

Menstrual Health

Information and
Guidance Manual

প্রথম ধাপ : মাসিক ও ডিম তৈরি হওয়া

মাসিককালীন দশা (দিনস ১-৫)



মাসিকের প্রথম দিন থেকে শুরু হয়ে থাকে। জরায়ু থেকে পর্দাসহ ডিম থেকে বিশেষ কিছু হরমোন বের হয়। শরীরের নালিহীন গ্রন্থি থেকে বের

দ্বিতীয় ধাপ : ডিম পরিপক্ব হওয়া

প্রতি মাসিক চক্রে দুটি ডিম্বথলি ও ছাড়ে। যখন ডিম পরিপক্ব হয় জরায়ুতে রাসায়নিক সংকেত জরায়ু তার দেয়ালে রক্তের পুর করতে থাকে। ডিমটি জরায়ু উদ্দেশ্যে ধীরে ধীরে ডিম্বথলি মধ্য দিয়ে যাত্রা করে। ৪৮ ঘণ্টা জরায়ুতে পৌঁছানোর আগেই শু

জরায়ুর আবেগ থেকে পড়ার দশা (দিনস ১৫-২৮)



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Cover Photo: Explanation on the menstrual cycle in our programme Ritu, Bangladesh

Menstrual health matters

Simavi

Simavi strives for a world in which all women and girls¹ enjoy their human rights to water and sanitation, resulting in healthy and just societies. Women and girls are especially affected by inadequate access to water and sanitation because of gender-related cultural and social factors and inequalities. Simavi believes that women's and girls' participation and empowerment are essential to realise the human right to water and sanitation (HRWS) and more gender equal societies. Toward this end, Simavi is using a gender transformative and women-centred approach. It is important that women and girls can make informed decisions regarding their rights to water and sanitation, free from stigma and discrimination.

The importance of menstrual health

Menstrual health is one of the aspects through which women's and girls' rights are being suppressed. Due to patriarchal societal norms, menstruation has long been seen as a taboo subject and used to suppress women's position in society. Depending on cultural and societal context, suppressive practices can take different forms, but are apparent throughout the world.² As a result, many (young) people who menstruate face considerable physical and social challenges during their menstruation. In order to advocate for menstrual health for all, the different power structures surrounding menstruation must be taken into account. Aside from offering information about the menstrual cycle, menstrual well-being and menstrual practice, this manual will address the different systems of oppression and how they relate to the menstrual experience.³

Inclusivity

When it comes to the struggles surrounding menstruation but also to advocate for rights surrounding menstrual health, it is imperative to acknowledge that this conversation is not limited to cisgender⁴ women and girls. Not all women menstruate and not just women menstruate; there are cis women and girls who don't menstruate due to health, age, or anatomical reasons. There are also trans⁵ men that menstruate, trans women who do not menstruate, intersex people who do or do not menstruate, as well as other non-binary or gender non-conforming people that may or may not menstruate. It is important to note that while the term "women" also includes trans women, their experiences tend to be different from those of cis women.

¹ Simavi refers to "women and girls" as our key target group. However, we note that we view both sex and gender on a non-binary spectrum. In our work we therefore strive to include all people who self-identify as female, as well as those who do not self-identify as female that have specific needs due to menstruation and/or pregnancy. Also see "inclusivity" in this chapter.

² Stigma around menstruation and menstrual blood is a global phenomenon. Simavi closely monitors and incorporates new developments on menstrual stigma and in academic fields such as Critical Menstruation Studies. However, we recognise that menstrual stigma affects us too. The last thing we want to do is further stigmatise menstruators through certain language or approaches. We are therefore open to suggestions, please contact Hilda Alberda at hilda.alberda@simavi.nl

³ This manual focuses mostly on the menstrual period, but it does incorporate other episodes of bleeding between menarche and menopause, referred to as "other types of vaginal bleeding".

⁴ Cisgender and/or cis refers to those whose gender identity aligns with their biological sex, i.e., when someone who is born with a vulva (and therefore assigned female at birth), feels and identifies as a woman.

⁵ Trans is an umbrella term referring to people whose gender does not align with the gender they were assigned at birth. This includes transgender and/or transsexual people, but also other gender non-conforming people. For further information about trans identity, see the Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities in Asia and The Pacific. (2015) https://www.asia-pacific.undp.org/content/rbap/en/home/library/democratic_governance/hiv_aids/blueprint-for-the-provision-of-comprehensive-care-for-trans-peop.html See also <https://www.plannedparenthood.org/learn/teens/all-about-sex-gender-and-gender-identity/what-do-transgender-and-cisgender-mean> for further explanation on the difference between cis- and transgender.

The menstrual experience can/will also be different for people with disability, chronic illness, people living in poverty, etc. It must be understood that while menstruation is a subject that transgresses many borders, it cannot assume a universal subject in the sense that there is not one “normal” menstrual experience.⁶ Therefore, it is important to acknowledge that while this manual cannot address all specific experiences, it will add suggestions here and there on how to include this within menstrual education settings.

First and foremost, it is imperative that it is recognised that those who menstruate are their own experts when it comes to their bodies: when in doubt, it is always advised to ask them about their needs and how you can address them properly. For example, when working with menstruators living with a disability, it might be necessary to involve their family or caretaker as they might need their support to navigate their menstrual health.⁷

Local context

When working on menstrual health, it is important to acknowledge local knowledges and recognise that outsider expertise is not superior.⁸ Many norms and practices around menstruation are context specific and have different effects on menstruators. Therefore, it is imperative to consider the lived experiences of people who menstruate. Menstrual health programmes and policies should be developed according to the realities and needs of people who menstruate. Simavi believes in participatory approaches and interventions where menstruators are in the lead, allowing them to design, decide and evaluate menstrual health programmes.



Muhereza Azimire, Uganda

Who is this manual for?

This manual contains information on menstruation as well as the normative, social and rights frameworks necessary to achieve a holistic approach to achieving menstrual health for all. This manual is developed for practitioners, policy makers and trainers working on menstrual health programmes.

⁶ Referring to: McCarthy, A. & Lahiri-Dutt, K. (2020), Bleeding in Public? Rethinking Narratives of Menstrual Management from Delhi's Slums, https://link.springer.com/chapter/10.1007/978-981-15-0614-7_3

⁷ A good resource for approaching menstrual health in regards to those living with disabilities can be found in the Unicef Guidance for Menstrual Health and Hygiene (2019) page 65. Available at <https://www.unicef.org/documents/guidance-menstrual-health-and-hygiene>.

⁸ See McCarthy & Lahiri-Dutt (2020) Bleeding in Public? Rethinking Narratives of Menstrual Management from Delhi's Slums, https://link.springer.com/chapter/10.1007/978-981-15-0614-7_3

Acknowledgements

A growing base of information and research is available on menstrual health and other forms of vaginal bleeding, and this manual has been inspired by the knowledge and guidance contained within these resources. Primarily, the information in this manual integrates Simavi's internal knowledge, experience and track record on menstrual health, translating into key messages and best practices.⁹ Taken together, this information has allowed for the adaptation of proven content, guidelines and tools for the second version of Simavi's Menstrual Health Manual.

A full list of references and hyperlinks can be found in the List of References at the end of this manual. We would like to thank all the organisations that shared their manuals and information widely and will follow their good example.

Training and support

Simavi provides trainings, workshops and technical assistance on menstrual health. This manual is the basis for our trainings. Simavi also developed a facilitation manual including facilitation guidelines and tools, and additional activities and discussion topics. For more information about our training and support on menstrual health, contact us through info@simavi.nl.

Terms and definitions

People who menstruate

Within our work on menstrual health, Simavi refers to people who menstruate not only to acknowledge and include those who menstruate beyond the gender binary, but also to emphasise and challenge the perpetuation of binary gender and sex norms by connecting menstruation with womanhood and girlhood.

While the participants in an educational setting may all identify as ciswomen/girls, it is important to recognise that menstruation is not inherently connected to womanhood. By disconnecting the menstrual experience from womanhood, a growing awareness of diverse experiences and bodies can be realised.

Menstrual health

Simavi uses the term menstrual health when referring to its work on menstruation as this term describes both menstrual practices and the broader interventions that link menstruation to health, well-being, gender, education, equality, empowerment and rights.

In April 2021, menstrual health was officially given its definition by a multidisciplinary group of experts and researchers led by the Terminology Action Group of the Global Menstrual Collective.¹⁰

⁹ For example see Simavi (2020). Ritu programme: Improving menstrual health of girls in Bangladesh. Final report 2016–2020. <https://simavi.nl/media/pages/medialibrary/b1a77b3fe7-1618996933/ritu-programme-final-report.pdf>

¹⁰ Hennegan J., et al. (2021) Menstrual Health: A Definition for Policy, Practice, and Research, Sexual and Reproductive Health Matters, 29:1, 1911618, <https://www.tandfonline.com/doi/full/10.1080/26410397.2021.1911618>

Their outcome:

Menstrual health is 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.

Achieving menstrual health implies that women, girls, and all other people who experience a menstrual cycle, throughout their life-course, are able to:

- Access accurate, timely, age-appropriate information about the menstrual cycle, menstruation, and changes experienced throughout the life-course, as well as related self-care and hygiene practices.
- Care for their bodies during menstruation such that their preferences, hygiene, comfort, privacy, and safety are supported. This includes accessing and using effective and affordable menstrual materials and having supportive facilities and services, including water, sanitation and hygiene services, for washing the body and hands, changing menstrual materials, and cleaning and/or disposing of used materials.
- Access timely diagnosis, treatment and care for menstrual cycle-related discomforts and disorders, including access to appropriate health services and resources, pain relief, and strategies for self-care.
- Experience a positive and respectful environment in relation to the menstrual cycle, free from stigma and psychological distress, including the resources and support they need to confidently care for their bodies and make informed decisions about self-care throughout their menstrual cycle.
- Decide whether and how to participate in all spheres of life, including civil, cultural, economic, social, and political, during all phases of the menstrual cycle, free from menstrual-related exclusion, restriction, discrimination, coercion, and/or violence.

Menstrual practices

When specifically referring to practices that are taken to improve menstrual health, where possible we use the term menstrual practices. We chose to do this as when the word “hygiene” is used in relation to menstruation, it might imply that menstruation is unhygienic in itself, which contributes to the existing stigma connected to menstruation. With menstrual practices, we refer to what the United Nations Children’s Foundation (UNICEF) and the World Health Organization (WHO) define as a state of “good” MHM (“Menstrual Hygiene Management”): women use clean material to absorb or collect menstrual blood; can change this material in privacy; and have access to soap, water, and disposal facilities for used materials (e.g. menstrual products).¹¹

¹¹ UNICEF (2019) Guidance on Menstrual Health and Hygiene, <https://www.unicef.org/documents/guidance-menstrual-health-and-hygiene>

International framework and menstrual health advocacy

Human rights

Human rights are rights that every human being has on the virtue of their human dignity. Menstrual health is connected to the rights to health, education, work, (gender) equality and non-discrimination and water and sanitation. Therefore, achieving menstrual health for all requires taking into consideration the psychological, biological, socio-political, and environmental factors that accompany the menstrual experience. The human rights framework can be instrumental in highlighting obligations of States and responsibilities of other stakeholders to support the realisation of human rights and thus contribute to the menstrual health of people who menstruate.

None of the international human rights treaties explicitly refer to menstruation. However, in 2014, the UN Human Rights Council (HRC) acknowledged that the challenges people who menstruate face during their menstrual practices and the stigma associated with menstruation have a negative impact on gender equality.

The 2016 report¹² of the United Nations Special Rapporteur on the human right to safe drinking water and sanitation focuses on gender equality in the realisation of these rights, calling for adopting gender-responsive measures that include addressing the negative stereotypes and social norms around menstruation. This was further emphasised in a HRC resolution in 2018, which recognised that not only access to menstrual products is crucial for menstrual health, but so are factual information and supportive social norms.¹³



Three years later, the Council called upon States among others to act on these through awareness-raising campaigns tackling among others negative social norms and stereotypes on menstruation, and to “ensure that women and girls, including in particular those in vulnerable situations, have equitable access to affordable, safe and clean water, adequate sanitation, hygiene and washing facilities with soap, including a choice of menstrual hygiene products, such as sanitary pads that are safe, culturally sensitive and environmentally friendly”.¹⁴

This perspective recognises that gender inequality and menstrual stigma are at the root of any menstrual injustice. Discrimination based on menstrual status is one element of the global structural and social dynamics which (re)produce unequal power relations impacting the realisation of many human rights. The stigmatised status of menstruation may obstruct the enjoyment of many rights, amongst others the rights to water and sanitation and sexual and reproductive health, rights that, when realised, positively contribute to menstrual health.¹⁵

¹² UN (2016) Report of the Special Rapporteur on the human right to safe drinking water and sanitation, <https://undocs.org/A/HRC/33/49>

¹³ HRC (2018) The human rights to safe drinking water and sanitation (A/HRC/RES/39/8), <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G18/296/27/PDF/G1829627.pdf?OpenElement>

¹⁴ HRC (2021) Menstrual hygiene management, human rights and gender equality, <https://undocs.org/A/HRC/47/L.2>

¹⁵ Winkler, I. (2021) Menstruation and human rights: can we move beyond instrumentalization, tokenism and reductionism? <https://journals.library.columbia.edu/index.php/cjgl/article/view/8842/4544>

In addition to that, the [UN Convention on the Rights of the Child](#) states that children and young people have the right to enjoy the highest attainable health, access to health facilities (Article 24), and access to information which will allow them to make decisions about their health (Article 17), including family planning (Article 24). Young people also have the right to be heard, express opinions and be involved in decision making (Article 12). They have the right to education which will help them learn, develop and reach their full potential and prepare them to be understanding and tolerant towards others (Article 29). Additionally, young people have the right not to be discriminated against (Article 2).

Human rights to water and sanitation

In order for all menstruators to enjoy their rights, we must focus on safeguarding the normative content of the human rights to water and sanitation: Availability, Accessibility, Affordability, Safety and Privacy and Dignity.¹⁶ This normative framework is key for achieving menstrual health as it defines certain standards for menstrual health which are relevant for menstrual health programmes as well as (inter)national advocacy efforts.

Sustainable development goals

Although menstrual health is not explicitly mentioned in any of the SDGs, targets or indicators, there are clear links to be made between menstrual health and SDGs addressing issues such as poverty, health, education, gender equality and water and sanitation.¹⁷ At first sight, the closest reference to menstrual health in the 2030 Agenda for Sustainable Development is Target 6.2: “By 2030, achieve access to adequate and equitable sanitation and hygiene for all, and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations”.¹⁸ Menstrual health is incorporated in the WHO/UNICEF Joint Monitoring Programme indicators linked to this target, specifically, awareness of menstruation before menarche; use of materials to capture menstrual blood; access to a private place to wash and change while at home; and participation in activities during menstruation.¹⁹ However, as demonstrated in the table,²⁰ menstrual health is a cross-sectoral issue which can be linked to other SDGs as well. However, as demonstrated in the table on the next page, menstrual health is a cross-sectoral issue which can be linked to other SDGs as well.



Woman washing her hands, Nepal

¹⁶ See for examples of menstrual health objectives relating to this normative content: <https://www.ohchr.org/en/Issues/WaterAndSanitation/SRWater/Pages/MenstrualHygieneDay.aspx>

¹⁷ Read more about how to link menstrual health to the SDGs in Loughnan, L., Mahon, T., Goddard, S., Bain, R., Sommer, M. (2020) Monitoring Menstrual Health in the Sustainable Development Goals <https://pubmed.ncbi.nlm.nih.gov/33347211/>

¹⁸ <https://sdgs.un.org/goals/goal6>

¹⁹ <https://washdata.org/monitoring/menstrual-health>

²⁰ The table showing the SDGs and their connection to menstrual health has been adapted from the Unicef Guidance for Menstrual Health and Hygiene (2019) page 15. Available at <https://www.unicef.org/documents/guidance-menstrual-health-and-hygiene>.



3.7 "...universal access to sexual and reproductive health-care services..."



4.1 "...all girls and boys complete free, equitable and quality primary and secondary education ..."

4.5 "...eliminate gender disparities in education ..."

4.7 "...all learners acquire the knowledge and skills needed to promote... human rights, gender equality ..."

4.a "Build and upgrade education facilities that are child-, disability- and gender-sensitive ..."



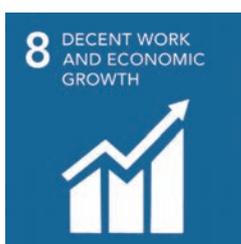
5.1 "...end all forms of discrimination against all women and girls ..."

5.5 "Ensure women's full and effective participation... in public life."

5.6 "Ensure universal access to sexual and reproductive health."



6.2 "...access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations."



8.8 "...promote safe and secure working environments for all workers, including migrant workers, in particular migrant workers..."



12.5 "...reduce waste generation..."

12.9 "Support developing countries to strengthen their... capacity to move towards more sustainable patterns of consumption and production"

1 MENSTRUATION

Menstrual health is used to describe complete physical, mental and social well-being in relation to the menstrual cycle. This includes both the preferred menstrual practices of people who menstruate and the broader interventions that link menstruation to health, wellbeing, gender, education, equity, empowerment and rights. This chapter will provide information on the menstrual cycle as well as on measures that menstruators and their environment can take to ensure their health and wellbeing during menstruation.

Reusable menstrual pads made in our programme The Perfect Fit

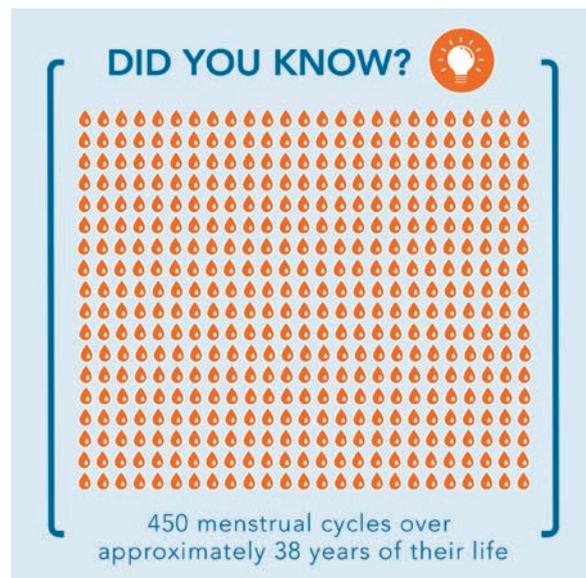
1.1 Menstruation

This chapter provides more information on menstruation. It is important to understand what it means to menstruate or to experience other episodes of vaginal bleeding; this means understanding what happens in menstruators' bodies, when menstruation occurs and what the effects are.

