It helped to persuade more girls to try the menstrual cup. As indicated above, this could be because the Dutch girls were more informed about the menstrual cup to start off with. Therefore, the information provided was not entirely new to many of them and they were less easily scared off. Also, Dutch girls seem to be more open to engage in conversation about menstruation. Therefore, they could have been more open to the information provided, finding it less difficult to comprehend or less awkward to receive. This, together with a general sense of curiosity, could explain why Dutch girls were more susceptible to the information and more open to trying a new method of menstruation management.

Interestingly, concerns about the environment rather than the costs of menstruation management seem to motivate South African girls to try a menstrual cup. The fact that a cup is

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<sup>&</sup>lt;sup>21</sup> See "Video script" and "The Netherlands" under Questionnaires in Appendix.

much cheaper than pads or tampons did feature in the girls' answers but was not identified as the main reason for wanting to try a cup. As indicated in chapter 3, all South African respondents were attending Rustenburg Girls' High School, which is a fee-paying school. Therefore, one can assume that most respondents have sufficient resources during menstruation and do not experience the cost of menstruation management as a major challenge. This is different for South African girls at no-fee schools, where many parents simply do not have the resources to buy sufficient pads or tampons (see chapter 2). The lower costs of the menstrual cup might be a strong motivation for girls from poorer households to try the cup. However, there are no reasons to suggest these girls would be any less concerned about expected pain or messiness associated with cup use than girls from wealthier households. The same is true for girls in the Netherlands where period poverty is much less prevalent but certainly not absent. Therefore, one would assume that the lower costs of the cup is also a more important motivation for Dutch girls from poorer households.

Overall, South African and Dutch girls who would consider using the menstrual cup give similar reasons for their willingness to try. This suggests that differentiation between a Dutch and South African approach is not needed when it comes to highlighting the advantages of the cup. However, as this research has shown such differentiation is important when addressing the barriers to using the cup.

# **Chapter 6: Focus Group and Interview Methodology**

# 6.1 Focus group and in-depth interviews

The questions used in the survey produced a clear picture of the barriers that schoolgirls from both countries have to using the menstrual cup. It showed us some interesting differences between girls in South Africa and the Netherlands and the important effect of an open culture around menstruation. However, a survey is not the appropriate method to provide an in-depth analysis of the way factual information about the cup is received or how it can be most effective. Nor can a survey explore the possible effectiveness of other strategies to overcoming barriers to using the cup.

In order to get a better picture of the ways in which girls would like to be informed or ways in which campaigns about menstruation management can be effective, focus groups and interviews are more suitable.

A focus group is an exploratory method to gain more information about the opinions of a select group on a particular topic. By way of an in-depth conversation, a focus group can provide a variety of data and identify different opinions and perspectives on a particular topic.<sup>22</sup>

In this project, the focus groups were held in order to discover

- 1. the depth of the knowledge and experience of the menstrual cup amongst schoolgirls; and
- 2. how best to overcome the barriers that schoolgirls have to using the menstrual cup.

Through a facilitator who hosts the focus group, the conversation is guided to uncover a variety of opinions and perspectives on a number of predetermined questions.

The questions that were discussed in the two focus groups included in this research were:

- What are your objections to using the menstrual cup?
- What are some things that are good about the menstrual cup?
- What would you need to start using the menstrual cup?
- Would you like more support or advice about menstruation management and specifically, the menstrual cup?
- Where would you like to get this information from?
- What effect does the taboo around menstruation have on your own menstruation management?

<sup>&</sup>lt;sup>22</sup> See https://www.scribbr.com/methodology/focus-group/ for a more in depth explanation.

Because a focus group takes the form of a more or less free flowing conversation between the participants, the questions can be explained if something is unclear, more so than in a questionnaire. It also means that if someone makes an interesting comment that is not directly relevant to one of the questions, the facilitator can ask more about the topic thus resulting in a wide variety of information. So, while the abovementioned questions were the starting point in the focus groups, other topics where also discussed such as sex education in schools, experiences during menstruation, familial attitudes around menstruation and other general menstruation related issues.

The added benefit of hosting a focus group to gather information is that the participants feel comfortable and are talking with people in a smaller and more intimate setting. Menstruation is a very sensitive topic to most girls which means that they need to be able to talk confidentially and confidently. Seeing as the focus group was held with five participants and a facilitator, this was achieved.

