THE CAPABILITY OF CUPS

A comparative field study in Uganda investigating the impact of menstrual cups on women and girls’ achieved capabilities

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Abstract

Menstrual hygiene management (MHM) has for long been a neglected topic within development research, policy and practice, despite findings recognising how insufficient MHM poses obstacles to women and girls' well-being and quality of life. Those living in low-resource settings are especially vulnerable to such challenges. This thesis aims to provide empirical evidence for the relationship between improved MHM and human development. Amartya Sen’s capability approach serves as the starting point, suggesting that development is the process of expanding capabilities to lead a life one has reason to value. It is argued that the use of menstrual cups enables the achievement of capabilities, by removing obstacles to these. This hypothesis is tested using material collected during a field study in Uganda. Two groups of women and girls have been interviewed and compared – one in which everyone is using menstrual cups, and one in which everyone is using pads or cloths. The results show that capabilities to a larger extent are achieved among the women and girls using menstrual cups, than among those using pads or cloths. Moreover, obstacles to capabilities were predominantly present in the second group. The findings thereby support the theoretical argument, demonstrating that the use of menstrual cups removes obstacles – positively impacting capabilities. This highlights the importance of considering MHM as a key aspect of sustainable development.
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1. Introduction ....................................................................................................................... 5
  1.1 Aim and research question ....................................................................................... 5
  1.2 Background ................................................................................................................ 6
2. Previous research and theoretical scope ........................................................................ 7
  2.1 Literature review ....................................................................................................... 7
  2.2 Human development and capabilities ..................................................................... 8
  2.3 Menstrual hygiene management .............................................................................. 9
  2.4 Theory and hypothesis ............................................................................................. 10
  2.5 Selecting capabilities ............................................................................................... 11
  2.6 Summary of theoretical framework ......................................................................... 12
3. Research design and methodology ............................................................................... 12
  3.1 Design ....................................................................................................................... 12
  3.2 Methods .................................................................................................................... 13
  3.3 Material ..................................................................................................................... 14
  3.4 Ethical aspects .......................................................................................................... 15
  3.5 Reflexivity ................................................................................................................. 15
4. Analytical framework .................................................................................................... 16
  4.1 Definitions of selected capabilities ......................................................................... 16
  4.2 Operationalisation .................................................................................................... 16
  4.3 Categorising and analysing data ............................................................................. 17
5. Results and analysis ....................................................................................................... 18
  5.1 Context of the cases ................................................................................................. 18
  5.2 Health & mental well-being .................................................................................... 19
  5.3 Social relations ......................................................................................................... 21
  5.4 Education .................................................................................................................. 23
  5.5 Work ......................................................................................................................... 26
  5.6 Mobility ..................................................................................................................... 29
  5.7 Leisure activities ....................................................................................................... 30
  5.8 Additional obstacles ............................................................................................... 31
  5.9 Discussion ................................................................................................................. 31
6. Conclusion ....................................................................................................................... 32
7. List of references .......................................................................................................... 34
Appendix ............................................................................................................................ 38
1. Introduction

In adopting the 2030 Agenda for Sustainable Development, leaders around the world agreed to “free humanity from poverty, secure a healthy planet for future generations, and build peaceful, inclusive societies as a foundation for ensuring lives of dignity for all” (UN, 2017). Although the Global Goals explicitly highlight targets concerning gender equality, health, water and sanitation, and education (UN, 2017), they consistently leave out an issue affecting 26% (House et al., 2012:8) of the global population: menstruation.

Menstrual hygiene management (MHM) refers to practical strategies for handling menstruation, such as the ways in which women and girls are able to be healthy and clean during menstruation, and how they obtain, use and dispose menstrual products (Crofts, 2017). Insufficient MHM poses many challenges to the menstruating population, and is a significant barrier to development (Hennegan and Montgomery, 2016:2). Menstruating women and girls in low- and middle-income countries are particularly vulnerable to these challenges (Haver and Long, n.d.:5). The lack of safe, convenient, affordable and culturally appropriate menstrual products impacts women and girls’ dignity and quality of life (APHRC, 2010a; Sida, 2016:1), and creates restrictions for their overall well-being (Boosey et al., 2014:2). It also violates several of the basic human rights including the right to education, the right to work, the right to health, and the right to sanitation (HRW, 2017). Ultimately, this reinforces gender inequalities (House et al., 2012:22). Despite the scope of this problem, MHM has for long been neglected within development practice, research and policy. Up until today, challenges related to MHM and its effects on the health and dignity of women and girls all over the world have still not been adequately addressed (Sahin, 2015:3).

1.1 Aim and research question

This study intends to add to the inadequate research concerning MHM within the development sector, by providing a greater understanding for how menstrual hygiene management relates to human development. The aim is to investigate whether, and if so how, improved MHM contributes to the process of expanding human development. In order to do this, this study will examine how the use of menstrual cups among women and girls in Uganda has had an impact on their capabilities of health & mental well-being, social relations, education, work, mobility, and leisure activities. Amartya Sen’s theory of the expansion of capabilities as the intrinsic objective of human development will serve as the foundation and starting point of the study.
This yields the following research question:

**In which ways has the use of menstrual cups among women and girls in Uganda impacted on their achieved capabilities?**

This question is investigated in a comparative case study set in Uganda, by conducting semi-structured interviews with two groups – one in which everyone is using the menstrual cup, and one in which everyone is using pads or cloths.

The purpose of this study is to acknowledge the role of MHM in development by further the understanding of whether improved MHM has the potential to remove obstacles to expand the set of things menstruating women and girls can be and do. The results will provide an important contribution to future research and practice, advancing both theoretical and empirical knowledge. This study will not only contribute to establishing the theoretical relationship between MHM and women’s quality of life. The qualitative design will also contribute with more precision of nuances and mechanisms involved in this causal process – a needed complement to the quantitative studies evaluating MHM solutions. This will provide essential information on the structures underlying restrictions faced by menstruating girls and women, in order to successfully address such challenges.

**1.2 Background**

**1.2.1 Menstrual hygiene management in Uganda**

Inadequate availability and quality of water, sanitation and hygiene (WASH) facilities is a major issue in Uganda today. In 2015, only 7.60% of the population had access to handwashing facilities with soap and water on premises (JMP, 2015). When enrolment of students in Ugandan primary schools rose by 70% in one year, a lot of stress was placed on school sanitation facilities (SNV & IRC, 2016:5). This resulted in lower class attendance and drop-outs among girls who were menstruating. Since then, the Ugandan parliament has implemented programmes to improve the understanding and practices of MHM. Accomplishments so far include a parliamentary resolution on MHM in schools, a national MHM policy, strategy and action plans, training for teachers, and constructions of improved sanitation facilities (Kasiko, 2015). Remaining challenges are the deep rooted cultures and customs that facilitate stigmatisation of menstruation, and financial capacities for families “to support the advocacy process” (Kasiko, 2015:11).

Another challenge is inaccessibility of adequate menstrual products. Many women in Uganda and other Sub-Saharan African countries lack access to safe, hygienic and affordable menstrual products (Tellier et al., 2012:3). Consequently, they resort to using other products, such as old
cloths, newspaper and cotton. It should be stressed that such methods are not inevitably bad – if they are used in a safe and hygienic manner, they can be effective and useful (I1). However, if not used correctly or without proper facilities to keep them clean, these methods are often unhygienic and uncomfortable. Other menstrual products available in Uganda include commercially produced disposable products, such as pads and tampons, or re-usable low-cost menstrual pads such as AFRIpads (Crofts and Fisher, 2012).

This study will focus on the menstrual cup, which has gained more attention over recent years for its potential to improve MHM for women and girls in low-resource settings. A menstrual cup is a bell-shaped menstrual product made of medical silicone, which is inserted into the vagina to collect menstrual blood. It can collect up to three times as much fluid as a tampon, and be washed and reused for up to ten years. It therefore has the advantage of being an economic, healthy and environmentally friendly option for menstrual management (Tellier et al., 2012:3). It is important to note that there is not one perfect menstrual management solution suitable for everyone. The appropriateness, desirability and availability of different menstrual products could be influenced by cultural, economic or sanitary factors. The case of this in Uganda will be further investigated in the analysis, chapter 5.1.

1.2.2 Menstrual Cup Uganda
The respondents in this study have all been given their menstrual cups through the non-profit organisation Menstrual Cup Uganda (MCU). MCU has since 2013 distributed free menstrual cups to women and girls from disadvantaged socioeconomic groups in Uganda (I1). In addition to this, MCU also provides training on how to use and clean the cups, and education to both women and men about menstruation, adolescence, and reproductive health and rights (MCU, n.d.). In total, the organisation has reached out to approximately 3000 girls, boys, men and women, and distributed 318 menstrual cups (I1).

2. Previous research and theoretical scope
2.1 Literature review
Previous research about MHM in the development sector has studied the ways in which insufficient MHM methods and facilities cause obstacles for women and girls, impacting their overall well-being and quality of life. Many point to the importance of adequate menstrual products: a study in Ethiopia concluded that inadequate availability of WASH and MHM facilities, such as toilets, water and menstrual products, affected girls’ education negatively, resulting in absenteeism and low performance. School attendance was higher among girls who had access to menstrual products
(Tegegne and Sisay, 2014:10, 12). In Ghana, one study assessed the role of menstrual pads in girls’ education, and found that while girls with no access to menstrual pads missed 3-5 days of school per month, the availability of menstrual products, as well as puberty education, led to higher school attendance (Montgomery et al., 2012:4). Studies in Uganda (Tellier et al., 2012) and Kenya (Mason et al., 2015) assessed the acceptability, usage and safety of menstrual cups and pads. They concluded that in contrast to these menstrual products, unsafe and insufficient menstrual absorbent materials such as cotton, tissues and textbook paper, impacted girls negatively. The reason for this being that it resulted in fear of leakage and odour, physical health problems such as skin irritation, and difficulties concentrating in class.

