



TECHNICAL BRIEF

Technical brief for the Integration of Menstrual Health in SRHR

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Executive Summary

Menstrual health is an entry point and essential lens to understand and approach women's sexual and reproductive health journeys. The menstrual cycle accompanies girls and women from the beginning of puberty until menopause and is an important predictor and indicator of health (American College of Obstetricians and Gynecologists, 2016). Despite its importance, global health practitioners have often overlooked the value of menstruation. As a consequence, girls and women don't receive appropriate education about their menstrual cycle and fertility, contributing to a lack of confidence and ownership of their own bodies, which are essential elements to make informed decisions throughout their sexual and reproductive health journeys.

In December 2018, building on previous projects, PSI-Europe partnered with The Case for Her, a funding collaborative investing in early stage markets within women's and girls' health, with the aim to understand the role menstrual health plays in PSI's network members' programs and its potential to strengthen and improve Sexual and Reproductive Health and Rights (SRHR) interventions. With this technical brief, the authors hope to support the SRHR work in-country, providing a **technical brief for integrating menstrual health in existing SRHR programs.**



Introduction

Menstruation is a natural biological occurrence that nearly all women of reproductive age experience. On average, a woman will have 450 cycles over approximately 38 years of her life. Proponents of ‘menstrual hygiene’ have called for access to clean toilets, clean water in the toilets, soap, safe space to change and/or wash and discrete disposal options. However, global health **practitioners have given less attention to how menstruation affects a woman’s reproductive life and her perceptions of fertility and motherhood**, and how cultural beliefs and social and gender norms restrict her participation in society during menstruation or other types of vaginal bleeding. Many young women and other menstruators around the world face physical and social challenges or even discrimination or violence during their menstruation, often rooted in harmful gender norms. **When programming integrates menstruation in all its SRHR aspects, it becomes even more gender-transformative, challenging those harmful norms which inhibit girls and women to make informed and independent decisions about their health and body.**

The Case for Integration

The menstrual experience profoundly affects the way women and girls decide about their bodies and sexuality, in a number of ways. Some girls and women discontinue contraceptives when they see their bleeding patterns change, because they fear infertility. Some young girls engage in transactional sex to have access to menstrual products. Several communities perceive menarche as the springboard of sex, signaling the girl is ready to be wed, or even that she has already had sex. Finally, the majority of menstrual disorders, such as endometriosis or fibroids, are linked to childbirth complications and infertility.

While a great number of organizations worldwide have committed to ensure good menstrual health for all, they have often done so in silos – both internally and externally – missing an opportunity to join forces and leverage each other’s expertise to achieve this goal. Menstrual health plays an essential role in girls and women’s sexual and reproductive health: myths and negative attitudes around menstruation can influence the reproductive health decisions they take throughout their lives. For this reason, menstrual health needs to be understood in its complexity and integrated in all programs that work for and with girls and women.



What is the evidence telling us?

- **Bleeding changes** - such as unpredictable, heavier and especially amenorrhea (absence of bleeding) - **caused by hormonal contraceptives** are a real reason of **concern** for many **girls and women**, who interpret them as **signs of infertility or sickness** (Polis et al., 2018; Tolley et al., 2005; Rademacher et al., 2018; Sedlander et al., 2018);
- In women that are not on hormonal contraceptives, **irregularities** and morbidities **associated with the menstrual cycle**, such as fibroids, endometriosis or Polycystic Ovary Syndrome (PCOS), **can have an effect on (in)fertility** (Harlow & Campbell, 2000);
- **Abnormal bleeding**, such as bleeding or spotting after sex, blood loss heavier than 80 milliliters per menstrual period, menstrual cycles longer than 38 days or shorter than 24, **in girls and women who are not on contraception**, can be a symptom of more serious **underlying issues** such as fibroids, endometriosis and cervical cancer (Sommer et al., 2017). **Identifying abnormal menstrual patterns in adolescence can improve early identification of health concerns** in adulthood (American College of Obstetricians and Gynecologists, 2015);
- Evidence is emerging that some young **adolescent girls engage in transactional sex to obtain sanitary pads**. For example, in western Kenya, where HIV incidence rises sharply among adolescent girls, 10% of girls 15 years or younger admitted having transactional sex to obtain money to buy pads (Phillips-Howard et al., 2015);
- **Poor menstrual practices**, including lack of hygienic measures, proper infrastructures and access to products may **increase the risk of urogenital tract infections** (Das et al., 2015; Khanna et al., 2005);
- Uninformed and **unempowered experience of puberty** and menarche may **decrease body ownership and literacy** as well as the **ability to negotiate safe sex** (Wilson et al., 2018);
- The latest medical research is pointing to the importance of valuing **menstruation** as a predictor and indicator of health **potentially useful to detect signs of HIV, diabetes, endometriosis and cervical cancer**. Technologies like Qurasense and NextGenJane, which are still under development, aim to provide menstrual blood diagnostic services. Women would be able to use Q-Pads (in the case of Qurasense), menstrual pads that capture and preserve period blood for medical analysis, or smart tampons (in the case of NextGenJane), send it to the lab and receive insights in their reproductive health.

