



Menstrual Cup Coalition



MENSTRUAL CUP COALITION VIRTUAL SUMMIT 2020

Chair: Janie Hampton

Coordinator: Mara Lipsou, MannionDaniels

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Organised by:



The Third Menstrual Cup Coalition Summit took place on June 26th 2020 virtually via Zoom, due to travel restrictions caused by the COVID-19 pandemic. The Summit had 10 speakers and over 70 participants from 23 countries, representing over 25 organisations.

Here is the Agenda:

Introduction

1. Welcome and Cup Coalition update – **Janie Hampton**, Co- Founder, Menstrual Cup Coalition
2. MannionDaniels support to the Menstrual Cup Coalition – **Rolla Khadduri**, Head of Reproductive Health Practice, MannionDaniels
3. AmplifyChange menstrual health portfolio – **Alethea Osborne**, Gender & Social Development specialist, MannionDaniels
4. Ayanda’s periods – a film by **Lauren Anders Brown**

Global updates

5. Research on cost and benefits – **Professor Penelope Phillips-Howard**, Liverpool School of Tropical Medicine
6. Working within country rules – **Jennifer Rubli**, Founder, Femme International
7. Cups and COVID-19 – **Andisheh Jahangir**, Chair of Knowledge Management, Womena
8. Cups and COVID-19 – **Alfred Muli**, Regional Programme Manager for East Africa, Ruby Cups
9. Advocacy & Kenyan government - **Megan Mukuria**, Founder, Zana Africa

Media & Marketing

10. Sirona cup video
11. Marketing cups in India – **Dr Diksha Chadha**, Director of Medical Research, Sirona
12. Recent stories in the media about cups - **Siri Tellier**, Senior Reproductive Health Advisor, Womena
13. Social media in East Africa - **Ebby Weyine**, Founder, Grace Cups
14. Summary – working together – Janie Hampton
15. Questions & Answers

1. Janie Hampton, one of the co-Founders of the Menstrual Cup Coalition, opened the summit from Oxford, UK.

'We had planned to meet up in Nairobi this month, but it had to be cancelled because of the COVID-19 pandemic. As it happens, more people are able to attend than if we had met in person –and it has saved a lot in the cost of flights, accommodation and also harm the environment! Over 80 people from all round the world have registered to join us today. First, an update on the Coalition –we have over 40 member organisations, working almost all round the world from Australia to Zimbabwe. Our website is constantly updated with the latest scientific information in menstrual cups, and we hope it is the 'Go to' place for anyone interested in them.



'Today, we have ten speakers and three videos to show you; spanning the world from Canada in the West, to India in the East. These are talks by individuals representing their organisations: the Menstrual Cup Coalition does not necessarily endorse every opinion; and the Coalition does not promote any particular brand of cup. This summit is about menstrual cups and periods –the blood that comes out of people's vaginas every month, that causes so much shame and embarrassment. So put aside your shame, thank you for attending, and we hope you find this useful.

'There is a lot of amazing work going on around the world, with great people working together, and the potential for even more collaboration. We hope that this summit will encourage you all to talk to each other and collaborate on more, exciting menstrual cup projects around the world. Do feel free to either contact each other direct, or via the Menstrual Cup Coalition website.'
www.menstrualcupcoalition.org

2. Rolla Khadduri, Head of Reproductive Health Practice for MannionDaniels who are based in Britain, Cyprus, Kenya and Nigeria, spoke from Somerset in the UK. MannionDaniels met members of the Menstrual Cup Coalition at the Women Deliver conference in Vancouver, Canada in June 2020, and offered to support the Menstrual Cup Coalition. <https://www.manniondaniels.com/>



- Values of gender equity
- Youth and comprehensive sexuality education
- Environmental sustainability
- Putting advocates and practitioners on the platform

'MannionDaniels is a health and social development consultancy company and we are



very interested in issues of reproductive health. AmplifyChange is inspired by the Coalition. We work on gender equity issues, and it's really important to talk about bodies, stigma and shame, blood and vaginas. If you talk about it you gradually break down the shame that we see everywhere. I think the issue of youth and comprehensive sexuality education and how menstrual health has to be part of that, and choice has to be part of that, and so having cups is really important. Environmental sustainability, is key to our values and ideas in MannionDaniels. We are an ISO 1401 holder, we do a lot of environmental work pro bono so the cups were really appealing. I think what also impressed us about the Coalition was the way you always put practitioners in the centre, activists in the centre and that's what we do at MannionDaniels.