Menstruation is a natural and (typically) regular occurrence that nearly all people who have an assigned-female²¹ reproductive system experience during their reproductive years. On average, a menstruator will have 450 menstrual cycles over approximately 38 years of their life. In addition, there are other forms of vaginal bleeding that menstruators deal with between menarche and menopause. Despite this being a fundamental part of the reproductive cycle, cultural beliefs and social norms in many countries can restrict the participation of menstruators in society during menstruation or other types of vaginal bleeding. In addition, limited access to clean water, MH-friendly sanitation facilities and menstrual products make it difficult for menstruators to carry out their preferred menstrual practice. As a result, many (young) menstruators around the world face considerable physical and social challenges during their period.

Talking about menstruation: Why it matters

Because of societal, cultural and/or religious taboos, menstruation is not openly discussed in many cultures. Therefore, many menstruators do not always have a lot of knowledge about the menstrual cycle and menstruation in particular. It also has an impact on their mental and psychosocial wellbeing as it can create feelings of fear, shame, insecurity and limits participation



in daily life. Moreover, not knowing what is happening during menstruation impacts menstruators' decisions about their hygiene and (sexual) health and rights. Menstrual health programmes can make a difference in this. This is even more true for marginalised menstrual experiences such as trans* people and people with a disability who menstruate, therefore it is important not to further exclude these experiences in menstrual health programmes.²²

Education about the menstrual cycle is important as it offers important insights into one's (reproductive) health, therefore it is imperative that those who menstruate get informed about their bodies and learn how to read and interpret its signs.²³ Not only is this important for their health, it is also a step towards bodily autonomy and agency as it will help them to advocate for their own (medical) needs. Since patriarchal domination has left many alienated from their own bodies and bodily processes, it is important that people who menstruate learn that they are the experts of their body.

²¹ Due to sex being socially constructed, it is important not to perpetuate any gendered language. Therefore assigned-female is better terminology as the first step towards gender neutral language, as it acknowledges the fact that it is not inherently female, but rather constructed.

²² A good resource for approaching menstrual health in regards to those living with disabilities can be found in the Unicef Guidance for Menstrual Health and Hygiene (2019), page 65; as well as transgender and nonbinary menstruators, page 71. Available at <https://www.unicef.org/documents/guidance-menstrual-health-and-hygiene>.

²³ Fahs, B. & Perianes, M. (2020) Transnational Engagement: Designing an Ideal Menstrual Health (MH) Curriculum - Stories from the Field. <https://pubmed.ncbi.nlm.nih.gov/33347194/>

Discuss: Words we use about menstruation

Materials: flipchart and words on it

Time: 15 minutes

This exercise is to get the group more relaxed talking about menstruation and to come to a shared language.

1. Spread a couple of flip charts around the room with the following words on it: Menstruator/someone who is menstruating – Menstruation – Menstrual blood – Menstrual cloth/pad
2. Instruct each participant to move around the room and write slang/local words for the words on the flipcharts. Important: They do not have to worry about spelling/mistakes, they just write as good as they can.
3. Encourage them to use any words or phrases they know. Let them know it is okay to use words they may think are “bad.”
4. Once everyone has finished, come together and read through the lists out loud carefully and slowly.

Before closing the activity, ask the following:

- Were you embarrassed to see, write, or hear any of these words? Why or why not?
- When do we use “slang” words and when do we use words that are more formal? Why?
- Do some of the words seem harsh or abusive?
- How do you think these words make women or men feel? Why do you think this happens?
- What does it mean when people use them?
- Did participants forget phrases with positive meanings? Why?

Adaptation for 10-14 years: For younger participants or participants who do not have strong writing skills, this exercise can be modified. Divide the group into three small groups. Give each group two words from the list. Have them brainstorm all the slang words or commonly used expressions for both terms. After five minutes, ask them to stand in front of the group and say their list (instead of writing it).

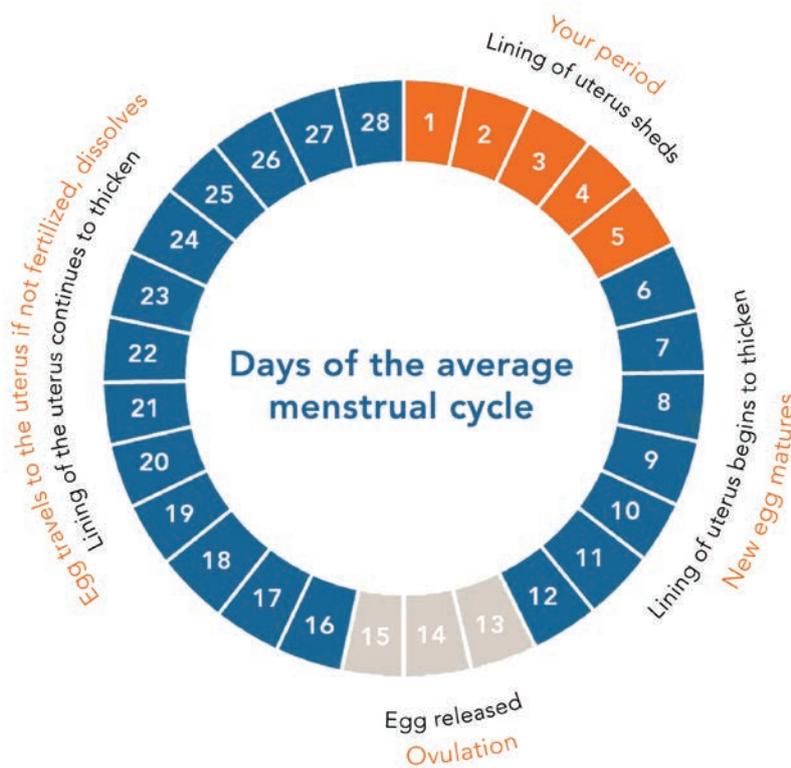
Facilitator Note: If suitable during this exercise, you may talk to participants about the importance of appropriate behaviour and actions when talking about menstruation. It is important to emphasise that everyone should be treated with respect and dignity and that boys and girls should be treated equally.

The menstrual cycle

While most menstrual education focuses solely on the period, menstrual health is affected by more than just the menses. Therefore, it is important for menstruators to learn about the whole menstrual cycle and its four phases. By understanding the differences between the four phases and how they influence their body during the cycle (based on hormonal levels), menstruators can use their menstrual cycle as a tool to plan their daily/weekly activities better. It is important to recognise that knowledge about the effect of menstruation on a menstruator’s body (for instance, changing energy levels) might already be available amongst people who menstruate,²⁴this is different for each context.

The menstrual cycle is usually around 28 days long, though this can vary from 21 to 35 days.²⁵ Each person is different, so is the length of their menstrual cycle and the different phases within the cycle. Each cycle involves the release of an egg (ovulation) which moves into the uterus through the fallopian tubes. Tissue and blood start to line the walls of the uterus for fertilisation. If the egg is not fertilised, the lining of the uterus is shed through the vagina along with blood. The bleeding generally lasts between two and seven days, with some lighter flow and some heavier flow days. The cycle is often irregular for the first year or two after menstruation begins.

Below is an illustration that explains, what happens during the menstrual cycle. Note that the picture shows a cycle that is 28 days long.



²⁴ McCarthy, A., & Lahiri-Dutt, K. (2020). Bleeding in Public? Rethinking Narratives of Menstrual Management from Delhi’s Slums. In C. Bobel, T. A. Roberts, E. A. Kissling, K. A. Hasson, B. Fahs, & I. T. Winkler (Eds.), *The Palgrave Handbook of Critical Menstruation Studies* (pp. 15–30). Springer Publishing.

²⁵ Note that this is often referred to as the ‘normal’ or ‘healthy’ cycle, but it is important to understand that there is not one normal and that every menstruating body has its own normal and its cycles will vary over the years. Longer or shorter cycles can also be the result of a hormonal or menstrual disorder.

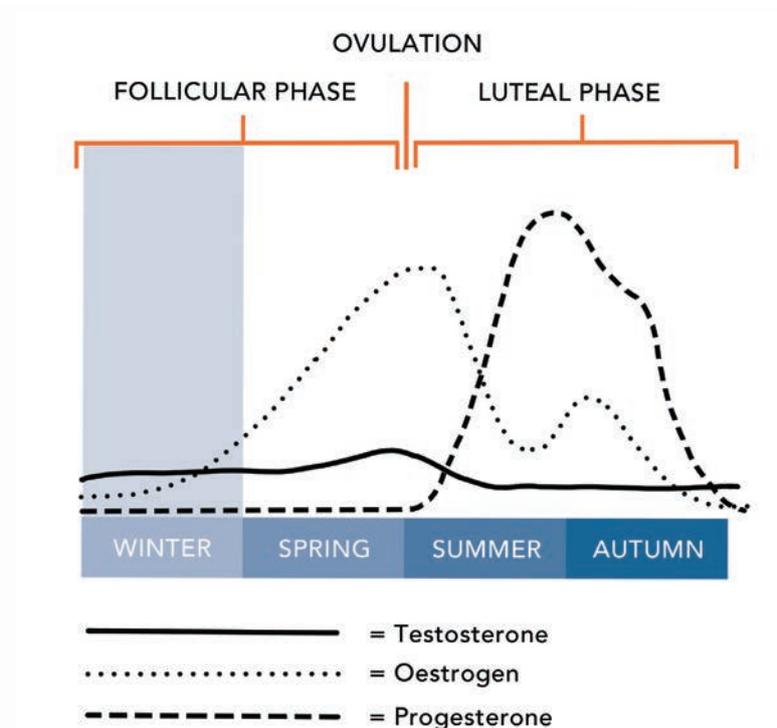
Hormones

When addressing the hormones that regulate the menstrual cycle, it is important not to refer to them as “female hormones” or “women’s hormones”. Medical science has long divided the hormonal system between “male” and “female”, but not only is this gendering of the hormones excluding both sexual and gender diverse people, it also bypasses the fact that all bodies have all hormones - just in varied amounts. For example, the so-called “male” hormone, testosterone, is also present in the assigned-female body.²⁶

In relation to the menstrual cycle, different hormones have different impacts on the body. For example, the rise of oestrogen within the follicular and ovulatory phase generally means a rise of energy. During this time, many people with menstrual cycles feel more productive and more social. While the progesterone peak during the luteal phase can cause a decline in energy, and can also affect mood and emotional wellbeing. This is generally referred to as premenstrual syndrome (PMS).

TIP:

Indigenous or local knowledge about the menstrual cycle often links the cycle to nature, for instance the relationship with moon cycles or yin and yang energy. This can also be a useful way to explain the menstrual cycle and the corresponding phases. As a facilitator, first engage with the participants of the session to see if there is such knowledge available and/or used. When in working in countries that have four seasons, another approach you can use is linking the four phases of the menstrual cycle to these seasons (winter, spring, summer, autumn).²⁷



²⁶ For further reading see: Wijngaard, M. van den, (1997) Reinventing the Sexes: The Biomedical Construction of Femininity and Masculinity. https://books.google.nl/books?hl=nl&lr=&id=h7feE4vYhEC&oi=fnd&pg=PA1&ots=vk0TrN5LoQ&sig=79RyrCrcy6w0aAnqOtyZN-8r62QY&redir_esc=y#v=onepage&q&f=false

²⁷ Two resources for this are 'Wild Power: Discovering the Magic of the Menstrual Cycle and Awaken the Feminine Path to Power' (2017) by Alexandra Pope and Sjanie Hugo Wurlitzer and 'Period Power' (2019) by Masie Hill.

Phases of the menstrual cycle²⁸

Menstruation

The period is considered the beginning of the menstrual cycle. A period normally lasts for around five days but can be as short as two days or as long as seven. There is usually around 2-6 tablespoons of blood lost during each period, depending on the heaviness of the flow. A period occurs because the uterus will shed its lining if an egg (ovum) is not fertilised. During menstruation, hormone levels of oestrogen and progesterone are low. As a result of the change in hormones, people who menstruate can feel more tired during their menstruation.

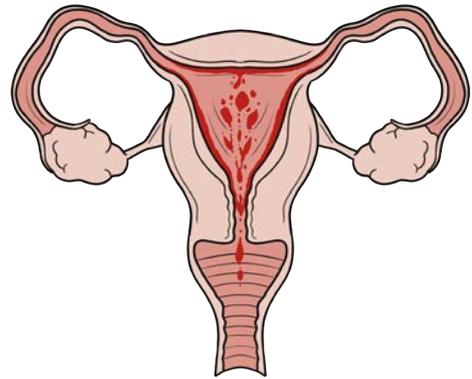


Illustration: Menstrual cycle day 1 - 7

The follicular phase

This is the time between the first day of the period and ovulation. After menstruation, the uterus lining starts to build back up again. Oestrogen rises as an egg prepares to be released. The rise of the oestrogen hormone can also cause people to feel more energetic, motivated and creative.

Ovulation

During ovulation, which happens mid-cycle, one of the ovaries releases an egg. Only one egg is released in each cycle. The egg slowly travels down the fallopian tube from the ovaries towards the uterus. If the egg is fertilised with a sperm cell before it arrives in the uterus, the person becomes pregnant. Oestrogen peaks just before ovulation, and then drops shortly afterwards. Due to the oestrogen peak, energy is at its highest and people who menstruate can feel happier during this time.

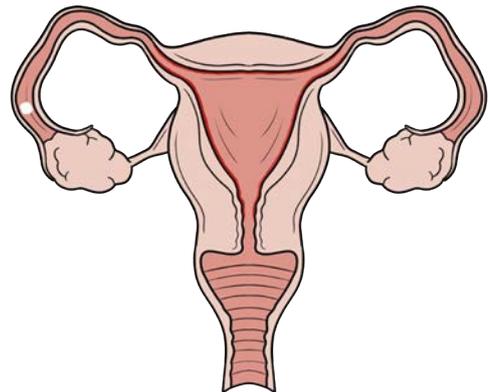


Illustration: Menstrual cycle day 8 - 14

The luteal phase

The time between ovulation and before the start of menstruation, when the body prepares for a possible pregnancy. Progesterone is produced, peaks, and then drops. If the egg is not fertilised, the uterus wall continues to thicken until there is a sudden drop in progesterone level. This can cause people to feel more tired compared to the spring and summer seasons. The lining breaks down, and the next period begins.

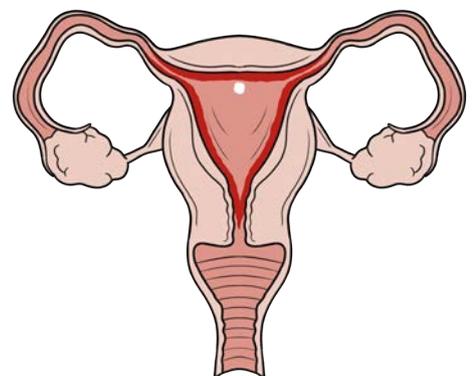


Illustration: Menstrual cycle day 15 - 28

²⁸ Information on the menstrual cycle and the effect of hormones in this section is taken from: <https://helloclue.com/articles/cycle-a-z/the-menstrual-cycle-more-than-just-the-period> and Hill, M. (2019) Period Power: Harness Your Hormones and Get Your Cycle Working For You.

Key message: Menstrual cycle

Menstrual cycles and the effects of hormones are different for everyone. It is important that people who menstruate have information about the physical and emotional changes during the cycle so that they can make informed decisions about their bodies.

Activity: Draw the menstrual cycle

Materials: drawing of menstrual cycle, colouring pens, paper

Time: 45 minutes

1. Let the participants draw the menstrual cycle themselves as good as they can
2. Once the participants have their images ready, they can start to sit in pairs/small groups and explain the menstrual cycle to each other in their own words (in simple language).

Facilitator note: This is a short exercise that helps to normalise menstruation. It also helps to engage with important information about their body.

Activity: Tracking the cycle

Materials: blank notebook (annual calendar), colouring pencils

Time: 45 minutes

The goal of the activity is to keep a private daily calendar of the menstrual cycle and to make people who menstruate aware about their menstrual pattern, changes in their body and to be prepared for their periods.

1. Provide each menstruator with an example of a calendar of every month for one year. Alternatively, they can draw this themselves in a notebook.

Example menstrual cycle calendar
JANUARY

SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
6	7	8	9	10 X	11 x	12 x
13 x	14 x	15	16	17	18	19 o
20 o	21 o	22 o	23 o	24 o	25 o	26
27	28	29	30	31		

2. Tell them that they should mark the day that their period starts with a large X and then mark every day of bleeding with a small x. They could also mark those days on which they observe vaginal discharge with a small o (see sample calendar above).
3. Explain to the participants that they can do this every month based on the length of their cycle (meaning counting the number of days between the first day of their period to the day before they get their next period).

Facilitator note: There are also bracelets and apps that can be used to track periods. You can find apps on Google Play or App Store.

Vaginal discharge (cervical mucus)²⁹

Discharge is natural fluid discharged from the vagina. Usually it is a sign of a healthy reproductive system. It is fluid leaking from the cervix and vagina to remove old cells and debris, supporting the natural and healthy levels of vaginal microbiomes. Menstruators usually recognise this as the white, wet or sticky substance in their underwear. It is completely healthy and normal. In fact, the structure and colour of the discharge can tell menstruators a lot about their fertility and health. The fluid namely supports the proliferation of sperm cells in the vagina. The thumb rule is, the thicker and more fluid the discharge, the longer sperm cells can survive in the vagina and the easier they can reach the uterus.