By analyzing the amount, patterns, pain and other symptoms related to a woman's menstruation and overall menstrual cycle, much can be learned about her health. For this reason, it would be valuable for women and girls to keep record of their cycle (especially if they suffer from fibroids or endometriosis), in order to use this toolkit that is readily available to them.
(Source: conversation with NIH, National Institutes for Health, USA)

What have we learned from the work of PSI's local network members?

- **Bleeding changes** due to hormonal contraceptives **causes concerns around infertility**.
- **Menstruation** is often **believed to signal readiness for sex or to be wed**.
- **Reaching the youngest target groups** with messaging that speaks to what matters to them is essential. **Information about changes in their bodies, moods and relationships (connected to their menstrual cycle and puberty)**, for example, might be **more interesting** that conversations narrowly focused on hygiene or family planning. See PSI Tanzania's video 'Meet Eggy' which explains menstruation and puberty.

Kuwa Mjanja is a motivational brand – under the project A360, in Tanzania – based on the local saying “Be Smart.” Illustrating A360's youth-powered approach, girls redefined this phrase, which, for adolescents, was previously associated with “being clean” (in reference to menstrual hygiene) and “staying away from boys.” Girls have transformed this saying and now use it to reference a sense of pride and purpose in their ability to achieve their dreams.

- **Menses and body changes are safe entry points for talking to unmarried girls about their contraceptive needs**.
- Many girls and women have **little understanding of what is “normal”** when it comes to their menstrual cycle and have therefore **limited capacity to ask for medical help when needed**. At the same time, they are vulnerable to misconceptions around their menstruation, and they sometimes mistake normal changes in bleeding for signs of illnesses or infertility.
- Menstrual health is a good entry point to discuss sexual health and family planning in **conservative settings**, because it relates to **puberty and bodily changes**, topics that are **more easily accepted** than contraception and sex.

PS Kenya uses the brochure “My Body My Rules: A Girl's Guide to Menstruation” which is distributed by SRH champions reaching young people with information and education on SRH. The brochures also come in handy when PS Kenya partners with governmental bodies or more conservative organizations that prefer not to overtly talk to young people about sex. The brochure uses menstrual health as entry point for understanding bodies and reproduction.

- PSI network members in Angola, Ivory Coast, Haiti and Central America report that **many girls and women are very interested and engaged when social media pages post about the menstrual cycle**. Girls and women send private messages to the administrators of the page sharing worries about irregular bleeding, asking questions about the fertile days and how to deal with cramps and mood swings.

Social media channels of several PSI network members register a daily attention around the topic of the menstrual cycle. Between November 2018 and January 2019 *Entre Nous*, the Facebook page of the project Ignite under PSI Cote d'Ivoire, received 1134 messages. Of this 1134, 458 were about the menstrual cycle (a little over 40%).

How to integrate menstrual health in existing SRHR programs?

Service provision

Inclusion of Menstrual Health in FP/RH counseling

- Discussions about the menstrual cycle have proven to be key to support women's voluntary continuation of their contraception of choice. Changes in menstrual bleeding can cause women to discontinue with a contraceptive method, particularly if the woman believes the absence of bleeding to be a sign of infertility. **All FP/RH counseling should include discussions on the menstrual cycle, to support women and girls in choosing the FP method that is right for them, while addressing contraceptive discontinuation.** PSI has partnered with FHI360 to create 'NORMAL', a counseling job aid that helps clients understand that changes to their menses when they use a hormonal contraceptive method or the copper IUD are normal.

- Menstrual irregularities in women who are not on contraception can also occur as a result of various sexually transmitted infections or almost any serious infection, HIV-related or otherwise. Some people with HIV develop low levels of platelets (thrombocytopenia), which can contribute to heavier than normal menstrual bleeding. Health care providers should therefore assess **whether menstrual irregularities are caused by an infection and if so, propose treatment and/or refer to HIV counseling.**
- While menstruation is an excellent entry point to discuss SRHR with adolescents in particular, not all elder women of reproductive age who use SRHR services **are entirely fertility-aware and hence including them in these discussions** as well can yield positive health outcomes.

Whenever the Facebook page *Úsala Bien*, from PASMO (acronym of PSI network members in Central America), posts content around menstrual health, the engagement rate typically increases: while standard engagement rate is usually around 3%, when content revolves around periods, engagement reached 20%.

