

Sexual and Reproductive Health and Rights

Technical Brief



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Key messages



- While there is growing recognition of menstrual health's importance, there is still limited information within the sexual and reproductive health and rights (SRHR) framework, highlighting the need for further research and integration of menstrual health into health systems and policies. The international development community has often neglected to include menstrual health in SRHR programming, missing an opportunity for comprehensive and holistic approaches that integrate sexual and reproductive health (SRH), education, socio-economic well-being and hygiene.
- The intersection of menstrual health and SRHR has implications for sexuality, decision-making and bodily autonomy. Menstruation is often associated with taboos, restrictions and stigmatization, reinforced by discriminatory social norms. These norms and beliefs impact women's SRH behaviours and decision-making, leading to shame and discomfort around menstruation, which can affect participation in clinical trials and contraceptive use.
- Literature reveals connections between menstruation, gender-based violence (GBV) and child marriage. People who menstruate may face bullying or violence based on their menstruation status, particularly in schools and workplaces. Menstruation is also associated with child, early and forced marriage (CEFM), as it is seen as a marker of readiness for marriage in many sociocultural contexts in Africa.
- There is a lack of information about menstruation, including its physiological aspects and links to fertility, leads to feelings of shame, fear and embarrassment described throughout the continent. Boys and men also have significant knowledge gaps, contributing to menstrual stigma and discrimination. Improving awareness and utilization of SRH services requires outreach activities, education about available services and support for menstrual hygiene management in humanitarian settings.
- Preliminary studies indicate that the COVID-19 pandemic has had negative effects on menstrual health in Africa, including increased period poverty due to product shortages and difficulties in accessing water and proper disposal methods. The economic impact of the pandemic has led some people to engage in transactional sex to afford menstrual products. Additionally, the pandemic has heightened rates of GBV and reduced access to menstrual materials and information.

Introduction and background



Menstruation is a crucial aspect of reproductive health for people assigned female at birth. Despite being a natural and necessary biological process, menstrual health is often hindered by myths, misconceptions and social stigma. This stigma can lead to limited access to accurate information and resources for menstrual health, resulting in poor health outcomes, barriers to education and economic opportunities and influencing SRH behaviours and decision-making.

Acknowledging menstrual health as a fundamental component of SRHR is critical in realizing gender equality, women's empowerment and human rights.

As articulated by Hennegan et al. (2021), menstrual health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in relation to the menstrual cycle. It includes the ability to manage menstrual hygiene effectively, access to safe and affordable menstrual products and facilities to dispose of used menstrual materials. Additionally, menstrual health involves access to accurate information and education on menstruation and related topics, as well as the ability to participate fully in all aspects of society, free from the stigma and discrimination associated with menstruation. It is also essential to achieving the 2030 Sustainable Development Agenda, particularly Sustainable Development Goals 3, 4, 5, 6 and 8. Yet, until recently, menstrual health has been largely overlooked by the international SRHR community.

Yet, menstruation is often viewed as a taboo subject, surrounded by harmful social and cultural norms that lead to discrimination, stigma and limited access to menstrual health products and services, particularly in Africa. This negative perception of menstruation can lead to communication restrictions and limited access to information and resources

related to menstrual health and hygiene. This lack of access and information contributes to poor menstrual hygiene practices, health complications and limited opportunities for education and economic participation, particularly for girls and women.

To improve menstrual health in Africa, it is necessary to address these sociocultural barriers, promote gender equality and human rights and increase access to comprehensive SRHR services, including menstrual health education, products and facilities. Integration of menstrual health into SRHR programmes and policies is also fundamental to ensuring a holistic and rights-based approach to addressing menstrual health challenges and advancing gender equality and SRHR.

