WELCOME!

WE WILL GET STARTED IN JUST A MOMENT

WELCOME!
TECHNICAL CONSULTATION ON CONTRACEPTIVE-INDUCED MENSTRUAL CHANGES (CIMCS)

Please keep yourself muted during the meeting. Please insert questions or comments in the chat bar.
Note: Session is being recorded. Slides and recordings will be available after meeting.

Please share thoughts and resources on social media:
#MenstrualChanges
#MHFPIntegration

- Terminology for meeting: We want to acknowledge that not all girls and women menstruate and not all people who menstruate identify as girls or women. In addition, although most methods of contraception we'll be discussing today are used by people with ovaries and/or uteruses, not all these users identify as women or girls.

Contraceptive-induced Menstrual Changes (CIMCs)

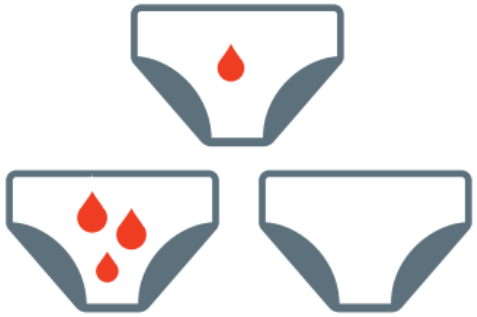
A **two-part** virtual meeting
Tuesday, November 17, 9AM-11AM EST (2PM- 4PM UTC)
Wednesday, November 18, 9AM-11:30 AM EST (2PM-4:30PM UTC)

Tabitha Sripipatana, Deputy Division Chief,
Research, Technology & Utilization, USAID

WHY ARE WE HERE?
POTENTIAL CONSEQUENCES OF UNDESIRABLE CIMCS

Family planning experience/use:

- Dissatisfaction
- Discontinuation
- Non-use
- Switching to less-effective methods
- Inconsistent use



Quality of life:

- Physical, emotional, economic
- Mental burden, worry
- Partner, family disapproval
- Need for more/different menstrual hygiene products

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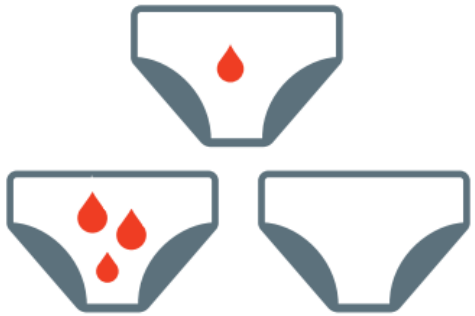
WHY ARE WE HERE?
POTENTIAL OPPORTUNITIES WITH DESIRABLE CIMCS

Potential benefits for health

- Treatment of menstrual disorders
- Prevention or improvement of other health conditions (e.g., anemia)

Potential benefits for lifestyle/wellness

- Increased freedom to engage in daily activities (e.g., work and school)
- Reduced costs associated with menstrual hygiene products



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HOW CAN WE FACILITATE NEW AND INCREASED CONNECTIONS BETWEEN FAMILY PLANNING & MENSTRUAL HEALTH FIELDS?

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DAY 1 AGENDA: NOVEMBER 17, 2020 - 9AM-11AM EST

9:00-9:15	**Welcome & Introduction** • Greeting • Review of meeting objectives and cross-cutting themes	Speakers: Tabitha Sripipatana, USAID Laneta Dorflinger, FHI 360
9:15-9:25	**Rapid review of contraceptive-induced menstrual changes (CIMCs):** Types and CIMCs and potential impact	Dr. Marsden Solomon, Chief of Party, Afya Uzazi project, FHI 360/Kenya
9:25-9:40	•**Seeking synergies:** What are the linkages between family planning and menstrual health? What connections are currently overlooked or inadequately addressed? • Q&A	Marni Sommer, Columbia University Lucy Wilson, Rising Outcomes
9:40-10:20	**User experiences and perceptions:** What do we know about how users perceive and experience different types of CIMCs and what users want and need? How do these relate to contextual meanings and practices around menstruation? What are key considerations for special populations and across the reproductive life course? • Q&A	Facilitator: Funmi OlaOlorun, EVIHDAF Speakers: Chelsea Polis, Guttmacher Institute Amelia Mackenzie, FHI 360 Simon Kibira, Makerere University
10:20-10:55	**Panel: Programmatic interventions – existing knowledge & evidence gaps** • Review of evidence about programmatic interventions including data on what women's and providers' perceptions and experiences • Q&A	Facilitator: Eva Lathrop, PSI Speakers: Kate Rademacher, FHI 360 Francia Rasoanirina, EECO - PSI/Madagascar Sofía Córdova, PSI Central America Roopal Thaker, ZanAfrica
10:55-11:00	**Closing** • Summary; review of agenda and goals for Day 2 • Logistics for Day 2	Linda Sussman, USAID Kate Rademacher, FHI 360