A lot of questions are submitted to the page, both by men and women: men are generally interested to know what their partner's fertile days and likelihood of pregnancy are, while women want to understand their menstruation in relation to their fertility and what's normal.

- **Post-partum counselling** can particularly benefit from and **should include discussions about variations in menstrual cycle and bleeding**. If women know that their fertility can return before their menstrual periods, they will be better equipped to avoid unintended, closely spaced pregnancies.

Whenever women experience heavy periods¹, health care workers should assess whether this is caused by contraception (particularly the non-hormonal IUD), which can be NORMAL, or by menstrual disorders, like endometriosis, PCOS and fibroids, which can later on cause maternal morbidity and mortality, as well as infertility.



“We found that one of the beliefs of young women is that if they have irregular cycles, they cannot use contraceptives or they cannot get pregnant, and therefore often decide not to use any [contraception]”

(PASMO El Salvador)

Inclusion of Menstrual Health in HIV or integrated FP/RH/HIV counseling

- While HIV sero-status has little overall effect on amenorrhea, menstrual cycle length, or variability, HIV-seropositive women with higher viral loads and lower CD4+ counts can experience increased cycle variability and polymenorrhea (Harlow et al., 2000). **HIV counseling can benefit from discussions about menstrual irregularities caused by HIV infection.**
- FP/RH counseling for key populations. Women living with HIV may need special FP/RH counseling on FP methods that do not interfere with their anti-retroviral treatment. Implant and injectable hormonal contraception are considered some of the most effective methods for women living with HIV whether on antiretroviral therapy (ART) or not. **Since injectables are known to have more side effects than other contraceptives, and given women’s different responses to side-effects, such as menstrual bleeding changes, it is important to counsel women living with HIV about this specifically.**

Inclusion of Menstrual Health in (post-) abortion counseling

- Abortion (induced and spontaneous), particularly dilatation and evacuation and intraamniotic hypertonic saline infusion procedures, can cause significant changes from regular to irregular cycles (Mitra et al., 1984). **Healthcare workers should prepare women on possible changes in bleeding for the first few months after the abortion.**

¹Heavy menstrual bleeding is defined as losing 80ml or more in each period, having periods that last longer than 7 days, or both (NHS, 2019)

- **Health care workers should recommend avoiding tampons or menstrual cups (if applicable) for at least two weeks after any type of abortion.** Menstrual pads (disposable and reusable) or period underwear can be used in the meantime, as a less intrusive menstrual management method.

Self-care

Menstrual health is perhaps the most obvious way women can take control over their own health. Women take care of their period themselves without the interference of a health care worker, unless they experience complications. This way of self-care is an opportunity to provide women with the tools to address other sexual and reproductive health issues.

- **Introducing apps for tracking the menstrual cycle in SRHR programs** has a lot of potential, given that such tools **can help** both **track periods** but also **understand fertility windows and increases the likelihood of conceiving at the desired time** or avoiding an unintended pregnancy. The outcome is increased ownership and understanding of one's body.

- **Menstrual blood contains unique health data** and can be used as a noninvasive method for **early disease diagnosis** and management. Currently, scientists are working on a number of different tools to use menstrual blood for early detection of diseases like HIV and cervical cancer.
- **Know your body:** when girls and women **understand their cycle**, they gain valuable insights about their fertility—and overall health—and are **better equipped to report anomalies to their doctors** and make consumer-powered decisions.

In India, under USAID's Expanding Effective Contraception Options (EECO) project, PSI is promoting Dot, the "Dynamic Optimal Timing" App that can track periods and help women understand their fertility to plan or prevent pregnancy. Many apps exist, but this one is actually backed up by data on effectiveness. With typical use, it's 95% effective according to a study recently published.



Community Outreach

- **Educational talks with young people** (both boys and girls) **about SRHR can benefit from discussions about body knowledge, bodily integrity, and the menstrual cycle.** These are themes that can feel closer to young people during puberty and can be an entry point to discuss fertility and pregnancy, and subsequently prevention of unintended pregnancy and of STI/HIV infection.
- Youth-centered programs like A360 are uncovering that motherhood is an ambition and dream for many adolescent girls. **Counseling for contraception** should therefore be framed around such desire: **changes in menstrual bleeding** - caused by hormonal contraception - need to be **explained in the context of 'preserving' fertility for when the (young) woman is emotionally and financially ready to have a baby.**

In Tanzania, under the A360 project, girls learn more about their bodies, puberty, and reproduction through Know Your Body classes. Here – and during private counseling with a youth-friendly provider – girls can openly dig deeper into their questions about their reproductive health, which includes contraception.

