



# Addressing the gap: Integrating menstrual health into the broader SRHR discussion

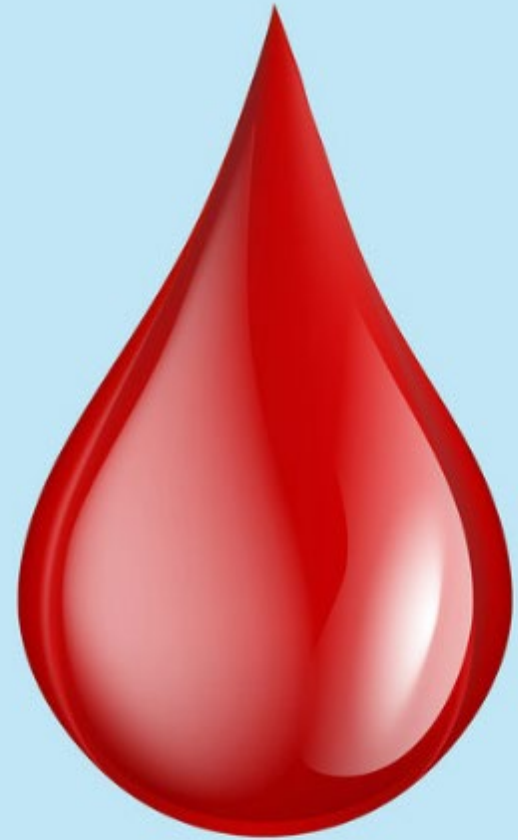
Lucy Wilson

Independent Consultant, Rising Outcomes



## Presentation outline

- An introduction to menstrual health (MH) and hygiene
- Menstrual health is central to sexual & reproductive health & rights
- Similarities and differences between MH and other RH products





# Menstrual Health (MH) and Menstrual Hygiene Management (MHM)



## What are the challenges that we face with menstruation?

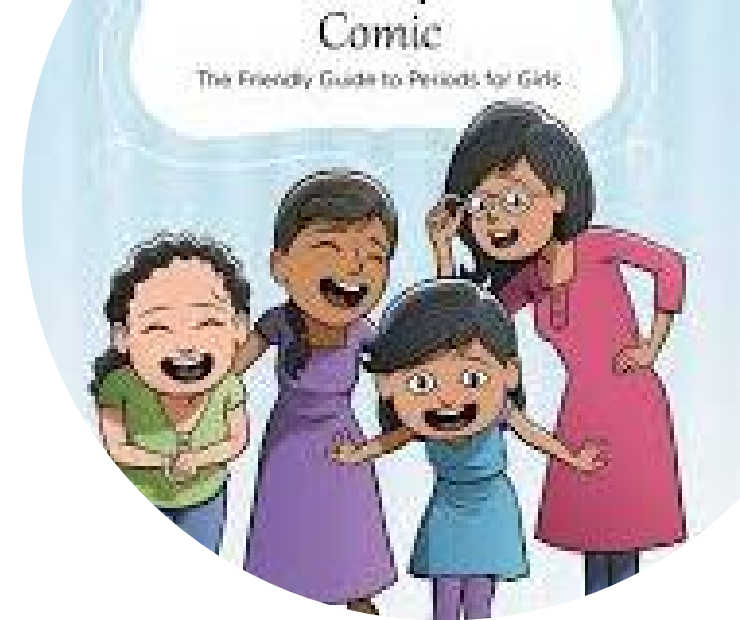
- ❖ Lack of awareness and understanding
- ❖ Lack of access to menstrual hygiene products
- ❖ Menstrual health disorders
- ❖ School and work absenteeism
- ❖ Harmful gender norms





## The menstrual health field

- Evolution from MHM
- Education and WASH sectors
- Generally focuses on young adolescents, aged 8-14y
- Interventions include “hardware and software”:
  - Provision of absorbent products
  - Structural interventions, e.g. toilets, sinks
  - Puberty education