Initially, the idea was to also facilitate a focus group with users of the menstrual cup but as the usage of the menstrual cup was so low, it was difficult to find participants. Therefore, the researcher decided to conduct individual interviews with cup users. The interview was a way of gathering in depth information about individual experiences, opinions and perspectives, similar to the focus groups. The goal of the interview was to understand more about experiences with the cup, challenges and advantages to using the cup and how cup users were convinced to try the cup.

### Different questions were asked:

- What makes the cup a good product to use to manage your menstruation?
- What are things that are not so great about the cup?
- Did you have any barriers to the cup before you used it? How did you overcome them?
- What was your experience when you first used the cup?
- How long did it take to get used to using the cup?
- Do you wish that you had done anything differently, had you wanted more information?
- What advice would you give to first time users?

Due to the in-depth nature of the interviews, it was possible to gather a lot of information. By being able to ask more detailed follow up questions based on the responses of the person being interviewed, the interview provided more opportunities for information than a simple survey would.

As the focus groups and interviews focus on how to overcome barriers that girls have towards the cup, current initiatives were mentioned and participants were asked for their feedback. The initiatives that came up in the conversations were:

- The Nixie cup is a cup specifically designed to be more attractive for first time users of the cup. With a higher edge for easier insertion, a string instead of a stick for easier removal, a steam-based sanitizing device and a box for storage and transport with room for 2 cups and a mirror instead of a bag, the pink Nixie cup is focussed on making people more excited and willing to use the cup.
- The Phia cup is a cup specifically designed to make the switch from tampons to cup easier. The insertion and extraction manoeuvre has been adapted to be similar to a tampon as the Phia cup folds up to be the size of a tampon, has a flat base so you can push it like a tampon, uses a loop to extract it, similar to the string of a tampon.<sup>23</sup>
- The initiative to include the cup in basic health insurance. A few years ago, four Dutch students created a petition that would ensure the cup would be part of the compulsory basic health insurance in the Netherlands, and therefore completely free for all menstruating people (ter Steege, 2019). The students wanted to combat period poverty on a large and general scale. Unfortunately, the arition did not get enough signatures.

The Nixie cup was mentioned during the interview and focus group with the South African and the Dutch girls. The Phia cup and the initiative to include the cup in basic health insurance were only discussed with the Dutch girls.

#### 6.2 Consent

Permission for the focus group discussions and in-depth interviews was requested and received from the participating girls: in South Africa, by way of a written consent form, in the Netherlands, by way of electronic approval. In both countries, the participating girls were briefed on the anonymity of their contributions/answers and the use of the data.

#### 6.3 Data Collection

The data from the focus group discussions was obtained from girls who do not use the cup; one focus group with five South African girls from *Rustenburg Girls' High School* and another focus group with five Dutch girls from *Mencia de Mendoza Lyceum*.<sup>24</sup>

The girls participating in the focus groups filled in a sign-in form. They were briefed about the focus group discussion<sup>25</sup>. The focus group discussion was recorded and transcribed<sup>26</sup>.

<sup>&</sup>lt;sup>23</sup> See "Alternative cup designs" in Appendix for more detailed information and photographs on both designs.

<sup>&</sup>lt;sup>24</sup> See "The Sample" under Method, Chapter 3.

<sup>&</sup>lt;sup>25</sup> See "Focus group discussion guide" in Appendix.

<sup>&</sup>lt;sup>26</sup> Transcripts are available on request.

In-depth interviews were conducted with experienced menstrual cup users, one interview with a South African girl and two interviews with Dutch girls. One Dutch girl had only used the cup once before and the other used it regularly for a few days every cycle.

The girls in the three individual interviews filled in a sign-in form and were briefed about the aim of the interview<sup>27</sup>. The interviews were recorded and transcribed<sup>28</sup>.

The transcripts of the focus groups and interviews were then analysed to produce recommendations and conclusions.

<sup>&</sup>lt;sup>27</sup> See "Interview guide" in Appendix.

<sup>&</sup>lt;sup>28</sup> Transcripts are available on request.

# **Chapter 7: Main Findings of Focus Groups and Interviews**

In the focus groups and interviews four main topics were discussed: girls' attitudes to and experiences with the cup, alternative designs of the cup, general attitudes to and education about menstruation and methods to inform girls and convince them to consider the cup.