Still, the conclusions are divided. A quantitative study in Nepal found a small, yet negative impact of menstruation on school attendance. However, in contrast to other studies, the use of menstrual cups did not seem to have any significant positive impact on this problem (Oster & Thornton, 2011:4). Additionally, a systematic review of the current evidence of the effectiveness of MHM in improving women and girls’ education and psychosocial well-being in low- and middle-income countries, concluded that there currently is not enough evidence to establish the role of MHM in education, employment and psychosocial outcomes. It was hence concluded that there is a need of further research to determine the true effectiveness of different MHM methods (Hennegan & Montgomery, 2016:2, 17).

As presented here, the impact of menstruation on women and girls’ well-being is contested among researchers, as is the potential of adequate MHM to solve these challenges. Development researchers and practitioners call for additional research in this field, especially in terms of evidence and causal associations concerning the effectiveness of MHM interventions (Sida, 2016:3; Sommer et al., 2016:55). Grounded in the division among researchers, and in the established research gap, this thesis intends to provide further empirical evidence of the causal relationship between improved MHM and women and girls’ achieved capabilities.

2.2 Human development and capabilities

Human development as it is currently understood stems from the later decades of the 20th century, when the appropriateness of using economic growth and GDP as indicators of human well-being was being questioned. During this time, economist Mahbub ul Haq developed an alternative approach, understanding development as the expansion of the “richness of human life, rather than simply the richness of the economy” (UNDP, 2016). The so-called human development approach, is thus more focused on people’s opportunities and choices, and human welfare—not GNP—as the true end of development (Haq, 1995). With this focus, the approach looks at how the lives of
people can be improved, rather than just assuming that economic growth automatically leads to well-being for people (UNDP, 2016).

Haq’s understanding of human development has been anchored by Nobel prize laureate and economist Amartya Sen. In his book Development as Freedom (1999), Sen elaborates on this new understanding of human development in what is called the capability approach. The core of the approach is that the assessment of development and a person’s quality of life should not be measured by resources, but by the opportunities a person has to lead a life he or she has reason to value. The principal concepts of the approach are functionings, i.e. “the things a person may value being or doing” (Sen, 1999:75), and a person’s capabilities – the real opportunities to realise these functionings. The distinction of these concepts is between what a person does or is (functionings) and what he or she is effectively able to do or to be (capabilities) (Sen, 1999:75). According to the capability approach, the end of development “should be conceptualized in terms of people’s capabilities” (Robeyns, 2005:95). Once capabilities are achieved, it is up to every individual to choose which functionings to realise, according to what they value most (Robeyns, 2005:95).

2.3 Menstrual hygiene management

The access to safe and clean water, private and clean latrines, and being able to live in hygienic environments is essential for human health and dignity (Mahon & Fernandes, 2010:99). Currently, over 800 million people lack access to clean water, while approximately two billion lack access to a toilet. Due to menstruation, women and girls are particularly affected: a third of the women and girls in the world lack access to a toilet while they are menstruating (WaterAid, n.d.) and more than 50% of girls in low- and middle-income countries are subjected to menstruation related problems, especially in rural areas (Hennegan & Montgomery, 2016:2). Adequate MHM is therefore vital to ensure that women and girls live “healthy, productive and dignified lives” (Mahon & Fernandes, 2010:100). Menstrual hygiene management, abbreviated as MHM, has been defined as:

Women and adolescent girls using a clean menstrual management material to absorb and collect blood, that can be changed in privacy as often as necessary for the duration of the period, using soap and water for washing the body as required and having access to facilities to dispose of used menstrual management materials (Sommer et al., 2015:6).

Despite the importance of this issue, MHM has for a long time been a neglected issue in development (Crofts, 2017). Studies and observations have shown that poor MHM denies women several human rights, and undermines the realisation of the Sustainable Development Goals. For example, stigmatisation and lack of education about menstrual management and reproductive
health hinder many girls and women from correctly and securely managing their menstrual periods. This can lead to negative health impacts and the inability to fully enjoy the human right to health. Lack of menstrual materials and inadequate toilet facilities at school could keep menstruating girls out of school, denying them the right to education (HRW, 2017). Altogether, the negative link between insufficient menstrual hygiene management and human rights, leads to greater gender inequalities and negative impacts on women and girls’ dignity, denying them the human rights to non-discrimination and equality (HRW, 2017). Similarly, insufficient MHM and the lack of menstrual products hinder the achievement of several of the Sustainable Development Goals, such as Goal 3: Good health and well-being, Goal 4: Quality education, Goal 5: Gender equality, Goal 6: Clean water and sanitation, Goal 8: Decent work and economic growth and Goal 12: Responsible consumption and production (WASH United, 2017). Being able to manage menstrual bleeding effectively is essential for tackling these challenges and obstacles (Mahon and Fernandes, 2010:100), and having access to safe and hygienic menstrual products is a necessity for this (HRW, 2017; OHCHR, 2016:22).

2.4 Theory and hypothesis
Due to its importance for the well-being of women and girls, and its relevance to human rights and the achievement of development goals, MHM has recently emerged as a world-wide issue for development initiatives and practitioners (Chikulo, 2015:1762; Sida, 2016:1). Based on the theoretical assumptions of the capability approach, this thesis will examine this relationship further.

Sen argues that development should be seen as “a process of expanding the real freedoms that people enjoy” (Sen, 1999:36). These freedoms are in turn the capabilities people have to lead a life they have reason to value. Sen sees this process as both the end and the means of development, which can be regarded respectively as the constitutive and the instrumental role of freedom in development (Sen, 1999:36). The constitutive role refers to the expansion of capabilities – the set of things one is able to do and to be. The instrumental role refers to the rights, opportunities and entitlements that promote such capabilities (Sen, 1999:37).

This view of development suggests that development also is the removal of obstacles for achieving capabilities (Fukuda-Parr, 2003:303). As the end of development according to the capability approach should be regarded as the expansion of capabilities, the removal of obstacles for achieving these should be considered crucial for expanding development. Based on this argumentation, this thesis will investigate the relationship between MHM and development by examining whether improved MHM has the potential to remove obstacles for achieving capabilities. Based on Sen’s understanding, development will for the purpose of this study be
understood as the achievement of capabilities enabling people to lead lives they find meaningful and valuable. The many benefits of the menstrual cup, including it being reusable, cost-effective, comfortable and hygienic (Ruby Cup, n.d.), arguably make it an improved option compared to for example disposable pads or cloths. For this reason, the focus of this study will be on comparing women and girls using pads or cloths to those using menstrual cups, in order to investigate the ways in which improved MHM affects women and girls’ capabilities.

The hypothesis aimed to be tested in this thesis is therefore the following: The use of menstrual cups enables the achievement of capabilities, by removing obstacles to what women and girls are able to do and be.

2.5 Selecting capabilities

When applying the capability approach in practice, deciding which capabilities to consider is crucial. The range of possible capabilities to examine is infinite, which means that each empirical application of the approach requires its own list of capabilities (Robeyns, 2003:68). The capabilities selected for this thesis are inspired by two lists; one proposed by Ingrid Robeyns and one by Martha Nussbaum. None of their lists are alone applicable for the case in this thesis. Still, they both provide relevant and valuable points. For the purpose of this thesis, six relevant capabilities have been selected, namely: health & mental well-being, social relations, education, work, mobility, and leisure activities. These will be elaborated on in the analytical framework.

Other capabilities apart from these are undoubtedly necessary for a dignified life and overall well-being. However, they are not all relevant for the conceptualisation of MHM in a low-resource setting. Sakiko Fukuda-Parr notes that the relative importance of capabilities “vary with social context – from one community or country to another, and from one point of time to another” (Fukuda-Parr, 2003:305). The selection of capabilities should hence be context dependent, both with regards to geography and to the sort of assessment intended to be made (Robeyns, 2003:68). Therefore, the capabilities in this study are purposefully selected for the case. For instance, the achievement of the six selected capabilities could all, in some way, be restricted by inadequate MHM. At the same time, the achievement of them could all, in some way, be enabled by the use of menstrual cups. Other capabilities that are suggested by Nussbaum and Robeyns, such as imagination, life, and shelter, are not included here as the use of menstrual cups would most likely not remove obstacles for achieving them. Also, the number of selected capabilities have been limited to fit the time frame and practical scope of this study. It would not have been feasible to account for all potentially relevant capabilities.
2.6 Summary of theoretical framework

Amartya Sen’s understanding of human development as the process of expanding the substantive freedoms people enjoy, i.e. their capabilities, is the theoretical point of departure in this study. From this viewpoint, removing obstacles for achieving capabilities is crucial for development at large. This study will examine whether improved MHM has the potential to positively impact on human development, hypothesising that the causal mechanism for this relationship is the removal of obstacles to what women and girls are able to do and be. This will be tested by operationalising improved MHM as the use of menstrual cups, and human development as the achievement of capabilities to health & mental well-being, social relations, education, work, mobility and leisure activities.

3. Research design and methodology

3.1 Design

This thesis is based on a field study carried out from January to March 2018 in two villages in central Uganda. It is a comparative case study with a most similar system design, comparing two cases that are as close to identical as possible except for in the explanatory variable – in this case the type of menstrual product used. The cases in a most similar system design are strategically selected by the value of the independent variable, aiming at examining the value of the dependent variable – the outcome (Esaiasson et al., 2012:103). This design is well suited for the aim of this thesis, as the comparison of two cases makes it is possible to discover contrasts and similarities between them (Campbell, 2010). Also, the case study design allows locating the mechanism between the studied variables to validate evidence for a causal argument (Gerring, 2016:45). The cases compared in this study are two groups of women and girls: one in which the menstrual cup is used by all participants, and one in which pads or cloths are used. Beyond this variation, the groups are close to identical. The aggregated values of the participants within each group can be found in Table 1 (Appendix A). The method of selecting the cases and respondents will be presented further in chapter 3.3.