Health Communications and Behaviour Change Campaigns

- Misconceptions about bleeding changes are common, with many women and men believing that such changes always indicate a permanent loss of fertility or a sign of poor health. Some clients prefer regular periods because of social norms, others desire to be reassured they are not pregnant. **It is important to leverage creative myth-busting campaigns and content, reaching girls and women through the channels that speak to them the most, to reassure them that irregular cycles caused by contraception can be NORMAL.**

In Madagascar, EECO's messaging around the LNG-IUS emphasizes the method's effects on menstrual bleeding as a reason why some women choose it.

PSI's LNG-IUS posters in Madagascar include the tagline, "With reduced periods, life is beautiful!" ("Avec moins de règles, la vie est belle!") The French word for "periods" also means "rules" so PSI used this dual meaning to position the LNG-IUS as a method desired by women seeking freedom from both heavy menstrual periods and other types of constraints.



Girls and women across many different PSI network countries have showed they greatly enjoy receiving information about reproductive health, contraceptive methods and their menstrual cycle through social media, especially when the branding is appealing, and the tone resonates with them. A high percentage of their questions and concerns revolve around what a normal period looks like, how to deal with heavy bleeding or pain as well as whether non-bleeding is a sign of illness or infertility.

Existing Facebook pages and social media channels which revolve around SRHR, **should include information and educational content on menstrual health, as well as open the floor for questions from the followers, to be answered by a midwife or someone alike.**

PSI Angola's Marketing and Communications team runs *Entre Nós*, a Facebook page followed by 190.000+ women to date (April 2019) which talks all things lifestyle and womanhood. Every week, a midwife answers the most frequently asked questions which followers submitted, and many of them concern menstruation. Frequently mentioned topics include painful periods, how to identify the fertility window, whether it's dangerous to have sex while menstruating and concerns about irregularity of periods.

Menstrual stigma is not uncommon in the advertising world. PSI, as leading social marketing organization, should be sensitive to this and avoid advertising of menstrual products with images defining menstruation as unhygienic and filthy, and packaging of these products in ways that suggest "graceful" management of periods that require discretion and odour-blocking agents.

- Programs that are working with **basket of (health) goods** can **feature different menstrual products options** too, both disposable and reusable depending on the context and the local women's habits and lifestyle
- **Community interventions** and awareness raising **events** can **help bust myths about menstrual products** (e.g. If a man sees a girl's used pad, she will become infertile; menstrual cups/ tampons can break her hymen and take away her virginity, etc.)
- **Product packaging and inserts** can be **utilized for awareness raising**, by featuring educational and **easy-to-grasp information about the menstrual cycle**
- **Vouchers or coupons** can be applied at the category level, **targeting rural girls in lower wealth quintiles** and offering all products from disposables to reusables.



Conclusion

1. Menstrual health is important and an integral part of women's sexual lives and reproductive cycles
2. Changes in bleeding caused by contraception can be NORMAL
3. Changes in bleeding not caused by contraception should be addressed by health workers
4. Menstrual Health gives an opportunity to discuss SRHR with young girls and is a tool for them to practice self-care and own their bodies and health

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Acknowledgements

PSI-Europe wishes to acknowledge each of the respective global and country teams who contributed in the development and refinement of this brief, including:

Ashley Jackson, PSI/Washington
Laura Glish, PSI/Washington
Andrea Cutherell, PSI/Washington
Alison Malmqvist, PSI/Washington
Nina Hasen, PSI/Washington
Milly Kaggwa, PSI/Uganda
Suse Emiliano, PSI/Angola
Andrea Novella, PASMO Guatemala Regional Office
Carmen Elena Suárez, PASMO El Salvador
Giovanni Melendez, PASMO Guatemala Regional Office
Susy Barrios de Fernandez, PASMO Guatemala Regional Office
Sussy Lungo, PASMO Guatemala Regional Office
Alejandra Cabrera, PASMO Guatemala Regional Office
Kumbirai Chatora, PSI/Zimbabwe
Varaidzo Mabhunu, PSI/Zimbabwe
Kristely Bastien, PSI/Ivory Coast
Rediet Seleshi, PSI/Ethiopia
Metsehate Ayenekulu, PSI/Ethiopia
Christina Julme, OhMass Haiti
Jake Poepping, PSI/Laos
Rachel Mutuku, PS/Kenya

This brief was prepared by PSI-Europe and made possible by the support of the funding collaborative The Case for Her. The contents of this brief are the sole responsibility of PSI-Europe and do not necessarily reflect the views of The Case for Her.

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SUGGESTED CITATION

Hekster, O. & Punzi, MC. (2019). Technical brief for the Integration of Menstrual Health in SRHR. Amsterdam, The Netherlands: Stichting PSI-Europe.



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