## 7.1 Girls' attitudes to and experiences with the cup

Amongst both the Dutch girls and the South African girls a number of barriers were mentioned that contributed to their overall unwillingness to use the cup. These included:

- 1. Being worried that the cup would get stuck.
- 2. Being disgusted by the fact that they are inserting a foreign object in their body.
- 3. It just seems like a lot of work.
- 4. They do not have enough time to sterilize it.
- 5. Being worried that it's going to be painful.
- 6. Water use for rinsing it each time that you take it out.
- 7. Already having a problem with inserting tampons and this is a lot more complicated.
- 8. Touching blood in general is a problem.

In the interviews with the cup users, the participants were asked to reflect on common barriers to the cup and barriers they had when they first started using the cup. The South African user pointed out that the problem was that many girls are not comfortable touching their bodies which makes them reluctant to try the cup. She indicated that this stigma needs to be broken by education before people will use the cup. Both Dutch participants believed that finding the cup specifically gross was not a good reason to reject it as dealing with blood is always involved whether someone uses a pad, tampon or cup.

On the topic of pain experienced, the opinions were more divided. Official communication produced by companies manufacturing and selling the menstrual cup say that the cup should not hurt if inserted correctly. This was the experience of one of the Dutch girls and one of the South African girls. The other Dutch girl mentioned that she only used the cup for a few days every cycle as it hurt too much to use it on all days. While the South African girl herself reported no pain associated with the cup, she did mention that she knew of girls who experienced pain inserting anything into their vagina. So, while perceived pain was not seen as a good reason to write the cup off completely, it was understandable to users that after an experience with pain, a girl would stop using the cup.

During the focus group some positive aspects of the cup were also brought to light. Girls from both countries were in agreement that the fact that the cup is environmentally friendly and more hygienic and therefore better for your body made the cup attractive to use. Additionally, the

South African girls saw an added benefit in the fact that the cup saved a lot of money. While this was mentioned by the Dutch girls, it didn't feature as a prominent reason to try the cup. The Dutch girls were more interested in the fact that the cup could be left in for up to twelve hours. This eliminated the need for changing the cup while at school or work. This practical aspect of the cup was hardly mentioned in South Africa.

Among the users the following were the most attractive things about the cup:

- You cannot run out as it is reusable
- The cup can be left in for up to 12 hours so you don't have to change it at school/work
- It produces no waste and is therefore environmentally friendly

Interestingly, none of the users mentioned the reduced costs as the main positive of using the cup. When asked about why they didn't find this a major selling point, one girl mentioned that because her mother used to buy her tampons, she herself does not experience the reduction of costs. Seeing as none of the girls were struggling financially, they did not consider the reduced cost of the cup as an important benefit.

## 7.2 Alternative designs of the cup

During the focus groups and interviews, designs of menstrual cups other than the traditional ones were presented to the participants to see if they would be more willing to use the cup based on an alternative design. At the time of the focus group and interview in South Africa, the facilitator was only aware of the Nixie cup, which was presented by a British design student as her final university project. This design was shown to the South Africa girls who were asked for feedback on it.

During research about cups produced in the Netherlands, the Phia cup came to light. Thus, the Dutch girls were presented with two different alternative cup designs during the focus group discussion: the Nixie cup and the Phia cup.

In general, the new designs were met with enthusiasm by the participants of the focus groups. The South African girls particularly liked the modification that included a string in the Nixie cup as they believed it would be easier to use than the stick commonly affixed to the menstrual cup. The Dutch girls found that the Nixie cup looked less intimidating than the Phia cup and therefore thought it was a good idea. They especially liked the fact that it was pink. The response to the Phia cup was less enthusiastic as girls found it somewhat intimidating and similar to a "regular" cup. However, they did think that if the cup served the purpose that it is marketed for (making it easier for tampon users to switch to the cup) it was an excellent alternative that would the use of the cup easier for some people.

Both designs were met with scepticism by the cup users. They shared the sentiment that the outside of the cup does not matter much and that one simply has to get on with using one. The biggest problem highlighted in South Africa is that most girls are unaware of the cup. It was felt that while a pretty design may contribute to more awareness, the focus needs to be on widespread education. In the Netherlands one girl mentioned that using the cup had a rather steep learning curve. This means that it does not actually matter what cup you would use. Especially, when using it for the first time, the learning experience remains the same and can be challenging. All the comments of the cup users were of course given by girls comfortable with a particular cup. They are not the target groups for the Nixie and the Phia cups.

