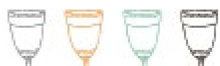
MENSTRUAL HEALTH PILOT PROJECT IN THE TRAMPOLINE HOUSE

PROJECT REPORT

December 2020



ABOUT WOMENA

WoMena is an NGO working with implementation of innovative evidence-based reproductive health solutions in low-resource settings. We develop and implement strategic plans for increasing the use of selected solutions in partnership with local and international implementing partners and technical experts.

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Photo credits: WoMena Denmark

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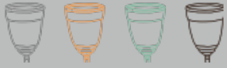

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ACRONYMS

DKK	Danish Krone
MC	Menstrual Cup
MH	Menstrual Health
MHM	Menstrual Health Management
SRH	Sexual and Reproductive Health
WASH	Water, Sanitation, and Hygiene

EXECUTIVE SUMMARY

Female asylum seekers and refugees face challenges in access to Sexual and Reproductive Health (SRH) care and face disproportionate outcomes. Menstrual Health Management (MHM) has also been noted as a concern, particularly relating to a lack of knowledge and access to appropriate management methods. Implications for poor MHM are wide reaching, but there is little data relating to MHM and female refugees and asylum seekers in Denmark. Therefore, WoMena Denmark undertook a pilot to provide menstrual cups (MCs) and comprehensive educational sessions among female asylum seekers and refugees in Copenhagen. It was undertaken in collaboration with Trampoline House, which hosted the sessions through an established women's group. The project was funded by Soroptomists and MCs were provided by OrganiCup. Educational sessions were well-received by partner staff and MCs were provided to a number of attendees. However, challenges with follow-up due to the mobility of the target group resulted in a lack of data regarding acceptability and MC use following intervention. This intervention is recognised to have positive potential, but warrants further work to gather more data and tailor evaluation processes to gain further insights.

INTRODUCTION

Globally, a large number of people are migrating for a wide variety of reasons, including humanitarian emergencies and economic instability (Ivanova & Rai, 2018). For women and girls, they often face challenges to access SRH care and subsequently face disproportionate outcomes (Ivanova & Rai, 2018). This is further exacerbated by arriving in contexts with differing cultures, unfamiliar services, a lack of autonomy in the social and health system and differing conditions (Carballo & Nerukar, 2001). A lack of knowledge of MHM has also been noted, in addition to the challenges faced in accessing appropriate methods or services (Malarcher, 2010). The lack of appropriate MHM products has far-reaching implications for reproductive health, physical, social and mental well-being of women and girls (Malarcher, 2010). Therefore, this project has identified refugees and asylum seekers in Denmark as a target population for implementing appropriate MHM interventions.

MHM can be considered an understudied area, particularly in comparison to other reproductive health topics (Hennegan et al., 2020). There have been calls for an increase in programme and policy development, research and community pilot projects to increase an understanding and improve outcomes (Hennegan et al., 2020; VanLeeuwen & Torondel, 2018). This is amplified for refugees, who are identified as a key population; at-risk of worse outcomes relating to MHM than other populations (Hawkey et al., 2017; Sommer et al., 2018). Much of the previous research focusing on refugees and MHM has been centred in humanitarian contexts, such as refugee camps or emergency settings (VanLeeuwen & Torondel, 2018). There is less documented research exploring the MHM strategies, outcomes and experiences of refugee and asylum-seeking women in high-income countries (Hawkey et al., 2017). However, it has been highlighted that in this context women face challenges due to differing cultural expectations and access to management methods (Hawkey et al., 2017). Furthermore, previous literature demonstrates that this population face poorer outcomes across many health concerns and experience challenges in accessing health and related services (Asgary & Segar, 2011). There are no studies identified that focus on refugee and asylum seeking women in the Danish context. The lack of evidence available for this target group warrants a focus on exploring MHM among this community, and implementing interventions that improve provision of especially sustainable (reusable) methods for an undeserved group. Therefore, this project sought to improve the menstrual health (MH) of asylum seekers and refugees in Denmark by distributing MCs with supporting education and social interventions.