Naturally, the limitation of this design is that it is difficult to find cases that are entirely similar in all factors that might intervene with the outcome (Esaiasson et al., 2012:103). Ideally, compared cases should be as similar to each other as possible, or any differences that might affect the casual relationship should be controlled for (Gerring, 2016:50). The homogeneity of the two groups in this study controls for potential factors that may impact achieved capabilities, such as age and occupation. One evident factor that do vary between the groups is the number of participants from each village. If, for instance, the level of stigmatisation around menstruation, or the sanitation
facilities available in the villages vary, participants from each village might perceive their capabilities to be more or less achieved. However, the variation of this factor between the two groups is small, and can hence be argued to have insignificant impact on the outcome.

3.2 Methods
The primary method used in this study is semi-structured interviews, based on both closed and open-ended questions stated in a pre-prepared interview guide (see Appendix B). The advantage of this format is that the researcher can follow the guide to cover all necessary topics, but can derive from the guide in order to follow up on new and relevant issues being brought up as the interview goes on. Other benefits of semi-structured interviews include the opportunity for the respondents to express their views in their own words (Cohen & Crabtree, 2006), and learn of individual perspectives (Brounéus, 2011:130). The aim of the interviews is to understand the respondents’ experiences of menstruation, and whether they perceive their capabilities to be achieved while menstruating. This method is hence well suited.

13 interviews were conducted with 37 respondents. Additionally, one informant interview was made with a representative from MCU, making the total number of participants 38. Seven of the respondents were interviewed individually. The reason for this is that the rest of the participants preferred to be interviewed in pairs or in groups. This had both limitations and advantages. On one hand, this made it possible to interview a greater number of participants. It might also have made some of the respondents more confident. On the other hand, conducting the interviews in groups might have had the opposite effect – hindering some respondents from sharing their personal opinion due to fear of what the others might think. Another disadvantage of this was that the extent to which each respondent answered to the questions varied greatly. During the group interviews, some respondents were more talkative, while some only agreed or disagreed to what was being said. Still, considering the quite extensive number of respondents in this study, this should not affect the results or theoretical saturation. It is however important to note that the group interviews did not aim at obtaining data at a group level. Instead, each interview followed the same interview guide. Individual responses were sought for, and accounts associated with each respondent have been analysed.

The interviews were conducted by myself in environments chosen by the participants –some of them outside in the school yards, and some in the staff rooms. During most of the interviews, a representative from MCU was present. She did not interact during the interviews except for minor translations when the participants wished to share something they did not know in English. During the interviews in Kibisi, an interpreter was being used upon request of the respondents.
Despite English being the official language in Uganda, most people speak it as their second language. All other interviews were conducted in English.

Additionally, participant observations were made during one of MCU’s training sessions. This yielded a valuable understanding of MHM in Uganda, but were mainly used to enhance my own understanding of the context and not as a primary source to investigate the research question.

3.3 Material

3.3.1 Case selection

Although the living standard in Uganda by many means has been improved in recent years (Utrikespolitiska institutet, 2016b), it is according to the Human Development Index still ranked as 163 out of 188 countries in the world, placing it in the “low human development” category (UNDP, 2016:2-3). As for MHM, many poor Ugandan women and girls face obstacles while menstruating, and many lack access to appropriate menstrual management methods. They are therefore in many aspects restricted during menstruation (Tjon A Ten, 2007:8). Taking the development level as well as the MHM standard into account, the Ugandan context can for the purpose of understanding the link between MHM and human development, especially in a low-income setting, be considered a representative case – yielding valuable and relevant insights of the dynamics of this phenomenon. However, considering the small sample of cases in this study, the ability to generalise the findings is limited.

3.3.2 Respondent selection

For the design of this study, it was crucial that the respondents in the two compared groups were as similar as possible. Four villages were first identified by MCU. However, considering the aim and most similar system design employed in this study, two of them were singled out as the most appropriate – Kasengejeje and Kibisi.

Thereafter, respondents in the two villages were selected. The women and girls who participated as respondents in Group A were selected purposively for the aim of this study with the following criteria: 1) having received the menstrual cup within the last year, and 2) currently using the menstrual cup during their menstruations. The participants in Group B were selected with the criteria of not having received the menstrual cup. In the end, everyone who met the criteria and had time and interest in participating in the study were selected. Some of the respondents were contacted prior to the study, while others were encountered in the villages.

The selection process resulted in 37 respondents – 19 in Group A and 18 in Group B. Some of these participants served as both respondents and informants, sharing knowledge about their
own experiences as well as MHM in their communities. The respondents ranged in ages from 13 to 45. Some of them were students, some teachers and some farmers. This variation opened up for additional and nuanced reflections of the phenomenon. Disaggregated data of the respondents can be found in appendix A. The transcribing was done in detail by myself, and resulted in over 26 000 words constituting the material.

3.4 Ethical aspects

There are several ethical principles to be taken into account in this study, especially considering the stigmatised aspect of the topic. In order to ensure that all participants in the study are treated with respect and integrity, the four ethical principles of information, consent, confidentiality and utilisation, presented by Vetenskapsrådet (2002), have been followed. All participants in the study voluntarily consented to participate, aware of the aim of the study and the implications of their participation. Before the interviews, they were also given consent forms to sign. The respondents had at this point, as well as during and after the interviews, the possibility to discard their participation. In accordance and with the consent from the respondents, the teachers, and parents, it was decided to include girls under the age of 18 in the study. Furthermore, the respondents have been kept anonymous throughout the collection and analysis of the data. First names were asked during the interviews, but were not used in the transcript and analysis of the material. Instead, each respondent was given a number used during the analysis and the presentation of the results. Lastly, the material collected in this study has, and will not, be shared for any other purposes than stated here.

3.5 Reflexivity

Reflexivity involves examining oneself as a researcher, the research relationship, and how this consequently produce and reproduce meanings (Hsiung, 2010). My own socioeconomic, cultural and geographical positioning inevitably affects a study of this kind (Kapoor, 2004), influencing both my perception of the phenomenon, as well as the respondents’ perception of me. My connection to MCU was both an advantage and disadvantage. In order to get in contact with the respondents, I used the knowledge and already established network of MCU. On one hand, this opportunity was invaluable, as MCU was my gate keeper to the participants. Also, having a representative from MCU along during interview sessions opened up for opportunities for the participants to ask questions about the menstrual cup and menstrual hygiene. These were questions that I, as a non-expert in MHM, would not have been able to answer sufficiently without the risk of potentially giving out wrong information and doing harm. From an ethical perspective, I
therefore deemed it appropriate to have a representative from MCU beside me during the interviews. On the other hand, the respondents might have associated me with MCU. Although I explained my role and the aim of the study, this perception could still be present – resulting in the respondents shaping or changing their answers. The women and girls given menstrual cups might have praised the impacts of the cup to show gratitude towards MCU. The respondents who did not receive the cups might have exaggerated their experiences to the worse, in hope of getting a cup themselves. The risk of this was also confirmed by MCU (I1). I have attempted to limit the effects of this by asking questions allowing a variety of experiences and opinions – both expected and unexpected – to be shared.

4. Analytical framework

4.1 Definitions of selected capabilities

The definitions below are partly retrieved and inspired by the works of Ingrid Robeyns (2003) and Martha Nussbaum (2011). In this study, all capabilities will be understood as the extent to which the respondents indicate them to be achieved during their menstruations.

Health and mental well-being: Being able to be physically and mentally healthy (Robeyns, 2003:72), which relates to “being able to live a life (…) in good health” (Robeyns, 2003:76) and “the absence of any negative mental states of being and doings, such as (…) worrying, or feeling depressed” (Robeyns, 2003:77).

Social relations: "Being able to be part of social networks and to give and receive social support” (Robeyns, 2003:72) and being able ”to engage in various forms of social interaction” (Nussbaum, 2011:33).

Education: "Being able to be educated and to use and produce knowledge” (Robeyns, 2003:72).

Work: "Being able to work in the labour market or to undertake projects” (Robeyns, 2003:72).

Mobility: "Being able to be mobile” (Robeyns, 2003:72) and "being able to move freely from place to place” (Nussbaum, 2011:33).

Leisure activities: "Being able to engage in leisure activities” (Robeyns, 2003:72) and "being able (…) to play, to enjoy recreational activities” (Nussbaum, 2011:33).

4.2 Operationalisation

In practice, the capability approach can be used to evaluate and analyse policies (or in this case, MHM interventions) according to how well they impact on people’s capabilities, in order to assess
individuals’ well-being. It is used to examine whether people are for example healthy, well-nourished or educated, and whether the means necessary to achieve these capabilities are present (Robeyns, 2005:96).

In this study, improved MHM will be operationalised as the use of menstrual cups, while human development will be operationalised as the six previously mentioned capabilities. As capabilities are “unobservable variables that can only be observed through indicators as latent variables” (Croes, 2012:546), indicators for when each capability is or is not achieved have been identified (see Table 2, Appendix A). These are based on the definitions as presented above. The indicators have been used both when developing the interview guide, and when categorising the data. The use of these indicators, being closely linked to the definition of each capability, will strengthen the validity of this study (Esaiasson et al., 2012:58).