Finally, the initiative to include the cup in basic health insurance was discussed with the Dutch girls. The girls thought that this would increase the awareness and the usage of the cup. They stated that most Dutch people like to receive free things and if the cup was available for free, they thought that more women would use it. They also see free availability of the cup via health insurance as a way to increase awareness of the cup among women and girls allowing for more informed decisions around menstruation management.

### 7.3 General attitudes and education around menstruation

One of the problems around the menstrual cup is the lack of knowledge but also the general attitude around menstruation and reproductive health play an important role. In order to learn more about this, questions about sexual and menstrual education were discussed in the focus groups and interviews. A number of interesting observations pertaining to sources of education, details of education and general openness related to menstruation came to the fore when comparing South Africa and the Netherlands. The following differences were noted:

#### South Africa

- Most girls received sexual education in primary school in a classroom in which they were separated from boys. A few things were discussed at home but nothing in depth.
- The extent of their education on menstruation left them unprepared.
- Most girls experience a barrier to talking about their periods with anyone, even with other girls.

#### **Netherlands**

- Most girls learnt the most about menstruation at home from their mothers. Limited time was spent on sexual education in primary school.
- The extent of their education on menstruation left them mostly prepared.
- Most girls openly talk about their menstruation among friends, family and even among boys.

Both in the focus groups and in the interviews, it was apparent that in the Netherlands, the family plays a large role in educating young girls on menstruation. In South Africa, this responsibility lies mostly with the schools. In both countries, it was mentioned that they would have like a broader

and more detailed education in school. In South Africa, this would be because most girls felt that the information was not thorough enough. In the Netherlands, girls saw the importance of ensuring a common baseline of knowledge among all girls. Both countries, also highlighted the importance of teaching boys about menstruation in order to break through the taboo.

A study done by Bekker in 2017 showed that 59% of South African teenage girls wished they had been better prepared for puberty. The biggest problem is that girls clearly need more information. "For millions of girls, a universal lack of information and education makes menstruation a source of shame and embarrassment" (Nonjinge 2017).

## 7.4 Methods to convince girls to consider the cup

One of the aims of the focus groups and interviews was to gather information on how best to overcome the barriers that girls have to using the menstrual cup. To discover this, the girls where asked questions about how they would like to receive information about the cup, what information they would need and how this could be implemented.

The South African girls suggested that information be provided by facilitating small group discussions between an experienced cup user and a few girls wanting to learn more about it. This way girls can speak with someone who is experienced and ask their own questions. In addition, they suggested a website with informative articles on menstruation in general and an opportunity to anonymously ask questions. These answers show that the South African girls are more interested in an interpersonal learning experience. They wish to be able to converse with others and focus on the social implications. As the taboo on menstruation is still prevalent in the lives of South African girls, they also suggested ways to lessen its effect by providing humorous advertisements.

The Dutch girls were of the opinion that informative media campaigns would work well in the Netherlands. They emphasized that the government or medical professionals needed to be the ones informing girls about the cup or else the campaign would be less successful. While not adverse to companies placing advertisements, they believed that if trustworthy authority figures with expertise stood behind the campaign, it would have more success. They also stated that if popular influencers mentioned the cup and shared their experiences it could help to persuade a certain group of people.

# **Chapter 8: Discussion of Focus Group and Interview findings**

The focus groups and interviews were held in order to achieve greater insight in the barriers that schoolgirls have to the menstrual cup, to understand why the barriers are there and how best to overcome them. By speaking to both South African and Dutch girls we were able to learn more about the impact that culture has on the barriers to the menstrual cup.<sup>29</sup>

The cultural differences are mainly visible in the way in which the girls talk about sexual and menstrual education and how they experience the taboo surrounding menstruation. Because the school plays a big role in educating young people in South Africa about reproductive health, it cultivates a certain attitude around these topics. Most schools in South Africa value discipline and respect towards teachers a lot more than in a Dutch school where children are encouraged to be independent and curious. This means that classes in South African schools do not necessarily promote conversations around sensitive topics, it is simply about providing information. While this is a generalization, it may have some impact on how girls think about and deal with menstruation.