DAY 2 AGENDA: NOVEMBER 18, 2020 - 9AM-11:30 AM EST

9:00-9:05	**Welcome & Introduction** • Greeting, Re-cap of Day 1; review of meeting objectives for Day 2	Speakers: Mihira Karra, USAID Trinity Zan, R4S, FHI 360
9:05-9:20	**Measurement & indicators** • Developing and using better, more consistent measures • Q&A	Facilitator: Emily Hoppes, FHI 360 Julie Hennegan, Burnet Institute Aurélie Brunie, FHI 360
9:20-9:50	**Biomedical interventions and CIMCs** • Non-contraceptive benefits: Treatments for menstrual disorders • Research on preventing undesirable & accelerating desirable CIMCs	Facilitator: Lisa Haddad, Population Council Jackie Maybin, U. of Edinburgh Kavita Nanda, FHI 360
9:50-10:20	**Panel: Product Development - Forward-looking innovations** • The panel will discuss new products and biomedical interventions being developed and how to incorporate user preferences at all phases of development and introduction. • Q&A	Facilitator: Amelia Mackenzie, FHI 360 Gustavo Doncel, CONRAD Kirsten Vogelsong, BMGF Diana Blithe, NICHD Laneta Dorflinger, FHI 360
10:20-10:25	**Development of learning agenda and "call to action"**	Kate Rademacher, FHI 360
10:25-10:30	**BREAK**	All
10:30-11:00	**Breakout rooms** 1: Measurement, indicators, and data sources 2: Social-behavioral and user experience research 3: Biomedical research and contraceptive R&D 4: Service delivery guidelines 5: Considerations for special populations and equity	All
11:00-11:20	• Report out in plenary + discussion about format(s) to move forward	All
11:20-11:30	• Summary and next steps; Closing	Tabitha Sripipatana, USAID

CONTRACEPTIVE-INDUCED MENSTRUAL CHANGED TECHNICAL CONSULTATION

SPEAKERS & FACILITATORS

Tabitha Sripipatana
USAID

Laneta Dorflinger
FHI 360

Marsden Solomon
Afya Uzazi

Marni Sommer
Columbia University

Lucy Wilson
Rising Outcomes

Funmi OlaOlorun
EVIHDAF

Chelsea Polis,
Guttmacher Institute

Amelia Mackenzie
FHI 360

Simon Kibira
Makarere University

Eva Lathrop
PSI

Kate Rademacher
FHI 360

Francia Rasoanirina
ECCO – PSI Madagascar

Sofía Córdova,
PSI Central America

Roopal Thaker,
ZanaAfrica

Linda Sussman,
USAID

Trinity Zan
R4S, FHI 360

Mihira Karra
USAID

Emily Hoppes
FHI 360

Julie Hennegan
Burnet Institute

Aurélie Brunie
FHI 360

Lisa Haddad
Population Council

Jackie Maybin
University of Edinburgh

Kavita Nanda
FHI 360

Gustavo Doncel
CONRAD

Kirsten Vogelsong
Bill & Melinda Gates Foundation

Diana Blithe
NICHD

CONTRACEPTIVE-INDUCED MENSTRUAL CHANGES

DAY 1: TECHNICAL CONSULTATION
NOVEMBER 17, 2020

Laneta Dorflinger, PhD
Director of Product Development and Introduction, FHI 360

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fhi360 THE SCIENCE OF IMPROVING LIVES

Envision FP

R4S Research for Scalable Solutions

WHY ARE YOU HERE TODAY?