## Challenges facing the MH field

- 🔥 Taboo topic
- 🔥 Lack of data on MHM needs, program effectiveness
- 🔥 Menstruation affects women throughout their reproductive years, but programs often focus on school-aged girls
- 🔥 Structural interventions are expensive and often neglect menstrual waste disposal
- 🔥 Challenges getting high-quality, affordable products to girls and women who need them
- 🔥 Lack of data/agreement on types of products that are acceptable



## Available products

- Disposable Pads
- Tampons
- Menstrual Cups
- Reusable Pads
- Period Panties
- Sponges



## Period poverty and luxury taxes



- ♦ Bad news: In many countries, menstrual hygiene products are subject to high luxury taxes, or are taxed as non-essential goods
- ♦ Good news: Some countries are beginning to remove or decrease those taxes
  - ♦ Kenya, Canada, UK, India, Columbia, Australia, Tanzania





# Menstrual Health is central to Sexual & Reproductive Health & Rights

**#MHisSRHR**

## What does the umbrella of SRHR include?

HIV/AIDS  
 Reproductive Cancers  
 Gender Based Violence  
 Sexually Transmitted Infections  
 Obstetric Fistula  
 Family Planning  
 Female Genital Mutilation  
**Menstrual Health**  
 Infertility  
 Maternal Health  
 LGBT Rights  
 Abortion



Jessica Scranton/FHI 360

## Common goal

To ensure greater access to products and services and to improve behaviors for better health and greater empowerment of girls and women.



## Where are the linkages between MH and SRHR?

### 🔥 Biological linkages

- 🔥 Urogenital tract infections
- 🔥 Menstrual disorders & sequelae
- 🔥 Contraception-induced menstrual bleeding changes

### 🔥 Sociological linkages

- 🔥 Experience of menarche and puberty
- 🔥 Gender norms
- 🔥 Transactional sex and gender-based violence
- 🔥 Education