Vaginal discharge throughout the menstrual cycle

The substance of vaginal discharge usually follows a pattern that aligns with the different stages of the menstrual cycle. The changes in discharge are thus a way to determine the phases of the menstrual cycle.

During menstruation

During menstruation the discharge is mixed with menstrual blood, so it is usually not noticeable. The few days after menstruation ends, the amount of discharge produced is very little and might even be completely absent.

During ovulation

Ovulation is the phase in which the body produces the most discharge. Because of the oestrogen level peak, the discharge is clear, slippery and stretchy, providing a good environment for sperm cells to survive. This is a sign that the ovaries have released an egg that could be fertilised.

Post ovulation

After ovulation the amount and texture of discharge usually changes. There is less of it and is often sticky and dry. The reason for this is the progesterone peak that prepares the body for a possible pregnancy.

Changes in vaginal discharge

As discharge changes according to the menstrual cycle, changes in volume, colour and texture are a healthy sign. Most of the time vaginal discharge is therefore completely normal. However, if the colour, smell or texture seems different than usual it could indicate an interruption of the vagina's natural balance.

It is important to note that changes in discharge colour combined with other symptoms such as itching, painful urination or pelvic pain might be signs of serious health issues. In addition, the use of antibiotics or birth control pills can also cause changes in vaginal discharge. In case of unusual vaginal discharge, it is advised to visit a health clinic. See Annex 2 for more information on health issues related to the assigned-female reproductive system.

²⁹ Information on vaginal discharge in this section is taken from [https://helloclue.com/articles/cycle-a-z/wet-sticky-what-your-discharge-is-telling-you#:~:text=Cervical%20fluid%20\(aka%20cervical%20mucus,to%20eggy%2C%20stretchy%20to%20sticky](https://helloclue.com/articles/cycle-a-z/wet-sticky-what-your-discharge-is-telling-you#:~:text=Cervical%20fluid%20(aka%20cervical%20mucus,to%20eggy%2C%20stretchy%20to%20sticky) and <https://yourdaye.com/vitals/womens-health/vaginal-discharge-during-menstrual-cycle-normal>

Vaginal discharge colour	What it could mean
White	Healthy discharge Yeast infection*
Gray	Bacterial vaginosis
Pink	Spotting before menstruation Vaginal irritation Cervical bleeding
Red	Menstruation Cervical infection
Yellow/green	Sexually transmitted infection

* During a yeast infection there are often more symptoms which help distinguishing between healthy discharge and a yeast infection, see Annex 1 for more information.

Every menstrual cycle is different

It is important to stress that the menstrual cycle differs per person. Everyone experiences the menstrual phases differently. The durations and days shown in the menstrual cycle wheel indicate the average times of the different

phases in the menstrual cycle. It is only when there are significant changes in the usual cycle (for instance, missing periods or significant change in vaginal discharge), that people who menstruate should consult a health worker.



Menstrual health education during our programme More Than Brides Alliance, India

Reasons for missing periods include:

- Stress
- Inadequate or severely limited food intake and change of diet
- Use of certain medication
- The first two years after the first menstrual cycle
- During pregnancy
- During frequent breastfeeding (lactation amenorrhea)
- At the time of menarche (when menstruation first begins)
- Following the menopause when menstruation ceases

Other episodes of bleeding

There are other types of vaginal bleeding that some menstruators might experience between menarche and menopause. These are less discussed types of bleeding and include bleeding related to pregnancy, childbirth and postpartum, miscarriage, cancers and endometriosis, see Annex 3 for more information on such other types of bleeding. It is important that people who menstruate are aware of these types of bleeding to differentiate between healthy and abnormal types of bleeding to understand when they require additional health support.

Menopause

The menopause is when a menstruator stops having periods and is no longer able to get pregnant naturally. Initially, periods usually start

to become less frequent over a few months or years before they stop altogether. In some cases, periods can stop suddenly. Menopause normally comes round the age of 50. However, for 1 in 100 people who menstruate the menopause starts before 40 years of age. This is known as premature menopause. Note that, like menstruation, menopause does not happen to cis women only, but anyone who menstruates will also go through menopause.

Menopausal changes can begin months or even years before the menstruation fully stops and can last around four years after the last period, although some people experience them for much longer. Changes include:

- Hot flushes
- Night sweats
- Vaginal dryness and discomfort during sex
- Difficulty sleeping
- Low mood or anxiety
- Reduced sex drive (libido)
- Problems with memory and concentration

Most people will experience menopausal symptoms. Again, how they experience menopause differs in changes and impact. Some experiences can be quite severe and can have a significant impact on everyday activities. When menopause changes affect daily life, it is good to visit a health worker for advice. There are possible treatments for some of the experiences. In general, it is important to eat a healthy and balanced diet and to exercise regularly.

1.2 Menstrual wellbeing

During menstruation it is important that menstruators take care of themselves and that others support them in this. This section helps to understand what common experiences³⁰ are and how menstruators can (be supported to) feel healthy and comfortable. Foremost it is good for them to know how to listen to their body, be aware of any changes, and how they can act if any (concerning) changes do occur.

Common experiences during menstruation

Most menstruators experience common pains related to their menstruation, such as abdominal cramps, nausea, fatigue, feeling faint, headaches

and back ache. Small discomfort is normal and has no connection to hygiene around menstrual practices. Menstrual pains vary from person to person and can change significantly over time and throughout the cycle. For instance, pain can also occur during the luteal phase (pre-menstruation). While some discomfort is considered normal, periods are not supposed to be debilitating. When people who menstruate experience severe cramps that are not relieved by everyday painkillers or other remedies, or cause them to throw up, it is better to go see a doctor as it can be a sign of a menstrual disorder such as endometriosis, see Annex 1 for more information about menstrual disorders.

Discuss: Menstrual experiences

Materials: no materials needed (you might need to have the list of questions ready)

Time: 45 minutes

This exercise is suitable for all age groups. If you feel that the participants are comfortable, give some space for open discussion about menstruation. Maybe they have questions, or they want to share their experiences. Make sure that you don't force anybody to share private information. Everyone decides for themselves when, what and with whom they want to share information.

You may also use the illustrations explanations about menstruation to explain to the group again, what menstruation is and what happens in the assigned-female body.

Questions that can help start the discussion could be:

- Do you remember how you felt when you had the period for the first time?
- How does your body feel throughout the menstrual cycle and specifically during menstruation?
- Where do you get the information about menstruation from?
- How can you support each other during menstruation?

³⁰ Please note that we do not refer to these experiences as symptoms. Referring to menstruation-related changes as "symptoms" perpetuates the pathologisation of menstruation. For further reading on this, see Ussher J.M. & Perz J. (2020). Resisting the Mantle of the Monstrous Feminine: Women's Construction and Experience of Premenstrual Embodiment, <https://www.ncbi.nlm.nih.gov/books/NBK565639/>

Ways to relieve menstrual pain

There are different ways to treat menstrual pain. Women and girls can explore which method works for them and/or what they feel most comfortable with.

- Place a hot water bottle on the abdomen or on the back, depending on the cramps' location.
- Take a warm bath.
- Drink a hot beverage, such as tea.
- Take a walk or engage in light exercise.
- Rub or massage the abdomen.
- Get on your elbows and knees so that the uterus is hanging down, which helps it to relax.
- Lie on your back with knees up and move them in small circles.
- Foods that are high in magnesium, such as almonds, bananas, and apricots, are the best for easing menstrual cramps.

If the above methods do not work, people who menstruate can take pain relief, depending on their preferences and usage of medicine in the

first place. If over the counter medicines are used, everyday painkillers such as paracetamol or ibuprofen are often the go-to option as they have the least negative effects on the body. Other medicines such as antibiotics have no effect on menstrual pains. Above all, it is important that people who menstruate have the knowledge and opportunity to listen to and care for their body in the way they see fit during the whole menstrual cycle.

Mental and psychosocial wellbeing

Besides physical changes, people who menstruate can also experience emotional and psychological changes due to changing hormones. Examples are heightened feelings of sadness, irritability or anger, or feeling more energetic and happier. These changes can occur throughout the whole cycle (see also the explanation about the menstrual 'seasons' in this chapter), varies from person to person and can change significantly over time.



Mural done in India during our programme More than Brides Alliance

All over the world, existing social and cultural norms, myths and the taboo around menstruation have an impact on menstrual health. It affects the knowledge and skills that people who menstruate have to carry out their preferred menstrual practices. It also has an impact on their mental and psychosocial wellbeing as it can create feelings of fear, shame, insecurity and limits participation in daily life. Generally, people who menstruate are taught to hide their menstrual blood and signs referring to menstruation (for instance, menstrual products). The need to hide menstruation is often based on the idea that is dirty and people who menstruate are less clean, attractive and competent. As a result, menstruators can internalise such views and regard their menstruation as unclean and inconvenient, unintentionally resulting in negative body views and shame.³¹ Focusing on hygiene and cleanliness only during MH programmes can accommodate rather than challenge the negative views and feelings around menstruation.

For some trans and other non-binary menstruators, menstruation can also trigger gender dysphoria³³ which can make menstruation a particularly tough time for them. For people with chronic illnesses or disabilities menstruation can also be extra distressing or confronting. It is therefore important that their experiences are heard and approached with compassion and understanding. Not only amongst themselves, but also when the participants are all cisgender and able-bodied it is imperative to discuss these experiences in order to normalize all menstrual lived experiences.

Health risks and medical conditions

Although there is no conclusive evidence, it is assumed that the risk of acquiring an (sexually transmitted) infection is higher than normal during menstruation for the following reasons:

- The plug of mucus normally found at the opening of the cervix is dislodged and the cervix opens to allow blood to pass out of the body. In theory, this creates a pathway for bacteria to travel back into the uterus and pelvic cavity.
- The pH of the vagina is less acidic at this time and this makes yeast infections such as thrush (candidiasis) more likely.

The infections most plausibly connected with menstruation are 1) reproductive tract infections (RTI), specifically endogenous infections, which are caused by overgrowth of organisms normally present in the genital tract of healthy women, such as bacterial vaginosis or vulvovaginal candidiasis and 2) sexually transmitted infections (STIs). It is important to note that there is no conclusive evidence on this and more research is required. See Annex 2 for more information about infections.

Video The story of...

In these videos people from India who were part of Simavi's Making Periods Normal programme tell their stories about menstruation. Watch the video of Lakshmi (girls), Janardan (men) or Pinky (women) with the group and ask them if they recognise any of the experiences.

The story of Lakshmi:

<https://www.youtube.com/watch?v=Cuk3Yd97G3s>

The story of Janardan:

https://www.youtube.com/watch?v=7-3ohyUur_A

The story of Pinky:

<https://www.youtube.com/watch?v=qVQwe9JkcJk>

³¹ Wood, J.M (2020) (In)Visible Bleeding: The Menstrual Concealment Imperative https://link-springer-com.proxy.library.uu.nl/chat-er/10.1007/978-981-15-0614-7_25

Key message: Menstruation and infections

Menstruation is a normal process that does not, by itself, cause infection. When the materials to absorb menstrual blood are not washed or changed frequently, this could potentially increase the risk of a (sexually transmitted) infection. Therefore, it is important to maintain general hygiene during menstruation and to use a condom when having sex.

Key message: Symptoms

In case of unusual symptoms, it is important to visit a health clinic as this might indicate an infection or disease. Possible symptoms are: different smells, a change in vaginal discharge, irritation, rashes, pain when urinating, nausea, headaches and fever. As some infections and diseases do not have any symptoms, it is always important to see a doctor after having had unprotected sex.

Nutrition

For all people, a healthy and complete diet is important. This is especially important for (menstruating) adolescents as they are growing and developing themselves.

People who menstruate should maintain a normal diet during their menstruation. It is better to eat more during menstruation, especially fruits and vegetables, than less. The best advice is to eat everyday foods such as vegetables, roti, rice, pulses and get lots of fibre from foods like beans, and drink plenty of water to avoid constipation, as it can lead to increased pain from menstrual cramps. Cutting down on salty foods will prevent water retention in the body. Note that this diet is no different from the same healthy diet that non-menstruators should eat as well.

Sports

Participating in sport or other active exercises during menstruation is not bad for the body and can actually be helpful in relieving menstrual cramps as well as improve mood and reducing fatigue. Most important is that people who menstruate listen to their body. When exercising during menstruation it is advised to include activities that reduce tension in the body such as stretching or yoga.



2 NORMS AND GENDER ROLES

Myths, norms and practices as well as gender roles play an important role in menstruators' menstrual health.

Students from Karugaya Primary School fetching water, Uganda

2.1 The menstrual taboo

While around 1.8 billion people who menstruate around the world,³² menstruation has long been considered a taboo topic and therefore many people feel uncomfortable to talk about it. This is reflected in various statistics and practices. For example, 73% of women globally hide their periods from others,³³ and there are over 5000 euphemisms in 190 countries for the word “menstruation”.

With menstruation being an essential and natural part of the reproductive system, it is a fundamental human right to have the ability to navigate menstrual health and other forms of vaginal bleeding³⁴ with adequate knowledge, safety, and dignity and without stigma. But because conversations about menstruation often only focus on the negative aspect and restrictions during the menstrual period, many (young) menstruators are not well informed. Due to menstruation being interlinked with sexual reproduction (another sensitive topic), it leads to further shame and embarrassment,

with negative implications for menstruators in general. For example, shop owners may decide not to stock menstrual products or hide them from view, and (young) menstruators might not be confident asking for them; parents may be too embarrassed to talk to their children because of the connection with sex and reproduction; and teachers may not be allowed to teach the biological aspects.

Starting the conversation is the first step of breaking menstruation out of the taboo sphere and creating a more enabling environment for menstrual health. This also means that the conversation around menstruation and the menstrual cycle should not be limited to cis women only, but include menstruators of all genders, as well as those who do not menstruate, in order to make menstruation a generally more and better understood topic. These conversations should take place on all levels: amongst menstruators and their peers and families but also on a community level including influential figures and (local) policy makers.

Key message: Menstruation is normal

Menstruation is a normal and healthy part of the reproductive system. It is important to openly talk about menstruation and the beliefs around it, to ensure that people who menstruate have sufficient knowledge and feel comfortable to ask questions.

³² UNICEF (2019) Guidance on Menstrual Health and Hygiene, <https://www.unicef.org/documents/guidance-menstrual-health-and-hygiene>

³³ <https://blog.flexfits.com/periods-around-the-world/>

³⁴ see more under the section ‘Other Bleeding’ in the first chapter.

2.2 Myths, norms and practices

Many cultures all over the world have beliefs or myths relating to menstruation. Almost always, there are social norms or unwritten rules and practices about navigating menstruation and other types of vaginal bleeding and interacting with menstruating people. In addition to social norms, there are also religious practices related to menstruation. Like social norms, these differ from culture to culture. Some of these practices can be positive experiences for those who are menstruating, but others may restrict menstruators' levels of participation in society. This can make their daily lives difficult and limit their freedom.

Menstruation has historically been connected to womanhood, and therefore is often ignored and/or rejected as simply a "woman's issue". In many (patriarchal) cultures menstruation is seen as "dirty", "unclean" or "unruly", and therefore in need of control and/or "management". For

example, in some cultures, menstruators are told that during their menstrual cycle they should not bathe (or they will become infertile), touch a cow (or it will become infertile), look in a mirror (or it will lose its brightness), or touch a plant (or it will die).

While it is important to challenge these myths as some of them might be harmful, it is also imperative not to assume a superior position as a "Western" or Global Northern organisation such as Simavi. When working on menstrual health and menstrual norms, it is important to acknowledge local knowledges and recognise that outsider expertise is not superior.³⁵ Certain norms and social practices can also be of importance for menstruators, this differs per context and per person. Therefore, when addressing menstrual myths, it is important to take into account the local contexts and work together with the participants in order to identify where interventions are wanted and/or needed.

Key message: Myths, norms and practices

Menstruation is a natural part of the reproductive cycle. Menstrual blood, or any other blood coming from the vagina, is not impure and menstruating women, girls and menstruators do not pose any health or fertility risks for others. It is important that menstruators take extra care of themselves during menstruation; they should be able to perform their preferred menstrual practice, eat well, and move and rest as needed.

³⁵ See McCarthy & Lahiri-Dutt (2020) Bleeding in Public? Rethinking Narratives of Menstrual Management from Delhi's Slums, https://link.springer.com/chapter/10.1007/978-981-15-0614-7_3 and Bobel (2019) The Managed Body: Developing Girls and Menstrual Health in the Global South, <https://www.palgrave.com/gp/book/9783319894133>

Activity: Role play - myths and norms

Materials: role play cards

Time: 45 minutes

Facilitators note: It is important to be aware of the common myths and norms in the context this activity done in order to adjust the examples below. Before starting, remind the participants that it is sometimes difficult to talk about myths and norms related to menstruation. Encourage them to discuss menstruation and facts about menstruation with their parents and friends. It is important that they don't keep silent about menstruation but talk with other people, also boys and men, about this issue using the correct information.

Let the girls get into pairs / small groups and they can either create their own role plays around myths and norms related to menstruation or follow one of the examples below.

Role-play #1: A Khyai May feels sick, she has a lot of belly pain because of her period. She ate cold food and she is sure that therefore it hurts so much. But her mother explains to her that there is no relation between cramp and cold food. Her mother explains to her that to avoid cramps, menstruators can eat magnesium-rich foods such as bananas, beans, fish or avocado or put a warm cloth on the belly.

Role-play #2: Swe Ting Yee has her period and she sits with her friend. Swe Ting Yee really wants to eat eggs, but her friend tells her that if she eats egg, the period blood will start to sink terribly. Swe Ting Yee knows that this is not true but now she feels unsure: what is true? The next time in the girls' club, she asks her mentor and her mentor confirms to her that there is no scientific proof that this will happen if she eats egg. In fact, eggs are among the healthiest foods to eat during menstruation because they contain plenty of iron, fats and proteins, which are overall beneficial to have during the menstrual period.