4.3 Categorising and analysing data

The method of analysis is content analysis, with the purpose of finding common patterns and meanings in the material. In order to emphasise meanings in the data relevant for answering the research question, the analysis was kept within boundaries based on the theoretical framework. These boundaries were pre-set themes, each representing the capabilities of health & mental well-being, social relations, education, work, mobility, and leisure activities. The categorisation of meanings in the text into these themes was done in a systematic manner, with the purpose of identifying which obstacles for achieving capabilities that were present or absent in the two groups. First, relevant quotes describing experiences during menstruation related to capabilities were identified. These quotes were then shortened to only describe their main message. This form of analysis, referred to as meaning condensation, serves to analyse extensive amounts of material by identifying the main themes (Kvale & Brinkmann, 2009:207). The condensed meanings were then assigned a corresponding category. Each category represented identified obstacles appearing to potentially hinder the achievement of the different capabilities. Lastly, each category was placed into the relevant theme, corresponding to a capability. This process resulted in a long list of condensed meanings of each quote, grouped into categories (obstacles for achieving the capabilities), presented under each theme (capabilities). An example of a categorisation scheme can be found in Table 3, Appendix A.

As presented in the theoretical framework, this thesis will test the hypothesis that the use of menstrual cups enables the achievement of capabilities, by removing obstacles for what women and girls are able to do and be. To test this theoretical argument, the analysis will both focus on the relationship between the use of menstrual cups and the achievement of capabilities, as well as
whether or not the removal of obstacles for achieving these capabilities could be a causal mechanism for this potential relationship. This will be done by comparing the achieved capabilities in both Group A and Group B, and explore whether the presence of identified obstacles for achieving these vary between the two groups. The indicators presented in Table 2 have been used to establish the presence or absence of achieved/not achieved capabilities in the material.

5. Results and analysis

The aim of the analysis is to show emerging patterns in the material, and identify the presence or absence of obstacles for achieving capabilities in the two groups. The analysis is structured based on the six selected capabilities, each representing a theme. Within each theme, categories corresponding to obstacles appearing in the material are presented. Relating to each obstacle, relevant quotes from each group are presented and compared. Any differences between the two groups would indicate whether the usage of menstrual cups has impacted on the women and girls’ achieved capabilities by removing obstacles for achieving them.

For each obstacle, the analysis will first focus on the answers from respondents in Group B. Material from Group A before the menstrual cup was introduced will also be included. This will test for the homogeneity of the two groups; if the experiences of the respondents in both groups are similar when no one was using the menstrual cup, the cases will have been demonstrated to be homogenous enough to compare (Esaiasson et al., 2012:106). Thereafter, the patterns found among them will be compared with the answers from the respondents in Group A after the menstrual cup was introduced.

5.1 Context of the cases

This section does not serve to answer the research question. It is rather included to provide the background context of the studied cases, and show the accessibility and appropriateness of different menstrual products among the women and girls in this study, and in Uganda at large.

Among the interviewed respondents, the majority was prior to the introduction of the menstrual cup, or currently, using disposable pads from Always or reusable pads from AFRIPads (R2-R29). A few respondents were using cloths (R30-R38).

The choice of menstrual product mainly depended on two factors: cost and usage. Most respondents said that their economic situation affected which menstrual product they could access. The market price for a menstrual cup in Uganda is 70 000 Ugandan shillings, equivalent to 19 USD. Even though this is cheaper than a package of pads for 0.80 USD in the long-run, only two
respondents said they would have been able to buy the cup themselves. Many also believed that disposable pads were expensive.

As for the usage of different products, all respondents who had tried both the reusable and disposable pad preferred the disposable to reusable ones, as they found the reusable pad to be inconvenient and unhygienic to wash. Among the respondents who had not tried the cup, one woman said “nothing is really perfect” (R16). Many of the women and girls were hesitant to use the cup when they first saw it. This was partly due to fear of possible side effects, and that the cup would hurt. Fears of symptoms such as widening the vagina (R6), damaging the uterus (R8) and infections (R38) were brought up. After trying the cup, all respondents had chosen to continue using it, and most found it easy to use and clean. During the interviews, some respondents had questions about side effects and the usage of the cup – indicating that some questions regarding this matter were still present.

Something widely discussed among the older women in this study was the cultural appropriateness of the menstrual cup, as it had to be inserted into the vagina. Despite MCU dispelling the myth of the hymen during the training and education, many respondents were still worried that the cup would cause younger girls to lose their virginity. This highlights the importance of acknowledging the deeply rooted cultural and religious structures in any society to effectively and harmlessly introduce any menstrual product, especially the cup.

5.2 Health & mental well-being

The theme discussed most extensively among all the respondents in both groups was without doubt health and mental well-being. Two main obstacles for achieving this capability were found in the material.

5.2.1 Fear of leakage

One of the main challenges faced by the respondents using the pad was the fear of leaking. Relating back to the definition of this capability, feeling worried and anxious undoubtedly affects your mental well-being, and is hence an obstacle to this capability.

Feeling cautious and unsure of whether the pad will leak through or not was brought up in all interviews in Group B. As for the interviews in Group A, this was discussed in all of them but one. One respondent in Group A, referring to when she was using the pad, explained it thoroughly in the following way:

“There is also the way it made you uncomfortable, when you were in public. There is a feeling…you are always insecure. You feel there could be leakage, the embarrassment was 50/50,
you are not sure whether it would go through and leave you quite embarrassed. So your confidence level would drop at that time. You find that you are a bit sheepish, a bit self-conscious, especially. You know that self-consciousness, it really robs you of your freedom. You can’t concentrate, your mind keeps going back there, this thing, this thing. Maybe I need to change it now, things like that. And there is all this fear as well.” (R6)

Respondent 9 in Group B referred to the worries of always checking if blood has leaked to her skirt as something “shaking her soul” (R9). Some agreed that this was a constant worry, as the blood could come abruptly (R14, R16, R17). One of the older women shared a story from when she was a student at university, when blood had leaked through her dress during a lecture. At the time, this had made her feel very uncomfortable:

“I didn’t go back to the lecture room. (…) I suffered and felt very bad, everybody seeing me, and all these guys seeing me. So I really felt bad. From that I really felt small.” (R16)

It was evident that thinking back on this experience today still made her feel uncomfortable. This shows the wide extent and long-term effect staining her dress had on her confidence.

Once the menstrual cup was introduced to Group A, none of them mentioned feeling anxious or fear while menstruating. Comparing their experiences of the pad and the cup, Respondent 2, 8 and 19 recalled that they had been worried of staining their dresses when they were using the pad. This anxiety was not present once they started using the menstrual cups. Other respondents explicitly said that the cup had made them feel less worried:

“I have used the other products, but with the cup I feel more comfortable, I can do anything. It doesn’t leak, you are not worried of anything.” (R33)

“That freedom, to do anything, without worrying that ‘oh something may be opening up’. It’s priceless.” (R6)

A quite expressive example of how the cup has removed the obstacle fear of leakage can be found when comparing the respondents’ concern regarding how to dress during menstruation. When asked to give an example of an challenge she faced when she was menstruating, one respondent in Group B responded that “(…) maybe a challenge is the type of dress I’m going to wear. I cannot put on white on that day” (R15). She continued explaining that she dressed differently as a precautionary measure, if blood would leak through. In contrast to this, Respondent 8 in Group A did no longer have to worry about staining white clothes:

“You don’t really feel the fear of anything that is going to happen to you (…) It [the cup] is not like the sanitary pads, where you have to put and then you’re all the time conscious about the
dress (...) You just have the fear that you know, when you are using the pads, you are always conscious about what might happen on the dress, even change the dresses, you say 'I put on black, I put on dresses that won’t show'. But with this one, even if you put on a white, white pantie, white dress, you don’t have any fear about it. That is a good thing.” (R8)

As seen, almost all respondents using the pad feared that it would leak and leave them embarrassed. This caused them to be self-conscious, anxious and worried. In contrast, the interviews with the women and girls using the cup provided many suggestions of how they found the cup to be more secure, minimising the risk of leakage. Ample examples were given of how they did not worry about leakage when they were using the cup. Once this fear was removed, the respondents felt more confident and less self-conscious. This suggests that the obstacle fear of leakage was removed, enabling the respondents using the cup to achieve the capability of mental well-being.

5.2.2 Pain
A product causing pain undoubtedly impacts the user’s health negatively. Respondents in both Group A and B agreed that the pad could hurt, as it brought rashes and burns (R5, R9-14, R16-18, R34-38).

When the respondents in Group A started using the menstrual cup, four of the respondents complained that the cup hurt at first. When asked about how it felt after trying it for a while, everyone but one agreed that is was comfortable and no longer painful. The burning pain caused by the pad had also disappeared once they started using the menstrual cup:

“When I was using those pads, I was not okay. Because they were burning me, so they were not okay. So when I started using the cup, now I’m okay, I thought myself when I’m safe.” (R38)

Based on this and similar responses, the respondents did not experience pain due to rashes and burns with the menstrual cup as the respondents using pads did. Instead, the cup had positively affected their physical well-being. Thus, the use of menstrual cups seems to have removed the obstacle of pain for achieving the capability of health.

5.3 Social relations
One obstacle for achieving the capability of social relations was found.

5.3.1 Social stigma and shame
The stigma surrounding menstruation in society at large could arguably have a negative impact on women and girls’ confidence to engage in social relations while menstruating. The respondents
who brought up interacting with friends and family during their periods all felt uncomfortable doing so due to the stigmatisation surrounding menstruation, making them feel embarrassed (R19-R25). This obstacle appeared in both Group B, and in Group A when they were using the pad. In one of the interviews, Respondent 3 said she preferred to stay at home during her menstruation instead of visiting friends. Respondent 5 gave an explanation to why she felt the same way:

“If I’m on my period, I don’t want to be with boys. I don’t want someone who is shouting.” (R5)

Their male peers teasing them, and shame as a consequence of negative attitudes towards menstruation in the society was a common reason to why the women and girls avoided social interactions while menstruating. Respondent 28 and 29 explained together:

“I: How do you behave in class when you are on your period? How do you feel?
R29: You are shy, you don’t want to associate with other people. You feel isolated.
I: Why do you feel isolated?
R29: Because you feel that they know that you are in your periods, so you don’t want to play with them.
I: Would it be embarrassing if people knew?
R28: When some boys know, they tease you.”