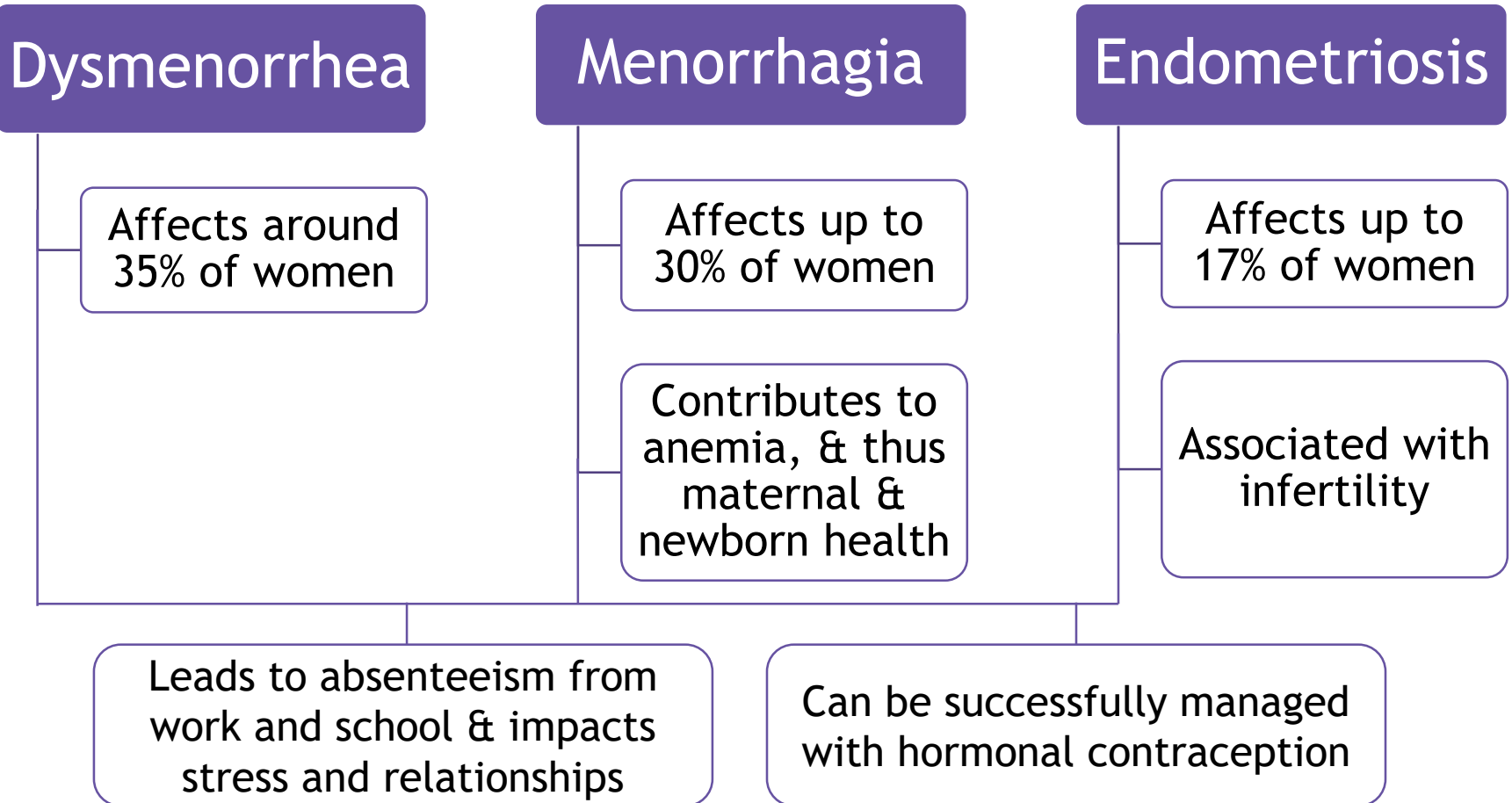


## Reproductive tract infections

- ❖ Poor menstrual hygiene practices may lead to bacterial vaginosis (BV) vulvovaginal candidiasis (VVC), both of which have other health consequences.
- ❖ Provision of sanitary products to girls and young women may decrease the incidence of STIs.
- ❖ Data is inconsistent and limited.



## Menstrual disorders & sequelae





## Why do women use contraception?

A review of U.S. data showed:

14% of oral contraceptive pills users did so *only* for non-contraceptive reasons

58% of users did so at least in part for non-contraceptive reasons

The most commonly cited non-contraceptive purposes were:

to alleviate menstrual pain (31%) and menstrual regulation (28%)



## Contraceptive-induced menstrual bleeding changes

What are the changes by type of method?

- 🔥 Combined hormonal methods --> lighter flow, predictability, and potential for cycle control and suppression.
- 🔥 Progestin-only methods --> lighter flow, often with spotting and irregular bleeding initially; some women experience amenorrhea.
- 🔥 Copper IUD --> heavier periods with greater reported levels of pain and blood loss.

Bleeding changes are an important reason for non-use and discontinuation of contraception.

But they are seen by some women as a benefit or opportunity!



## Acceptability of contraceptive-induced menstrual bleeding changes

- Varies greatly across populations & individuals
- Contributing factors include:
  - age
  - region/culture
  - marital or cohabitation status
  - previous use of hormonal contraception
  - **attitudes and beliefs about menstruation**
  - **experience of menstruation**

NoMoreSecrets  
 Shame Sisterhood  
 CantBuyProducts  
 Fertile Embarrassed Womanly  
 CantPlay Infertility Feminine  
 AloneTime Healthy  
 NoPads NonstopBleeding  
 BrokenUterus  
 NotPregnant MaritalFriction  
 MissedSchool Abnormal Pain  
 CantPray ExtramaritalAffairs  
 Spotting NoSports DirtyBloo  
 MissedWork  
 ChoreBreak



## Experience of puberty and menarche

- 🔥 Puberty is a time of complex biological, emotional, and social changes.
- 🔥 Menarche can be a moment of pride or it can lead to fear, shame, and isolation.
- 🔥 Girls who were better prepared for menstruation had more positive feelings about it.
- 🔥 Ignorance and shame about menstruation can lead to unhygienic and other negative practices.
- 🔥 These feelings also contributes to feeling a lack of bodily control; this may have impacts on their future ability to negotiate safe sex and other RH issues.