'This slide is World Water Week in Stockholm, where for two years we have accompanied one of our grantees, Safia Nalule Juuko, an MP from Uganda and a disability activist who is also very pro reproductive health and rights. She spoke about periods and how women living with disabilities deal with their periods'

3. Alethea Osborne, Gender & Social Development specialist for **MannionDaniels**, spoke from Edinburgh in Scotland on the **AmplifyChange** menstrual health portfolio.



AMPLIFYCHANGE



- ❑ Over 2000 applications since 2018 – over half aim to target adolescents.
- ❑ 33 Current Grantees out of 69 ever
- ❑ Nearly 3m EUR invested in 26 countries

✓ Advocacy for menstrual health needs

'Software' (e.g. education, legislation, awareness-raising)

'Hardware' (e.g. product choice, WASH facilities, disposal systems).

- × Building of facilities

Innovative, successful grants include:

- Bangladesh - Advocacy for better facilities for people with disabilities.
- South Sudan - Improve individual awareness and breakdown taboos.
- Angola - Include Menstrual health in teacher training.

Portfolio Gaps

- Less than 1% of applications mention fertility or menopause.
- Menstruation in workplaces, out-of-school or homeless.
- Sustainability of programmes, including production and use of products.

'AmplifyChange is one of the funds MannionDaniels looks after and it covers sexual and reproductive health and they are really focused on menstrual health. This started with quite a small idea on how they can include and promote it amongst their grant holders. Initially we hoped to get 100-200 applications focused around menstrual health. But we had over 2,000 applications that specifically mentioned menstrual health. So we funded nearly 70, and there are 33 live at the moment: nearly 3 million euros and in over 26 countries across sub-Saharan Africa and South Asia.

'For everyone who's had a period there is a shared understanding but at the same time it's contextually very different. Amplifychange focuses on lifting the voices of activists and helping them engage in advocacy systems to bring about sustainable long-term change. the majority of these grants are quite small and often only one year and about 40,000 Euros. The idea is not that they are going to be the fix, but they are going to start that conversation. Menstrual health has *software* and the *hardware*. When we think about advocacy for the *software* it's things like including menstrual health in school curriculums; making sure that teachers feel comfortable talking about the topic, and they can answer questions. It's ensuring that new buildings have toilets that aren't just girl-friendly but period-friendly. And going into communities where people aren't in school.

'How can we break down stigma? How can we connect and include a range of stakeholders, tribal leaders, religious leaders, men and boys? So we support grassroots organisations.

'There is also the *hardware* element - so that's product choice, disposal systems, toilets. AmplifyChange will never fund programmes to build those things directly, it's more to do with making people have the power and the voice to get those accountable to provide them themselves. So whether that's local governments, schools, workplaces. To give an example, we have a small advocacy project in Bangladesh working with local authorities to ensure they are designing period and disability friendly toilets and water facilities.

'In South Sudan we have a small grassroots project where a lot of people haven't managed to go to school because of conflict or displacement. In Angola there is a project that's supporting teacher training colleges. We try to go beyond adolescent

girls in schools because I didn't stop having a period when I left school. Less than 1% of our applications has focused on menopause or fertility despite us mentioning it in our call for grantees. We are trying to push beyond schools and, think about work places, individuals who are out of school. We have a few small grants that work in displaced or marginalised refugee settings and in prisons.

'A lot of our grants are short-term and that comes with its own issues. How do you ensure that these grants start a conversation? Whether that is strengthening the organisation's ability to carry on but also it includes a conversation around products which is why we are attached to the Cup Coalition. We would never tell a grantee exactly what product they must be using but we make sure that choice and conversation is there; making sure they are aware. Have they thought about the fact that you can give a pad to a girl today what does she do next month and then in 5 years' time? And ensuring that also goes through to disposal and waste systems. Thanks!' <https://amplifychange.org/>

4. Award-winning film-maker **Lauren Anders Brown** directed and edited a new documentary film called 'Womenstruate' about women around the world and their periods. We watched an excerpt showing reactions to the menstrual cup from Ayanda in Kenya. You can watch it here:

<https://www.youtube.com/watch?v=WO7hiKojIrY&feature=youtu.be>

Global Updates

5. Professor Penelope Phillips-Howard of the Liverpool School of Tropical Medicine in Britain spoke from The Netherlands.