To explore this and other interrelated topics with menstrual health, the UNFPA East and Southern Regional Office (ESARO) and the African Coalition for Menstrual Health Management convened menstrual health symposia in May 2021 and May 2023. These symposia have generated a breadth of knowledge about the status of menstrual health in the African context, which have informed the findings and recommendations in this technical brief (UNFPA, 2021; UNFPA, 2023). During the 2023 symposium, a dedicated session was held on SRHR entitled, 'We deserve it all - Improving menstrual health through a human rights-based approach,' which highlighted how menstrual health has been overlooked by SRHR and should be considered a key factor in women and girls' empowerment. Furthermore, findings from FHI360 Kenya revealed data showing a discontinuation in the use of contraceptives because women did not understand the menstrual changes they were experiencing because of the contraceptives.

Purpose and scope

At the 2023 Africa Menstrual Health Symposium, stakeholders came together to make substantial strides in understanding and planning for comprehensive, multi-sectoral menstrual health interventions of the future. This technical brief provides an up-to-date summary of key evidence related to menstrual health with the main aim of

presenting available information on SRHR in relation to menstrual health in Africa.

This technical brief also builds upon and serves as an update of key literature on menstrual health focused on the region namely, Siri Tellier and Maria Hyttel's 2018 Menstrual Health Management in East and Southern Africa: Review Paper (Tellier, Hyttel, 2018), the Technical Brief on the Integration of Menstrual Health into Sexual and Reproductive Health and Rights Policies and Programmes (UNFPA ESARO, 2021) and the 2021 Report of the Africa Symposium on Improving Menstrual Health Management (ACMHM, UNFPA, 2021).

Methodology

This technical brief presents the findings of a rapid literature review of academic and grey literature using a scoping review methodology, with a focus on the period from 2018 to 2023. To conduct a rapid literature search, search terms were used through relevant websites, databases, or search engines such as PubMed and Google Scholar. Relevant studies

and/or programmes conducted in the African region¹ were included in the search and inclusion/exclusion criteria applied. Information extracted from the rapid review was analysed and grouped thematically and key findings are presented below.

While this methodology has limitations, given the general scope and limited resources, it provides an overview of recent literature, gaps in existing evidence and recommendations for future implementation derived from existing literature. Moreover, the rapid review does not approximate an academic 'systematic review,' or an attempt to assign quality to sources. Additionally, in instances where there was limited literature from African countries, relevant global literature was included. The brief highlights the importance of addressing menstrual health as part of efforts to promote SRHR for women and girls throughout Africa. Furthermore, this brief uses the term 'women, girls and people who menstruate' to be inclusive of all individuals who do not identify as female, but still experience menstruation.

Current evidence



Menstrual health within the sexual and reproductive health and rights framework

The relationship between menstrual health and SRHR involves both biological elements of menstruation and reproductive health (pertaining to fertility, contraceptive use, maternal health and HIV), and other common SRHR-related sociocultural barriers such as stigma, lack of knowledge, gender norms and structural obstacles (Phillips-Howard et al., 2018; Chandra-Mouli et al., 2019; Wilson et al., 2021). These biological and sociocultural factors inform the decisions of girls, women and people who menstruate regarding sex, relationships, contraceptive use and health, thus demonstrating strong linkages between menstruation, SRHR and other development outcomes such as education, well-being and economic empowerment (UNFPA

ESARO, 2019; Hekster et al., 2019; Phillips-Howard et al., 2018). Furthermore, as more countries experienced a decrease age at menarche, there is a growing acknowledgment that menstrual health is an essential concern for both public health and human rights (Tellier and Hyttel, 2018).

Although there is emerging evidence from Africa which sheds light on menstrual health for girls, women and people who menstruate, there is still limited information focusing on menstrual health within the SRHR framework (Ajayi, et al., 2021; Phillips-Howard et al., 2018; UNFPA, 2019; Water Aid, 2022). Furthermore, as the importance of menstrual health is lifted in international discourse and dialogue in understanding for the broader health, well-being, mobility, dignity and educational and economic empowerment of women, girls and all people who menstruate, more research needs to be conducted to lift menstrual health as a critical

¹ Countries of relevance included the 54 African countries covered by UNFPA regional offices at the time of review.

component of SRHR (UNFPA ESARO, 2019) with the aim of achieving the 2030 Sustainable Development Agenda and corresponding targets, International Conference on Population Development Programme of Action, the United Nation's Youth 2030 Agenda and the implementation of Africa's Agenda 2063: The Africa We Want (UNFPA ESARO, 2019).