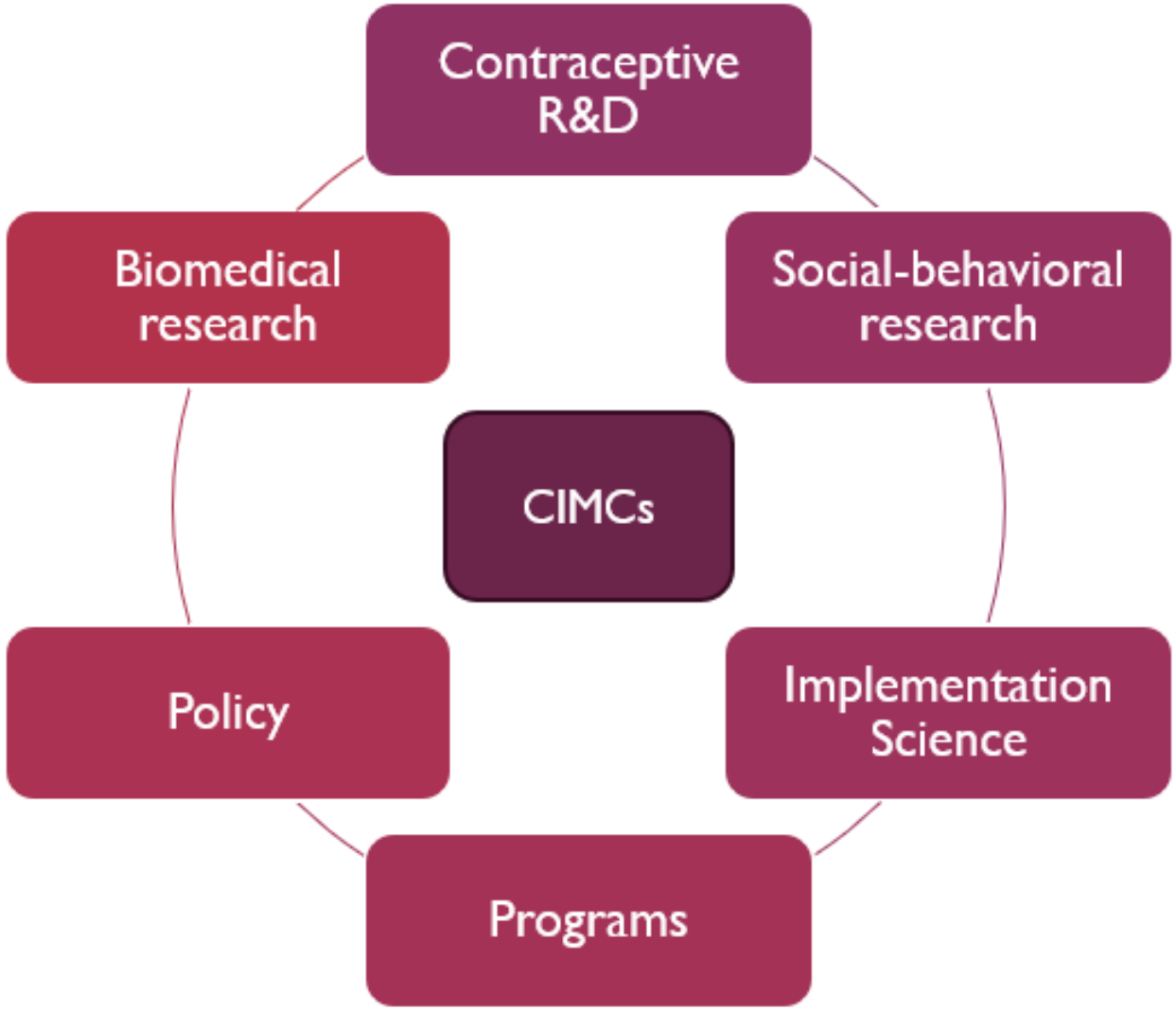
Poll #1
What topic is YOUR <u>number one</u> area of interest?

1. The ways CIMCs contribute to non-use and/or discontinuation of contraception
2. Users' perceptions of and experiences with CIMCs
3. Opportunities for menstrual health and family planning to be better integrated
4. Contraceptive R&D and implications for menstrual experiences
5. Promoting non-contraceptive health benefits of family planning
6. Other

OVERVIEW

- Contraceptive-induced menstrual changes impact users' lives in both positive and negative ways, resulting in consequences and opportunities;

- The family planning and menstrual health fields have not adequately incorporated these considerations into research, programs, policies, and product development.



CONTRACEPTIVE-INDUCED MENSTRUAL CHANGES INCLUDE:

- Changes in bleeding duration, volume, frequency, and/or predictability;
- Changes in blood (and other uterine and cervical effluent) consistency, color, and/or smell;
- Changes in uterine cramping and pain;
- Changes in other symptoms associated menstruation and other phases of the menstrual cycle (e.g., migraines, gastrointestinal symptoms);
- Changes over time with continued method use; and
- Changes to the menstrual cycle after discontinuation.