'We have been involved with research on cups since about 2011/2012. We noticed that there are very few studies conducted on the cost-effect and cost-benefit of cups, pads and other menstrual products. So we decided to use data that we had generated from a pilot study which was conducted in Western Kenya, from which other papers have been published. We collected data from 30 primary schools on costs and on the effects of menstrual cups, sanitary pads and among girls using usual practice, and with the costs. We collected information on the materials used, on the education involved, with puberty education for all the girls across the different arms whether they used cups, pads or usual and then the training that was needed. More training was needed for the girls in the menstrual cup group compared with say sanitary pads and usual practice. Then we gathered information on soap, wash, hygiene and how much it was going to cost them to actually maintain hygiene. For example, fire wood for lighting the stove for boiling cups, other cleaning materials and then environmental costs for disposing of their pads in the community. At the same time, we collected information on girls' health over the course of the study, which was about one year.



'On average we followed up girls for 10 months. We were looking at sexually transmitted infections, bacterial vaginosis. We looked at psychosocial but the information on that wasn't as strong following them up over time. So we weren't able to look at cost benefit and cost effect on psychosocial health. And then on education and that was mainly on absence but it's always quite difficult to measure absence. Then absence was used as a proxy to indicate potential for employment for girls moving into adulthood and wages over their lifetime. So we compared the costs and the effect between menstrual cups and pads taking usual practice into account. We averaged the costs over 1000 girls even though there were a smaller number of girls in the study. We found that for 1000 girls for one year, **the use of the menstrual cup was about US\$2,700**; and for **using two packs of sanitary pads every month, that was about US\$22,000 a year.**

'We also looked at the cost to avert sexually transmitted infections and bacterial vaginosis; and from health economists on disability-adjusted-life-year which you can email me for more information. For **averted infections in the cups it was US\$2,000** and **for the pads it was US\$47,000**. One of the reasons was that cups were much more effective against bacterial vaginosis compared with pads. 'Then we looked at the absence data and we were only able to evaluate absence in the sanitary pads. One of the reasons was that people immediately use pads whereas the cups take a few months to get used to, and therefore the absence data on girls using cups wasn't as forthcoming as that in sanitary pads. So the conclusions from our study was a first attempt. The health economists used very fancy robust calculations. The data from the field was the least robust data and

the statistical analysis was very robust. We are looking forward to using our trial data as we move forward and opening up the opportunity for other people to use their data to do more analysis on different projects.

'The cups were more cost effective than the pads as you can see from the above data but exploring data around absence and the extrapolating this to employment, and wages over 40 years, skew the data in favour of pads in relation to employment and wages.'

'We are encouraged also to look at different forms of school attendance to try and gather data not just on absence data. There are many limitations to our study because it was a small pilot sample, it is in primary school girls, it is limited to short follow-ups. Some girls were followed for a very short time and only just got used to the cups, so they were disadvantaged compared with sanitary pad use. Again we extrapolated absence to actual lost schooling and then used that for the employment calculations.

'We weren't able to use our psychosocial data and we would like to do that on other studies and link up with you all to see how we could further cost-effect and cost-benefit studies. It was a fast learning curve for all of us. It goes to show that you are never too old to learn new tricks and we are really excited to move forward with all of you on expanding this work. Thank you.' <https://www.lstmed.ac.uk/>

You can access the study here:

https://www.researchgate.net/publication/342277647_The_Cost-Benefit_and_CostEffectiveness_of_Providing_Menstrual_Cups_and_Sanitary_Pads_to_Schoolgirls_in_Rural_Kenya

6. Jennifer Rubli is Research, Monitoring and Evaluation Coordinator for 'Femme International' based in Tanzania. She spoke from Canada about why NGOs should work within national rules, for the short and long-term benefit of all projects.