Studies conducted in West and Central Africa indicate that girls and women face significant challenges in accessing medical care for menstrual disorders, and health professionals do not always address this issue with patients. A study focused on university students in northern Ghana found that doctors and nurses were dismissive of students' dysmenorrhea, resulting in anger and overall distrust in health professionals in treating menstrual health in this context (Ameade et al., 2018). This underscores the critical role of menstrual health in SRH and highlights the need to improve its consideration and integration into health systems, including health facilities and community health services (UNFPA WCARO, 2022). According to Sommer et al. (2015), there has been less emphasis on menstrual health within the field of SRHR, possibly because the main focus has been on girls above the age of 15 who are at higher risk of sexually transmitted infections and unintended pregnancy. Strategies on reproductive health have generally not given much attention to menstrual health, and even the 2015 Global Strategy for Women's, Children's and Adolescent's Health does not mention the topic explicitly (Tellier and Hyttel, 2018).

However, despite established linkages between menstrual health and SRHR, the international development community has neglected to sufficiently include menstrual health in SRHR programming and services. For example, it was identified that several SRHR-focused studies either omit or include just minor references to menstrual health which results in menstrual health interventions being implemented separately from broader SRHR initiatives (Tellier and Hyttel, 2018; Hugget and Macintyre, 2016). This demonstrates a missed opportunity for integrating menstrual health into SRHR-focused policies, programming and care (UNFPA ESARO, 2019) and it is recommended that menstrual health policies and actions be broadened holistically in scope, to achieve a cross-sectoral approach that integrates SRH, education, socio-economic well-being, hygiene and sanitation (UNFPA WCARO, 2022b).

Intersections of menstrual health and SRHR: Stigma, shame, embarrassment and disgust

The intersection of menstrual health and SRHR has various interconnected implications that affect the way people experience and express their sexuality, make decisions related to health matters and influence how bodily autonomy is exercised. Despite menstruation being a natural biological occurrence, it is often associated with taboos, restrictions, stigmatization and discriminatory social norms (Gottlieb, 2020; UNFPA ESARO, 2019). This is further compounded by how, in some contexts, menstruation may ignite and enforce expectations about gendered roles, responsibilities and behaviours, marking a passage into womanhood and in some contexts used as a 'signal' for sexual or marital readiness (Gottlieb, 2020; Gold-Watts, 2020; Sommer et al., 2021; Glynn et al., 2010). Furthermore, taboos, restrictions, stigmatization and discriminatory social norms in schools and workplaces, prevents girls, women and people who menstruate from safely managing their menstruation with dignity and privacy (Coast et al., 2019; Tirado et al., 2020; Burtscher et al., 2020). Therefore, it is crucial to dismantle menstrual stigma and transform harmful social and cultural norms to achieve gender equality and promote SRHR (UNFPA ESARO, 2019).

Studies show, cultural and social norms and beliefs associated with menstruation have a significant impact on women's SRH behaviours and decision-making (UNFPA, 2019; Polis et al., 2018; Rademacher, K.H., et al. 2018). For example, in one study, which explored menstrual experiences within the context of the ASPIRE clinical trial during which women were asked to use a monthly vaginal ring for HIV prevention in Malawi, Zimbabwe, Uganda and South Africa, revealed persistent and widespread emotions of shame, embarrassment and disgust relating to menstruation by study participants (Duby et al., 2020). Here, it was reported that menstruation was often described using euphemistic terms or language about dirtiness such as 'dirt,' or words in other languages that translate as dirt/dirty, filth/filthy, waste, soiled, or unsightly: obukyafu (Luganda), kuda / nyansi (Chichewa), tsvina (Shona) and udoti (Zulu) (Duby et al., 2020). Additionally, according to authors of this study, despite reassurances from research staff, women expressed that they were