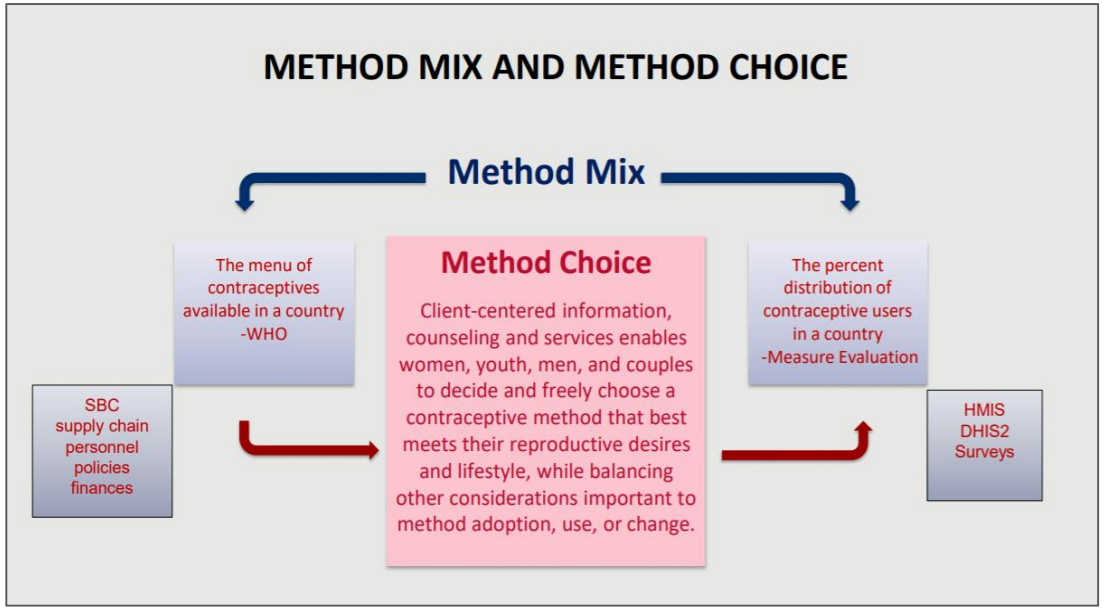

Oligomenorrhea
Bleeding side effects
Withdrawal bleeding
Breakthrough bleeding
CIMBCs
Period changes
Contraceptive-induced menstrual bleeding changes
Abnormal uterine bleeding
Uterine bleeding changes
Bleeding changes
Amenorrhea
Contraceptive-induced menstrual changes
Menorrhagia
Vaginal bleeding changes
Menstrual changes
Menstrual side effects
CIMCs
Spotting
Contraceptive-induced uterine bleeding changes
Dysmenorrhea

CROSS-CUTTING THEMES OF THIS MEETING

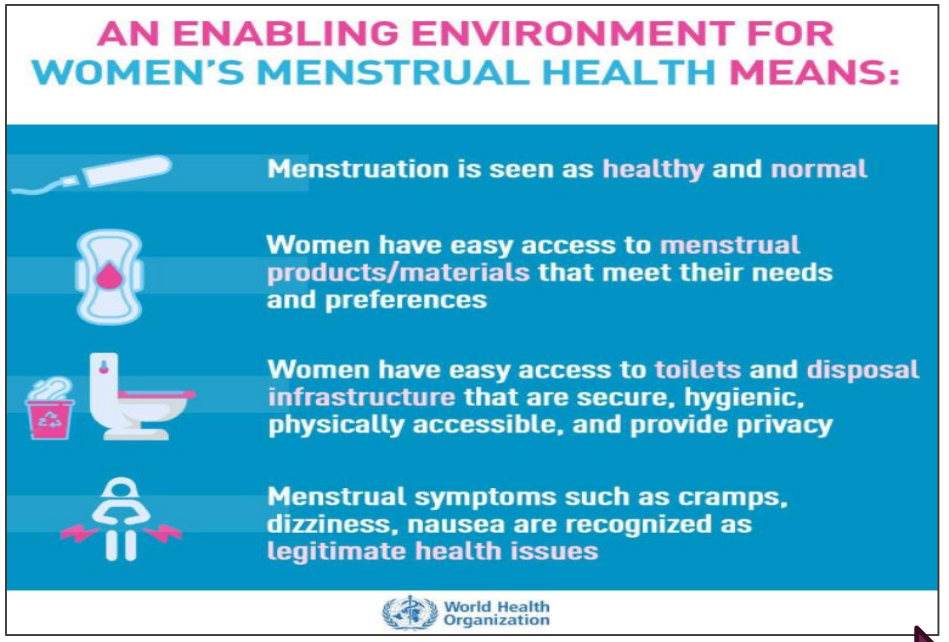
- Choice
- Self-care
- Gender
- Needs across life course