Social stigma did not overtly appear as an obstacle to social relations among the respondents using the menstrual cup. One respondent in Group A mentioned that once she started using the cup, her husband did not notice that she was on her period (R6). The way in which she said this indicated that she believed that this was a positive change. At first, one could assume that this was to avoid shame related to menstruation, and that the menstrual cup had made her more comfortable in her relation with her husband. However, when she explained the situation, nothing she said indicated that menstruation had been stigmatised in her family before she received the cup. Hence, this obstacle did not seem to have been present for her even before she started using the menstrual cup. Instead, the positive effect of the cup was that hiding her periods made her feel in control of her own body. None of the other respondents in Group A mentioned social stigma to be an obstacle for them interacting with friends or family, nor did they mention feeling more comfortable doing so with the cup.

After comparing the experiences of interacting with friends and family among the two groups, vague patterns are found. On the one hand, a significant number of respondents using the pad did feel uncomfortable in social relations while menstruating due to the stigma surrounding menstruation. Even though one respondent in Group A found that the cup enabled her to hide her menstruation from her husband, nothing indicated that the cup had removed any previously
present obstacle to this. Nevertheless, as no other respondent using the cup brought up difficulties engaging in social relations while menstruating, it could arguably be concluded that this capability was achieved after the cup was introduced. It should, however, be noted that the cup cannot remove the stigma surrounding menstruation in society. Rather, it can only prevent other people from noticing when women are menstruating – possibly making girls and women more comfortable in social interactions.

5.4 Education

Three obstacles that could hinder the achievement of education were found in the material.

5.4.1 Inadequate sanitation facilities at school

Not having adequate sanitation facilities, such as private latrines, soap and water, at school may arguably have a negative impact on students’ concentration and participation. For instance, it could prevent students from changing their menstrual product while at school – directing attention away from class. Also, knowing that there is no possibility to sufficiently handle your menstruation in school might result in the students staying at home during their periods instead. Inadequate sanitation facilities at school could therefore pose an obstacle to girls’ education.

Among the students using the reusable pad, many discussed the problems of not being able to wash it during school hours. Students in both Group A and B found inadequate sanitation facilities a problem, as it resulted in them having to keep the pad on for the whole day or keep the used pads in their bags (R2, R3, R9). This could arguably result in lack of participation and concentration in school, although it was not explicitly brought up by the respondents. One student disagreed to the fact that keeping the pad on for a whole day was a problem, as she did not bleed enough to have to change her pad in school (R13).

After the students in Group A started using the menstrual cup, inadequate sanitation facilities on school premises did not seem to hinder their participation. Despite this obstacle still being present after the menstrual cup was introduced, it no longer hindered the ability to go to school. One of the teachers explained:

“I know that the students that use disposables, and reusables…I think their attendance would be lower, during their menstrual period than those who use the cup. I mean, there is no reason why a student who uses a cup would stay home. It is not called for. Because they can be here the whole day, and go back and wash at home. Because if they leave here around five [o’clock], from eight [o’clock], that’s usually alright, as the cup never really fills up, it really doesn’t need to be washed. Just do that at home and you will be fine, and not have any of these challenges of the reusable or the disposable.” (R6)
As this quote shows, students using a cup do usually not have to wash or change the cup at school. A similar explanation was given by all students but one in Group A. Despite sanitation facilities still being poor at the school, this seemed to be insignificant for the students using the cup, enabling them to participate in school.

According to the students in this study, the ones using pads could not adequately change their pad in school due to lack of sufficient sanitation facilities. Some students found this a problem, while others did not. In contrast, the cup enabled students to keep the cup in for the whole day. Because of this, the lack of adequate sanitation facilities at the school was not of importance for those students, as they were able to stay in school the whole day. Despite the results suggesting that this obstacle was not a major issue for the students using the pad, the obstacle *inadequate sanitation facilities* was not at all present after the students started using the cups. It could therefore be argued that the obstacle was removed, positively impacting the achievement of the capability education.

5.4.2 Lack of menstrual products

Inaccessibility or unavailability of menstrual products arguably cause heavy stress and anxiety among women and girls. This problem might be possible to handle at home where more solutions are available, but could negatively impact girls’ concentration and attendance in school. Among the respondents using pads, some students recalled that it was difficult to manage their periods in school when they did not have enough menstrual products. In addition, some of the teachers informed me that the unavailability of menstrual products often kept the students at home (R6, R15). One teacher even said that “most of the absence that we have is from the girls who lack sanitary towels” (R7).

However, the most prominent pattern found was that the lack of menstrual products did not overtly hinder the girls’ education. One student indicated that the lack of menstrual products affected her confidence in school (R14), but none of the respondents in Group B recalled that they had missed school due to unavailability of pads:

“[M]aybe in here [at this school], when maybe some girls don’t know how to make their cycle…so they end up coming to school not knowing that when they are supposed to have their periods in that week. They find themselves getting sick. So, you can go to the office and you report and you get a pad (...) then you go to class, not going back at home.” (R9)
“After they tell you what to do, they equip you with some things. You go and you get changed. If you’re having already the one you’re putting on, they give you another, to use that one. So you go on with life.” (R14)

What these respondents were describing are the so-called “emergency kits” with disposable pads provided by the school to students lacking pads during school hours. Due to these kits, students who would normally lack menstrual products can get pads for free when at school. The lack of menstrual products is hence covered for, and the students do not have to be absent from school. Still, many teachers pointed out that these kits were meant solely for emergency situations, and not for every student lacking pads. Some of the teachers had also noticed that students asked for emergency pads every day during their menstruation, indicating that they did not have pads available at home (R6). If the school had not provided the students with pads, these students would have to use less effective products such as cotton wool or toilet paper, possibly forcing them to stay at home (R15). Similar narratives were given by respondents in Group A (R5, R20).

Naturally, the lack of menstrual products is not an obstacle for students using menstrual cups, as the same cup can be used over again for up to ten years. As a result, the students using cups did not seem to have menstruation-related problems during school hours:

“(…) you get to know that when they are in school, those that have the cup, in fact after they got the cup, you never meet them again in the menstruation issues. It’s the others that use the pad that keeps coming.” (R6)

Instead of worrying about not having pads, or be absent from classes to get emergency pads from the school office, students using the cup could concentrate and participate in school—as one student in Group A said when asked about how she handles her menstruation in school: “[y]ou just insert inside and forget about the menstruation” (R2). Although most students using the pads did not find lack of menstrual products a barrier for attending school, the lack of menstrual products was not present as an obstacle to education for the students using menstrual cups. Thus, it can be argued that this obstacle has been removed. Vaguer patterns are found regarding whether this has enabled the achievement of the capability of education.

5.4.3 Fear of leakage and blood stained uniforms
The fear of staining your uniform at school could arguably result in feeling anxiety and embarrassment, affecting students’ concentration or even willingness to attend school. Among the students using the pads, fear of leaking and staining their dresses was widespread in both groups. This posed an obstacle to the girls’ education. For instance, students felt disturbed during class, as
they feared standing up and kept on checking if they had stained themselves (R20, R27). In other cases, the fear of leakage caused the students to stay at home during their periods (R6), or to be sent home to clean up (R15). One teacher explained:

“Especially girls who experience menstruation in school when maybe then have not yet been told about it is, it is staining, the other students sometimes laugh at them. The boys in class laugh at them. Like sometimes I told you they drop out of school even. Because of others students laughing at them. It makes them uncomfortable, which is not good.” (R7)

After the menstrual cup was introduced, none of the respondents in Group A brought up fear of leakage or staining their uniforms as an obstacle to their education. An explanation given by some respondents was that the cup is placed inside the body. Consequently, the girls did not feel the blood coming out (R3, R5). Even though not expressed explicitly by the respondents in this study, this could positively affect the students’ concentration and participation while menstruating. In short, the cup seems to have removed the obstacle fear of leakage and blood stained uniforms, possibly enabling the achievement of the capability of education.

5.5 Work

When discussing their experiences of menstruation in relation to their work, two obstacles for achieving the capability work appeared.

5.5.1 Inadequate sanitation facilities at the workplace

Not having adequate sanitation facilities, such as private latrines, soap and water, at your workplace may arguably have an negative impact on the workers’ concentration and attendance. For instance, it could prevent workers from changing their menstrual product while at work, keeping their mind on this instead of concentrating on their task. Also, knowing that there is no possibility to sufficiently handle your menstruation while at work might result in absenteeism. None of the respondents in either group using the pad indicated that the lack of sanitary facilities hindered their ability to sufficiently engage in their work. Despite a few respondents (R16, R18, R7) mentioning that changing the pad at work can be challenging due to lack of privacy, none of the respondents believed that it affected their concentration or participation at work. This is how Respondent 7, working as a teacher, explained this issue:

“I didn’t have a problem with changing the pad. Apart from the…when people are there it is hard to put out the pad and then go. You know there is no privacy, apart from that -fidgeting to put out the pad and going to the…but I didn’t have issues” (R7)
This shows that even though some of the respondents did not find it a challenge to change the pad at work, they still had to (R15). This can be argued to have limited their work hours and concentration, as exemplified by Respondent 6, also a teacher:

“If you want to continue work but you have to pause because you have to dispose it off, you have to change, you have to freshen up, wash up a bit, a lot of stuff. And sometime the washing up is not readily available. Proper washing up, and all that. So, it gave you that discomfort. And therefore I think it had a way of limiting work hours and work concentration. Yes, it did.” (R6)

Nevertheless, the women using the cup did not have to empty or clean it at all while at work. Respondent 7, again, explained that now when she uses the cup, the lack of private toilets at work does no longer matter, as she can use the cup for a whole day without changing it (R7). This was also brought up by others, saying that “I’m here [at work] the whole day and I don’t even think about it [the cup]” (R6) and “for the cup, it just work throughout. It’s just okay” (R8).