Danish Context

Persons resident in Denmark are afforded universal access to healthcare and other forms of social welfare and educational programmes (MoH Denmark, 2017). However, female refugees and asylum seekers face barriers to services that facilitate good SRH and MHM. The provision of their health services are the responsibility of the Immigration Service, and refugees and asylum seekers are not covered by the national health insurance system (DIS, 2020). Additionally, access to healthcare is restricted; being limited to "emergency treatment" and interventions for pain relief (DIS,2020). Therefore, prevention services and health promotion are not provided to this population within Denmark. Previous work has indicated that this results in adverse outcomes among migrants in Denmark including potential implications for SRH and MHM (Hallas et al.,2007). Furthermore, it has been argued that women face disproportionate challenges within the Danish migration system and navigating health services (Kohl, 2020).

The majority of asylum seekers and refugees in Denmark are resident within asylum centres (Hallas et al.,2007). The length of stay in these centres can be extensive, where it has been recognised that individuals can spend years living in an asylum centre due to their immigration status (Kohl, 2020). Long stays in asylum centres has been recognised as associated with worsening health status and negative social implications (Vitus, 2011). There have been no identified studies on water, sanitation, and hygiene (WASH) and asylum centres in Denmark, which would be relevant for MHM research and implementation of interventions in this context. Despite these challenges, engagement with third sector services, such as those at Trampoline House or Red Cross Migrant Health Clinics, provide social activities, health services and resources to improve the welfare of refugees and asylum seekers in the Danish context.

OBJECTIVES & METHODOLOGY

Approach

The pilot project was conducted over a period of 8 months from August 2019 to March 2020. Two intervention sessions were undertaken, followed by an evaluation session and questionnaire. A pre-intervention exploratory visit with Trampoline staff was completed to better understand the context and host group to provide a tailored intervention. The discussion with staff supported the project's aim to improve knowledge and capacity among the target group, and facilitated capacity building of staff by providing key information to the centre. An introduction to the project was given as part of the first intervention session.

The sessions utilised a range of teaching materials tried and tested in the Ugandan setting by WoMena Uganda, adapted to the Danish setting to provide information about reproductive health and menstruation. The material was further refined for this target group. This included explanations about the reproductive system, to help participants who had not received previous sexual and reproductive education. The women were also taught about the menstrual cycle, hygiene during periods and pain management. This was further supported by the introduction to the MC and distribution of MCs to attendees who wanted to try this method.

This pilot project did not address male involvement as part of the concept note or in implementation. Although this is part of the WoMena programming as a standard practice, according to the organisation strategy, it was not included within this project. Firstly, Trampoline House hosted the sessions as part of a Women's Club that runs on a monthly basis. As this provided the space and access to the target group, it was not possible to include men within these sessions. The Women's Club provides a 'safe space' for attendees, and facilitates discussions on sensitive issues. This project was a pilot to gain access and gather evidence for the target population, and therefore the scope did not include male involvement as this would have been challenging to implement during this project. However, it is recognised that this should be considered and included in the upscale.

Sessions were facilitated by translators. Recognising language barriers between WoMena staff and some attendees, diagrams and simple explanations were used to ensure information was accessible to all. Additionally, ice breakers and interactive activities were used to provide a safe space and make participants feel comfortable. A presentation with accurate diagrams and demonstrations using a sample MC was done to ensure attendees understood how to properly use, store and care for the MC. The benefits of the MC were explained, and information was also given for other methods which women were interested in using. This was important as the MC was a new method for many, and was perceived as unsuitable by some due to cultural factors.

An evaluation of the project was carried by the three volunteers from WoMena. This was done to understand the impact of the pilot project, and consider how to improve and adapt before upscaling. A questionnaire was provided to staff members of Trampoline House to gather quantitative and qualitative feedback from sessions. An evaluation session was done with the women's group approximately 3 months following the last intervention session. Normally, WoMena recommends a minimum of 6 months' post intervention before evaluation, to allow time for slow adopters to get used to using the MC; however, the timeframe for this was considered to be the most appropriate, as the target group is recognised as a mobile population due to immigration status. Therefore, it was important to reach attendees within a realistic timeline. The evaluation session provided an opportunity for feedback from those who attended the session. The number of MCs distributed was also recorded.

Intervention goal

- To improve MH of female asylum seekers and refugees in Denmark through Trampoline House programming.