Dutch girls on the other hand, receive most of their information at home, specifically from their mothers. This information is provided in a conversation already making menstruation something that can be talked about. This openminded attitude towards menstruation is specifically visible in the way that participants of the focus groups responded to questions about with whom they share the fact they are menstruating. In the Netherlands it is not uncommon for a girl to share that she is menstruating with friends and family, including males and females. In general, the taboo around menstruation is much less prevalent in the Netherlands than in South Africa.

The difference around the willingness to discuss menstruation plays an important role in how to inform and educate girls about menstruation and the menstrual cup. Because of the greater impact of the taboo around menstruation in South Africa, educating girls requires a specific, discreet but also broad approach. That is why a group approach and discussion with peers is most suitable in this case. It allows girls to speak in small groups thus avoiding further shame or embarrassment. Small group workshops at school allows girls to ask their own questions and provides a personal connection in a broader context. Integrating workshops in schools was also suggested by participants of the focus group. Additionally, a website with information could work if girls have any questions or issues they are not comfortable enough to mention in person.

In the Netherlands, the taboo around menstruation is less pervasive thus allowing for a broader media campaign. Results from the survey have shown that information is an effective way to convince Dutch girls to use the menstrual cup. The question in the focus group and interviews

<sup>&</sup>lt;sup>29</sup> See "The Sample" under Method, Chapter 3.

was how the information could be best provided. The majority of the girls was in favour of a media campaign but mentioned the importance of using trustworthy sources. This means that the Dutch girls are more likely to believe or take information to heart if it is provided by an authority that they trust: the government, a medical professional or an influencer they greatly admire. This means that advertising campaigns by brands are not as effective. To reach a wider audience, the information needs to be diversified.

In the light of the cultural differences between the two countries, it is clear that while they have a shared problem, they need different solutions. Overall, a lack of information and awareness about the cup means it is used infrequently. In order to overcome, this information needs to be provided in a targeted way. Seeing as every social climate has its own nuances one needs to be aware of, it is essential to take the attitudes around menstruation into account when trying to figure out how best to convince girls to use the menstrual cup.

# **Chapter 9: Conclusion**

This study has confirmed that very few schoolgirls in South Africa and the Netherlands are using a menstrual cup to manage their periods. It has also shown girls in both countries appreciate the fact that the cup is better for the environment and more cost-effective than the menstruation managements methods they are currently using. In addition, South African and Dutch girls share the concern that it may be painful to use a menstrual cup.

In order to overcome this common barrier to using a menstrual cup a differentiated approach is needed. Our research not only found important differences between South African and Dutch girls in their methods of menstruation management and their awareness of the menstrual cup. Girls in the two countries also differed in their perceptions of other barriers and their susceptibility to factual information about the cup. The cultural context, in particular the general level of openness about menstruation, was found to be an important explanation for these differences.

Therefore, in order to overcome the different barriers to menstrual cup use a differentiated approach is needed. Such different, targeted approaches need to take the broader cultural context related to menstruation into account. The findings of the second part of this research point to the direction of potential, culturally sensitive approaches in South Africa and the Netherlands. While information remains the most important tool in empowering girls about menstruation management, the information needs to be provided in different ways to be effective.

Our research showed that Dutch girls value information from trusted sources and broad information campaigns, involving government agencies, medical experts and popular figures known from tv/social media, would be welcome. In South Africa, information provided in a social and interpersonal setting would be more effective, as South African girls found social interaction and engagement more important.

In both countries, overcoming barriers to menstrual cup use would involve paying attention to the availability of the cup. Making cups available to schoolgirls on a large scale either via schools, health care providers, non-governmental organisations or government offices would give a huge boost to cup usage. Especially if it is accompanied with efforts to assist girls in the learning curve that comes with starting to use the cup. Our research showed that it takes some practice to be comfortable with the cup as a menstruation management method. Our research also shows that assisting girls in this learning curve might be more challenging in South Africa due to the existing cultural context related to menstruation. On the other hand, our findings emphasize that schools and peer assistance in small groups can play an important role in overcoming this particular challenge in South Africa.

Because of the cost effectiveness of the menstrual cup and its reduced impact on the environment, increased cup usage amongst schoolgirls would solve a number of problems. However, the main goal of information campaigns must be to ensure that girls all over the world are empowered to make informed decisions about menstruation management.



Source: https://www.behance.net/gallery/55566463/Conquering-the-Menstrual-Cup

### **Future research**

In the course of this study and on the basis of its findings, a number of areas for further study can be identified.