Despite the obstacle of inadequate sanitation facilities still being present, none of the respondents using the pad found this to hinder their ability to work. However, changing the pad was brought up as limiting work hours and concentration. As some respondents using the cup pointed out, there is no need to change the cup at all while at work, making inadequate sanitation facilities irrelevant. This had improved their work concentration and attendance. Thus, it can be argued that the cup has enabled the achievement of the capability of work by removing the obstacle inadequate sanitation facilities.

5.5.2 Fear of leakage

Something that did disturb some of the respondents using a pad at work was the fear of leakage. Anxiety and fear of menstrual blood leaking through could negatively affect work concentration. Whether this obstacle was present or not depended largely on the occupation of the respondents. None of the teachers in either group using the pad found the fear of leaking significantly affecting their work. One of them pointed out that her work is sedentary, only involving standing and walking in class. Hence, the pad stayed in place without leaking (R6). Another teacher stated that the worry of staining her dress required her to go more frequently to the toilets during the day to check her skirt. However, as she could do this during breaks she did not believe it disturbed her work (R16).

In contrast to this, women working as farmers did not feel comfortable doing their daily work at the farms due to fear of leaking and blood showing:
“With the cloth, even when you stayed like here, you feared to get up, you feared that everyone would notice.” (R35)

“I: When you were using the pad, was there a time when you were asked to do something that you did not feel comfortable doing?
R24: Yes, digging.
I: Why is it difficult to dig when you have the pad?
R24: That blood can pass through the pad when you are leaking.”

When some of these women received the cup, the fear of leaking seems to have disappeared. Due to this, one of the farmers considered the cup to have simplified her work:

“I: Before you got the cup, did you feel like there was something you could not do, that you can do now with the cup?
R33: We couldn't dig, we couldn't do work. But now [with the cup] everything is simple, you can do everything quickly, because you are not worried of leaking. It is easier [to do farming] with the cup. With the pad, you are worried that maybe when you are digging it will fall out, but with the cup, you are not worried.”

Even though this change appears to be more significant among the farmers, there was some positive effect for the teachers as well. Respondent 6 recalled that now when she is using the cup, she can stay in her office for several hours without worrying that the cup will overfill. This had enabled her to work more confidently without worrying about changing her menstrual product (R6). Respondent 8 had a similar experience:

“When I was using the pads, because the pad is something that is placed outside. The cup is something that is placed inside…you don’t have any leakage of whatever goes inside the cup. But with the pad, if it gets full, like you have sat in a meeting for more than 2 hours in a meeting, or an hour, so in the meeting you will by the time you stand up you would even feel that…you would feel like (…) you would feel so uncomfortable with it (…) you would have to go and have some water, then clean up and put another one. But for the cup, it just work throughout. It's just okay.” (R8)

The fear of leakage was, in contrast to the women using pads, not present among the cup users. This had enabled them to work for longer hours and concentrate more at work. This change was mostly significant among the farmers, as the cup had allowed them to successfully perform heavy and physically active work tasks. The overall pattern suggests that the usage of menstrual cups has removed the obstacle fear of leaking for achieving the capability of work.
5.6 Mobility

Only one obstacle believed to potentially hinder the achievement of the capability to be mobile and move freely was found.

5.6.1 Inconvenience and discomfort

Inconvenience and discomfort may pose an obstacle to travelling and moving freely, as it could restrict the physical ability to move long distances or the choice of transportation mode. This was found among the respondents in both groups. One respondent in Group A compared her experiences between the time when she was using cotton as a menstrual product, and now, when she is using the cup, explaining that she could not even sit properly when she was using the cotton (R6). All respondents in Group B who brought up mobility and travelling while menstruating did not feel comfortable moving long distances when they were on their periods (R9, R34, R18, R15, R14). This affected their ability to comfortably go on holiday (R18), and taking a share taxi (R9). The reason for this raised by most of them was that the pad made them sweat, which caused rashes and discomfort. For one respondent, this issue prevented her from moving comfortably during the day:

“Other thing is that I don’t want sweating, I don’t feel like sweating. So that’s why if I don’t make too much movements, I make sure that I won’t sweat. If I’m to sit in one place, if I come at school I sit in class from morning to evening, so that I can’t sweat.” (R14)

The issue of sweating when moving was not brought up as an obstacle to mobility among the respondents using the cup. Similar to Respondent 14, Respondent 8 also found sweating the main problem when moving with the pad. However, this obstacle was removed once she started using the menstrual cup:

“As in traveling with it [the cup] for long distances, it has no problem...it has no problem. It’s just okay. Because when you have pads, sitting for long a time with the pad, there is a way it raises, it gets heat. It raises the heat in it. And then you start feeling itching because of the sanitary pad. But with this one, since it goes inside, you don’t feel anything. You just...everything is just fine.” (R8)

Other responses confirm this, indicating that the women using the cup were able to comfortably run, walk and use public transport while menstruating (R2, R6).

Among the respondents in this study, it was mainly the sweating caused by the pads that made moving long distances uncomfortable. This restricted many of them to travel, go on holiday and walk longer distances. The respondents using menstrual cups did not find this to be an obstacle.
to their mobility, as the cup is placed inside the body. This had enabled the women and girls to comfortably move freely and use desired means of transportation. This would suggest that the cup has enabled the capability of mobility, by removing the obstacle *inconvenience and discomfort*.

### 5.7 Leisure activities

The respondents discussed one obstacle to leisure activities while menstruating.

#### 5.7.1 Lack of confidence

It would be difficult to enjoy leisure activities if you lacked the confidence to do so. Hence, the lack of confidence can be considered an obstacle for achieving the capability of leisure activities. Many respondents using the pad expressed that they felt uncomfortable doing hectic activities, fearing that the pad would leak or fall out. For one respondent, any activity involving running, jumping or stretching was “completely out” (R6). Many of the younger girls were part of the netball team in school. During practice, none of the girls using the pad felt comfortable, yet they still had to attend. Two girls said:

“Also, there is like, these ones who play netball. So you don’t have to miss… the practice because you are sick. No one will understand. So you have to go. Even if you’re like ‘eh, maybe I will be jumping and maybe it [the pad] falls. No way, you have to go and do practice’.” (R9)

“I: You said you like to play netball, how is it to play netball when you are on your period? R28: When you’re jumping, you are worried that the pad might come out.”

After the cup was introduced to Group A, this problem was not at all present, as everyone who brought up doing sports while menstruating said they did so with confidence (R2, R3, R5, R6, R7, R8, R20, R38). Respondent 8 compared her experiences doing aerobics while menstruating:

“During those days, we used to have aerobics here, but when you had the pad, you could not really go for those, you would feel unsafe. So… for the aerobics, sports, you could not go (…) But with the cup, those with the cup, you can run, you can jump, you can do anything. Any activity.” (R8)

It was not only sports and physical activities that were performed with more confidence with the cup. One respondent said the cup had enabled her to confidently go to a party (R3), and one woman said she can now “do *anything*” comfortably (R33).

Analysing these responses altogether, the general picture is that the cup has made the respondents more confident performing leisure activities. Using the pad restricted many of the
respondents to do sports and physically active activities, as they felt worried that the pad would leak or fall out when they were moving. This obstacle was not at all experienced among the respondents using the cups. The conclusion drawn from this is that the obstacle was removed, engendering the achievement of the capability of leisure activities.

5.8 Additional obstacles
A factor not accounted for by the theoretical framework but that almost all respondents raised as an obstacle to their capabilities was menstrual cramps. It was by the majority of respondents referred to as one the main challenges while menstruating as it made many feel ineffective, uncomfortable and weak (R4, R13, R16, R17, R26, R27, R28, R35). This was brought up both by respondents using the cup and by those that were not. Yet, this outcome was expected, as the menstrual cup is not a product intended to remove or relieve menstrual pain.

5.9 Discussion
In line with the capability approach, the theoretical framework in this study proposes that development is a process of expanding capabilities. When analysing the responses from each group, the presence of indicators for when the capabilities are achieved are predominant in Group A – among the girls and women using the menstrual cup. Conversely, the indicators for when the capabilities are not achieved are principally present in Group B. This pattern is evident for all selected capabilities – suggesting that the use of menstrual cups has enabled the girls and women in this study to expand their achieved capabilities. Although the general picture shows a positive relationship for all capabilities, it is stronger for some of them, such as health & mental well-being, mobility and leisure activities. The findings are vaguer for the capabilities of social relations, education and work, mainly because these to some extent already were achieved before the menstrual cup was introduced.

Moreover, this study theorises that the causal mechanism for this relationship is the removal of obstacles for achieving capabilities. All of the identified obstacles in this study are brought up as hindering the achievement of capabilities among the girls and women using pads or cloths. Although some of these obstacles are still present in the group using menstrual cups, it is shown that these do not hinder the achievement of capabilities in this group. This suggests that the use of the menstrual cup indeed has removed obstacles for achieving capabilities. Some obstacles, such as social stigma & shame, and inadequate sanitation facilities, were naturally not removed when the menstrual cup was introduced. Nevertheless, these were no longer considered barriers for achieving capabilities. Thus, they can be considered removed for the purpose of assessing
capabilities. The similarity between the results in Group B and in Group A before the menstrual cup was introduced demonstrates the homogeneity of the groups, limiting the risk of other factors intervening in this relationship.