'Femme International is a menstrual health NGO in East Africa and we've been running menstrual cup programming for about eight years. We are not a manufacturer and I am not an expert on approaching ministries. To begin the process of developing standards and obtaining approvals within a country, others have done that. For example, Netcup in Tanzania, RubyCup has experience in Kenya. I am speaking from the point of view of an NGO and how that works for us, with a researcher's perspective as well.



'When I talk about standards and approvals I mean on national board or committee. For example, in the United States, the FDA has become a global benchmark; or in Tanzania there is the Food and Drug Authority, which is a board that sets products and safety requirements such as thickness and grade of the menstrual material. Some governments are happy to take recommendations from other governments and previously existing standards, whilst other countries want to do it on their own from scratch. Governments typically want research and data

from their own country which becomes problematic on feasibility, safety and acceptability. That can be very tricky because whilst there is some incredible research out there, there are unfortunately very few countries represented. So once those national standards have been set each new company needs to go through the process on their own products for getting that stamp.

'In some countries it is quite easy once the first cup is through, whilst in others it becomes even more of a process despite the actual systems in place. An NGO who is not making a profit or selling anything, in most countries you can legally import cups, even if the country has never heard of them or doesn't have standards. You get a letter or a certificate from both local government and the manufacturer. This is what Femme International did for years with no problems in both Kenya and Tanzania. If you are looking to sell that's completely different and there are a few cup manufacturers here, so talk to them. It's also important to emphasise that each country is very different and to do your research and find out how it works in your country of operation. There may or may not be taxes, customs, other types of payments involve, which depending on the NGO or the project may or may not actually be feasible, in terms of the finances involved, the hustle and the time commitment. For example, in Tanzania, setting standards has made it pretty much impossible to import cups that have not already gone through the long tedious process of obtaining approvals. So for Tanzania we now work only with the companies that have gotten that approval in Tanzania.

'The most important thing **when doing anything with cups is to do it right**, I cannot emphasise this enough. Go with the country rules and regulation, whether it's introducing cups to a country for the first time, or working with cups in a country that's familiar and has standards in place. Take the time and effort and do your due diligence; find out what's already going on, who's already working with cups, what has already been done, what is not known, what do people want. If you don't take the time to go through this process, it jeopardises cups for everyone else. So this means going through the legal and government channels - getting approvals, paying taxes, setting standards, reporting, stakeholder involvement and engagement, especially government stakeholder but also health community and religious leaders, research and feedback. As an NGO, especially a smaller one, it can sometimes make things actually impossible which sucks. But the biggest thing is if you don't go through these channels of processes it becomes a bigger issue. It can mess things up with cups for everybody for the foreseeable future, which is obviously not what we want. If anyone wants to talk any further or has any questions please get in touch.' <https://www.femmeinternational.org/>

7. The Covid-19 pandemic has affected all of us in different ways, not least people who have periods. **Andisheh Jahangir**, Chair of Knowledge Management for 'Womana', based in Denmark and Uganda, spoke from Iran about their work during the Corona-virus pandemic.



'From the beginning of the Covid-19 pandemic, Womana has been developing and updating its resources. One of the first actions in March 2020, was to develop a fact sheet on menstruation around the world, 'What are the challenges during the covid-19 pandemic and lockdown?' As more information came in, it was updated. For example, we noted the panic-buying of

hygiene products such as toilet paper and menstrual products. There was an increase in gender-based violence and domestic obstacles for women to buy menstrual products.

'Food shortages in Uganda lead to menstrual irregularity. The advantages of menstrual cups were noticed since they require little water. At the end of May in Uganda, Womena and several partners conducted a rapid assessment by telephone. Among 65 people in six districts, 35% of respondents reported changes in their menstruation with more menstrual pain, infrequent menstrual periods, or changes in amount of bleeding, high stress levels. 34% of respondents had difficulty buying menstrual products due to loss of household income. Menstrual cup users were more positive, they liked the menstrual cup because it saves money, uses less water for cleaning and it reduces the stress of buying menstrual products. Most respondents said mobility isn't easy and shops are closed so menstrual cups have had a positive impact.



'To facilitate outreach, Womena had to improve its on-line training. For example, we produced a video on how to cope with the stress during the Covid-19 pandemic. Womena contributes menstrual information to radio shows especially on Menstrual Hygiene Day, in Uganda and globally. We are also developing a plan to train midwives how to use and educate their clients about menstrual cups. The pandemic and lockdown have certainly increased interest in menstrual cups.'