First, future research with a specific focus on the issue of period poverty would be welcome. Because of the similar socio-economic background of respondents in South Africa and the Netherlands, this study did not provide any insights into the perceptions of girls from poorer backgrounds. Given that the cup is an efficient way to overcome period poverty, it would be interesting to investigate and compare attitudes and experiences of girls and women from different socio-economic backgrounds. A better understanding of girls who experience period poverty on a monthly basis could inform strategies to help them and make the cup a viable method of combatting period poverty.

Second, the strategies recommended on the basis of this study call for a direct follow-up in which the effects of the different campaigns are measured and analysed. This could take the form of a study of the effects of a Dutch social media campaign with various experts. Or one could envisage research into the roll-out of small-scale menstruation management workshops in a variety of South African schools. Such studies would provide valuable insights into the ways in which girls in different contexts can be reached.

Third, a logical next step in researching the barriers to menstrual cup use would be to focus on the experience of first-time users of the cup. In order to understand more about the learning curve that follows when girls start using the cup research would involve following a number of cup users over a longer period of time to monitor and document their experiences. Such research could provide more information on how the learning curve can be made easier and exactly what first time users of the cup need.

Finally, in order to address the main cultural barriers to using the cup and empowering girls in menstruation management, a broad global study on menstruation education needs to be conducted. By mapping the information about menstruation that young girls all over the world receive we can form an accurate picture of the attitudes towards menstruation in particular national contexts. This would be crucial if we want to make a global effort to empower girls and ensure that all girls, regardless of where they live, are able to make informed decisions on menstruation management.

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# **Appendix**

# I. Questionnaires

### **South Africa**

#### Side A

My name is Zara Nijzink-Laurie and I am a grade 8 pupil at RGHS. I would like to ask you a few questions about the menstrual cup. There are two sides to this survey. Please, complete this side before the talk/video clip and the other side afterwards.

This survey is anonymous; so please, do not write your name on this piece of paper. No one will be able to trace your answers back to you.

I am investigating how grade 8 and grade 11 girls feel about using a menstrual cup and I promise that all your answers will only be used for research purposes. I know that for many girls menstruation is a sensitive and very personal topic, but it would really help my research if you would answer the following questions.

Thank you so much for your cooperation!

<sup>&</sup>lt;sup>30</sup> Only included in the survey handed out to the older girls.

A. If no	o, why not? Please select all that apply.
	I don't know how to get one.
	I don't know how to use one.
	It seems too messy.
	It seems too painful.
	It seems too expensive.
	I have moral objections.
	Other:
B. If ye	es, why? Please, indicate the reason why you would be willing to try a menstrual cup.
4. Have	e you had your first period?
5. Whi	ch product do you normally use to manage your period? Please, select the product you use often.
	Sanitary pads
	Tampons
	Other:
Side B	
Now th	nat you have been made aware of the menstrual cup and have gained information about se, complete this side of the questionnaire.
Thank	you again for your cooperation!
1. Do y Yes/No	you now know how to use a menstrual cup?
2. Wou	uld you now consider using the menstrual cup?

A. If no, why not? Please, select all that apply.	
	It seems too messy.
	It seems too painful.
	It seems too expensive.
	I have moral objections.
	Other:
B. If yes, why? Please, select all that apply.	
	It's environmentally friendly because it has no waste products.
	It's cheaper than pads and tampons in the long run.
	It has less health risks.
	There is no need for constantly checking for leaks.
	Other:

# **The Netherlands**

Thank you!

For access to the questions filled in by the Dutch participants please click on the link to the survey below. The information provided is also available at the link below. The questions need to be filled in to go to the next page.

https://docs.google.com/forms/d/e/1FAIpQLScQP4a0lgCFuVY8bktCUmRONeLgc6BzsNm9jz-vH3PklCdWCw/viewform?usp=pp\_url