Intervention objectives

- To improve the capacity of MH knowledge and training skills of the volunteers/ employees at the Trampoline House
- To improve capacity on MHM for female asylum seekers and refugees at the Trampoline House in Denmark
- To evaluate the possibilities of upscaling the project to a sustainable intervention

The target group

- ***The primary target group:*** Female asylum seekers and refugees at the Trampoline House
- ***The secondary target group:*** Volunteers and/or employees at the Trampoline House, showing interest in the project

RESULTS

Access & acceptability

The project was successful in delivering educational sessions to the target group, and was able to distribute a number of MCs to both staff and female asylum seekers and refugees attending the sessions (hereinafter referred to collectively as attendees). In total, 15 MCs were distributed among attendees and during sessions, participants were engaged and were receptive to learning more about the MC. A small number of MCs were also provided to volunteers, although the exact figure was not documented. In future sessions, this will be recorded to ensure clarity within the evaluation data. Additionally, some participants sought to obtain additional MCs to give to other individuals in their network. While this is a positive indication of the acceptability of the MC as an acceptable method, due to a low engagement at follow-up, it is not possible to ascertain the number of participants who used the MC or found it to be acceptable for personal use.

	Session 1 (Teaching)	Session 2 (Teaching)	Session 3 (Evaluation)
Attendance	13	15	10
MCs Distributed	-	15	-

Table 1: Attendance of all sessions

Figure 1. Session 1, demonstration of how to use Menstrual Cup. WoMena Denmark, the Trampoline House, 11 October 2019

Indicator	Result
Number of MCs distributed	15
Number of beneficiaries in particular girls/women	15
Number of supporters (e.g. mentors, male role models) trained	None - no training was undertaken. FAQ and materials provided to support knowledge sharing with partner organisation.
Number of sites	1
Uptake (% of girls/women who report starting use the MC)	N/A - Only 3 attendees attended the evaluation who had also received a MC. Therefore, there is no data available.
Continued use (% of girls/women who report using the MC following a period of 3 months, 6 months & 1 year)	N/A - Only 3 attendees attended the evaluation who had also received a MC. Therefore, there is no data available.
Satisfaction	High satisfaction from volunteers of Trampoline House for sessions. No data available for attendees as only 3 attendees were present during evaluation.
Number of policies modified (if any)	None

Table 2: Monitoring & Evaluation Framework Indicators

The sessions were attended by less people than predicted, but staff survey feedback indicates that these sessions were received positively and were a constructive intervention. Furthermore, the project demonstrated that providing comprehensive reproductive and menstrual hygiene information was important while delivering MCs among this target group as it facilitated a better understanding of methods and how to use them. It also facilitated an opportunity to develop appropriate, comprehensive and tailored teaching materials to a vulnerable target group that had not previously received such information. However, the teaching sessions did not include an extensive discussion about virginity and the MC, and this concern was raised by a few participants during the second session, which was then discussed and further information provided.

WASH

This topic was not discussed extensively during the planning of the pilot project, or during sessions. This was due to the project being implemented within Denmark, and WASH was not considered a major barrier or issue.

However, it was highlighted by the partner organisation, Trampoline House, that those living within asylum centres in Denmark may face barriers related to WASH facilities that require consideration in future projects, such as shared toilet and kitchen facilities which make cleaning the MC challenging.

Cost

During the sessions, MC's were given to participants at no cost, and this was positively received. It was recognised in teaching sessions that an initial high cost for a MC could be considered a disadvantage of the method and a potential barrier. The target group are acknowledged to face economic challenges in Denmark, and therefore other products were discussed, such as reusable pads or tampons. During the distribution of MC's, several participants queried whether they could be provided with the other products in addition to MC's. WoMena Uganda's experience from the Ugandan context shows that distributing at least one additional method with the MC enhances the uptake of MCs while increasing overall satisfaction with the MC (Gade & Hytti, 2017), so this could be considered.

The project was delivered significantly under budget, at direct costs of DKK[1] 2305,7 from a total budget of DKK 9.100 demonstrating that the intervention could be integrated into existing programme structures and delivered at low cost in its current design.