<https://womensa.com/>

8. Alfred Muli, Regional Manager for East Africa for Ruby Cups described from Nairobi how the company responded to the COVID-19 pandemic and lock-down.



'Ruby Cup promises that for every cup we sell, we donate one to someone in need. We do that through 22 partners spread across 12 countries, on three continents and every donation is also paired with reproductive education, a mentorship programme and a sustainability programme. Through Sustain Support, someone in that community does the training and supports the girls, the women and the other menstruators that we engage. So what exactly changed after that?



'The picture on the left shows my colleague Vanessa, who is doing a follow-up in North-Eastern Kenya. That's the regular set-up that you'll find in most of our programmes. She will sit with the women, and discuss the challenges they face. We do this on three occasions, at six weeks, six months and one year after distribution. So with the new regulations we are obviously not able to do that so our partners were quite innovative. They did door-to-door distribution and follow ups, as you can see on the second slide on your right. That was in Kenya with youth-led organisations, and in South Sudan with one of our programme partners.

'We also changed our target group: Covid19 brought new groups of people that become vulnerable- low income groups who have lost jobs or their income has reduced or health workers now have to work long shifts. We had reports of health workers who found that protective clothing made bathroom breaks quite difficult and so we started donating cups to health workers in Europe, and in Kenya. We've done over 1000 donations to Poland, Israel, Hungary, Germany, Croatia among others. We are learning from the follow-ups is that it takes more time to do the door-to-door follow up, but its really cool because we get more time with the girls or the women for in-depth discussions. It works very well for those who are quiet and those who are not open to discussing in groups. So happy to take questions and share more information.' <https://rubycup.com/>

9. Megan Mukuria, Founder of Zana Africa in Kenya, presented some results of the Nia Project with schoolgirls, and how lessons from it can further the work of menstrual cups in Kenya, where she lives.



'Zana Africa is both a non-profit and a social business and we run a programme that had 25 sessions in a facilitated curriculum with five paired magazines in a randomised control trial that was in partnership with big organisations. Over 100 schools in Kalifi with baseline, midline, endline. So we followed 3500 class 7 students for 2 years through secondary school enrolment. This was a longitudinal study to look at the individual and combined impacts of sexuality education in story-based format, with and without sanitary pads. We used sanitary pads to ensure the consistency of the intervention. This was not a menstrual cup project, but it was a menstruation related project. 'The programme improved measured social gender norms for adolescence and marriage, all three gender norms that tested hetero-normativity, norms and marriage. Improved reproductive health knowledge - pregnancy, STDs and ability to name at least one modern contraceptive.



'We helped girls with their agency and self-determination also in measurable ways and their period management improved 25% points. There were no changes in educational outcomes - attendance, performance or attending secondary school. 65% of students who could not attend secondary school said that a lack of school fees was their number one problem. There are some exciting applications for this, it's a curriculum that can be scaled through any organisations working with teens including a really great way to give full health rates and sexuality education to girls in a way that resonates deeply with conservative communities. In different ways, these were very accepted by both conservative Muslim and conservative Christian communities on the coast in Kenya. As cups can take some time for students or adults to get used to, the 25 sessions can be in 6 months or 18 months. We are scaling now through different entities and if anybody is interested in that we'd be delighted to do a trainers of trainers.

'There is a lot of government traction. The Teacher Service Commission, which is the teacher's union, is very interested in the programme and in the ability it had to help teachers themselves overcome menstrual stigma and other challenges of being able to talk in a rights-based framework with girls and work through issues themselves including domestic violence. The Office of the President wants to include it in the new government curriculum. So MannionDaniels I'll be very interested to talk to you all about the Angola teacher training colleges that you are doing.

'The state Department of Gender wants to do a menstrual cups project in Covid-19 to deliver cups and to do a joint learning project with the view to helping Kenya Bureau of Standards approval. It is very difficult often to have commercial sales standards for cups across the continent but here in Kenya too which is a key barrier to uptake. Our focus is always on large scale which includes scaling dignity through choice through the market so while we only sell menstrual pads right now, we are looking to do menstrual cups but the Kenya Bureau of Standards is still a key barrier. So, we are very excited that many different components of the government are very interested in sexual education anchored in menstrual health and looking at diversity of products to truly give dignity through choice.'