uncomfortable touching their own menstrual blood when removing vaginal rings, felt embarrassed about staff seeing visible blood on returned rings, or having pelvic and gynaecologic exams during menstruation, thus leading to missed study visits. The study also revealed how women's aversion to menstrual blood was linked to sociocultural beliefs and practices about menstrual bloods' potential harms such as, the belief that sex during menses could be harmful to men (Duby et al., 2020). Findings from this study provide insight into how socio-cultural beliefs and practices around menstruation affect women's participation in clinical trials involving gynaecologic procedures and/or vaginal products and other HIV protective behaviours among women in the four study countries (Duby et al., 2020).

Additionally, studies from Uganda and other countries in East and Southern Africa suggest that the fear or experience of menstrual irregularities may lead to the discontinuation of certain contraceptive methods, such as intrauterine devices or injectable hormonal methods (UNFPA WCARO, 2022b). Menstrual irregularities, such as heavy bleeding, are reported as a reason for discontinuation as they cause discomfort and may require the purchase of expensive menstrual hygiene products. Given the concerns about method discontinuation, addressing this issue is crucial. However, current comprehensive sexuality education (CSE) guidelines appear to have limited focus on these issues (Tellier and Hyttel, 2018). Furthermore, the available literature from Africa on menstruation mainly highlights the shame and stigma that arises due to limited access and options for menstrual blood management among women living in resource-poor settings, particularly schoolgirls (Lahme, Stern and Cooper 2016).

Menstruation, gender-based violence and child marriage

Literature has also revealed associations between menstruation, GBV and child marriage in several contexts. For instance, several studies report how girls, women and people who menstruate may be exposed to menstrual-related bullying or violence based on their menstruation status, especially in school settings or workplaces (UNFPA ESARO, 2019; Tellier and Hyttel, 2018; Sommer et al., 2016; Lahme et al., 2018). Furthermore, menstruation is often associated as a contributing factor to CEFM (Tellier et al., 2020, UNFPA ESARO 2021, CARE et al., 2018).

In many sociocultural contexts which define the role of girls and women in marriage as giving birth and taking care of the family and the husband, a girl can be perceived as ready for marriage as soon as her menstruation is regular. The onset of menstruation also known as menarche, usually occurs in puberty and is generally considered a natural and meaningful physiological milestone, marking the transition into womanhood (Sommer, 2013) and a recent review of 24 studies from low- and middle-income countries found that early age at menarche was associated with an early age of marriage (Ibitoye et al., 2017). This is further supported by evidence of the belief that a girl is ready to be married after her first menstrual period or should have her first menstrual period in her in-laws' house, which has been tied to different religious interpretations that support the practice of child marriage throughout Africa (Msuya, 2020; Jouhk and Stark, 2017; Hekster, 2019). Additionally, other studies show that the harmful practice of female genital mutilation can be associated with menstrual disorders, including heavy menstrual bleeding, dysmenorrhea or difficulties passing menstrual blood (WHO, 2023; Tellier and Hyttel, 2018; UNFPA ESARO, 2019; Mimche et al., 2017).