Role-play #3: Julia has a secret boyfriend. She is always afraid to meet with him during her period because she learnt that she could become pregnant if she sits next to him during her period. One day, Julia learns in school about pregnancy and after class, she asks her friend if it's true that she cannot become pregnant by sitting next to a boy. Her friend explains to her what is needed to become pregnant: In order to become pregnant, three things must happen: 1) an egg must be present in one of the girl's fallopian tubes; 2) "good" sperm from the boy must join the egg to fertilise it; and 3) the fertilised egg must attach itself to the lining of the woman's uterus. It is impossible to become pregnant by just sitting next to her boyfriend. Thanks to her friend, Julia is now glad to know the true facts!

Role-play #4: A 13-years old girl has her period and her mother knows it. They wanted to go to the field, but her mother tells her that during menstruation, she should not go to the field because this will affect the harvest very negatively. But the girl learnt that there is no scientific proof that a women's presence during menstruation affects the harvest outcome. She discusses what she learned with her mother.

Role-play #5: A 21-year old girl has her period. She is afraid to take a bath because she learned that this could cause infections and is not good during menstruation. She looks so concerned that her mother notices. So, she shares her fears with her. But her mother explains to her that taking bath or washing the body during menstruation is not harmful.

Once the girls have played their role plays, let some of them present their role play in front of the group. But do not force anybody, if they don't wish to present it, they don't have to.

After the role plays, ask the group the following questions:

- How did the role play feel?
- What did you learn from the role play?
- What does it make you think about?
- How can this help you as you go through menstruation?

If the group likes role plays, a theatre could be developed about this subject to aware the parents or the community about menstruation.

2.3 Gender roles around menstruation

In many cultures the first period (menarche) is seen as the transition into womanhood. This transition to womanhood often comes with new restrictions and expectations for young girls. These restrictions are closely related to gender roles that exist in societies. Gender roles often feel natural as they are often connected to biological differences, such as women who need to take care of the children. Similarly, the connection between menstruation and womanhood is often used to justify certain myths or restrictions such as the exclusion of women from social life, education and/or employment. In order to challenge restrictive gender roles, it is

important to recognise that they are based on cultural and social norms and beliefs and not inherent to a person's gender expression. Therefore, gender roles can be changed.

Sex and gender: social constructs

By linking menstruation to womanhood this then links sex to gender. However, it is important to understand the difference between sex and gender, as well as to understand that sex does not determine gender. Therefore, even though menstruation is historically presented as a "woman's issue", it is imperative to disconnect the two: not only to include non-cis menstruators but also as part of achieving gender equality in general.

Sex

refers to physiological characteristics (genetic, endocrine, and anatomical) that are generally used to categorise people between male or female.³⁶ However, these sets of characteristics occur naturally in various degrees and combinations. For example, around 1,7% of the global population is considered to be intersex,³⁷ which we come back to in the next section "Gender Diversity".

Gender

Gender often refers to the roles, attributes and entitlements assigned to people by society based on their sex. However, gender is a much more complex concept. It is important to understand the distinction between gender identity and gender expression. Gender identity is a person's internal sense of their gender and who they are, whereas gender expression refers to how they present themselves to the public, for example with clothing. These two do not necessarily have to be the same. For example, a person can identify as a woman, but have a more masculine gender expression. Therefore, it is good to never assume someone's gender based on their appearance only.

³⁶ Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities in Asia and The Pacific. (2015) https://www.asia-pacific.undp.org/content/rbap/en/home/library/democratic_governance/hiv_aids/blueprint-for-the-provision-of-comprehensive-care-for-trans-peop.html

³⁷ <https://www.amnesty.org/en/latest/news/2018/10/its-intersex-awareness-day-here-are-5-myths-we-need-to-shatter/>

Key message: The gender box

It is typically assumed that sex differences are nature, whereas gender differences are assumed to be nurture. While in fact, both sex and gender are social constructs and therefore culturally determined.

Activity: The gender box

Materials: two sheets of paper per group, pens, pencils or coloured markers, flipcharts, markers

Time: 2 hours (can also be done in 1 hour)

This exercise is about the socially constructed nature of gender roles and norms and how these are enforced by society. The exercise provides opportunities to show changed behaviour ('stepping out of the box' and look critically to own gender norms, socialisation and how this relates to menstrual health.

1. Divide the mixed group into a male - and a female group, so each group consists of people that identify as male and female.
2. Ask the respective groups to brainstorm a list of words that come to mind when they hear the phrase "Act Like a Man", or "Act like a Woman". Explain that this is not a list of things they think are true, but the messages boys and girls are given about what they must do 'to act like a good boy/man', 'to act like a good girl/woman'. In other words, what it is that society expects someone to behave like a "real man" or a "real women". For example, "a man is always entitled to have sex when he feels like it", or "a woman/girl should not go out alone at night", etc. Let the groups write the different ideas about what it means to be a "good man" or a "good woman" on a sheet of paper.
3. Let a representative of each group present what they have written down. Write the words/ideas on two flipcharts that you have put up in front of the group, one for "Act as a Woman" and one for "Act as a Man", as they are spoken out.
4. Draw a box around the two lists on the flipchart, and say "This is a MAN box", and "This is a WOMAN box". You can then ask, "Do you visit this box in your daily life?" Ask participants to share experiences and feelings related to the messages.
5. Ask the following questions:
 - a. "What are the advantages to following these rules and fitting into the box?" Write the responses to this question on flipchart paper under the heading "Advantages of staying in the box"
 - b. "Are there any disadvantages to staying in the box?" Write the responses on flip chart paper under the heading "Disadvantages to staying in the box."
 - c. "What happens to a man, or to a woman who does not fit into this box, or chooses to step out of the box?" Write the responses to this question around the outside of the box.

- d. "Are there any benefits to stepping out of the box?" Write the responses on flip chart paper under the heading "Benefits related to stepping out of the box."
 - e. "Are there any costs to stepping out of the box?" Write the responses on flipchart paper under the heading "Costs related to stepping out of the box." For example, how gender norms affect the right to choose whom, when, how and how often to have sex with someone.
 - f. "Are the costs of stepping out of the box the same for men and for women?" If not, "why is this?". Analyse the benefits and the costs for both men and women.
6. Change the headings of the boxes: make the "Man box" the "Woman box" and vice versa. Are there characteristics/ideas in the man box that go also for women and vice versa? Most probably there will be various activities or characteristics that go for both men and women. Looking at the common horizon of both men/boys and women/girls, the facilitator comments on what binds men and women together. Probably there is more of that than what separates them.
 7. Ask "How do harmful gender norms relate to menstrual health?". Think of things like access to toilets, water sources, school, sports, household activities, sexuality, sexual activity etc. that affect men and women differently because of different social norms around gender. The goal is to point out that harmful gender norms and social expectations linked to each gender box might lead to negative (menstrual) health outcomes.
 8. Ask the group how men/boys and women/girls can support each other and how they can show solidarity, both in general and in relation to menstruation. How can women support other women, how can men support other men, and how can women and men support each other? You also can discuss concrete and practical ways: support groups, girls clubs, individual support, support in menstrual practices etc.
 9. Conclude with a comment about how this activity demonstrates how men and how women are trained to fit into a box by rewarding certain kinds of behaviour and punishing other kinds of behaviour. The exercise helps to understand what it takes to step out of the traditional gender box and to free yourself from rigid gender norms. It also looks at and stresses the importance of supporting each other in processes of fundamental change.

Key message: Changing gender roles

It is important to understand that although our gender roles appear and feel completely natural as we grow up, they are actually culturally determined. Girls and boys are taught their gender roles, and that they have different roles to play in the family and in the home. Therefore, gender roles can also be unlearned.

Gender diversity

As mentioned above, both sex and gender go beyond the binary of male/female and man/woman. Furthermore, both sex and gender are not static or fixed categories that exclusively exist in a binary system, but have been proven to exist on a spectrum.³⁸ As menstruation transcends both the sex and gender binary, it is important to have some knowledge on sexes and genders that do not typically fit into the male/female binary. All these following definitions are taken from the Blueprint for the

Provision of Comprehensive Care for Trans People and Trans Communities in Asia and The Pacific.³⁹

It is important to note that gender identity terminology is not static; it shifts across culture and between generations.⁴⁰ Therefore, it is necessary to adjust terminology based on individual preference as well as being conscious not to use any terms that are generally socially-accepted but are actually considered offensive to the trans* community.

Intersex

A term used to describe people whose innate physical sex characteristics (such as chromosomes, gonads, and genitals) are considered to be either male or female at the same time, only partially male or partially female, or neither male nor female.

Trans/transgender*

Persons who identify themselves in a different gender than that assigned to them at birth. They may express their identity differently to that expected of the gender role assigned to them at birth. Trans/transgender persons often identify themselves in ways that are locally, socially, culturally, religiously, or spiritually defined.

*Note that the word transgender used as a noun is considered to be reductive and should only be used as an adjective.

Third gender

A culturally specific term which in these cultures is often a closer translation instead of trans woman or trans man.

Gender-nonconforming

Describes someone whose gender identity or gender expression is different from societal expectations or stereotypes. Not all trans people are gender-nonconforming. Some trans people, like other people, are comfortable conforming to societal expectations of what it means to be a woman or a man. Conversely, some people who are not trans may identify as gender-nonconforming, based on their gender expression rather than their gender identity.

³⁸ For example, the work of Anne Fausto-Sterling who is the leading expert on the development of sexual identity as well as the biology of gender. Her book *Sexing the Body: Gender Politics and the Construction of Sexuality* (2000) is a good resource for further reading.

³⁹ Available at https://www.asia-pacific.undp.org/content/rbap/en/home/library/democratic_governance/hiv_aids/blueprint-for-the-provision-of-comprehensive-care-for-trans-peop.html

TIP:

To further understand sexual and gender diversity, a great resource and teaching tool is The Genderbread Person, created by Sam

Killermann. More on this can be found on their website: <https://www.genderbread.org>.


Key message: Inclusiveness

Menstrual Health programmes should be inclusive of all those within the communities we serve despite their sexuality or gender identity.

Gender equality

Women and girls often face an unequal burden of responsibilities and tasks due to their gender roles. In addition, gender roles can lead to the exclusion of women and girls from education, employment and decision-making. Child marriage and gender-based violence (GBV) are also linked to gender roles. It is important to recognise that everyone, regardless of gender, has equal rights and that children have special rights too. These rights are universally accepted and can be used to help people advocate to achieve their rights.

Gender equality and the human rights based-approach are two of the five UN programming

principles.⁴¹ Combined, they ensure that everyone regardless of their sex or gender, can achieve and enjoy all human rights. Human rights also apply to children, but there are official Children's Rights as well. A summary of the Convention of the Rights of the Child can be found through the link below.⁴² See the section about international frameworks in the beginning of this manual for more information on human rights related to menstrual health.

Gender equality, equity or justice are important principles that can be used to explain that men and women, as well as people beyond the gender binary, all have equal rights.

Gender equality

Gender equality refers to the equal rights, responsibilities and opportunities for people of all sexes and gender identities. Equality means that people's rights, responsibilities and opportunities will not depend on their sex nor gender.

Gender equity

Gender equity is used to refer to fair treatment of all genders, according to their respective needs. This may include equal treatment, or treatment that is different but aiming at accelerating de facto equality between people of all genders. These types of treatment, called "positive measures" are encouraged by the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).⁴³ An example is access to resources needed for menstrual practices.

⁴⁰ Boyce et al. (2018), Transgender-inclusive Sanitation: Insights from South-Asia, *Waterlines* 37(2):102-117, https://www.researchgate.net/publication/324696177_Transgender-inclusive_sanitation_insights_from_South_Asia

⁴¹ <https://undg.org/home/guidance-policies/country-programming-principles/>

⁴² <https://www.equalityhumanrights.com/en/human-rights/what-are-human-rights>

⁴³ <http://www.ohchr.org/en/hrbodies/cedaw/pages/cedawindex.aspx>

Gender justice

Gender justice is used to refer to ending the inequalities between all genders that are produced and reproduced in the family, the community, the market and the state. It also requires that mainstream institutions - from justice to economic policymaking - are accountable for tackling the injustice and discrimination that keep too many people in a marginalised position.

Sex and gender-based discrimination

Sex and gender-based discrimination refers to any distinction, exclusion, or restriction made on the basis of people's sex and gender, in a way that prevents them from enjoying their fundamental rights and freedom, even unintentionally.

Gender-based discrimination can be:

Direct: when the differentiated treatment is explicitly based on the grounds of sex (e.g. when menstruators are not allowed to enter temples or other religious sites when they are menstruating).

Indirect: when a requirement or condition that appears neutral results in unequal treatment of one of the sexes (e.g. the period tax, which refers to the subjection of menstrual products to value-added tax, and are therefore not considered to be a necessity).

for both men and women are deeply held and difficult to break. To change the situation for women, both men and women need to understand why change is important, and men will need to be supported in taking up a different role. In the following activity we propose discussion points that can begin to help participants think a little bit differently about their attachment to gender norms and the role men and boys can play in menstrual health.

Men's and boys' role in menstrual health

Men and boys are integral parts of change. They are also often victims of the same socio-cultural norms that create gender roles and affect women and girls. Men are often conditioned to be the decision maker, not to show feelings and even to commit acts of violence. As this is learned behaviour it can also be unlearned – but the gender roles prescribed



Key message: Restricting gender roles

Women and girls often face an unequal burden of responsibilities and tasks due to their gender roles. In addition, gender roles can lead to the exclusion of women and girls from education, employment and decision-making. Child marriage and gender-based violence (GBV) are also linked to gender roles. It is important to recognise that everyone, regardless of gender, has equal rights and that children have special rights too. These rights are universally accepted and can be used to help people advocate to achieve their rights.

Discuss: How can men support menstrual health?

Age group: all age groups

Time: 1 hour

Materials: Flip-chart paper, markers

Men and boys can do a lot to support women and girls during their menstruation. This exercise helps participants to reflect on the behaviour of men and boys and to come up with ways to support women during their menstruation.

1. Split the participants into groups.
2. Ask each group to come up with forms of negative or unsupportive behaviour of men and boys that are related to women's menstruation.
3. After 15 to 20 minutes, ask each group to write down positive and supportive behaviours for each negative behaviour that they listed.
4. Have each of the groups present what they came up with. Ask questions and discuss if they see it feasible for men and boys to adopt the positive behaviour.
5. Round up with summarising that men and boys have roles to play in supporting their partners, relatives, friends, and colleagues in their menstrual health:
 - a. Challenging negative attitudes and perceptions.
 - b. Sharing information on menstrual practices.
 - c. Participating in local production of menstrual products.
 - d. Ensuring people who menstruate can afford menstrual products.
 - e. Addressing barriers to water and sanitation and menstruation-friendly WASH facilities.

3 MENSTRUAL PRACTICES

During menstrual practices, hygiene is important. Not because menstrual blood is unhygienic, but because materials used to catch the blood need to be used, stored and/or disposed of in a hygienic way. It is important to note that research on the actual health risks of different menstrual practices is not conclusive. Therefore, it is important to refrain from labelling menstrual practices as 'unhealthy' or 'unhygienic' when the actual health and hygiene effects of the practice are unclear. This session provides information and exercises about different menstrual practices.

Mentor showing how to wash reusable menstrual products, Bangladesh

3.1 The menstrual practices

Maintaining hygiene during menstruation and other episodes of vaginal bleeding is very important. Menstruation is a normal process that does not, by itself, cause any diseases or infections. Menstrual blood is not dirty or unclean, but the materials used to catch the blood do need to be changed frequently. This also applies to materials used for other bodily fluids such as bandages, band-aids or (reusable) diapers.

Some basic guidelines for maintaining hygiene during periods and throughout the month are:

- Wash your (external only!) genital area once or twice a day
- Use lukewarm water
- Use mild soap if you want to
- Don't use perfumed shower gel or soap (this can affect the pH balance)
- Wear clean underwear everyday
- Change your menstrual product every 4 to 8 hours during the day (depending on the method you use)

Not changing menstrual pads frequently enough or using unclean cloth, especially if they are inserted into the vagina, can introduce or support the growth of unwanted bacteria that could potentially lead to (skin) infections or rashes. As menstruators are slightly more vulnerable to bacterial infection during menstruation, due to the change in the vagina's pH balance, it is important to stay clean.

Key message: 'Menstrual blood is not dirty'

Note that while it is important to focus on cleanliness during menstruation, this does not mean that menstrual blood or menstruating people are dirty or gross in any way!



Woman washing her hands

Menstrual products

There are a range of menstrual products available, and it is important that menstruators can make an informed decision on what to use. The most important thing is that the user feels comfortable using the product. It is also possible to use different products at different times, e.g., cloth when at home and pads when going to school or work, or to not use any products at all. Examples of products are cloths, menstrual pads (disposable or reusable), tampons, menstrual underwear and menstrual cups. For all products it is important to wash, store or dispose them in a hygienic way.

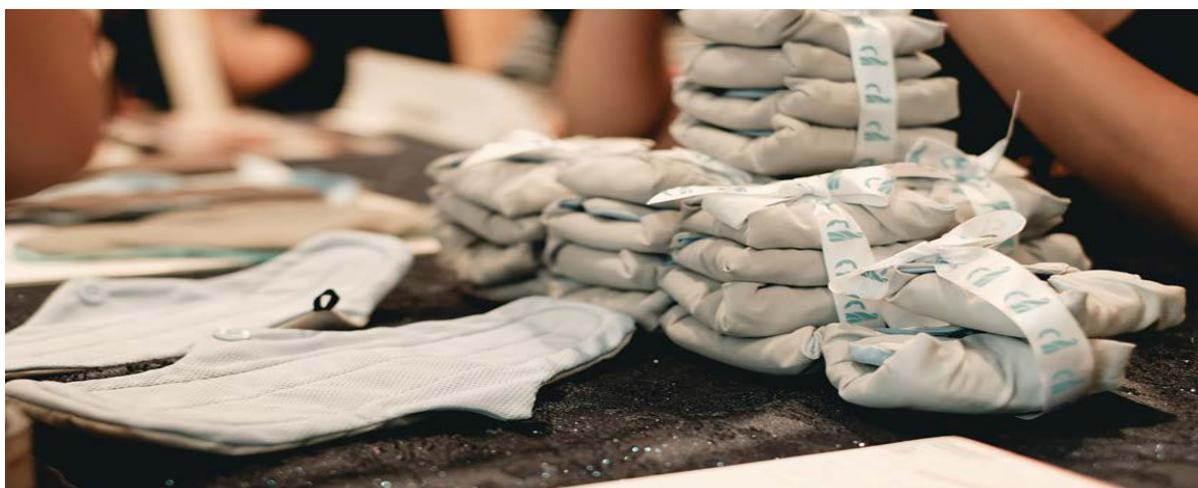
- Clean (new or reusable) cloths can be used, either tied to a small rope around the waste or in underwear. Cloths can be cut to fit in the panty area. Or they can be used by sewing several layers on top of each other.