<http://www.zanaafrica.org/>

Media & Marketing

10. Here is an example of a popular promotional video about menstrual cups.

You can watch the video here:

<https://www.youtube.com/watch?v=oMTFaan7M9c>

11. Dr Diksha Chadha is the Director of Medical Research for Sirona Cups in India. She spoke and about her experience of Marketing cups.



'Sirona is a company that works towards solving those intimate hygiene or intimate health problems

for women that are not addressed enough or are not talked about enough. With Sirona cups, we are trying to bring about a sustainable menstruation regulation and while we are trying to market menstrual cups in India, we face certain challenges.



The first challenge that we face is, fixed behaviour.

Most women in India are used to wearing a pad or cloth and they resist change, especially as most of the public health programmes by the government and the non--profit sector provide free pads to women. Also pads are easily accessible so they resist the change to a sustainable solution. We tackle this behaviour through 'behaviour change communication'. People usually follow fixed behaviour because they are not aware of how this behaviour can be harmful. So we take them through a process of becoming more aware about the harmful impacts of pads. Once they become concerned about the cost of buying pads, the rashes they cause, the environmental damage, then they are more open to try a new behaviour, which is using a menstrual cup.

'We also help them adapt to cups with community partners who follow-up with women. They are now suddenly making the switch from pad or cloths to cups. They even begin to advocate cups to other women. 'The second problem or challenge that we are facing is cultural myths. A lot of women still believe that wearing a cup will take away their virginity and also that wearing a cup leads to vaginal infections including toxic-shock syndrome. So, we solve this is by using a combination of logic and proper awareness techniques and education. And informing women that virginity is just an idea, it's not something that can be taken away by cups.

'A third challenge is the learning curve that comes with the cup. You cannot just buy cups or just distribute cups among women, and expect them to start using them without any training especially in the low social economic strata. Things that have been helpful is of course the awareness programme. I used this anatomical life-size model in medical college. This actually shows the vagina as curved, it's not a straight tunnel, and we demonstrate how to use a menstrual cup using this.

This also helps women understand the size of their womb and what their body looks like inside. We have a very supportive, and expert customer care helpline which helps women they can simply call in.

'We try to keep the cost of cups low, their price in the market is UK£4 and through our social projects we usually do them at UK£2, so the cups become affordable to women.

'We have online sales in India, even rural areas have access to internet. Sirona has a good support system.

'In terms of infections prevention, this is a simple steam steriliser, it just takes one teaspoon of water and is electrically connected. We are also looking at a battery version. We put the cup upside down, close it and just press the button and this steam will sterilise the cup in two minutes.

'The way forward that we see in India is that nothing can happen without the involvement of government and policy change. Therefore, we have been working with government stakeholders to try to include menstrual cups in the menstrual health basket and making cups freely available in schools and communities.

'We are also conducting training sessions for healthcare workers including doctors. A lot of doctors in India are also not aware of menstrual cups. So, we recently held a green menstruation drive in which 8,000 doctors took an oath that they will convert to menstrual cups this year. We are now using the online channels and our apps to take our training to the remotest parts of the country in India and also across the border.' <https://www.sironaindia.com/>

12. There are often stories in the media about cups, many of them not true or based on myths. **Siri Tellier** is the Senior Reproductive Health Advisor to Womana, who work in Uganda. Siri spoke from her home in Denmark about how to respond to negative media coverage of menstrual cups and creating fact sheets.



'Menstrual cups generate a lot of excitement in the media headlines. For example, there have been headlines that say that menstrual cups cause toxic shock syndrome, that they cause IUDs to fall out, they cause your uterus to fall out, they cause your hymen to break. And over the last two years, many of these headlines come up repeatedly, with the same stories. Sometimes they fall asleep for a while but then they wake up again. And some are anecdotal, nothing wrong with anecdotes by the way but many are based on exaggerating or misinterpreting academic articles. So what should we do?