CHOICE IS A KEY PRINCIPLE FOR BOTH FAMILY PLANNING & MENSTRUAL HEALTH

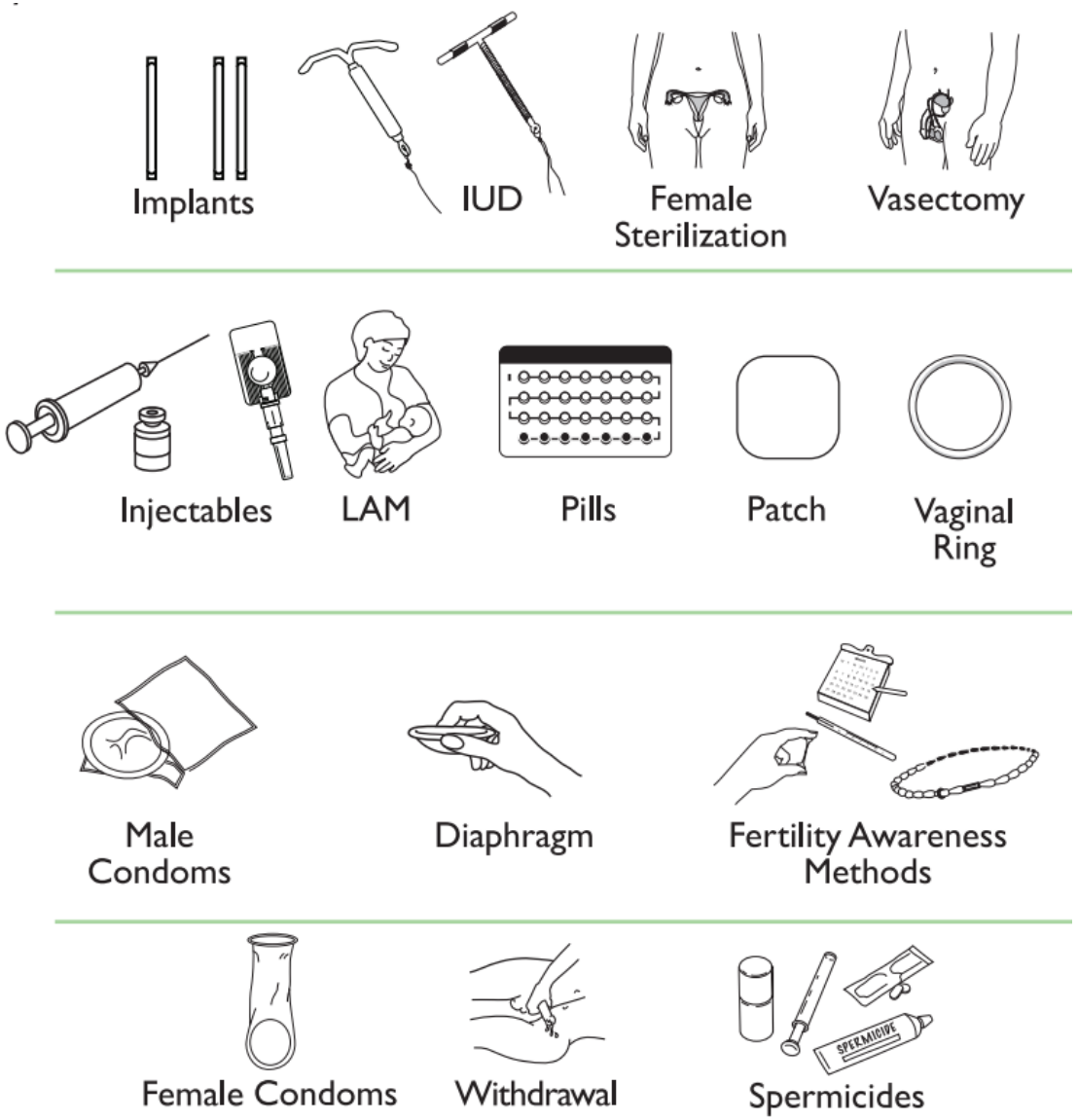
Family planning



Menstrual health



Menstrual choice: Expand to include if, how much, and when to bleed



CURRENT CONTRACEPTIVE OPTIONS INVOLVE DIFFERENT MENSTRUAL EXPERIENCES

EXPECTED MEETING OUTPUTS

Goal: Identify **research, program, policy, and product development** priorities

By the end of the two-day meeting, we hope the group will:

1. Gain an overview of the existing evidence and identify key gaps;
2. Contribute to the development of a research agenda and a wider "call to action";
3. Facilitate new and increased connections between the FP and MH fields; identify additional key stakeholders to engage; and
4. Provide input on appropriate global and country forums to advance these agendas.

OBJECTIVES - DAY 1 & DAY 2

Day 1 Objectives:

- Define common CIMCs and associated consequences and opportunities;
- Identify synergies between family planning and menstrual health;
- Review evidence regarding users' perspectives and experiences with CIMCs;
- Discuss types of programmatic interventions, including recent evidence.

Day 2 Objectives:

- Review measurement approaches and indicators for CIMCs;
- Review existing and potential biomedical interventions;
- Discuss new product development and implications for menstrual experiences;
- Contribute to the development of a draft research agenda and wider "call to action."

RAPID REVIEW OF CONTRACEPTIVE-INDUCED MENSTRUAL CHANGES

DAY 1: TECHNICAL CONSULTATION
NOVEMBER 17, 2020

Dr. Marsden Solomon
Chief of Party, Afya Uzazi Kenya

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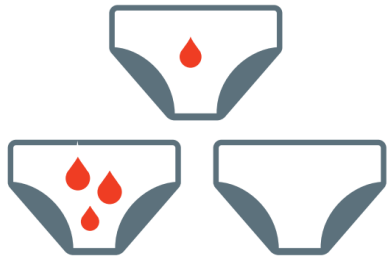
QUIZ!

Poll # 2

Which of the following is a common contraceptive-induced menstrual changes (CIMCs) cited by users?

a) **Spotting**
b) **Changes in color of blood**
c) **Decreased PMS symptoms**
d) **Bleeding when you don't expect it**
e) **Decreased uterine cramping**
f) **All of the above**



ANSWER:

Poll # 2

Which of the following is a common contraceptive-induced menstrual changes (CIMCs) cited by users?