- Menstrual pads are designed to fit a panty or to be attached to a belt around the waist. They usually have strips of tape that keep them attached to the panties.
- Tampons are made of compressed cotton formed into small, tube-like shapes and can be inserted into the vagina during menstruation.
- Menstrual underwear are re-usable panties that have a special layer that absorbs menstrual blood.
- Menstrual cup is a sustainable cup made from medical silicone rubber that is inserted into the vagina to collect menstrual blood.

During workshops and trainings about menstrual health it is important to inform the participants about all types of (accessible) products and how to use and dispose of them. This way they can make informed decisions about which product is right for them.

Key message: Products

Menstrual products are not a stand-alone fix for increasing menstrual health, they are one component of improving menstrual experiences.



Menstrual pads made in our programme The Perfect Fit, Indonesia

Activity: Menstrual products

Materials: Optional, choose which products are available and commonly used, for instance, cloth, disposable pad, reusable pad, tampon, menstrual underwear, menstrual cup

Time: 45 minutes

This is an activity to explore the menstrual products available and to give an opportunity to discuss the advantages and disadvantages of each product.

1. Split the group into 5 or 6 different groups, depending on the number of people and products that you have.
2. Give each group a product and ask each group to evaluate it by looking at positive and negative sides of the product and its use.
3. Let each group draw their findings on a flipchart.
4. Ask each group to present their findings and ask the audience for input.

Crosscheck the findings with the information in the table below and add information where necessary.

Have some reflection questions ready like:

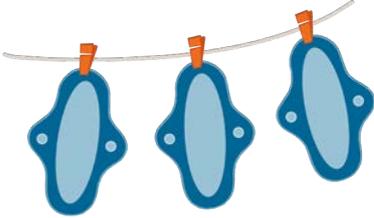
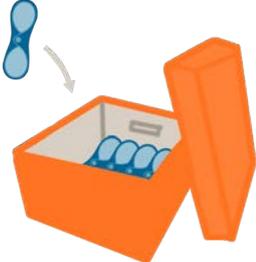
- How did this exercise make you feel?
- What do you think about these different methods?
- Is there any new information that you have learned in this session?
- Do you think it is important to discuss this with your parents? Why/why not?

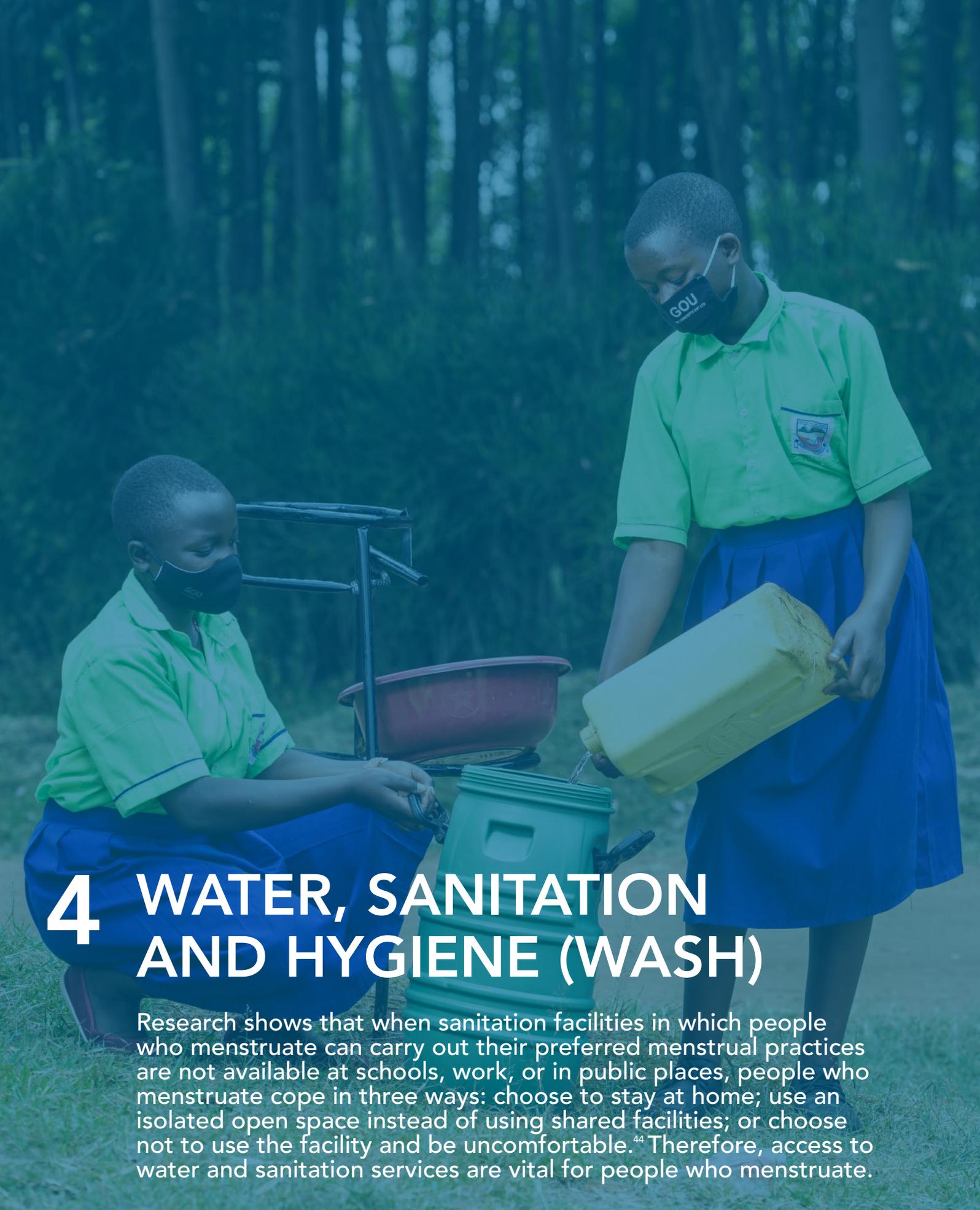
Facilitator note: It is important to underline that menstruators can decide for themselves which product they want to use. They can also use a variety of different products for different situations. There is no right or wrong.

Overview of menstrual products

Type of Material	Advantages	Disadvantages
<p>Cloth (Cotton)</p> 	<ul style="list-style-type: none"> ● Easily available. ● Low cost. ● Reusable. 	<ul style="list-style-type: none"> ● Gets soaked faster. ● Need water, soap and opportunity to wash, dry and store the product.
<p>Disposable menstrual pad (Polymer, gel-based, cotton)</p> 	<ul style="list-style-type: none"> ● Easy to carry and change. ● High soaking capacity. ● Lightweight. 	<ul style="list-style-type: none"> ● More expensive. ● Non-biodegradable and non-reusable. ● Improper disposal (e.g. washing them down the toilet) blocks the drain. ● High impact on environment when not properly disposed.
<p>Tampons</p> 	<ul style="list-style-type: none"> ● Easy to carry and change. ● Less uneasiness as the vaginal area is not constantly moist. 	<ul style="list-style-type: none"> ● Can be difficult to insert for some menstruators. ● Important to have access to water and soap. ● Can increase the risk of infection if kept in the vaginal tract for too long.
<p>Menstrual underwear</p> 	<ul style="list-style-type: none"> ● Lower costs in the long run. ● Reusable. ● Highly absorbent. 	<ul style="list-style-type: none"> ● Higher initial investment. ● Need water, soap and opportunity to dry and store the product.
<p>Menstrual cups</p> 	<ul style="list-style-type: none"> ● Lower costs in the long run. ● Reusable. ● Unlike pads or tampons, the menstrual blood stays in place and is not exposed to outside air and bacteria. ● Can be worn for a longer period. ● Environmentally friendly. 	<ul style="list-style-type: none"> ● High initial investment. ● During the first uses it can be messy, especially with factors of disposal. ● Sterilisation of the cup is essential before and after every use; and women need to be informed about this, as insufficient sterilisation can cause infection. ● Inserting a menstrual cup might be difficult for some, especially for young menstruators.

Washing reusable menstrual products

Procedure	Details
	<p>1. Soak</p> <p>Soak the cloth or reusable pads in cold water. Soaking helps prevent staining, but is not necessary for cleaning the pads.</p>
	<p>2. Wash and scrub</p> <p>Use cold water to wash your cloth and pads. Hot water will set in stains and shrink your pads, and ultimately shorten their lifespan. Scrub using mild soap to get stains out.</p>
	<p>3. Dry on line</p> <p>Dry your cloth or reusable pad in the sun. The sun kills bacteria, so this is an important step.</p>
	<p>4. Store</p> <p>Store your cloth or reusable pad in a clean, dry area until it's time to use it again.</p>



4 WATER, SANITATION AND HYGIENE (WASH)

Research shows that when sanitation facilities in which people who menstruate can carry out their preferred menstrual practices are not available at schools, work, or in public places, people who menstruate cope in three ways: choose to stay at home; use an isolated open space instead of using shared facilities; or choose not to use the facility and be uncomfortable.⁴⁴ Therefore, access to water and sanitation services are vital for people who menstruate.

Students from Karugaya Primary School fetching water, Uganda

4.1 Gender in WASH

It is important to underline that gender plays an important role in WASH accessibility, availability and affordability. Not only do women, girls and other people who menstruate have different needs and face different barriers to access, they are often the main users of WASH services and facilities and therefore most affected by a lack of access and they are under-represented in decision making forums on water and sanitation, especially in leadership positions. Furthermore, in many countries, due to cultural and social norms, access to toilets is often restricted for women, girls and other people who menstruate. As a result, they might refrain from using the toilet during the day and decrease their food and water intake. A lack of access to WASH services and facilities does not only affect health and well-being, but it also undermines the position of menstruators, leading to a vicious cycle of further marginalisation and exclusion.



Decision making

While women, girls and other people who menstruate are often responsible for fetching water, cooking and cleaning, men are often the decision makers. In reality this means that their needs and demands are often not considered when creating a water source or building a toilet facility. Therefore, it is of vital importance in any WASH programme (and menstrual health programmes) to involve women, girls and other people who menstruate in decision making (bodies). It is also important to include people with a disability as their needs are also often overlooked.

Key message: 'Gender differences in WASH needs'

Gender forms a barrier in accessing WASH facilities. People who menstruate have different needs when it comes to these facilities. These barriers and needs need to be considered when installing WASH facilities, with specific attention paid to safety and location.

4.2 Importance of clean water

Access to clean water is essential in maintaining hygiene around menstruation as using dirty water increases the risk of infections, this applies to both menstruators and non-menstruators. It is important to understand where clean water can be found and how this should be treated to keep it clean.

Good practices to keep water clean

In order to use safe drinking water, there are different practices needed from the source to the point of use. Contamination with bacteria or pathogens can happen at different stages between fetching water and using water. The table below explains the good practices to keep water clean.

Point	Good practice ⁴⁵
Water source	<ul style="list-style-type: none"> ● Use an improved water source: like piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water ● Water source should be protected. ● The area around the water source should be kept clean and free of dirt.
Water transport	<ul style="list-style-type: none"> ● Water should be transported in a clean container. ● Water should be transported in a covered container.
Water storage	<ul style="list-style-type: none"> ● Water should be stored in a clean jerry can; if a jerry can is not available then a bucket may be used. ● When a bucket is used, it should always be kept covered. ● Water should be accessed using a device such as a clean cup. ● Hands should not touch the water.
Water use	<ul style="list-style-type: none"> ● Hands should not touch the water. ● Used water should not be poured back into the source.
Water disposal	<ul style="list-style-type: none"> ● Water should be disposed of in a location where children cannot play in it. ● Water cannot stand in the household compound.
Water treatment	<ul style="list-style-type: none"> ● Use household methods for cleaning water like boiling water, using chlorine drops and using alum. ● Filter water with the help of bio-sand and ceramic filters.

⁴⁵ Based on: <https://washdata.org/monitoring/drinking-water>

4.3 Sanitation

Sanitation is important for people who menstruate to carry out their preferred menstrual practices. It is important to stress that menstruators have specific needs regarding sanitation that might be different from the needs of people who do not menstruate. Below are some of the elements that are important to menstruators. Please note that when building sanitation services, people who menstruate should be consulted so they can voice their specific needs.

Location

Privacy⁴⁶ and safety are key issues in the location of toilets, especially for people who menstruate. Toilets – in any country – can become places where children face increased risks of bullying by fellow students or abuse by adults (especially where community members may enter the school to use the facilities). Toilets might be places where boys hang out to tease girls. Also, there are many cases in rural areas of women, girls and other menstruators not going to the toilet as they fear (sexual) assault or harassment.

Construction

When latrines have neither doors nor roofs, social norms around menstruation may cause people who menstruate to be worried or embarrassed to use them. An inclusive construction of toilet facilities is also important for people with a disability.

Cleanliness

Unclean sanitation facilities cause a hygiene risk for everyone. Furthermore, people who menstruate might avoid the latrines when they are too dirty.

Access to water

Is there a hand washing facility near the toilets? Often there isn't anywhere for people to wash their hands after using the toilets, or the facility may be placed in an inconvenient or unwelcoming place. This creates a barriers to washing hands after using the toilet. For people who menstruate, it is especially important to have water in or near the toilets to clean themselves and change their re-usable menstrual product.

Sustainability

It is important to have sanitation facilities that can be sustained for a long time. For instance, by using locally available materials in the construction and building facilities that are climate proof, meaning that water sources and the functioning of toilets are not hindered by the consequences of climate change, e.g., increased floods or droughts.

⁴⁶ It is important to recognize that the term 'privacy' is socially constructed: it can mean changing menstrual products individually or carrying out preferred menstrual practices together but away from strangers or non-menstruators. Therefore, it is important to always consult with the people that will use the toilets.

Menstrual waste

Waste management is an important aspect, especially when menstrual health programmes introduce new, non-biodegradable menstrual products. It is important to dispose of menstrual products (such as disposable menstrual pads) in such a way that the impact on the environment is limited. First, it is important to directly consult people who menstruate on their preferences for disposing menstrual waste. These preferences may be influenced by social or cultural norms that require people who menstruate to perform their preferred menstrual practices and menstrual waste disposal in secret. Therefore, it is important to take this into account, but also to emphasise that menstrual waste is nothing to be ashamed of.



Disposing menstrual waste

Although it should not be necessary to hide menstrual waste during disposal, it might still be important for people who menstruate that they can dispose of their menstrual products discreetly, without anyone else seeing them. This means that a bin or other disposal method should ideally be built within the toilet. When toilets are separated into 'male' and 'female' toilets, it is important that all toilets contain a bin or other disposal method. The improvement of menstrual waste disposal options should always be combined with the message that both menstrual blood and menstrual products are nothing to be ashamed of.

Cultural waste management practices

There might be cultural norms and values connected to waste management. In some countries, blood should not be burned and therefore used menstrual products such as pads cannot be burned with the regular waste. It is important to keep this in mind when installing

incinerators or other waste management options.

Environment

Most single-use menstrual pads are made of plastic. Plastic is not compostable, which means that when flushed down the toilet, thrown on the ground or into bushes, it will not dissolve. This is the same when pads are buried. Plastic also creates dangerous fumes when burnt. Neither of these options are good for the environment. Reusable pads, reusing washed cloths or bio-degradable menstrual products are more environmentally friendly options. Although people who menstruate can play a role in environmentally friendly waste disposal, menstrual health programmes should avoid placing the full responsibility of menstrual product disposal on menstruators themselves. The reason for this is that it shifts the focus from the (waste management) system to individual menstruators, putting another pressure on menstruators to 'get it right' within systems that make this difficult for them.

Schools

Most schools in most countries have open pits into which rubbish could be thrown, while some schools have different ways of disposal. We have seen that these pits can be dangerously deep, rubbish can blow away again and pits are often

located in unhygienic places, e.g. where food is prepared or pots are washed. This can affect children's and teachers' health. The bad smells and flies attracted by the garbage also affect the children's ability to concentrate during class.

Activity: Evaluating menstruation-friendly toilets

Materials: Flip chart, markers

Time: 45 minutes

1. Divide the participants in groups. Ideally you divide the groups into: men, women, boys, girls, adults, youth, people with a disability, sexual minorities or any other group that you have among your participants.
2. When you have access to toilets, e.g. in a school, the building, or communities, you can have the groups visit the actual toilets. If not, you can ask groups to think of a toilet in a specific situation, e.g. their school, at home, in the community.
3. Ask each group to identify what is good or bad from the perspective of their (assigned) identity, e.g. men, women. When the groups are doing the identification, you can go around and suggest areas to consider such as location, water access, waste disposal, safety, etc.
4. Have each group present their findings and give room for questions and input from the group. Ask questions if you feel some issues are left out.

Looking at all the presentations, ask participants to identify the differences between each group's findings.

Round up by explaining that everyone experiences different barriers and have different needs when it comes to toilets, especially people who menstruate, people with a disability and sexual minorities. When constructing toilets, it is important to ensure those groups participate in the process and are able and encouraged to give their input.