'As always no one size fits all. In Womana, our first priority is not to counter media, is that we take the everyday safety very seriously. That is one reason we emphasize being evidence-based so we don't just dismiss scary headlines off hand

as myths, I don't like to use the word myth but assess them, especially if they claim to be science-based. And we try to see them actually in a positive way as a kind of quality control and useful information on people's concerns rather than stupid media. And one of the things it depends a lot is the time period, the time available. So if you have a couple of years the best solution is to have an academic review, like the extremely useful ones that Penny is putting out but you don't always have that much time. So then if you have a medium term in terms of months for example what we put out are actually what we call frequently asked questions, I don't even like to use the word factsheets because that sounds a little bit arrogant that you have the facts.

'We have been reviewing them internally, we have medical advisors, we have survey advisors and recently we also have reviews by people from the coalition including Penny and Janie. So they are "peer-reviewed" and they go up on the Coalition website. So please check them out.

'But what about short-term? And I mean in days. I have worked mostly on policy and programming the last 50 years and sometimes things come up that require an answer *now*. For example, sometimes our colleagues in Uganda may have to respond urgently to government concerns about local media. Or donors who are very excited about something they read in the news in their own countries but then they apply it in Uganda.

'Let me give you a recent example, several years ago Womena's president asked us to assess the frequent statements in mostly first world media that using a menstrual cup might cause an IUCD fallout. We produced first a FAQ and our findings were: 1. IUCD's do fallout but they do even if you're not wearing a cup. That's a good thing to know and at the time there was very little evidence of any additional risks for cup users. We also looked beyond the academic literature for example what did international health authorities in this case in Denmark, recommend that cup users should do and they say they should be cautious on how to use a cup but did not suggest to stop using the cup. And then a month ago we saw a post on a blog in Britain.

'A British woman's doctor said that she must stop using the cup if she was using an IUD. The article turned out to be only an abstract, and the author said that the article had not yet been completed and the abstract confirmed that IUDs fall out, they found a somewhat elevated risk for cup users so that's important for us to know adds to the evidence based. It did not suggest however that women should stop using cups just that they should be cautious. So we posted our FAQ on the blog along with our own findings, clearly the doctor had exaggerated and we briefed our own staff and followed up with authors.

'We would love to have feedback on the FAQs but also on this shorter term, quick responses that we were talking about. ` <https://womens.com/>

13. Social media is a growing trend, especially for young people who want to know how to deal with their periods. **Ebby Weyine** is the Founder of Grace Cups in Kenya and uses social media to destigmatise periods and promote the wonders of cups. We began with a short video she made two days before for Instagram, when her period began.

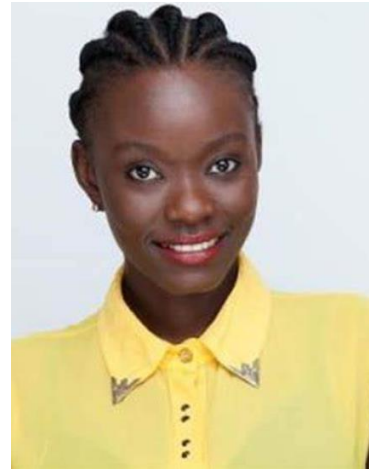
To watch her monthly videos on her Instagram page here:

<https://www.instagram.com/ebbyweyine/>



'Grace Cup was established in 2017. We deal with reusable period products - menstrual cups and cloth pads. What you see on your screen are the building blocks when I am preparing content for my social media. My main socials are Instagram, Facebook and Youtube, in that order. Instagram has really been working well for the Grace Cup.

'The first picture is of blood. So when I started the Grace Cup there were lots of questions such as 'we want someone to actually show us, not just talk about it. Could we see the actual colours? Could we see someone who is actually using the cup?'