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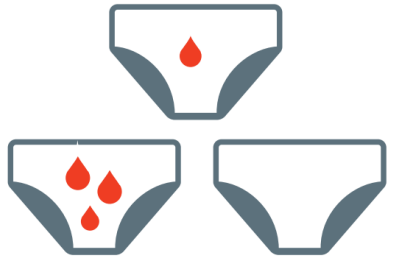
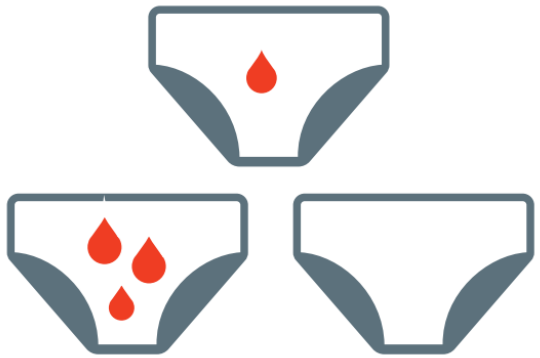
c) Decreased PMS symptoms
d) Bleeding when you don't expect it
e) Decreased uterine cramping
f) **All of the above**



SOME OF THE MOST COMMON CIMCS ARE BLEEDING CHANGES

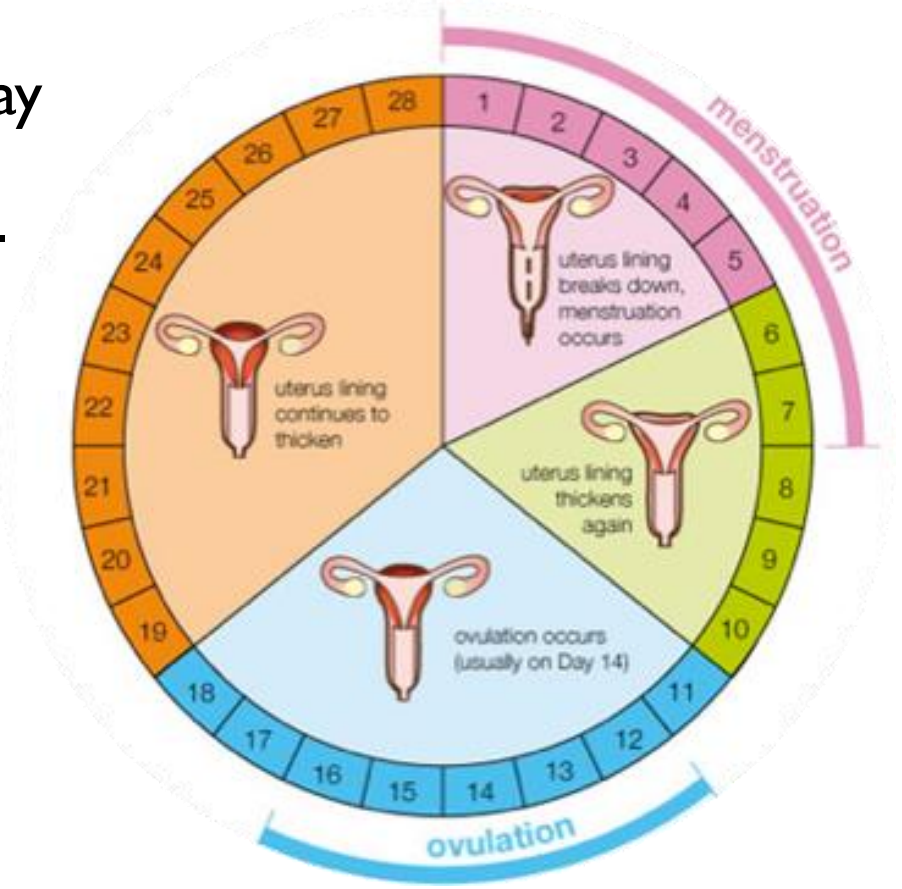
- CIMCs include various bleeding changes, as well as changes in blood (e.g. color, consistency), reductions in cramping, and changes in other menstrual cycle symptoms
- There is a wide range of possible CIMCs for each family planning method, and these changes can vary for the same user over time and from each user to user
- **Bleeding changes are some of the most common CIMCs and about which researchers have collected some of the best data**



DEFINITIONS

- **Standard Menstrual Cycle:** Begins on the first day of a woman's monthly bleeding and ends on the day before her next monthly bleeding; lasts between 21-35 days (average 28 days) with:
  - 3-7 days of bleeding
  - 2 to 3 tablespoons of blood loss over the course of this bleeding

- **Bleeding:** Evidence of blood loss that requires the use of sanitary protection



CLINICAL COUNSELING DEFINITIONS

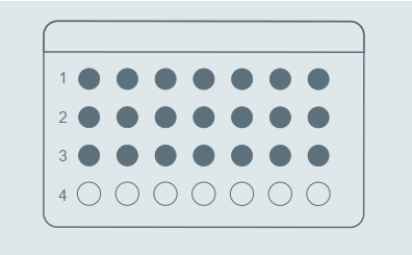
The words and definitions used to explain bleeding changes will differ depending on the context, purpose, and audience. Common terms used in family planning counseling include:

Changes in HOW LONG bleeding lasts	Changes in HOW OFTEN bleed occurs	Changes in AMOUNT of bleeding
• **Shorter bleeding** • **Longer bleeding**	• **Irregular/unpredictable bleeding** • **Less frequent bleeding** • **More frequent bleeding** • **Amenorrhea/absence of bleeding**	• **Spotting** • **Lighter bleeding** • **Heavier bleeding**

OVERVIEW OF MENSTRUAL CHANGES BY CONTRACEPTIVE TYPE

Pills

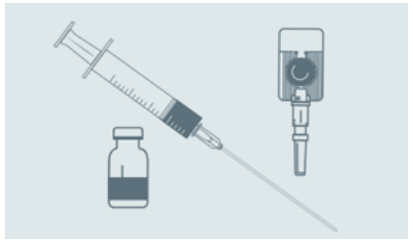
❖ = **very common**
▪ = less common

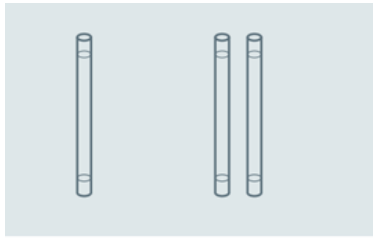


Most common:
- **Shorter and lighter bleeding**
- **Reduced cramping and pain**
- **Spotting**

	Months 0-12 ⟵ ⟶		
Combined Oral Pills (COCs)	❖ **Shorter and/or lighter bleeding** ❖ **Spotting**, especially if you miss a pill	❖ **Shorter and/or lighter bleeding** ❖ **Reduced uterine cramping and/or pain** ❖ **Spotting**, especially if you miss a pill	❖ **Shorter and/or lighter menses** ❖ **Reduced uterine cramping and/or pain** ❖ **Spotting**, especially if you miss a pill ▪ No bleeding at all
	Note: Continuous use of COCs typically leads to fewer bleeding and/or spotting days, reduced uterine cramping, and higher rates of absence of bleeding		
Progesterone -only Pills (POPs)	❖ **Spotting**, especially if you miss a pill even by a few hours ❖ **No bleeding** at all (especially with breastfeeding) ▪ Irregular bleeding ▪ Prolonged bleeding (mostly in non-breastfeeding women)	❖ **Shorter or lighter bleeding** ❖ **Irregular bleeding** ❖ **Spotting**, especially if you miss a pill even by a few hours ▪ No bleeding at all (especially with breastfeeding)	❖ **Shorter or lighter bleeding** ❖ **Irregular bleeding** ❖ **Spotting**, especially if you miss a pill even by a few hours

Injectables & Implants





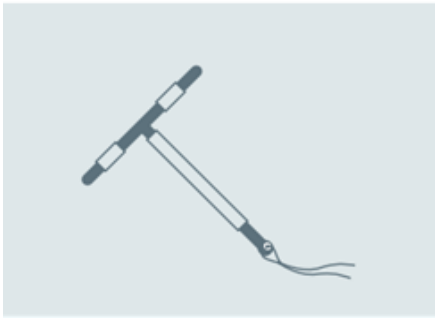
❖ = **very common**
▪ = less common

Most common:
- **Irregular bleeding**
- **Lighter bleeding or spotting**
- **Heavier bleeding (with injectables)**
- **No bleeding (very common after 9-12 months with injectables)**

	Months 0-12		
Progestin-only injectables	❖ **Irregular bleeding or spotting** ❖ **Heavier bleeding** ❖ **Longer bleeding**	❖ **Irregular and lighter bleeding or spotting** ▪ No bleeding at all	❖ **Irregular and lighter bleeding or spotting** ❖ **No bleeding at all**
Implant	❖ **Irregular bleeding or spotting** ▪ Heavier bleeding ▪ Prolonged bleeding	❖ **Irregular and lighter bleeding or spotting** ▪ No bleeding at all	❖ **Irregular and lighter bleeding or spotting** ▪ No bleeding at all

Copper IUD

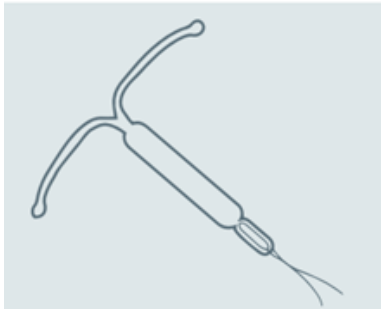
❖ = **very common**
▪ = less common



Most common:
- **Heavier and/or longer menstrual bleeding followed by a return to the way bleeding was before Copper IUD was placed**
- **Increased menstrual cramps/pain (often limited to the first 3-4 months after insertion)**