General hygiene practices

Hand washing is the simplest and most effective method for preventing the spread of diarrhoeal diseases.⁴⁷ As running water and soap are often unavailable, practicing hand washing can be challenging in both the school and community. Therefore, every school and community should try their best to set up hand washing facilities. If running water is unavailable, schools should have a plan for transporting water to a hand washing station and facilitating student use of this water. For example, a tippy tap can be utilised or a plan can be made in which students go to the bathroom together and assist each other in hand washing afterwards. Washing hands in a bowl of used water is ineffective. If no soap is available, ashes can be provided at the

nearest water source and used instead. Adults, health workers and teachers should make every effort to encourage and reward good hand washing practices and serve as role models in this regard.

What are the most critical times for hand washing?

- Before and after preparing meals
- After using the toilet
- Before and after eating
- Before and after changing children's nappies
- Before and after menstrual practices
- Before feeding children
- After blowing your nose, coughing, or sneezing

Key message: Handwashing

Handwashing is key for general hygiene as well as for hygiene around menstruation. Everyone should wash his or her hands before they touch food and after using the toilet or another activity that can make their hands dirty. People who menstruate should make sure that they wash their hands before and after changing their menstrual product. It is important to follow the right practice when washing hands and always use soap and clean water.

⁴⁷ A useful tool to explain how bacteria travel through different routes and the importance of handwashing is the F-diagram, see for instance: https://wedc-knowledge.lboro.ac.uk/resources/posters/P004_The_F_Diagram.pdf

5 SEXUAL AND REPRODUCTIVE HEALTH (SRHR)

As menstruation is part of the reproductive system, this chapter gives an insight into the sexual and reproductive systems of assigned-female reproductive systems, puberty more generally and pregnancy. As menstruation is part of a larger series of changes in assigned-female bodies, it is important to understand what it is, how it works, and the larger impacts it has for the person and the people around them. Adults, especially parents, can be hesitant to inform young people about their sexual and reproductive health. However, early pregnancy and abortion rates are proven to be lower in countries where adolescents can make informed decisions about their sexuality. It helps young people to feel more comfortable when they understand what happens in their bodies during puberty. Understanding the sexual and reproductive system empowers both young people and adults to take informed decisions about their health.

Explanation about the female reproductive system in our programme More Than Brides Alliance, India

Key message: 'Right to SRHR education'

Young people have the right to health and education and thus to be informed about their sexual and reproductive health and rights.

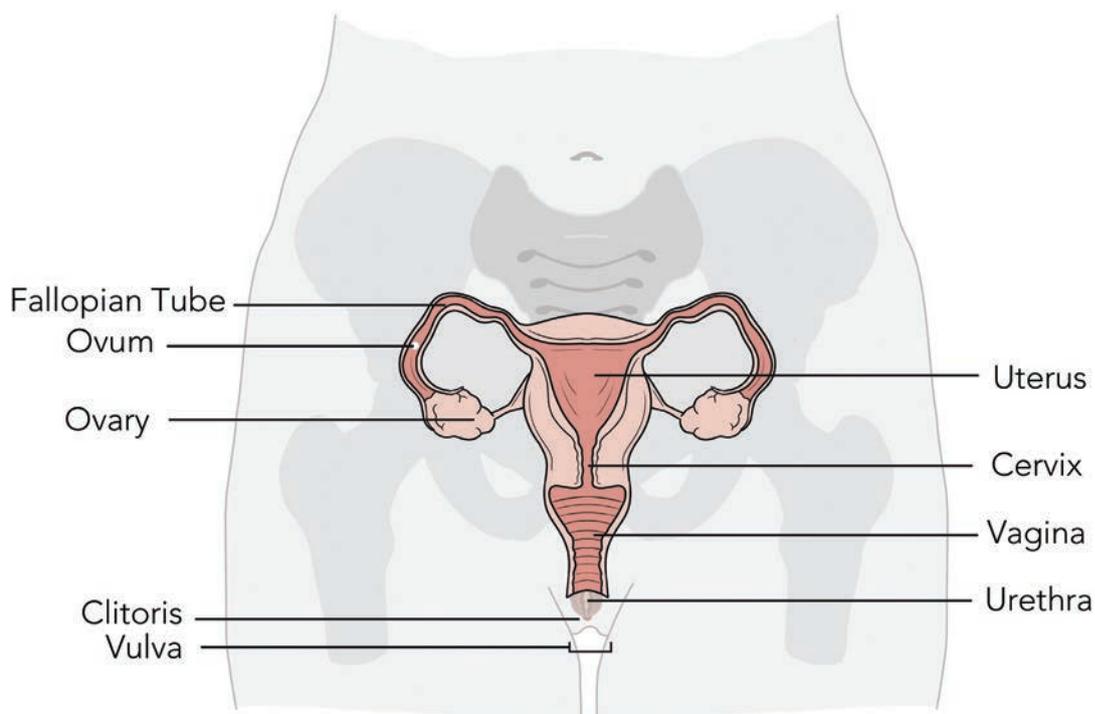
5.1 The assigned-female reproductive system

This session will provide an overview of the body parts that allow people who menstruate to reproduce and explains the functions of each of the reproductive organs, including their connection to menstruation.

Knowing the assigned-female reproductive anatomy and the function of each part is important to understanding how the body

works and to stay healthy. Below is an illustration and a table that explains the different parts in more detail.

The assigned-female reproductive system is composed of external and internal organs, which function to produce egg cells, to transport and sustain the egg cells on their way to the uterus and to make hormones.



Assigned-female reproductive system

Body part	What is it / What does it?	Internal or external
Vulva	<ul style="list-style-type: none"> ● The external part of the assigned-female reproductive organs is called the vulva, which means covering. ● Provides sensation (has many nerve endings). ● There are two openings in the vulva — the vaginal opening and the opening to the urethra. <ul style="list-style-type: none"> ● The urethral opening is the tiny hole that people with an assigned-female reproductive system pee out of, located just below the clitoris. ● Below the urethral opening is the vagina opening. 	External
Urethra	<ul style="list-style-type: none"> ● Allows passage of urine stored in bladder. ● The urethral opening is the tiny hole that people with an assigned-female reproductive system pee out of, located just below the clitoris. ● The urethra is not part of the reproductive system. 	Internal
Clitoris	<ul style="list-style-type: none"> ● Provides sensation (has many nerve endings) and sexual pleasure ● The clitoris has parts both internally and external on the body. There is two internal branches of erectile tissue is about 3.5 inches long. ● The glans (the visible part) is usually .25–.5 inches long, comparable in size to a pearl at the front of the vulva where the labia (“lips”) meet. 	External
Vagina	<ul style="list-style-type: none"> ● Provides sensation (has many nerve endings especially in outer third). ● Below the urethral opening is the vagina opening ● Produces fluid daily (vaginal discharge) to cleanse and lubricate itself and help sperm travel. ● Allows passage of shed inner uterus layer during menstrual period. ● Allows passage of baby. ● Three inches long when not aroused and five to six inches long when aroused and is very stretchy. 	Internal
Cervix	<ul style="list-style-type: none"> ● The bottom section of the uterus. ● Produces fluids (vaginal discharge) to help sperm travel. 	Internal
Uterus	<ul style="list-style-type: none"> ● Houses and protects embryo/fetus/baby. ● Allows nutrient & waste exchange with placenta during pregnancy. ● Nourishes an embryo before a placenta grows. 	Internal
Ovary	<ul style="list-style-type: none"> ● Provide storage for the ovum (eggs). ● Allow maturation of the ovum. ● Produces hormones (oestrogen, progesterone and androgens). 	Internal
Ovum / egg cell	<ul style="list-style-type: none"> ● Carries strings of genes called chromosomes which mix with chromosomes of sperm if fertilization occurs. ● They dissolve in the Fallopian tube after about 24 hours if not fertilised. 	Internal
Fallopian tube	<ul style="list-style-type: none"> ● Allow passage of ovum toward uterus. ● Allow passage of sperm from uterus. 	Internal

Activity: Re-creating the assigned-female reproductive system

Materials: things that can represent parts of the assigned-female reproductive system (e.g. pens, paper, empty toilet rolls, leaves, sticks-anything that is available)

Time: 45 minutes

The goal of this activity is to recreate the assigned-female reproductive system through materials.

1. Divide the participants into groups, the number of groups depends on how many materials you have). Let the participants create the reproductive system on a table or on the ground using the different materials. If necessary, they can use pictures to help them. Parts that at least need to be included are
 - a. Vulva
 - b. Clitoris
 - c. Vagina
 - d. Cervix
 - e. Uterus
 - f. Ovary
 - g. Egg-cell
 - h. Menstrual blood
2. Check whether they positioned them well.
3. Let the participants act out ovulation and menstruation by using the materials. Ask them to explain to each other what happens in these different phases of the menstrual cycle, e.g. how an egg cell travels to the uterus and how menstrual blood leaves the body.

Have some reflection questions ready like

- How did this exercise make you feel?
- Is there any new information that you have learned in this session?
- Why is it important to know how the assigned-female reproductive system works?

5.2 Puberty

Menstruation starts during puberty. Puberty happens to all adolescents. It can be a difficult time for young people, especially if they receive little guidance or information.

What is puberty?

Explaining to adolescents what happens during puberty and preparing them for the changes they will experience will have a positive impact on their health and overall wellbeing. It will also help them to understand the different changes that both sexes encounter, and how to support others dealing with these changes. It is important for adults and people like health workers and teachers to have a good understanding of puberty, so that they have a better idea of how to support adolescents during this time.

What is puberty? Puberty is a time when the bodies of boys and girls physically change. Bodies grow bigger and taller, genitals mature, and hair often starts growing in new places on the body. During puberty, a girl becomes physically able to become pregnant and a young boy becomes physically able to father a child. Although the physical ability to have a baby is there, it does not mean she is ready to have a baby, or that he is ready to be a father, only that they are physically capable of creating and having a baby.

Why is puberty happening? New chemicals produced by the body—hormones—are developing in the body, creating changes in the body and turning young people into adults.

When does puberty start and how long does it last? Puberty typically starts between ages eight to 13 in people with an assigned-female reproductive system, and ages 10 to 15 in people with an assigned-male reproductive system, although some young people start puberty a bit earlier or later. Each person is different, so everyone starts and goes through puberty at their own pace. During puberty, young people experience a major growth change that lasts for about two to five years. Some people grow four or more inches in one year! This growth during puberty will be the last time the body will grow taller. When the growth period is over, young people will be at their adult height.

Hormonal changes during puberty

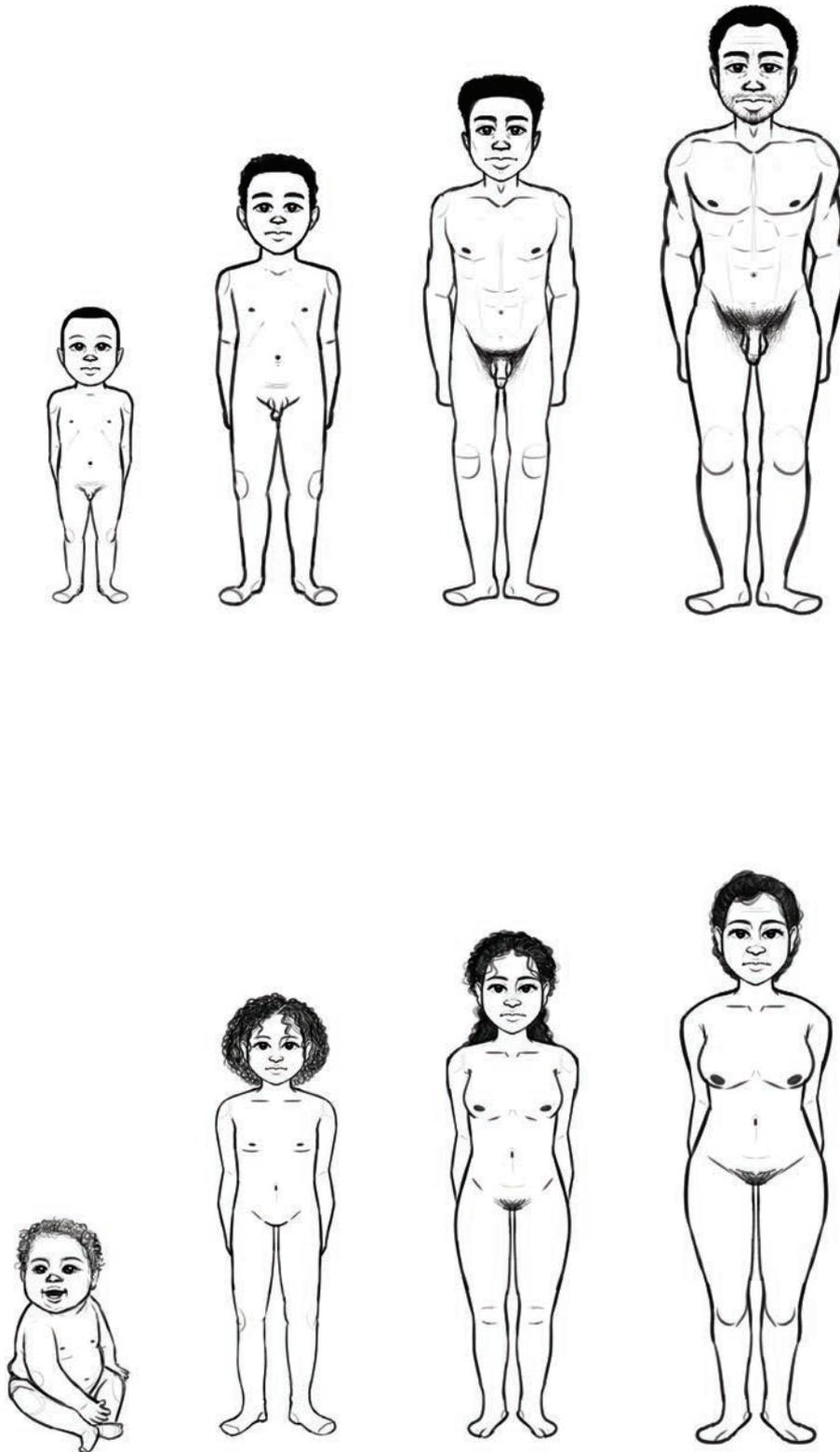
When the body is ready to begin puberty, the pituitary gland (a part of the brain that controls hormones) releases special hormones called FSH and LH. Depending on the sex, these hormones go to work on different parts of the body.

For people with an assigned-female reproductive system, FSH and LH hormones target the two ovaries, which contain eggs that have been in the body since birth. The hormones cause the ovaries to start making another hormone, called oestrogen. Together, these hormones prepare the body to start the menstrual cycle and be able to become pregnant someday.

Bodily changes

There are a number of physical changes that happen to adolescents' bodies when they start puberty.

	Major change	Facilitator's message
Hair:	One of the first signs of puberty is hair growing where it did not grow before. Hair will grow under arms and in the pubic areas (on and around the genitals). At first it is light and sparse. Then it becomes longer, thicker, heavier, and darker. Eventually, young men will also start to grow hair on their faces and chests.	The amount of new body hair that grows is different for each adolescent.
Skin:	Acne (pimples or spots) often starts around the beginning of puberty and can remain all through adolescence (the teen years). It usually gets better or disappears by the end of adolescence.	This lasts through your teen years and then usually ends. Wash the face each day with mild soap and water to keep their skin clean.
Sweat:	A new odour might develop under arms and elsewhere on the body. This is body odour, and everyone gets it. The puberty hormones affect glands in the skin, and the glands make chemicals that have a strong odour.	This is normal. Bathing or washing every day helps reduce this odour, as does deodorant.
Voice:	Adolescents with an assigned-male reproductive system will notice that their voices may "crack" and eventually get deeper. People with an assigned-female reproductive system their voices might get a little deeper, too.	Voices can suddenly go from high to low or from low to high. In time, it will stop.
Breasts:	Breasts grow, swell, and hurt just a bit. Some with an assigned male-reproductive system develop swelling underneath their nipples, which looks like the start of breasts. This is caused by the hormones pulsing through the body and will usually disappear with time.	Both breasts may not grow at the same rate or to the same size. It is normal for one breast to be a bit smaller than the other one.
Body size:	Assigned-female body: Hips broaden, breasts enlarge, weight and height increase. Assigned-male body: Shoulders and chest broaden, weight and height increase.	People with an assigned-female body can reach their full height before people with an assigned-male body.
Assigned-female sexual organs:	About one to two years after breasts start to develop, people with assigned-female sexual organs usually experience their first menstrual period. It means that the puberty hormones have been doing their job correctly. One other thing they might see (and feel) is a white or clear liquid discharging from the vagina, this another sign of their changing body and hormones.	You might see and feel a white or clear liquid from the vagina. This does not mean anything is wrong. It is a normal process of the body.
Assigned-male sexual organs:	Wet dreams and erections occur, and penis and testicles grow larger.	A wet dream is an erotic dream that causes involuntary ejaculation of semen. Wet dreams and erections are completely normal.



Activity: Bodily changes during puberty

Materials: Flip chart and markers

Time: 30 minutes

There are a number of physical changes that happen to adolescent bodies when they start puberty. Most older adolescents will be able to identify the majority of them. The younger ones might need some more support and input from you.

In this exercise, ask the participants to visualise change in young people's bodies during puberty. This might provoke laughter, but that's ok. The more that participants practice talking about these topics, the more comfortable they will feel.

1. Divide the participants in small groups. Give each group two flipcharts.
2. Ask half the groups to focus on girls and the other half to focus on boys. Ask each group to draw the body outlines of a girl's or boy's body before puberty on the flip chart.
3. Then ask each group to draw a body of an 18-year-old girl (or boy) on the other flip chart. Ask each group to clearly visualise the changes that happen during puberty between the two bodies.
4. Have each group present their drawings and ask questions about the changes - when does each change happen, what are the differences between individuals, etc. Use the information from this chapter as the basis for the questions.
5. To recap, go through the questions and answers below and show the illustrations to the class.

Facilitators note: Try to not ask the participants direct questions like "how did your body change?". This is very personal and can cause anxiety or discomfort. Keep the discussion general, that helps to create a safe space for discussion. Thank the participants for their participation. It is sometimes not easy to openly talk about our bodies and how they change. This exercise is a step towards a more positive body image.