# II. Video script

- Introduction:
  - o Zara Nijzink-Laurie
  - Grade 8 at RGHS
  - Eskom expo in August
  - o The awareness of the menstrual cup and how you feel about it
- What is the menstrual cup?
  - A way of maintaining your period
  - Instead of absorbing, it collects
  - o Medical grade silicon cup
  - Insert into your vagina
- How do you use the menstrual cup?
  - It operates using suction
  - Insert it, it creates a seal
  - Folded and then inserted
  - Let go and it pops open and forms seal
- Advantages of using the cup
  - o Cheaper in the long run
  - Used for approximately 5 years
  - o Environmentally friendly as no waste products
  - Less health risks, not associated with TSS
  - No need to constantly check, no leakage
  - Leave it in for up to 12 hours, depending on flow
- What you might think
  - Have to deal with blood, but you do so as well with pads and tampons
  - Discomfort inserting it incorrectly
  - Once you know how, most users find it comfortable and convenient
- Conclusion
  - Many brands of cups, mostly two sizes for people who have given birth and who have not
  - Locally manufactured that you can buy online for R280
  - Saves a lot of money
  - Saves the environment: imagine the amount of pads/tampon in sewerage and landfills
  - Periods are uncomfortable for many
  - o This might be an option for you
  - Your body, you decide
  - Thank you for answering the questions in my survey

# III. Focus group discussion guide

### Introduction:

#### 1. Welcome

I (Facilitator) introduce myself and collect the Consent Forms and send around a Sign-In Sheet with a few quick factual questions (age, grade, how did you find out about cup)

### Discuss the following:

- Who I am and what I am trying to do
- What will be done with the information
- Why I asked you to participate

## 2. Explanation of the process

Ask the group if anyone has participated in a focus group before. Explain that focus groups are being used in health and other social science research.

## About focus groups

- The aim is to learn from you/participants (positive and negative)
- Not trying to achieve consensus, it is about gathering information
- No point in long explanations: I am looking for a diversity of thoughts, opinions, experiences
- This project includes a survey and a focus group discussion. I have completed the survey. The reason for adding a focus group is that I can get more in-depth information from a smaller group of people. This helps to understand the context behind the answers given in the survey I found that girls experience many barriers to using the cup and I would like to find out more on how best to overcome these. This focus group also helps to explore topics in more detail than I can do in a survey. I would like to find out more about your girls' experiences when they start using a cup.

#### Loaistics

- Focus group discussion will last about one hour
- Feel free to ask questions
- Please, speak clearly

#### 3. Ground Rules

Ask the group to suggest some ground rules. After they mention some, make sure the following are agreed to:

- Everyone should participate
- Information provided in the focus group must be kept confidential
- Please, don't have side conversations
- Turn off cell phones
- Have fun

#### 4. Turn on Recorder

5. Ask the group if there are any questions before getting started, and address those questions.

Discussion begins, make sure to give people time to think before answering the questions and don't move too quickly to the next question. Use the list below to make sure that all issues are addressed, but move on when you feel you are starting to hear repetitive information.

#### **Questions:**

- 1. Let's start the discussion by talking about what makes you reluctant to try using the cup for menstruation management. What are the negative aspects of using a cup for you personally?
- 2. What are some things that are good about using a menstrual cup?
- 3. Thinking about the advantages of the cup, what would be needed to overcome your barriers to using the cup? What would you personally need to make you start using the cup? (include sub-question about design of cup?)
- 4. Would you like to get more advice about/support with the use of the menstrual cup? What kind of advice/support? Who would you like to get such support from?
- 5. Would you like to get more advice about/support with menstruation management in general? What kind of advice/support? Who would you like to get such support from?
- 6. In order to end the taboo that still exists around menstruation and help girls all over the world to be more open and accepting about menstruation an international NGO has proposed a period emoji. (show picture) What do you think about this initiative?
- 7. What do you think would be needed to get more girls to use a menstrual cup?
- 8. Is there anything else you would like to say about your feelings/opinions about the cup?

#### Topics that need to be discussed:

- Initial objections/negative perceptions
- Dealing with pain/discomfort
- Dealing with messiness
- Use at school; extra barriers?
- Practical issues: availability of water/basin in toilet
- Information dissemination: what do first time users need to know
- Peer guidance: could it work? What would be useful/effective?

### That concludes our focus group.

Thank you so much for coming and sharing your thoughts and experiences with me. If you have additional information that you did not get to say in the focus group, please, send me a whatsapp.

### Thank you!

## IV. Interview guide

### Introduction:

#### 1. Welcome

I (Facilitator) introduce myself and send around Consent Forms and a Sign-In Sheet with a few quick factual questions (age, grade, how did you find out about cup, how long ago you started using cup, how often you use cup)

## Discuss the following:

- Who I am and what I am trying to do
- What will be done with the information
- Why I asked you to participate

## 2. Explanation of the process

Ask the group if anyone has participated in a focus group before. Explain that focus groups are being used in health and other social science research.

