

Understanding the precious red drop

Dr Kihara Anne Beatrice discusses a life-course approach to menstrual health management



Menstruation conjures thoughts of rites of passage, fertility and motherhood in most African cultures. Unfortunately, it is also a taboo, surrounded by misinformation and lack of information, fear, embarrassment and shame.

Menstrual health management encompasses both menstrual hygiene practices and systemic factors that link menstruation with health and well-being, gender, education, equity, empowerment, the human right to safe clean water and sanitation, privacy, information, sanitary-wear use and disposal management. It is also grounded in life-course approaches, public health, and socio-cultural, economic and gender empowerment.

Normal menstrual cycles occur with onset of puberty in girls aged 9-16 years. Its regular and cyclic of 21-35 days; amounts to 50-100ml; and is occasionally associated with pain (dysmenorrhea) and lower abdominal discomfort. A professional should be consulted in cases of occurring too early (<9 years) or too late (>16 years); pattern changes ranging from irregular cycles; amounts

that are either excessive or absent; intermenstrual bleeding; and post-coital bleeding.

The life-course approach covers different phases of the life course:

- At birth – menstruation in the girl child due to hormonal spill over from the mother's hormones from pregnancy can result in 'witches milk' and a vaginal discharge or bleeding.
- During childhood – in the majority there is no bleeding noted but can be seen with foreign bodies introduced per vagina, infections of the reproductive tract; trauma; sexual violation and rarely the vaginal growth Sarcoma Botryoides.
- At puberty – in girls with development of secondary sexual characteristics there is breast development, axillary and pubic hair growth and distribution; growth spurt and hallmarked with the start of menstruation (menarche). Congenital, genetic, hormonal, metabolic and reproductive tract abnormalities, including those caused by practices such as female genital mutilation, can be responsible for abnormal bleeding or absence of bleeding.

The majority of changes seen in menstruation occur during the reproductive years principally related to

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pregnancy and to pregnancy and child-birth complications.

These can be broadly stratified into:

- Early pregnancy bleeding – ectopic pregnancy; hydatidiform mole and other gestational trophoblastic diseases; spontaneous miscarriage and abortion; fibroids and ovarian tumours in pregnancy; reproductive tract infections and including sexually transmitted infections.
- Late pregnancy bleeding can be associated with low-lying placenta or prematurely separated placenta or adherent placenta; uterine rupture; bloody discharge seen after childbirth (lochia); excessive bleeding after delivery (PPH); instrumentation, sexual violation and infections such as candidiasis, trichomonas vaginalis, HPV, genital ulcers and cancers in the reproductive tract.

Modern family planning methods maybe associated with abnormal bleeding patterns and in provision of contraception services counselling stating their benefit versus risk, medical eligibility must be shared with clients to make informed choices.

Other gynaecological issues that can result in abnormal uterine bleeding include: polyps; adenomyosis; fibroids; ovarian tumours; metabolic and endocrine disorders; sexually transmitted infections and tuberculosis; endometriosis; hormonal treatment associated with Assisted Reproductive Technologies and hormonal replacement with menopause; abnormal bleeding disorders (Coagulopathy) encountered being cervical cancer.

Information, education and appropriate communication in the life cycle of a girl/woman is an essential foundation to menstrual health management. The backdrop requires there be laws, policies and strategies with capacities within the health sector and inter-sectoral involvement, gender inclusivity and empowerment to address girls and women social determinants, resources and provide a rights-centred approach to care.

Looking again at indigenous knowledge systems is crucial for better understanding of the life-course of menstrual health management. This should include better insights and interrogation of social norms and values that uphold the protection of young girls.

Equitable menstrual hygiene management needs to provide sustainable access to sanitary-wear appropriate for the individual in their life course. Access, cost, availability, utilisation and disposal (eco-friendly recycle and disposal). Besides water and sanitation, specific attention needs to be given to vulnerable and marginalised groups, e.g. persons with disabilities, with RH cancers and in humanitarian and conflict crisis.

Other prevention strategies include thinking nutrition first as a life-course approach and knowing the impact of malnutrition from lack or over-nourishment; communicable and non-communicable disease prevention and treatment/control; well-woman centred clinics and skilled personnel to address menstrual ill-health; immunisation access and coverage for HPV; providing PMTCT+ practices for zero rating blood-borne infections and transmission from that with abnormal bleeding and to care-givers; mental health with school and

home-based programmes that address self-esteem and body image and provide services to care givers.

Men need to be engaged in the communities in empathetic ways, clarifying understanding of menstrual health and hygiene management in the life course and promoting their engagement in healthy relationships and safer sexual practices. Civic voices should mobilise for community-led total sanitation and WASH, and promote dialogues spaces on equitable distribution, use and disposal of sanitary wear. Media strategies should offer information, hotline services and effective communication in social media.

In treatment strategies, tools for screening, diagnosis and treatment require a robust health system, skilled and motivated personnel offering timely and quality care, technologies and medical products, financing, and a more concerted effort to get blood and blood products to those most in need.

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