Studies conducted in Ghana, Kenya, South Sudan and Tanzania (Phillips-Howard et al., 2015; Mason et al., 2013; Tamiru et al., 2015; Dolan et al., 2014; Burtscher et al., 2020) suggest that some girls resort to engaging in transactional sex to obtain the necessary funds to purchase menstrual products, putting them at a higher risk of experiencing adverse outcomes such as unintended pregnancy, GBV, HIV and other sexually transmitted infections (Calderón-Villarreal et al., 2022). Moreover, key populations of persons who menstruate including sex workers, transgender men, incarcerated people, refugees, migrants and unhoused people experience intersecting forms of marginalization and discrimination, which may disproportionately introduce additional challenges in obtaining the financial resources to manage their menstruation and access sufficient supplies (Tellier and Hyttel, 2018). This highlights how when it comes to menstruation, GBV and CEFM, there are higher risks of adverse SRH outcomes among vulnerable groups (UNFPA ESARO, 2019).

Menstrual knowledge and education

Findings from the rapid literature review reveal that girls, women and all people who menstruate in low- and middle-income countries may have limited knowledge and many misconceptions about menstruation such as menstruation being considered a curse, disease, or representation of sin (Boosey et al., 2014; Chandra-Mouli et al., 2017; Hennegan et al., 2019). Additionally, studies conducted in sub-Saharan Africa indicate that there is a significant lack of knowledge among young women about the physiological aspects of menstruation, which may be attributed to communication barriers and taboos surrounding the topic (Ramathuba, 2015; Padmanabhanunni, Jaffer and Steenkamp, 2017). As previously described, girls often experience menarche with little or no information about menstruation or other physical changes that occur during puberty which leads to feelings of shame, fear and/or embarrassment (Hennegan et al., 2019; Chandra-Mouli and Patel, 2017; Chinyama et al., 2019; Lahme, et al., 2018). Furthermore, research studies have shown that many young girls, women and people who menstruate often lack an understanding of how menstruation is linked to fertility (Hennegan et al., 2019; Chandra-Mouli and Patel, 2017; Chinyama et al., 2019). A technical brief published by UNFPA ESARO (2019) also described how there is limited evidence available on boys' and men's menstrual knowledge indicating that they also have significant gaps in their understanding, contributing to menstrual stigma and discrimination (UNFPA ESARO, 2019). Additionally, in many settings, family members (e.g. mothers and grandmothers) are the primary source of information for girls about menstruation (Chandra-Mouli and Patel, 2017; Ajeh et al., 2015).

According to some studies, a lack of knowledge about available services was a significant reason why SRHR services were not utilized. To improve awareness and utilization of these services, outreach activities should be undertaken, which provide information about how and where to access the services, as well as the confidentiality policies of the services. In addition, humanitarian settings should provide further support for menstrual hygiene management kits (Izugbara et al., 2023; Tellier and Hyttel, 2018).

According to Tellier and Hyttel (2018), pilot studies have shown that educational approaches that address menstrual health and related issues can have a

positive impact, suggesting that providing education about menstruation could be a good starting point, as it is a relatively neutral topic and parents have expressed a need for better education. Menstruation education could begin before puberty and continue throughout a person's life as part of a comprehensive approach to SRHR. Ideally, this education would be provided by someone with specialized knowledge in the area. Additionally, studies indicate that inadequate menstrual knowledge among women can lead to a cycle of misinformation and misunderstanding, resulting in limited bodily autonomy, reduced ability to negotiate safer sex and a diminished capacity to seek health care for menstrual health and SRHR concerns at different stages of the life cycle (Hekster, 2019; UNFPA ESARO, 2019). Therefore, it is crucial to ensure that CSE and puberty education are accessible to individuals who menstruate across Africa, as CSE can serve as an effective platform to provide culturally relevant and accurate, age-appropriate education on both menstrual health and SRHR (UNFPA ESARO, 2019).

Although many African countries have made progress in integrating CSE into their national curricula, the implementation of these programmes is often poor, with little attention given to puberty and menstrual health (Sommer et al., 2015). Teachers often lack the necessary training and support to address menstrual health-related concerns in the classroom and may feel uncomfortable or resistant to teaching about SRHR or menstrual health (Chandra-Mouli et al., 2019). Additionally, in some cases, misunderstandings about the nature, purpose and effects of CSE have generated community resistance, which further limits access to puberty and menstrual health-related information among people who menstruate (Panchaud et al., 2019; UNFPA ESARO, 2019).