In relevance to the findings, two things should be noted. First, the use of other types of menstrual products could yield similar results. The central point is the improvement of MHM. If, for instance, girls and women with no access to any menstrual product start using pads or cloths, similar results as presented here could in some aspects be expected. Secondly, it is important not to forget the issue of menstrual pain, as it was raised as one of the main obstacles to the achievement of almost all capabilities. This was expected. Still, this finding points to the relevance of not just limiting the available menstrual hygiene solutions to menstrual products, but also to products relieving ache and cramps, in order to expand women and girls’ capabilities.

Relevant to the discussion of these findings are also the implications achieved capabilities have for women and girls’ welfare in the short- and long term. While improving women’s capabilities through MHM interventions in the short term addresses practical needs, it can by addressing women’s strategic needs – aiming at influencing gender roles and attitudes in the society (IOM, n.d.) – also have a pre-emptive effect, pertaining more long-term consequences. The results in this study primarily focus on the immediate solutions provided by improved MHM, enabling women and girls to achieve the set of things they are able to do and to be even during the days they are menstruating. However, by keeping girls in school, enabling women to work and earn money, and promoting healthy lives for all, such outcomes also have the potential to transform deeper structures in society – contributing to human development and individual well-being in the longer run.

6. Conclusion

This study aimed at investigating the relationship between improved menstrual hygiene management (MHM) and human development. Based on the theoretical assumptions of the capability approach, human development was understood as the expansion of people’s substantive freedoms, i.e. their capabilities. Due to the many benefits of the menstrual cup being hygienic, cost-effective and healthy – compared to pads and cloths – improved MHM was understood as the use of menstrual cups. In a comparative case study, two groups of girls and women in Uganda were interviewed in order to gain an understanding of the impact the use of menstrual cups have on achieved capabilities, hypothesising the removal of obstacles as the mechanism for this relationship.
The findings in this study show a positive relationship between the studied variables, arguing that improved MHM does have the potential to positively impact the achievement of capabilities, expanding human development. The findings also support the hypothesis, showing that obstacles for achieving capabilities were present among the group of women and girls using pads and cloths. In contrast, the same obstacles were not found in the group of women and girls using the menstrual cup. The ways in which the use of menstrual cups has impacted Ugandan girls and women’s achieved capabilities have thereby been established.

Although this study solely focuses on the impact of menstrual cups, it presents conclusions important for MHM research and interventions of other kinds as well. The obstacles identified in this study contribute to the understanding of how less adequate MHM hinders women and girls in achieving capabilities. Despite the generalisability of these findings to a broader population is limited, such knowledge shows what can constitute effective MHM. This can be used in research to establish the effectiveness of MHM interventions. In practice, understanding which obstacles that pose barriers for women and girls could facilitate successful implementations of menstrual products adapted to cultural, economic and sanitary contexts.

In conclusion, this study provides evidence not only for how menstrual cups, but MHM, relates to human development, demonstrating the importance of MHM as a key aspect of sustainable development. If we strive to meet the grand goals of Agenda 2030, it is therefore time to bring menstrual hygiene management to the fore of the debate.
7. List of references


SNV & IRC, (2016). 'Study on menstrual management in Uganda: Main report on the study results ', *The Netherlands Development Organization (SNV) & International Water and Sanitation Centre (IRC).*


Interviews

**I1:** Informant interview with representative from MCU. 10/3/2018. Kampala, Uganda.


**R19-R38:** Respondent interviews. 28/2/2018. Kibisi Islamic Primary School, Uganda.
Appendix

A – Tables

<table>
<thead>
<tr>
<th>Group A</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td># of participants</td>
<td>19</td>
</tr>
<tr>
<td># of students</td>
<td>11</td>
</tr>
<tr>
<td># of teachers</td>
<td>4</td>
</tr>
<tr>
<td># of farmers</td>
<td>4</td>
</tr>
<tr>
<td># living in Kasengejje</td>
<td>7</td>
</tr>
<tr>
<td># living in Kibisi</td>
<td>12</td>
</tr>
<tr>
<td>Age range</td>
<td>13-41</td>
</tr>
</tbody>
</table>

Table 1: Aggregated values of the two cases.

<table>
<thead>
<tr>
<th>CAPABILITY</th>
<th>CAPABILITY ACHIEVED</th>
<th>CAPABILITY NOT ACHIEVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and mental well-being</td>
<td>• Not worrying or being anxious • Having self-esteem • Being physically healthy • Not being in pain</td>
<td>• Lack of confidence to fully participate in daily life • Fear, worries or anxiety • Low self-esteem • Being ill or in pain</td>
</tr>
<tr>
<td>Social relations</td>
<td>• Being part of social networks • Engaging comfortably in social networks</td>
<td>• Marginalisation in social networks • Lack of confidence to engage in social networks</td>
</tr>
<tr>
<td>Education</td>
<td>• Attending school • Participating comfortably and attentively during class</td>
<td>• Absenteeism from school • Lack of concentration and participation during class • Physical, psychological or social restrictions at school</td>
</tr>
<tr>
<td>Work</td>
<td>• Having a job or participating in similar projects • Executing required tasks sufficiently and effectively</td>
<td>• Absenteeism from work • Physical, psychological or social restrictions at work • Not being able to execute required tasks</td>
</tr>
<tr>
<td>Mobility</td>
<td>• Moving from one place to another • Choosing desired means of transportation • Being physically unrestricted</td>
<td>• Physical restrictions • Physical, psychological or social restrictions when choosing means of transportation</td>
</tr>
<tr>
<td>Leisure activities</td>
<td>• Enjoying leisure and recreational activities • Choosing desired activities during free time</td>
<td>• Physical, psychological or social restrictions during free time or when carrying out activities</td>
</tr>
</tbody>
</table>

Table 2: Indicators for each capability
“There is also the way it made you uncomfortable, when you were in public. There is a feeling, you are always insecure. You feel there could be leakage, you are… the embarrassment was 50/50. You are not sure whether it would go through and leave you quite embarrassed.”

Table 3: Example of a categorisation scheme

<table>
<thead>
<tr>
<th>Quote</th>
<th>Condensed meaning</th>
<th>Category</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>“There is also the way it made you uncomfortable, when you were in public. There is a feeling, you are always insecure. You feel there could be leakage, you are… the embarrassment was 50/50. You are not sure whether it would go through and leave you quite embarrassed.”</td>
<td>When she was using the pad, she felt uncomfortable and insecure because the pad could leak</td>
<td>Fear of leakage or odour</td>
<td>Health and mental well-being</td>
</tr>
</tbody>
</table>

Table 4: Disaggregated values of the two cases

<table>
<thead>
<tr>
<th>Group A</th>
<th>Village</th>
<th>Age</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>R 2</td>
<td>Kasengejje</td>
<td>20</td>
<td>Student</td>
</tr>
<tr>
<td>R 3</td>
<td>Kasengejje</td>
<td>20</td>
<td>Student</td>
</tr>
<tr>
<td>R 4</td>
<td>Kasengejje</td>
<td>19</td>
<td>Student</td>
</tr>
<tr>
<td>R 5</td>
<td>Kasengejje</td>
<td>18</td>
<td>Student</td>
</tr>
<tr>
<td>R 6</td>
<td>Kasengejje</td>
<td>41</td>
<td>Teacher</td>
</tr>
<tr>
<td>R 7</td>
<td>Kasengejje</td>
<td>34</td>
<td>Teacher</td>
</tr>
<tr>
<td>R 8</td>
<td>Kasengejje</td>
<td>32</td>
<td>Teacher</td>
</tr>
<tr>
<td>R 19</td>
<td>Kibisi</td>
<td>15</td>
<td>Student</td>
</tr>
<tr>
<td>R 20</td>
<td>Kibisi</td>
<td>15</td>
<td>Student</td>
</tr>
<tr>
<td>R 21</td>
<td>Kibisi</td>
<td>14</td>
<td>Student</td>
</tr>
<tr>
<td>R 22</td>
<td>Kibisi</td>
<td>15</td>
<td>Student</td>
</tr>
<tr>
<td>R 23</td>
<td>Kibisi</td>
<td>15</td>
<td>Student</td>
</tr>
<tr>
<td>R 24</td>
<td>Kibisi</td>
<td>14</td>
<td>Student</td>
</tr>
<tr>
<td>R 25</td>
<td>Kibisi</td>
<td>13</td>
<td>Student</td>
</tr>
<tr>
<td>R 30</td>
<td>Kibisi</td>
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<td>Farmer</td>
</tr>
<tr>
<td>R 31</td>
<td>Kibisi</td>
<td>41</td>
<td>Farmer</td>
</tr>
<tr>
<td>R 32</td>
<td>Kibisi</td>
<td>25</td>
<td>Farmer</td>
</tr>
<tr>
<td>R 33</td>
<td>Kibisi</td>
<td>28</td>
<td>Farmer</td>
</tr>
<tr>
<td>R 38</td>
<td>Kibisi</td>
<td>40</td>
<td>Teacher</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group B</th>
<th>Village</th>
<th>Age</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>R 9</td>
<td>Kasengejje</td>
<td>18</td>
<td>Student</td>
</tr>
<tr>
<td>R 10</td>
<td>Kasengejje</td>
<td>18</td>
<td>Student</td>
</tr>
<tr>
<td>R 11</td>
<td>Kasengejje</td>
<td>17</td>
<td>Student</td>
</tr>
<tr>
<td>R 12</td>
<td>Kasengejje</td>
<td>17</td>
<td>Student</td>
</tr>
<tr>
<td>R 13</td>
<td>Kasengejje</td>
<td>18</td>
<td>Student</td>
</tr>
<tr>
<td>R 14</td>
<td>Kasengejje</td>
<td>18</td>
<td>Student</td>
</tr>
<tr>
<td>R 15</td>
<td>Kasengejje</td>
<td>43</td>
<td>Teacher</td>
</tr>
<tr>
<td>R 16</td>
<td>Kasengejje</td>
<td>32</td>
<td>Teacher</td>
</tr>
<tr>
<td>R 17</td>
<td>Kasengejje</td>
<td>32</td>
<td>Teacher</td>
</tr>
<tr>
<td>R 18</td>
<td>Kasengejje</td>
<td>40</td>
<td>Teacher</td>
</tr>
<tr>
<td>R 26</td>
<td>Kibisi</td>
<td>13</td>
<td>Student</td>
</tr>
<tr>
<td>R 27</td>
<td>Kibisi</td>
<td>14</td>
<td>Student</td>
</tr>
<tr>
<td>R 28</td>
<td>Kibisi</td>
<td>14</td>
<td>Student</td>
</tr>
<tr>
<td>R 29</td>
<td>Kibisi</td>
<td>14</td>
<td>Student</td>
</tr>
<tr>
<td>R 34</td>
<td>Kibisi</td>
<td>24</td>
<td>Farmer</td>
</tr>
<tr>
<td>R 35</td>
<td>Kibisi</td>
<td>33</td>
<td>Farmer</td>
</tr>
<tr>
<td>R 36</td>
<td>Kibisi</td>
<td>30</td>
<td>Farmer</td>
</tr>
<tr>
<td>R 37</td>
<td>Kibisi</td>
<td>28</td>
<td>Farmer</td>
</tr>
</tbody>
</table>
### Warm-up questions