Emotional changes during puberty

Puberty is a time of physical and emotional change that happens when children grow and mature. This doesn't just mean starting menstruation. A number of psychological changes in adolescence also mean that the way of thinking and feeling changes.

Growing older means gaining independence, developing own thoughts and building confidence. Not only bodies are growing up but brains are too. Adolescents undergo a bunch of emotional changes, meaning they experience changes in the way they think and feel about themselves and the world around them.

Common emotional changes during puberty include (but are not limited to):

- **Feeling overly sensitive & ashamed:** During puberty, since the body undergoes many changes, it is common to feel uncomfortable

and become overly sensitive about the physical appearance. As a result, adolescents may feel irritated quite easily, lose temper or feel sad. Feeling anxious about how the changing body looks is one of the things young people are most sensitive about. All of these new emotions are normal. Feeling anxious about growing up is normal.

- **Sexual feelings:** During puberty it is normal to become more aware of other people's bodies and to feel more sexual. For people with an assigned-female body, the main sign of sexual feelings is wetness of the vagina. Sexual feelings can come from reading a romantic novel or thinking about other people. It is normal and is nothing to feel guilty about. Acting on such feelings, however, is a big responsibility. All people are sexual beings. Adolescents may have many questions about sex. It is a good idea to talk to a mature adult with whom they are comfortable discussing sex.



Atuhura Brenda, Uganda

- **Looking for an identity:** Since adolescents are in the process of becoming an adult, they may feel curious to figure out what makes them unique as a person. There is also a general tendency that they associate more with their friends than with their family members. Psychologically, it may be because friends are going through a similar phase. They may try to figure out how they are different from others and how they fit into the world. This may eventually lead to some sort of a struggle to become more independent of parents and family.
- **Feeling insecure and afraid:** Since adolescents in puberty are not completely an adult yet but are not children anymore, puberty can potentially lead to uncertain times. As a transition phase, young adults may begin to wonder and think about new and unfamiliar aspects of life such as work, livelihood and marriage. Since all of this is new and unfamiliar when they start thinking along these directions, they may feel uncertain about the future. This uncertainty becomes more evident when the expectations that people close to them have from them also change. Adolescents may also be expected to take on they will grow into new roles and become more certain about themselves, but this process will take time.
- **Mood swings:** To add to the uncertainty and conflicting thoughts (not being a child anymore but not being a full adult yet), adolescents may also experience frequent and sometimes extreme changes in their mood. For example, sometimes their mood will swing between feeling confident and happy to feeling irritated and depressed in a short span of time. These frequent swings in how they feel are called mood swings. They may occur due to shifting levels of hormones in the body and other changes taking place during puberty.
- **Peer pressure:** With the onset of puberty, conversations with friends will increase. Adolescents and their peers are likely to be influenced by what they see around them in popular media and the culture around them. They might pick up on what is “good”, “cool” or “uncool” to do in terms of the way they dress, speak and behave. These events can lead to a gap between what is perceived as appropriate by parents and friends.

Everyone is different

Puberty and typical changes such as menstruation often cause insecurity. Even though changes and symptoms can be generalised, it is important for adolescents to know that these are different for everyone.

Key message: ‘Differences are normal’

Every adolescent is different: what is normal for one may be different for the other, and that doesn’t mean either is wrong. Being different is good: some people are fast runners, some people are good cooks; some people are tall and some people are short. What matters is knowing and accepting every part of oneself and others, for instance the physical and emotional changes during puberty, including the menstrual cycle.

Getting support

Talking to parents and other trusted adults about puberty, menstruation, and feelings can be helpful for young people. It is important for young people to have someone they feel they can trust to talk

about the changes happening to them. It is helpful if parents, teachers, health workers and other adults, as well as peers, feel comfortable talking about puberty with young people.

5.3 Bodily integrity

During puberty changes happen in one's body that may also affect how others see and interact with them. Puberty is often spoken about as a transition from child to adult. It is important for individuals to know and understand their rights with their newly changed body and to not let others take advantage of them or tell them how they need to feel or behave.

violence (e.g. female genital cutting, forced pregnancy, forced abortion, forced sterilisation and forced marriage). Violation of bodily integrity is called gender-based violence.

Deciding over your own body

It is important that all people understand that they have the right to make decisions about their own health, body, sexual life and identity, without fear, coercion, criminalisation, or discrimination. They also have the right to live free from violence, including rape and other sexual

Consent is an important concept that everyone should know and understand. Everyone has the right to tell others 'yes' (aka giving consent) or 'no' (not giving consent) when it comes to their bodies. No one can touch you in a place or way that is unwanted. Engaging in sexual acts should be something that an individual enthusiastically says yes to and wants. If at any point someone says no or stop, or indicates that they don't want to engage in a sexual act in another way, the other person needs to respect that demand.

Sexual harassment

Sexual harassment is harassing someone else because of their gender and it is illegal. It could mean making personal, embarrassing remarks about someone's appearance, especially characteristics associated with sexual maturity, such as the size of a someone's breasts or testicles and penis. It could mean unwanted touching, such as hugging a subordinate or patting someone's bottom. It could mean demands by a teacher, supervisor, or other authority figure for sexual acts in exchange for grades, promotion, hiring, salary raises, etc. All these behaviours are manipulative. It is important to underline the fact that the laws of many countries provide protection against sexual harassment. Young people should be aware of local sexual harassment laws and how to file a complaint with the appropriate authorities if they are sexually harassed. They should also know that other people may report them if they sexually harass someone else.

Rape

Rape means coercing or forcing someone else to have genital contact with another person. It is also against the law. Sexual assault can include forced petting as well as forced sexual intercourse. Force, in the case of rape, can include use of overpowering strength, threats, and/or implied threats that arouse fear in the person raped. Young people must know that rape is illegal and cruel and that: 1) they are legally entitled to the protection of the criminal justice system if they are the victims of rape; 2) they may be prosecuted if they force anyone else to have genital contact with them for any reason. Refusing to accept the answer 'no' and forcing the other person to have sexual intercourse always means rape.

5.4 Pregnancy

When people start menstruating, they can get pregnant after having had sex, even though their body is not yet ready for pregnancy or to give birth. It is important for participants to understand how people who menstruate get pregnant and how they can prevent this.

What is pregnancy?

When someone with an assigned-female body is pregnant, this means that they are expecting a baby. The questions below explain how and when people can get pregnant.

- **What is fertilisation?** Fertilisation happens when a sperm cell fertilises an egg cell. This is the start of pregnancy. If an egg meets a sperm and becomes fertilised it will normally attach itself to the uterine wall, it will take nine months for a baby to grow in the womb.
- **How do you get pregnant?** When two people of opposite sex have unprotected sexual intercourse, there is a chance of causing a pregnancy. Just one time is enough to get pregnant. The male must ejaculate inside, or at the opening of, the female's vagina. After ejaculation, the male sperm travels up to the fallopian tube. When a single sperm joins with the egg the egg is fertilised. Then the fertilised egg must travel down to the female uterus and attach to (implant in) the uterine wall where it will develop into a baby.
- **When can you get pregnant?** In general, when someone who menstruate releases a mature egg from their ovary into her fallopian tube (the process is called ovulation). Eggs are released once a month. Sperm can live from 3 to 5 days. It is also important to note that not everyone who menstruate is necessarily fertile as fertility is influenced by different factors.⁴⁸
- **How do you notice you are pregnant?** One important sign is the absence of menstruation. However, a missed period does not always mean pregnancy. Adolescents can have irregular menstrual periods for several years.



This means that periods can be late, or menstruators may miss a month for no reason at all. But if people who menstruate have had sex during this time it is important to discuss the changes in the menstrual cycle with a health worker.

- **How can you find out if you are pregnant?** With a pregnancy test. You can buy a pregnancy test at a pharmacy or do the pregnancy test at a clinic or hospital.

When are adolescents ready to be parents?

When someone starts menstruating, it is often assumed that they are ready to marry and have children. However, it is important to underline the fact that getting pregnant at a young age involves great health risks, as the body of young people (for instance, the width of the pelvis) is not ready to be pregnant and give birth. Furthermore, a baby requires a lot of care and time from both parents. Young adolescents are not mature enough to take up this responsibility. They should have the time to grow into an adult before they have children. Marriage and pregnancy also interfere with education, especially for the mother of the child, as gender norms often mean that the child's mother is responsible for their upbringing, causing absenteeism from school.

⁴⁸ See <https://www.who.int/news-room/fact-sheets/detail/infertility> for more information.

It is also important to mention that an adolescent is still considered a child according to the Convention of the Rights of the Child. Rights of the Child include the right to education and to relax and play. This means that every child, up to the age of 18, should be in education and have time to play. Furthermore, the Adolescent Sexual and Reproductive Rights⁴⁹ state that adolescents can decide if they want to have children, when they want have them, and how many. It is also stated that adolescents can choose their intimate partner and decide if they want to marry and when. It is important to underline that children (and therefore adolescents) cannot be forced into marriage or having children.

- **What can happen if people who menstruate get pregnant at a young age?** There are several health risks attached to early pregnancy - it can lead to fistula or even death. Aside from health risks, lots of menstruators have to leave school when they get pregnant. This is not good, as all adolescents should be in school. the uterine wall where it will develop into a baby.

What to do in case of an early, unplanned or unwanted pregnancy?

In case of sexual intercourse without proper protection, someone with an assigned-female reproductive system might become pregnant. In this case it is important to talk to a counsellor and/or to visit the nearest health clinic to discuss your options and if you want to continue with the pregnancy or terminate it.

5.5 Preventing pregnancy

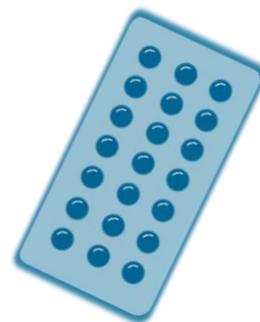
There are several ways to prevent pregnancy. Of course, not having sex is the best way to avoid pregnancy. However, people might want to have sex without getting pregnant. Even when married, one might want to postpone having (another) baby. In these cases contraceptives can be used to prevent pregnancy.

Family planning

Family planning allows people to attain their desired number of children and determine when they have their first baby as well as the spacing of pregnancies. Family planning is done through the use of contraception or by postponing the first sexual intercourse.

Contraceptive methods

The following contraceptive methods should be available at health clinics or NGO clinics and are reliable methods for preventing pregnancy when used properly. As a facilitator, you should discuss these methods with the participants and (if possible) you should provide them with a flyer of a local clinic that lists the available options. Emphasise that according to Adolescent Sexual and Reproductive Health Rights, young people should be able to access sexual and reproductive related health services, including contraception.



⁴⁹ IPPF (1991) Charter Guidelines on Sexual and Reproductive Rights, https://www.ippf.org/sites/default/files/ippf_charter_on_sexual_and_reproductive_rights_guidelines.pdf

Combined Oral Contraceptives (COCs)

COCs are tablets containing the hormones oestrogen and progesterone. A menstruator takes onetablet daily to prevent pregnancy.

Use and effect on menstrual cycle

Most COCs are taken for 21 or 24 days straight. After that, people stop taking the COCs during 4 or 7 days which causes a drop in hormones, blood gets released and the period starts. As such, when used in this way COCs can still follow the 'rhythm' of a natural menstrual cycle: people still get their periods, but the difference is

that they cannot become pregnant throughout the cycle. The reason for this is that the progesterone hormone prevents the release of an egg from the ovaries and thickens the mucus in the cervical opening, which keeps out sperm cells and prevents an egg to settle in the uterus.

Although COCs copy the menstrual cycle, people who take them do not have a natural cycle. COCs allow the controlling of the cycle, for instance, when they are taken for two months straight without stopping, menstruation can be postponed.

Effectiveness	Advantages	Disadvantages
<p>If 100 people with an assigned-female body used COCs for one year, typically eight of them would become pregnant. If taken consistently every day, COCs are highly effective (one pregnancy among 1,000). There is a higher failure rate for adolescents than other ages, since adolescents have trouble remembering to take pills regularly.</p>	<ul style="list-style-type: none"> ● Safe, effective, and easy to use. ● Can be used before the onset of menses. ● May lead to lighter, regular periods with less cramping. ● People who menstruate can become pregnant again after stopping the pill. ● Don't interfere with sex. ● May be beneficial for adolescents who have irregular or heavy periods, menstrual cramps, or acne. 	<ul style="list-style-type: none"> ● Side effects, which range from increased acne, weight gain, feeling sad or fatigued to cramps. ● Must be taken every day, can result in pregnancy when forgotten. ● Don't protect against STIs/ HIV.

Male condom

The condom is a thin sheath worn over the erect penis when having sex.

Use and effect on menstrual cycle.

The condom catches sperm cells so that they cannot enter the vagina. It does not affect the menstrual cycle.



Effectiveness	Advantages	Disadvantages
<p>If 100 people used condoms for one year, typically 12 to 15 of the people with an assigned female reproductive system would become pregnant. If used correctly with every act of intercourse, condoms are highly effective in protecting against pregnancy (three pregnancies among 100) and most STIs including HIV, but not Herpes Simplex and other genital ulcer diseases.</p>	<ul style="list-style-type: none"> ● Safe, effective and easy to use. ● Does not require a prescription or medical examination. ● Excellent option for someone who does not need ongoing contraception. ● May prevent premature ejaculation. ● Protects against STIs/HIV. 	<ul style="list-style-type: none"> ● Requires training/skill to be properly used and their use must be negotiated with a partner. ● A new condom must be used at every act of sexual intercourse. ● A new condom must be available before sex occurs. ● A condom may occasionally break or slip off during intercourse.

Female condom

The female condom is a plastic pouch that covers the cervix, the vagina, and part of the external genitals. A woman uses the female condom during intercourse to prevent pregnancy.

Use and effect on menstruation

The condom catches the sperm cells so that they does not enter the vagina. It does not affect the menstrual cycle.

Effectiveness	Advantages	Disadvantages
<p>If 100 people who menstruate used a female condom every time they had sexual intercourse, typically 21 of them would become pregnant. The female condom also effectively prevents many STIs, including HIV, when used correctly every time people have sexual intercourse.</p>	<ul style="list-style-type: none"> ● Safe and effective. ● Does not require a prescription or medical examination. ● Can be inserted up to eight hours before sexual intercourse. ● Female controlled. ● Excellent option for someone who does not need ongoing contraception. ● Can be used with oil-based lubricants and transfers heat, making it very sensitive. ● Does not alter vaginal flora and reduces the chance of irritation or allergic reaction. 	<ul style="list-style-type: none"> ● Costs more than the male condom. ● May be noisy or awkward. ● Can be difficult to insert and may occasionally break or slip out during intercourse.

Other contraceptives

There are several other forms of contraception available like sterilisation and the use of intrauterine devices (IUD). Contraceptives that introduce hormones in the body always have an effect on the menstrual cycle. For more information about these contraceptives contact a health worker.

The menstrual cycle as a form of contraception (natural family planning)

Throughout the menstrual cycle menstruators' fertility differs. Menstruators can get pregnant in up to 2 days after ovulation, but if in the case of sex in the 7 days before ovulation, it's possible to get pregnant because sperm can live inside a menstruators' body for up to 7 days and fertilise the egg when it's released.

There are 3 different fertility signals you can monitor and record for natural family planning:

- The length of your menstrual cycle
- Daily readings of your body temperature
- Changes to your cervical secretions (cervical mucus)

It's best to record these measures together to give you a more accurate picture of when you're likely to be most fertile.

In practice this means that:

- People will need guidance from a trained health worker and the right utilities to monitor the fertility signs.
- People need to avoid sex, or use contraception such as condoms, during the time they might get pregnant.
- If people decide to abstain, there can sometimes be up to 16 days during which people cannot have sex, depending on your cycle.

Therefore, it is not advised to use the calendar method as a contraceptive for the reasons mentioned above.

Main disadvantages of natural family planning	Situations that can affect fertility
<ul style="list-style-type: none"> ● The calendar method does not protect against STIs such as chlamydia or HIV. ● It is much less effective than other methods of contraception if the methods aren't followed accurately. ● Stress, illness, travel, lifestyle and hormonal treatments can disrupt fertility signs. ● People need to keep a daily record of fertility signs. It won't work without continued commitment and practice. ● It can take several menstrual cycles before people become confident in identifying their fertile time. During this time, they will have to use barrier contraception, such as condoms. ● If people use the emergency contraceptive pill, you'll need to wait for 2 complete cycles before relying on natural family planning again. 	<ul style="list-style-type: none"> ● Irregular periods ● Sexually transmitted infection (STI), pelvic inflammatory disease, or a vaginal infection ● Medication that disrupts production of cervical mucus (ask your GP or a pharmacist if you're not sure) ● When people recently stopped taking hormonal contraception ● A recent miscarriage or abortion ● When people recently gave birth and are breastfeeding ● Regular travel through different time zones ● Heavy alcohol consumption

Key message: Know your menstruation

Contraception can affect the quantity and timing of menstruation. Depending on the method it can decrease bleeding, sometimes even stop bleeding, or increase bleeding. For people who menstruate, it is important to ask the health worker about this when subscribing to birth control and to keep track of these changes. They can do this by using a period tracker and by paying close attention to their body and the potential changes it undergoes.

Misconceptions about preventing pregnancy

All over the world, there are different beliefs about ways to prevent pregnancy. When discussing this, it is worthwhile to prepare by researching and compiling common beliefs and myths according to local context. As a trainer you can also ask participants about beliefs and give them answers based on the facts in this manual (or look them up online).

Facts that are often disputed and therefore important to consider are:

- **Menstruators can get pregnant if they are having sex for the first time.**
Any menstruator can get pregnant, even if it is the first time, if both partners are fertile and neither of them uses contraception.
- **Menstruators can get pregnant when boys or men withdraw their penis from the vagina before ejaculating.**
It is possible that sperm leaves the penis before ejaculating. These sperm cells can still cause pregnancy.
- **Menstruators can get pregnant during sex no matter what position they are in.**
For instance, pregnancy can occur whilst standing. Sperm can swim upstream in the female reproductive system and if they meet with the egg, pregnancy can occur.