Menstrual health and COVID-19

The COVID-19 pandemic has had negative effects on menstrual health for girls, women and people who menstruate throughout Africa, as reported by several preliminary studies. It was reported that during the COVID-19 pandemic, period poverty increased due to stock shortages in the supply of menstrual products, difficulty in accessing clean water and the inability to properly dispose menstrual absorbents during imposed lockdowns (Odey et al., 2021, Hunter et al. 2022). According to the American Medical Women's Association, period poverty can be defined

as, “the inadequate access to menstrual hygiene tools and education, including but not limited to sanitary products, washing facilities, and waste management” (Alvarez, 2022). In low- and middle-income countries where people who menstruate may not have the means to buy affordable menstrual products and must resort to using unreliable absorbents which can potentially influence civic and social participation, as well as a cause of stress and anxiety remains a key challenge (Hennegan et al., 2019; Lahme et al., 2018; UNFPA ESARO, 2019). Some studies also suggest that these increases in costs for menstrual products coupled with the economic shock that was experienced globally may have led some people who menstruate to engage in transactional sex to afford and acquire necessities such as menstrual products during the COVID-19 pandemic (Odey et al., 2021; UNFPA, 2022; Kons et al., 2022). Additionally, it was reported that during the pandemic rates of GBV were

heightened, as privacy has been reduced and the cost of menstrual materials increased. Lastly, reduced access to menstrual materials and information has been identified as one of the most negative effects of COVID-19 on SRHR (UNFPA ESARO, 2021).

In addition, individuals experiencing menopause are frequently neglected in programmes, policies and health care services related to menstrual health. Hence, it is crucial to recognize the significance of menstrual health for people going through menopause, as they may encounter irregular bleeding or spotting during this transitional phase. Consequently, it is essential for individuals undergoing menopause to have access to information and available resources for effectively managing these symptoms and maintaining their overall menstrual and reproductive health (Tellier and Hyttel, 2018).

Gaps in the existing evidence



Several gaps were identified in the existing evidence which include the following:

- The rapid literature review revealed that there are evidence gaps focusing on menstrual health within an SRHR framework throughout Africa.
- Although there are several studies in some areas of menstrual health (for example, with regards to knowledge, social impact, school attendance), but for other areas there is very little evidence, including many areas related to SRHR and the life cycle approach, or the issues faced by particularly vulnerable groups such as the displaced, disabled, prisoners or out-of-school youth (Tellier and Hyttel, 2018).
- Furthermore, people with menopause are often overlooked in menstrual health programming, policies and care. Therefore, it is important to acknowledge that menstrual health is important for people with menopause, as they may experience irregular bleeding or spotting during the menopausal transition. Therefore, it is important for people undergoing menopause to have access to information and resources on managing these symptoms and maintaining their menstrual and reproductive health (Tellier and Hyttel, 2018).
- Research suggests that dysmenorrhea, which is painful menstrual cramps, is widely considered a significant issue affecting the physical well-being of girls, women and people who menstruate. However, there is still evidence gaps pertaining to effective programmes addressing this issue. This indicates a significant gap in addressing dysmenorrhea (Tellier and Hyttel, 2018).
- Other important issues, such as how menstruation interacts with breastfeeding and anaemia, menstrual irregularities, gynaecological problems and menopause, are also relevant to the field of SRHR. However, recent literature on interventions addressing these issues is also limited (Tellier and Hyttel, 2018).
- Due to the fact that many SRHR programmes and services primarily target adolescents 15 and older, most national health information systems only collect SRH data from on individuals 15 years and above, which may have implications on how we identify and understand the needs of younger populations (UNFPA ESARO, 2019).