1. **Name, age?**

2. **Who is in your family?**
   - Husband, children, parents, brothers, sisters
   - How many, age?

3. **Do you go to school, work or have any other daily activities?**

4. **Can you tell me about a typical day in your life?**
   - How do you get to school/work/other activity?
   - What do you do during the day?
   - What do you do in your free time, during breaks?
   - Do you see any family or friends?

### Introductory questions about menstruation

5. **Tell me about your first menstruation (menarche)?**
   - Was it a good or bad experience? Why?
   - What did you know about menstruation at this time?
   - Who did you talk to?

6. **What are the good things and the bad things of menstruating for women and girls? Please explain.**

7. **What do you think is important in order to manage your menstruation safely and comfortably?**
   - Menstrual products
   - Private toilets
   - Soap, water

8. **What is the most common menstrual product among women and girls in your family/village?**
   - What do you think are the reasons for this?

9. **What facilities at home/school/work are available for you to manage your menstruation?**
   - Toilet, soap, water, boiled water, storage

10. **When did you get your menstrual cup?**

11. **What were your initial thoughts of the menstrual cup?**

12. **Have you been using your menstrual cup since you got it?**
   - How often?—every period, almost every period, some days during period

### Experiences of menstruation before menstrual cup

13. **What type of menstrual product did you use then?**
   - What were the reasons you used this particular product?
     - Cost
     - Comfort
     - Availability
     - Convenience

14. **What did you like about the _____, and what did you not like about it?**
   - Comfort, discreetness, odour, leakage, cost, easy/difficult to use

15. **When you were using _____: Was there any activities or things you did not do when you were on your period? Which ones?**
   - Any restrictions on
     - Mobility
     - Attending/concentrating in school or at work
     - Spending time with friends or family
     - Activities during free time/breaks

16. **When you were using _____: Was there been a time at school/work or at home when you were asked to do or wanted to do**
   - Why!
### Experiences of menstruation after menstrual cup

<table>
<thead>
<tr>
<th>Question</th>
<th>Possible Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. What were the biggest challenges during your menstruation when you were using ____? Please explain.</td>
<td>• Health/mental well-being, social relations, mobility, education, work, free time</td>
</tr>
<tr>
<td>18. What do you like about the menstrual cup, and what do you not like about it?</td>
<td>• Comfort, discreetness, odour; leakage, cost, easy/difficult to use</td>
</tr>
<tr>
<td>19. Can you tell me about how you clean and store your cup?</td>
<td>• Would you change it everywhere?</td>
</tr>
<tr>
<td></td>
<td>• Is this easy or difficult?</td>
</tr>
</tbody>
</table>
| 20. Think about the most recent time you had your period, when you were using your menstrual cup. Can you tell me about a typical day when you are on your period? | • How did you feel?  
  o Do you ever worry or feel anxious about having your period?  
  o How did you get to school/work/other activity?  
  o What did you do during the day?  
  o How do you behave in class or at work?  
  o What did you do in your free time, during breaks?  
  o Did you see any friends or family? |
| 21. Today, when you are using the menstrual cup: Are there any activities or things you do not do when you are on your period? Which ones? | • Any restrictions on  
  o Mobility  
  o Attending/concentrating in school or at work  
  o Spending time with friends or family  
  o Activities during free time/breaks |
| 22. And today, when you are using the menstrual cup: Has there been a time at school/work or at home when you were asked to do or wanted to do something that you felt you could do because you were on your period? Please explain. | • Why? |
| 23. What are the biggest challenges during your menstruation when you are using the menstrual cup? Please explain. | • Health/mental well-being, social relations, mobility, education, work, free time |

### Closing questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Possible Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>24. The price of a menstrual cup is 70 000 shillings. Do you think this price is reasonable and would you prioritise to buy one if you had not been given it from MCU?</td>
<td></td>
</tr>
<tr>
<td>25. If you think of all menstrual products that you have tried, which type is the best one according to you?</td>
<td>• Why?</td>
</tr>
<tr>
<td>26. Would you recommend the menstrual cup to your mother, daughter, sister, cousin or friend?</td>
<td>• Why, why not?</td>
</tr>
<tr>
<td>27. Do you have anything you want to add or do you have any questions for me?</td>
<td></td>
</tr>
</tbody>
</table>
Group B

<table>
<thead>
<tr>
<th>Warm-up questions</th>
<th>Follow-ups/probes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name, age?</td>
<td></td>
</tr>
<tr>
<td>2. Who is in your family?</td>
<td>• Husband, children, parents, brothers, sisters</td>
</tr>
<tr>
<td></td>
<td>• How many, age?</td>
</tr>
<tr>
<td>3. Do you go to school, work or have any other daily activities?</td>
<td></td>
</tr>
<tr>
<td>4. Can you tell me about a typical day in your life?</td>
<td>• How do you get to school/work/other activity?</td>
</tr>
<tr>
<td></td>
<td>• What do you do during the day?</td>
</tr>
<tr>
<td></td>
<td>• What do you do in your free time, during breaks?</td>
</tr>
<tr>
<td></td>
<td>• Do you see any family or friends?</td>
</tr>
<tr>
<td>Introductory questions about menstruation</td>
<td></td>
</tr>
<tr>
<td>5. Tell me about your first menstruation (menarche)?</td>
<td>• Was it a good or bad experience? Why?</td>
</tr>
<tr>
<td></td>
<td>• What did you know about menstruation at this time?</td>
</tr>
<tr>
<td></td>
<td>• Who did you talk to?</td>
</tr>
<tr>
<td>6. What are the good things and the bad things of menstruating for women and girls?</td>
<td>Please explain.</td>
</tr>
<tr>
<td></td>
<td>• Menstrual products, private toilets, soap, water</td>
</tr>
<tr>
<td>7. What do you think is important in order to manage your menstruation safely and comfortably?</td>
<td></td>
</tr>
<tr>
<td>8. What is the most common menstrual product among women and girls in your family/village?</td>
<td>• What do you think are the reasons for this?</td>
</tr>
<tr>
<td>9. What facilities at home/school/work are available for you to manage your menstruation?</td>
<td>• Toilet, soap, water, boiled water, storage</td>
</tr>
<tr>
<td>Experiences of menstruation</td>
<td></td>
</tr>
<tr>
<td>10. What type of menstrual product are you using now?</td>
<td>• What were the reasons you used this particular product?</td>
</tr>
<tr>
<td></td>
<td>o Cost</td>
</tr>
<tr>
<td></td>
<td>o Comfort</td>
</tr>
<tr>
<td></td>
<td>o Availability</td>
</tr>
<tr>
<td></td>
<td>• Convenience</td>
</tr>
<tr>
<td>11. What do you like about the ____, and what do you not like about it?</td>
<td>• Comfort, discreetness, odour, leakage, cost, easy/difficult to use</td>
</tr>
<tr>
<td>12. Has there been any activities or things you do not do when you were on your period? Which ones?</td>
<td>• Any restrictions on</td>
</tr>
<tr>
<td></td>
<td>o Mobility</td>
</tr>
<tr>
<td></td>
<td>o Attending/concentrating in school or at work</td>
</tr>
<tr>
<td></td>
<td>o Spending time with friends or family</td>
</tr>
<tr>
<td></td>
<td>o Activities during free time/breaks</td>
</tr>
<tr>
<td></td>
<td>• Why?</td>
</tr>
<tr>
<td>13. Was there been a time at school/work or at home when you were asked to do or wanted to do something that you felt you could do because you were on your period? Please explain.</td>
<td>• Why?</td>
</tr>
<tr>
<td>Question</td>
<td>Answer Options</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>14. What were the biggest challenges during your menstruation when you were using ____? Please explain.</td>
<td>• Health/mental well-being, social relations, mobility, education, work, free time</td>
</tr>
<tr>
<td><strong>Closing questions</strong></td>
<td></td>
</tr>
<tr>
<td>15. If you think of all menstrual products that you have tried, which type is the best one according to you?</td>
<td>• Why?</td>
</tr>
<tr>
<td>16. Do you have anything you want to add or do you have any questions for me?</td>
<td></td>
</tr>
</tbody>
</table>