



# Using models of menstrual experience to increase impact





**Researchers have developed models which summarise the causes of poor menstrual experiences and the impacts they can have on people's lives, which can be used to improve interventions and increase impact.**

## Methods

Researchers have summarised all the data on menstrual experiences that has ever been collected during interviews, focus groups and written stories. One study investigated experiences in low- and middle-income countries<sup>1</sup>(LMICs) and the other experiences in high income countries<sup>2</sup>(HICs), together looking at the accounts of almost 10 000 people who menstruate from 51 countries\*.

\*Only 5 out of 180 studies explicitly explored the experiences of menstruators who do not identify as women and girls and the majority of studies did not differentiate between biological sex and self-identified gender. More work is needed to adequately explore the experiences of all menstruators.

# Key Findings

Gender and cultural norms shape experiences of menstruation around the world. For the majority, periods are stigmatised, so they keep their challenges hidden.

This leads to:

- strict behavioural expectations to hide menstruation.
- limited knowledge about the menstrual cycle and reproduction, particularly in LMICs.
- limited support and information from others.
- limited access to menstrual materials and places to privately manage menstruation.

Poverty, and thus limited access to resources and spaces for undertaking menstrual-related tasks such as changing absorbents or washing, shapes people's experiences of their period.

When seeking medical assistance for discomforts or pain related to menstruation, many menstruators in HICs are dismissed by health professionals; we don't yet know enough about the care that women and girls in LMICs receive for these concerns.

As a result of these social, environmental, and resource constraints, many people experience shame, frustration, disgust and distress during their period and do not feel confident to engage in their usual activities.

These experiences can lead to detrimental effects on mental and physical health, personal relationships and participation in wider society, including work and school.







# Using the models in programming and policy development

The models can be used in programming and policy-making to:

1. Consider, particularly during needs assessments, the range of challenges people experience due to their period. This supports:
  - a) holistic programming and policymaking, targeting health, education and employment related outcomes.
  - b) cross sector investment and action to address the many ways menstrual experiences create negative impacts in people's lives.
2. Develop multi component interventions that focus on improving the overall menstrual experience.
3. Identify and track improvements in experiences of menstruation and what this means for health, education and employment outcomes, particularly when conducting programme evaluations.

# Case Study; research in action

Irise International works to 'realise period equality in the UK and East Africa'. Their team have used the models in discussions with policymakers to help make the case for policy that goes beyond period product provision and considers menstrual-related challenges more broadly, including submitting information based on the research and their own experiences to the Call for Evidence for the UK government's new Women's Health Strategy.

The models have also informed development of their own programmes. Their team describe how the people they work with always want more holistic support but that it has been difficult to explain to funders and other stakeholders why a more expensive, holistic approach is necessary. Irise have used the models to help demonstrate the many benefits of an approach that improves overall menstrual experience rather than just focusing on one aspect, such as provision of period products or improvements in toilet facilities.

"Practitioners have long recognised that this problem is more complex than simply providing access to affordable menstrual products. Having a detailed model of how different issues interact to shape menstrual experiences has helped us both make the case to stakeholders for a more holistic package of support and to design projects with a greater, longer lasting, and more sustainable impact."

Irise Evaluation Lead

Finally, the models have helped Irise improve their evaluation and monitoring. Their Evaluation Lead describes how focusing on an overall measure of menstrual experience has simplified data collection in the field and made this data more comparable across different contexts and interventions. Irise's evaluation toolkit now focuses on measuring changes in menstrual experiences and the impact of this on measures of health, education and employment that are already being widely used in the local context and routinely captured by government. This helps to demonstrate the impact of intervention on measures that already matter to key stakeholders, strengthening the framing of the issue and leading to further attention and investment.



# Read the studies and use the models

1. Hennegan J, Shannon AK, Rubli J, Schwab KJ, Melendez-Torres GJ. Women's and girls' experiences of menstruation in low- and middle-income countries: A systematic review and qualitative metasynthesis. PLOS Med. 2019;16(5):e1002803. pmid:31095568 <https://doi.org/10.1371/journal.pmed.1002803>
2. Barrington DJ, Robinson HJ, Wilson E, Hennegan J. Experiences of menstruation in high income countries: a systematic review, qualitative evidence synthesis and comparison to low- and middle-income countries. PLOS One. 2021: e0255001 <https://doi.org/10.1371/journal.pone.0255001>