Conclusion and recommendations



The importance of menstrual health cannot be overstated as it is a critical component in achieving gender equality and the realization of SRHR. To manage menstrual experiences safely and with dignity, it is crucial that girls, women and people who menstruate have access to reliable, accurate and comprehensive information, sufficient health care facilities and affordable menstrual absorbents. Additionally, it is essential to create emotionally and physically supportive environments at schools and in families to enable women and girls to manage

menstruation effectively and without shame. The following recommendations were drawn from the relevant literature identified and provide an overview of next steps for an unfinished menstrual health agenda, moving forward. The recommendations presented below, which are organised by the socioecological model and focus on developing knowledge, skills, support and services throughout the life cycle and promote menstrual health as an essential component of SRHR programming throughout Africa.

- When designing products for vaginal use, it is important to take into account the societal and cultural views on menstrual health and the stigma associated with reproduction and menstruation. (Duby et al., 2020).
- Individuals should be provided the resources (including information, supplies, adequate sanitation facilities and supportive school, work and household environments) to facilitate good menstrual health, bodily autonomy and informed choice that allows for participation in all spheres of life during the menstrual cycle. Furthermore, information on different types of products is required so that individuals can make an informed choice about the product that best suits their needs.
- Since people with menopause are often overlooked in menstrual health programming, policies and care, menstrual health research and programming for people with menopause is important for maintaining both menstrual and reproductive health of this population.
- Health providers need better training and support to address menstrual health issues, and to provide girls and women with appropriate and tailored advice on contraception (including contraceptive-induced menstrual changes) (UNFPA WCARO, 2022b).
- Although, in many contexts, family members can be positive purveyors of knowledge, in some contexts, gaps in understanding and education levels may influence how information is conveyed from mother or grandmother to adolescent girl or person who menstruates, due to preferred knowledge dissemination methods, power dynamics and/or prevalent generational hierarchies. This demonstrates a need for interventions to target mothers, grandmothers and other influential family members who menstruate in programming that aims to promote menstrual health.
- Ensuring access to menstrual health education for all adolescents and young people through puberty education and/or CSE programmes, both in- and out-of-school, and throughout the full life course for people who menstruate. It is further recommended that menstrual health and SRH information, education, services and programmes meet the specific needs of diverse people with disabilities and providing tailored information and care. Also, as menstrual and other uterine bleeding patterns vary across different stages of life, it is essential to adopt a comprehensive life cycle perspective in order to understand the connections and their implications for the SRHR of women, girls and all individuals who menstruate (UNFPA ESARO, 2019). In addition, it is important to support self-management of menstrual health by providing education and resources to help girls, women and individuals who menstruate track their menstrual cycle, understand their fertility periods and increase their chances of conceiving at the desired time (UNFPA WCARO, 2022).

- Given the associations between menstruation, GBV and CEFM, natural and meaningful physiological milestone, marking the transition into womanhood, it is recommended that community/religious leaders, elders and local organizations are consulted and engaged to foster a supportive environment that promotes menstrual health and potentially dismantles beliefs that may perpetuate harmful practices. This could be facilitated through more open conversations, addressing cultural taboos, and the authentic involvement of men and boys in discussions to create a shift in prevailing attitudes and behaviours.
- A holistic approach to addressing menstrual health that considers the unique social, cultural and economic contexts and emphasizes the importance of multi-sectoral collaboration and community engagement to promote menstrual health as an integral component of advancing SRHR and gender equality is needed throughout the continent (UNFPA WCARO, 2022b).
- Integrating menstrual health into SRH services can be done at various levels of the health care system such as hospitals, health centres, school nurse's offices and community health centres. This integration can take a comprehensive approach, adapting to different care circumstances. For example, menstrual health can be integrated into counselling sessions on reproductive health, family planning, prenatal consultations (including information and advice on menstrual cycle variations), services for people living with HIV and abortion/post-abortion counselling (UNFPA WCARO, 2022; Izugbara et al., 2023; UNFPA WCARO, 2022b).

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