[1] Danish Krone

DISCUSSION

The project was able to raise awareness of MHM and WoMena, among the target group and with Trampoline House. In addition, it was successful in supplying MCs to the primary target group and creating acceptance of and demand for this method. Volunteers were also supplied with MCs and information and the correct amount of sessions were held. Regarding attendance by the primary population, the sessions were attended by fewer women than intended within the concept note. However, as the sessions were delivered through an existing Women's Club with a fixed/low number of members, it is recognised as challenging to engage with more through this channel, but it is cost-effective and sustainable to deliver through existing structures. Despite reaching a smaller group, it did reach intervention goals and objectives and was formative for exploring the challenges and requirements for delivery of a MHM intervention with the outlined target group.

Although the sessions were received positively and allowed WoMena to attain intervention goals and objectives, it is recognised that the small sample size and lack of engagement at follow-up mean the results do not have a high level of reliability. This is identified as an area to be addressed in future projects, in which to gather credible data to provide further evidence regarding MHM among asylum seekers and refugees. However, the results do indicate that teaching sessions and product distribution is beneficial among the target group which warrants an upscaling of the project. By upscaling, it will facilitate the gathering of more data and development of provision. This is identified as important to improve the understanding of MHM among refugees in high income contexts, which has been poorly understood (Hawkey et al., 2017).

Previous research highlights how women and girls utilise different strategies to manage menstruation shaped by economic status, available resources and cultural approaches (Sumpter & Torondel, 2013). While the sessions did touch upon current methods used, more could be done to understand the current MHM strategies of the target group in Denmark as this can provide useful insight to engage on product distribution. Furthermore, providing more information and access to other sustainable MHM products is considered to be important for future projects. As participants sought to learn more and requested such methods, there is an acknowledgement that providing reusable tampons and pads would be beneficial. It would ensure that women are presented with acceptable methods and provide a choice, which is an important part of SRH/MHM interventions (Hennegan, 2019).

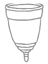
Upscale

The potential for upscale of this project has been recognised, and an extension of the project is planned. Utilising the insights from the pilot project, it will build on *lessons learnt* to implement a tailored intervention. A number of potential partners have been identified to upscale the project, including further sessions at Trampoline House, Red Cross Asylum Centres and the Red Cross undocumented migrant health clinics. Engagement has been made with Trampoline House to continue dialogue and potentially implement further teaching sessions in the future. The following perspectives will be used to design the upscaled project:

Increased Engagement: Firstly, the lower number of participants than expected warrants further engagement to provide further insight and evidence of the benefits of an MHM intervention for this target group. The intention to increase engagement is particularly required for an in-depth follow-up by tailoring the evaluation to reach all attendees. It is envisaged that this could provide evidence on the acceptability of MCs among the target group and the perception of teaching sessions.

Male Involvement: It is recognised that male involvement is essential for effective MHM programmes. Although there is not currently an evidence base for this target population within the Danish context, it is perceived to be an important population to engage with to increase the efficacy of MHM teaching sessions and MC distribution. Considerations will be made about how to deliver appropriate sessions to males within the partner setting that needs to be undertaken, as it is important to continue to create a 'safe space' for both male and female participants in the project.

Partnerships: For upscale, a number of potential partners have been identified. Engaging with asylum centres may provide an opportunity to engage with individuals who are unable to attend Trampoline House and a larger group. The Red Cross migrant health clinics would provide access to a population who potentially face the most challenges in terms of health and social welfare, as they may not have access to other preventative health services. A continued partnership with Trampoline House is important as it provides an opportunity to gain insight into the target population with experts and collaborate to provide holistic teaching sessions within a safe space. Future projects should ensure good communications with chosen partners and ensure evaluation requirements can be met following intervention.



MHM Products: The distribution of products in the pilot project was limited to MCs, although information was provided for other MHM products. It is important to provide a choice of products, while encouraging the use of sustainable products such as MCs. Therefore, distributing reusable tampons and pads in addition to MCs is viewed as a positive extension to the previous intervention. As this was requested by attendees, it is envisaged this would be well received if undertaken. However, this does have partnership implications which will need to be considered in future projects.

RECOMMENDATIONS

The pilot project facilitated insight into a new target group for WoMena, and provided many learnings for future projects. In respect to this, the following recommendations are made:

- Ensure the design of follow-up and evaluation sessions are tailored to the target group to ensure an appropriate level of engagement.
- Collaborate with partners to implement an evaluation that is suitable for the target group and meets expectations of donors.
- Provide a choice of sustainable MHM products for distribution.
- Ensure the communication with partners is efficient to facilitate a productive collaboration and tailored programme.

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