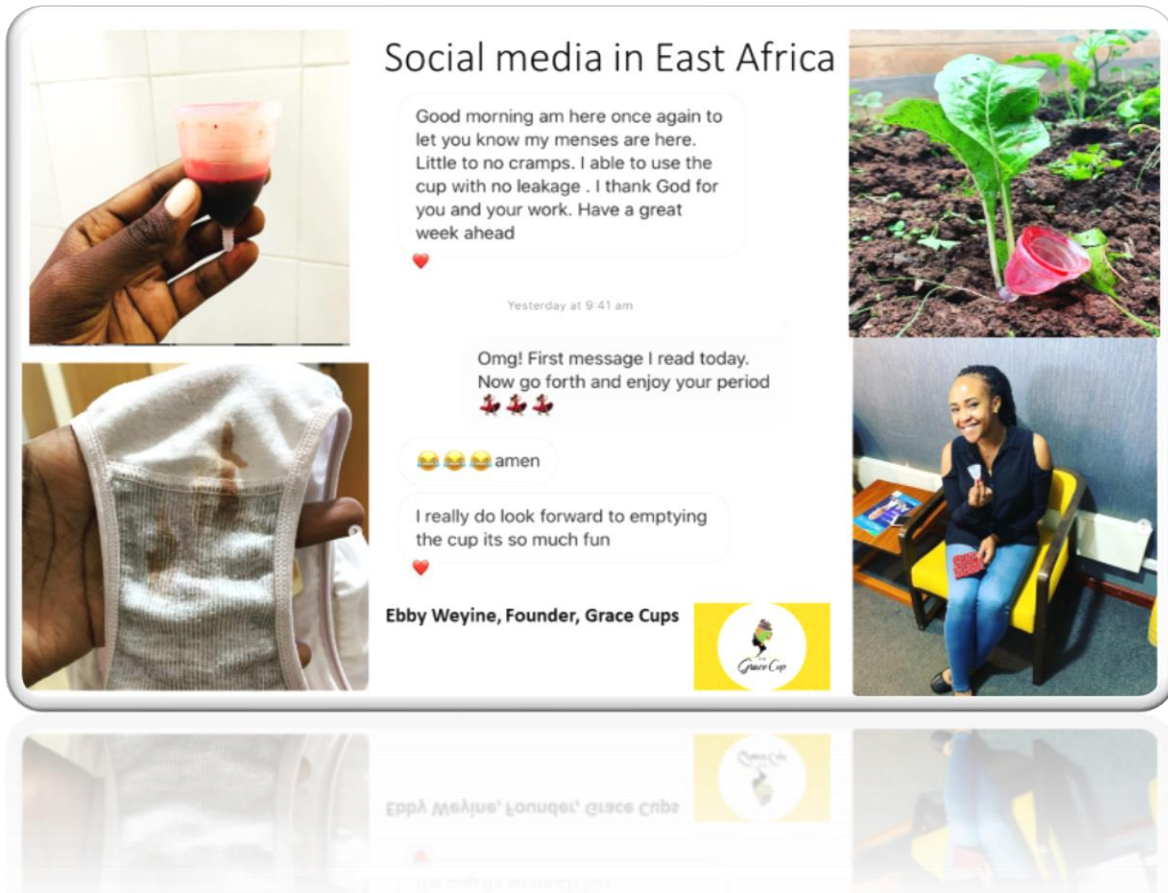
'So that gave me the idea of actually documenting my period. Every month when I have a period I make content for youtube and for Instagram, showing how practical a cup can be. I call it 'the shock effect' because when someone sees the blood it generates a conversation. I show an actual period because we watch movies where there is blood gushing and yet we feel comfortable. We should also be comfortable with a little blood from a little cup.

'The next picture is of a stained underwear. This is an example of content that is relatable. I'm sure most e women at some point either stained your bed or your underwear. It's just talking about regular problems a normal girl or a normal woman would face; and having a conversation around it. 'The picture in the middle is of an actual review from customer on Instagram. You take a screenshot of this and show people the potential and actual uses of cups.

'Once in a while, and of course with permission, we use images of actual users of the product. People like to see people other than you, who are showing the cup. Always remember to credit where you got the content from.

'The picture you see is of a plant and cup next to it. The caption was about the different uses of blood. There is a lot of argument on whether period blood is waste, or if it's useful in other things? So in this picture we are talking about people who use their menstrual blood to water their gardens. I took this picture in my garden actually on my period, it sparks conversation and make it more engaging. Would you use your period blood on your face for example for a facial? 'Remember you are not selling a cup you are changing mindsets. You are an influencer and don't just think 'I'm just selling a cup', I am changing a mindset. 'Thank you very much, and I really love to connect with all of you after this.'

<http://www.thegracecup.co.ke>



The Menstrual Cup Summit ended with questions and answers, and a discussion about how all the members can work together.