## Gender norms and equality

- ♦ Gender norms are often solidified during puberty, with beliefs about menstruation contributing to them.
- ♦ These norms then play out in the SRHR sphere, resulting in negative outcomes.
- ♦ Both MH and SRHR use norm change to help women and girls engage more fully in school and work - and on an equal footing with boys and men.





## Transactional sex and gender-based violence

- 🔴 Multiple studies have found that adolescent girls engage in transactional sex, often unprotected, in order to obtain sanitary pads.
- 🔴 Given the taboos, girls may prefer to go to the toilet at night for privacy. However, as WASH facilities are often at a distance, this places them at risk of harassment and sexual assault.



## Education

- 🔥 Keeping girls in school is AWESOME.
- 🔥 Both SRHR and MHM interventions aim to do it.
  - 🔥 SRHR interventions → More education → Better SRHR
  - 🔥 MHM interventions → More education ???
- 🔥 Abundance of qualitative evidence showing girls miss school because of menstruation.
- 🔥 Lack of rigorous evidence that MHM leads to more school.





# Similarities and differences between MH and RH products

## Let's start with the differences

RH Products	MH Products
Medical, pharmaceutical	Commercial
Mostly manufactured by large global pharmaceutical companies	Manufactured by mix of large global companies and small social enterprises
Stringent regulations and quality standards	Regulatory and quality standards limited and inconsistent across products and countries
Procured by donors for free and subsidized distribution	Not procured by donors
Distributed via public sector health systems	No formal distribution systems
Health impacts (e.g. side effects) well-studied	Health impacts not well understood/studies



## How about the similarities?

- 🔥 Used by women and girls of reproductive age
- 🔥 Give women and girls more control over their bodies
- 🔥 Choice of long-acting and short-acting products
  - 🔥 Long-acting products are more expensive and harder to access
- 🔥 Face issues of choice, quality, equity, and availability
- 🔥 Research happening/needed around acceptability, willingness-to-pay, total market approaches



11,000 PADS  
PER LIFETIME

RS. 120,000  
PER LIFETIME



5 CUPS  
PER LIFETIME

RS. 10,000  
PER LIFETIME



14,000 TAMPONS  
PER LIFETIME

RS. 145,000  
PER LIFETIME



## Choice

- MH product preference and health outcomes research
  - First RHSC webinar featured research by PSI on “Expanding access to menstrual products: learnings from India and Ethiopia,” along with reflections from RHSC Youth Caucus

## Quality

- Landscape research on range of quality standards
  - Panel session on Thursday: MH Product Standards: Why do we have to talk about this?



## Equity

- Knowledge sharing and advocacy on removal/reduction of VAT / luxury tax / import duties on MH products
  - Innovation Fund grant to WASH United: #DropTheTax
- Exploring potential for menstrual cup social marketing
  - Innovation Fund grants to MSI/Uganda and WoMena (2016)

## Availability

- Ensuring availability of MH products in humanitarian settings
  - Upcoming RHSC webinar on work by WoMena



## Overarching questions

If MH is part of SRHR, and MH & RH products have similarities...

- ♦ What can the MH field learn from the RH field? & vice versa?
- ♦ Can we provide access to both types of products together?
- ♦ How do we ensure quality of MH products without over-medicalizing them?





# Thank you!

#MHisSRHR collaborators:

- 🔴 Kate Rademacher, Rebecca Callahan, Geeta Nanda, & Juila Rosenbaum at FHI 360
- 🔴 Sarah Fry, independent consultant

RHSC MH Workstream leaders:

- 🔴 Nancy Muller, PATH
- 🔴 Shamirah Nakalema & Laura Hytti, Womena
- 🔴 Alexandra McDevitt, RHSC