- **The likelihood of pregnancy cannot be reduced by drinking or eating certain products immediately after sexual intercourse.**
For instance, concentrated tea or any other herbal drink has no effect whatsoever on sperm, eggs, or ones likelihood to get pregnant.
- **The likelihood of pregnancy cannot be reduced by having sex immediately before or after the menstrual period.**
The fertile period of a menstruator depends on the length of the menstrual cycle. The likelihood of pregnancy cannot be reduced by washing the vulva or vagina immediately after sexual intercourse. Sperm move fairly fast. Even if the someone with an assigned-female reproductive system washes immediately, the sperm will already have gone far enough to cause pregnancy.
- **Oral contraceptive pills cannot prevent pregnancy if only swallowed immediately before having sex.**
The pills to prevent pregnancy must be taken at the same time every day, and be taken for a certain number of days or weeks before you are protected from pregnancy (ask your trained provider for more advice).



6 SPECIFIC INFORMATION

Depending on the context and individual circumstances, people who menstruate might have specific needs. This chapter outlines these.

Students participating in a training on COVID-19 and WASH, Uganda

Female genital cutting (FGC) and menstruation

When the practice of FGC exist in the communities where menstrual health programmes are implemented, it is important to have specific information on the types of FGC performed. Some types of FGC can have negative effects on the menstrual experience, for instance painful and prolonged periods. Usually this only occurs as a result of FGC Type III (infibulation) as the narrow vaginal opening caused by this type of cutting might slow down menstrual flow. For people who menstruate and have undergone FGC Type III, chances are high

they are experiencing health problems, including during menstruation. Therefore, they might need more information and assistance in terms of menstrual health and hygiene.

If health or hygiene issues related to FGC and menstruation are highlighted to people who menstruate and who have undergone FGC Type I, II or IV, emphasis on FGC might stigmatise or pass judgment on the practice rather than increase menstrual health. For people who menstruate and have undergone FGC Type I, II or IV, standard information and menstrual health interventions would suffice.

Key message: Be mindful of the context

The menstrual health complications for people who have undergone FGC depends on the type of FGC performed. Therefore, it is important to have information on the common FGC practice in the area where menstrual health programmes are implemented.

Menstruators living with a disability

For people who menstruate who live with a disability, standard water, sanitation and hygiene (WASH) facilities in communities, schools, health-care facilities and public places can be inaccessible. It can be a barrier to visit these places, including going to school. Linked to that, regular programmes might not reach those living with a disability, as they might not be found at the places that are targeted in programmes such as schools. It is therefore important to consider additional strategies to reach these specific target groups.⁵⁰

The following guidelines should be taken along in programming:

- Raise awareness about the rights of people with disabilities and specifically Menstrual Health
- Consider disability in the design, implementation, monitoring and evaluation of interventions. Ideally consult people who menstruate with disabilities in all stages of the intervention
- Provide access to relevant information in adequate form: depending on the disability this could be tactical tools or more audio-visual materials with sign language, or shorter sessions. It is particularly important that menstruators with learning disabilities be supported to play a central role in recognizing and defining the problems they experience

⁵⁰ A good resource for approaching menstrual health in regards to those living with disabilities can be found in the Unicef Guidance for Menstrual Health and Hygiene (2019) page 65. Available at <https://www.unicef.org/documents/guidance-menstrual-health-and-hygiene>.

- Appropriate WASH Infrastructure: we recommend to consider Handicap International's RECU principle = Reach, Enter, Circulate and Use for latrines, bathing units and changing and washing places
- Ensure access to suitable menstrual products that are changed regularly and disposed of safely
- Ensure access to adequate health services and trained care takes (also within families)⁵¹

It is important to take into account that people who menstruate with different types of disabilities may have different needs. Those with physical impairments may face challenges accessing facilities, with using their menstrual products or with washing themselves, their clothes, and the materials they use. Those with vision impairments may have difficulties reading general education materials or read instructions on packages of menstrual



products. Those with intellectual and developmental impairments may need tailored and easy-to-read materials to learn about MH. The best way to understand the specific needs of menstruators that are living with a disability is to ask them what they need.

⁵¹ Taken from Managing menstruation for women and girls with disabilities | MHDday (menstrualhygieneday.org)

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Annex 1

Menstrual disorders that are related to menstruation but not to menstrual practices

Condition	Details	Signs and symptoms	Link to menstruation
Endometriosis	Endometriosis is a condition in which small pieces of the uterus lining (known as the endometrium) are found outside the uterus, e.g. in the fallopian tubes, ovaries, bladder, bowel, vagina or rectum. The endometrial cells outside the uterus behave in the same way as those in the uterus and go through the same process of thickening and shedding that leads to monthly periods. However, when this happens outside of the uterus, the blood cannot be released as easily and this gives rise to pain and swelling. It can also lead to problems with fertility.	Not all women with endometriosis experience symptoms but any of the symptoms listed below are possible: menstruation pain (before, during or after menstruation) pain in the lower abdomen, pelvis or lower back, bowel and bladder problems, fatigue.	Associated with menstruation but not menstrual hygiene
Premenstrual Syndrome (PMS)	Premenstrual syndrome (PMS) is a combination of symptoms that many menstruators get about a week or two before their period.	Most menstruators experience some premenstrual symptoms, such as bloating, headaches, and moodiness. Usually these are not debilitating. For some, the symptoms may be so severe that they influence their daily life, for instance missing work or school. If that is the case, we speak of PMS.	Associated with the menstrual cycle but not with menstrual hygiene. Not much is known about the origins of PMS yet. The symptoms are caused by hormones, menstruators with PMS most likely react differently to the hormone changes that are part of the menstrual cycle.
Uterine fibroids	Uterine fibroids are benign growths in the uterus that occur in 30-40% of women.	Most fibroids do not cause any problems and do not require treatment. However, some can cause heavy periods that can lead to anaemia and other health problems. Large fibroids can press on the bladder or bowel causing the urge to pass urine frequently or constipation and bloating.	Uterine fibroids can cause heavy bleeding but they are not associated with menstrual hygiene.

Condition	Details	Signs and symptoms	Link to menstruation
<p>Ovarian Cancer</p>	<p>Ovarian Cancer is often known as the silent killer as the symptoms of this type of cancer are common and often ignored. It has been suggested that the constant injury and repair caused by ovulation and menstruation may play a part in causing cancer of the ovaries in some women. During ovulation an egg is released from the ovary, which involves a 'wound' in the layer of tissue overlying the egg. Having children, breastfeeding or using the contraceptive pill seems to have a protective effect – in theory this is a result of the reduction in ovulation with these activities.</p>	<p>Loss of appetite, indigestion, nausea, excessive gas (wind) and a bloated, full feeling. Unexplained weight gain or an increased waist size, swelling in the abdomen, pain in the lower abdomen, changes in bowel or bladder habits, such as constipation, diarrhoea or needing to pass urine more often, lower back pain, pain during sexual intercourse.</p>	<p>Believed to be associated with menstruation but not menstrual hygiene.</p>
<p>Human Papilloma Virus</p>	<p>Human Papillomavirus (HPV) is a viral infection that is passed between people through skin-to-skin contact. There are more than 100 varieties of HPV, 40 of which are passed through sexual contact and can affect the genitals, mouth, or throat. HPV can cause genital warts or most commonly, cause cervical cancer.</p>	<p>Common symptoms of some types of HPV are warts, especially genital warts. Genital warts may appear as a small bump, cluster of bumps, or stem-like protrusions. They commonly affect the vulva in women, or possibly the cervix, and the penis or scrotum in men. They may also appear around the anus and in the groin.</p> <p>In possible link to menstruation, an abnormal vaginal bleeding between menstrual periods or after sex can be experienced. Longer or heavier menstrual periods or bleeding after menopause associated with genital warts is also a possible symptom.</p>	<p>Associated with sexual and reproductive hygiene.</p>

Annex 2

Infections and diseases

Infection	Details	Symptoms	Link to menstruation
Bacterial Vaginosis	The normal balance of bacteria in the vagina becomes disrupted and there is an overgrowth of specific types of bacteria. Any woman can get Bacterial Vaginosis. Douching (flushing out the vagina with water) and having multiple sexual partners can increase the risk, although it is not a sexually transmitted infection. Bacterial Vaginosis appears to increase the risk of other infections and conditions.	Often there are no symptoms. Pain, fishy odour, white or grey vaginal discharge, itching, burning sensation on urination.	The risk of Bacterial Vaginosis may be increased during menstruation.
Vulvovaginal Candidiasis (Thrush)	A common fungal infection that occurs when there is overgrowth of the fungus (or yeast) called Candida. Candida usually lives in the vagina in small quantities without causing symptoms, but a change in the vaginal pH or hormonal changes can lead to an overgrowth of the fungus.	Genital itching or burning, often with a watery, white, lumpy vaginal discharge.	The risk of Candidiasis may be increased during menstruation due to changes in the pH of the vagina.
Chlamydia	Chlamydia is a common sexually transmitted infection caused by the bacterium, Chlamydia trachomatis. It can irreversibly damage a woman's reproductive organs and is a major cause of infertility. Chlamydia can be transmitted during vaginal, anal or oral sex. The infection may cause spontaneous abortion or premature delivery. It can also be passed from an infected mother to her baby during vaginal childbirth causing conjunctiva problems, leading to blindness.	The majority of infected people have no symptoms. Some women have an abnormal vaginal discharge or a burning sensation when urinating. As well as pain there can be an urgency to urinate more frequently. Later symptoms might include lower abdominal pain, lower back pain, nausea, fever, pain during intercourse, or bleeding between menstrual periods. In men, it usually affects the pipe through which urine is passed (the urethra) in the penis.	There is no evidence for increased risk of Chlamydia in the lower genital tract during menstruation. But if a woman has Chlamydia, there can be an increased risk of infection of the upper genital tract
Trichomonas Vaginalis	Caused by a parasite and usually transmitted from one person to another during sex. It is also possible to pass on the infection during childbirth. In women the infection can be found in the vagina and the urethra.	Soreness, inflammation and itching around the vagina. Pain when passing urine, and when having intercourse. Can produce a profuse foamy discharge, with a fishy odour.	The risk may be increased during menstruation.

Infection	Details	Symptoms	Link to menstruation
Gonorrhoea	This sexually transmitted infection is caused by the bacterium <i>Neisseria gonorrhoeae</i> . If left untreated it can lead to pelvic inflammatory disease and infertility. It can also spread to other parts of the body in the bloodstream and be transmitted to a newborn baby, causing eye problems.	<p>Many women have no symptoms.</p> <p>Greenish/ yellow discharge with an unpleasant odour. Frequent and uncomfortable urination. Pain in lower abdomen.</p> <p>In men, the infection usually affects the urethra (the tube between the bladder and the end of the penis) but gonorrhoea can cause infection of the mouth, or anus in both sexes.</p>	There is no evidence for increased risk of Gonorrhoea in the lower genital tract during menstruation. However, if a woman has Gonorrhoea, there can be an increased risk of infection of the upper genital tract during unprotected sex when menstruating because of the movement of menstrual blood back through the cervix.
Syphilis	This sexually transmitted infection is caused by the bacterium <i>Treponema pallidum</i> .	<p>Many women have no symptoms for years. The following symptoms are similar for men and women. In the primary stage there is usually a single sore (chancere) which is firm, round, small and painless. Shortly after (four to ten weeks), there may be skin rashes (especially on the trunk, palms and soles of feet) weight loss, swollen lymph glands, headaches and fatigue. Later symptoms affect different parts of the body, including the brain, and can be widespread.</p>	The risk of Syphilis may be increased during menstruation but limited research is available.
Hepatitis B Virus	Hepatitis B Virus (HBV) is transmitted via bodily secretions, including blood, and is more infectious and relatively more stable in the environment than other blood borne pathogens like Hepatitis C Virus and HIV. It is not usually considered to be a reproductive tract infection.	<p>Many people (men and women) will not experience symptoms but any of the symptoms listed below are possible: appetite loss, feeling tired, nausea and vomiting, pain on the right side of the abdomen, jaundice, dark urine and pale stools.</p>	The risk of transmission from the woman during sexual intercourse is increased due to the presence of blood, which has a higher viral load than other bodily secretions.
Urinary tract infections	The majority of urinary tract infections (UTIs) are caused by <i>E. coli</i> infections – often introduced into the urethra (the tube that leads from the bladder to allow the passage of urine) from the rectum. However, some of the infections mentioned above can also be responsible. Sexually active women are most at risk, although infections can occur in other groups.	<p>Both men and women: Burning sensation or pain when passing urine. Urge to urinate frequently. Raised temperature. There is no vaginal discharge. Lower urinary tract infections can cause blood in urine and an inability to urinate despite the urge.</p>	The risk of urinary tract infections is probably not increased during menstruation as the main risk is contamination of urethra by bacteria present in the bowel.

Infection	Details	Symptoms	Link to menstruation
<p>Pelvic Inflammatory Disease</p>	<p>Pelvic Inflammatory Disease (PID) refers to infection of the uterus and other reproductive organs. It is a serious complication of some sexually transmitted infections, especially Chlamydia and Gonorrhoea. Pelvic Inflammatory Disease can lead to tissue scarring, resulting in serious consequences such as infertility, ectopic pregnancy (a pregnancy in the fallopian tube or elsewhere outside of the womb), abscess formation, and chronic pelvic pain.</p>	<p>Most women have no symptoms but any of the symptoms listed below are possible: lower abdominal pain, pain during sexual intercourse, vaginal discharge, pain on passing urine, feeling sick or vomiting, fever.</p> <p>When women contract PID it is important that their partners get treated as well as the majority of the cases is caused by chlamydia.</p>	<p>The risk of PID is associated with risk of contracting other sexually transmitted infections. Sex during menstruation has been cited as one possible risk factor for the progression of lower genital tract infections to upper genital tract infections (PID) due to reflux of menstrual blood through the cervix while the cervical mucus is dislodged.</p>
<p>Vaginitis</p>	<p>Vaginitis is inflammation of the vagina. It can affect women and girls of all ages, and is very common. It is often associated with an irritation or infection of the vulva. It has many causes, mostly from reproductive tract infections, such as yeast infections or trichomoniasis, but it can also result from irritants and allergies.</p>	<p>Vaginal discharge, itching and burning pain.</p>	<p>Irritations and allergic reactions to the chemicals on sanitary products can occur in women and girls with sensitive skin.</p>

Annex 3

Types of other vaginal bleeding episodes

	Age range	'Normal' amount of blood	'Normal' length of time	Definition/symptoms
Cervical cancer	Any age, median age is 49.	Menstruation can be heavy, irregular, painful or spotting.	Continues until treated, bleeding likely to occur during MP; varies.	Cancer in the cells of the cervix linked to the human papilloma virus; bleeding is often not related to menses.
Endometriosis	Most cases diagnosed between 25 and 35 years of age.	Menstruation can be heavy, irregular, painful or spotting.	Continues until treated, bleeding likely to occur during MP; varies.	A condition resulting from the appearance of endometrial tissue outside the uterus; heavy MP, irregular MP, painful MP or spotting, abdominal cramping, constipation or nausea.
Menarche	Usually between 8 and 16 years.	Can vary but usually lighter spotting.	2–7 days is normal; cycles are often irregular for 1–2 years.	First menstrual cycle, can be accompanied by cramps, irritability/heightened emotions, tender breasts.
Menorrhagia	From age of menarche to menopause (ages ~8–60).	60–90 ml or more.	Can be over 7 days.	Abnormally heavy menstrual bleeding; MP lasts longer than 7 days or is too frequent (less than 21 days between periods), spotting or bleeding between MPs or during pregnancy.
Menstrual bleeding	From age of menarche to menopause (ages ~8–60).	Average blood lost is 30–40 ml, with 90% of women <80 ml.	2–7 days.	Process of discharging blood and other materials from uterine lining monthly, can be accompanied by cramps, irritability/heightened emotions, tender breasts.
Miscarriage	From age of menarche to menopause (ages ~8–60).	Spotting can occur after miscarriage.	Can spot for upto 2 weeks after miscarriage; can result in haemorrhage.	Expulsion of a foetus from the womb before childbirth; irregular uterine bleeding, pain (abdomen, lower back, pelvis), vaginal discharge, uterine contractions, nausea.
Peri-menopause/ menopause	Usually mid-40s to early 60s; average age 51–52.	Spotting or heavy bleeding.	Average length is 4 years. Ends when 12 months without MP.	Time before and during the end of menstruation in the life cycle; absence of MP, spotting, heavy or irregular MP, hot flashes/night sweats, vaginal dryness.
Postpartum haemorrhage	Menarche to menopause (ages ~8–60).	Excessive vaginal bleeding (<90ml).	Up to 6 weeks postpartum.	Excessive bleeding after childbirth; vaginal bleeding, fast heart rate or low blood pressure.

Annex 3

Types of other vaginal bleeding episodes

	Age range	'Normal' amount of blood	'Normal' length of time	Definition/symptoms
Sexually transmitted infections	Any age if sexually active.	Heavy, spotting.	Continues until treated.	Diseases passed on through sexual contact (i.e. chlamydia, gonorrhoea); pelvic inflammatory disease, menorrhagia, bleeding after intercourse, spotting between periods.
Uterine fibroids	Can occur by age 20, usually between 35 and 54.	Menstruation can be heavy, irregular, painful or spotting.	Continues until treated, bleeding likely during MP; varies.	Non-cancerous growths in uterus that can develop during childrearing years; heavy MP, prolonged MP, pelvic pressure/pain, frequent/difficult urination.
Uterine polyps	Rare before 20, can occur after menopause.	Menstruation can be heavy or irregular.	Continues until treated.	Usually non-cancerous growths attached to inner wall of uterus; irregular or excessive bleeding and bleeding after menopause can occur.

Colophon

Production

Hilda Alberda, Simavi
Lindsay van Clief, Simavi
Femke van Heun, Simavi
Mahbuba Kumkum, Simavi

Photography

Prabuddha Paul
Emmanuel Museruka

Graphic Design

Ana Ludovico

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