### About focus groups

- The aim is to learn from you/participants (positive and negative)
- Not trying to achieve consensus, it is about gathering information
- No point in long explanations: I am looking for a diversity of thoughts, opinions, experiences
- This project includes a survey and a focus group discussion. I have completed the survey. The reason for adding a focus group is that I can get more in-depth information from a smaller group of people. This helps to understand the context behind the answers given in the survey I found that girls experience many barriers to using the cup and I would like to find out more on how best to overcome these. This focus group also helps to explore topics in more detail than I can do in a survey. I would like to find out more about your experiences when you started using a cup.

### Logistics

- Focus group discussion will last about one hour
- Feel free to ask questions
- Please, speak clearly

#### 3. Ground Rules

Ask the group to suggest some ground rules. After they mention some, make sure the following are agreed to:

- Everyone should participate
- Information provided in the focus group must be kept confidential
- Please, don't have side conversations
- Turn off cell phones
- Have fun

#### 4. Turn on Recorder

- 5. Ask the group if there are any questions before getting started, and address those questions.
- 6. Introductions
  - Go around table: first name, school, grade

Discussion begins, make sure to give people time to think before answering the questions and don't move too quickly to the next question. Use the list below to make sure that all issues are addressed, but move on when you feel you are starting to hear repetitive information.

#### **Questions:**

- 1. Let's start the discussion by talking about what makes the cup a good product for menstruation management. What are the positive aspects of using a cup for you personally?
- 2. What are some things that are not so good about using a menstrual cup?
- 3. Thinking back to when you first started using a cup, what happened? How difficult or easy was it for you? Why? (what were your personal barriers?)
- 4. How long did it take you to get used to the cup? What did you do to make using the cup easier? Where did you go for advice? (how did you overcome your barriers?)
- 5. What advice would you give to first time users?
- 6. Is there anything else you would like to say about your experience with the cup?

*Topics that need to be discussed:* 

- Initial objections/negative perceptions
- Dealing with pain/discomfort
- Dealing with messiness
- Use at school; extra barriers?
- Practical issues: availability of water/basin in toilet
- Information dissemination: what do first time users need to know
- Peer guidance: could it work? What would be useful/effective?

That concludes our focus group.

Thank you so much for coming and sharing your thoughts and experiences with me. If you have additional information that you did not get to say in the focus group, please, send me a whatsapp.

Thank you!

# V. Alternative cup designs

# Nixie Cup<sup>31</sup>

An industrial design student in the UK redesigned the menstrual cup with teenage girls and students in mind. The newer spin on the cup was to help make first-time users less apprehensive about using it. She changed certain features to make it more appealing to younger girls.



The Nixie Cup has a higher lip at the back to make insertion easier. She also made the removal of the cup more convenient by a silicon string much like a tampon string but slightly shorter and made of medical grade silicon.



The transportation was also modified to a plastic box instead of a cloth bag that has space for two cups: a clean one and a used one. It looks more like a makeup box so girls don't have to be embarrassed or ashamed. It also includes a mirror to help with insertion.

For many girls cleaning and sterilization is also an issue. The designer thought of a solution. By creating an enclosed system that uses steam to clean the cup, only very little water is used and it is done in eight minutes.

<sup>&</sup>lt;sup>31</sup> Source: <a href="https://www.dezeen.com/2017/07/27/nixie-girl-aims-to-make-menstrual-cup-more-accessible-for-teenagers-design-graduates/">https://www.dezeen.com/2017/07/27/nixie-girl-aims-to-make-menstrual-cup-more-accessible-for-teenagers-design-graduates/</a>

# Phia Cup<sup>32</sup>

Sophia Petersen designed the Phia cup after hearing complaints that it was not as easy to use as tampons. It was designed to make the transition to the cup easier for tampon users. The features that she changed aimed to mimic the pushing and pulling functions of a tampon.



The Phia Cup has a triangular shape which folds up into the size of a tampon. Its flat base makes pushing it in easier and similar to a tampon. The stick at the bottom is also replaced with a loop which makes the removal more like the removal of a tampon. The Phia cup is currently available in the Netherlands.



<sup>&</sup>lt;sup>32</sup> Source: <a href="https://phiacup.com/">https://phiacup.com/</a>