	Months 0-12		
Copper IUD	❖ **Heavier and/or longer menstrual bleeding (periods)** ❖ **Increased menstrual cramps or pain** ▪ Irregular spotting	❖ **Bleeding may return to the way it was before the Copper IUD was placed** ❖ **Menstrual cramps/pain may return to what it was before the Copper IUD was placed** ▪ Bleeding may remain heavier and/or last longer ▪ Increased menstrual cramps/pain may persist	❖ **Bleeding may return to the way it was before the Copper IUD was placed** ❖ **Menstrual cramps/pain may return to what it was before the Copper IUD was placed** ▪ Bleeding may remain heavier or last longer ▪ Increased menstrual cramps/pain may persist

Hormonal Intrauterine System (IUS)



Most common:
- **Irregular bleeding and spotting followed by light, infrequent bleeding or no bleeding at all**
- **Reduced uterine cramping and/or pain**

❖ = **very common**
▪ = less common

	← Months 0-12 →		
Hormonal IUS	❖ **Irregular bleeding or spotting** ▪ Prolonged bleeding ▪ No bleeding at all	❖ **Irregular bleeding or spotting** ❖ **Infrequent bleeding** ❖ **Reduced uterine cramping and/or pain** ▪ No bleeding at all	❖ **Light, infrequent bleeding** ❖ **Reduced uterine cramping and/or pain** ▪ No bleeding at all

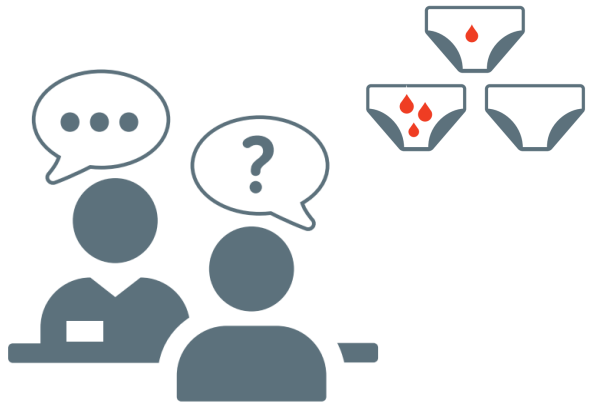
CONSEQUENCES AND OPPORTUNITIES OF CIMCS

QUIZ!

Poll # 3

_____of married women with unmet need report not using contraception because they are concerned about side effects and health risks associated with use.

a) **1-9%**
b) **8-15%**
c) **17-20%**
d) **20-33%**
e) **32-40%**



ANSWER

Poll # 3

_____of married women with unmet need report not using contraception because they are concerned about side effects and health risks associated with use.

a) 1-9%
b) 8-15%
c) 17-20%
d) 20-33%
e) 32-40%

QUIZ!

Poll # 4

In low-and-middle-income countries, _____of women report severe dysmenorrhea or pain that prevents them from participating in their usual activities.

a) 1-10%
b) 5-20%
c) 15-20%
d) 25-30%

ANSWER

Poll # 4

In low-and-middle-income countries _____of women report severe dysmenorrhea or pain that prevents them from participating in their usual activities.

a) 1-10%

b) 5-20%

c) 15-20%

d) 25-30%

OPPORTUNITIES: NON-CONTRACEPTIVE HEALTH BENEFITS

Some important non-contraceptive health benefits of some hormonal FP methods include:

- Improved menstrual regularity
- Reduced menstrual cramping and pain
- Treatment or reduction in menstrual symptoms such as:
  - dysmenorrhea (painful menses)
  - menorrhagia (heavy menses)
- Treatment of conditions causing menstrual problems such as:
  - Adenomyosis, uterine fibroids, and endometriosis
- Reduced risk for iron deficiency anemia

OPPORTUNITY: NON-CONTRACEPTIVE LIFESTYLE BENEFITS

- In partnership with Family Health Options Kenya (FHOK), FHI 360 conducted interviews with Mirena users (N=29) and their partners (N=9) in Nairobi. Examples of quotations:

"For me, the major thing it is comfortable … and I don't get my periods." [laughs] (age 36 years, two children)

"The bleeding days, it is not heavy and my days are shorter actually … when you have Mirena you are free, your bleeding is not heavy and you feel free." (age 44 years, four children)

Source: Nanda G, Rademacher KH**,** Solomon M, et al. Experiences with the Levonorgestrel Intrauterine System (LNG-IUS) in Kenya: Qualitative Interviews with Mirena Users and their Partners. *Eur J Contracept Reprod Health Care*. 2018 Sep 10:1-6

Hormonal IUS and Anemia: Clinical trial in Kenya in 2021

- **Levonorgestrel Intrauterine System Effect on Anemia: The LISA Trial**
- R01 funded by NICHD, PI: David Hubacher
- 4-Year Study
- **Protocol Title:** Levonorgestrel intrauterine system effects on hemoglobin and serum ferritin among anemic women in Kenya: open label randomized trial to compare with an oral contraceptive/ferrous fumarate regimen
- See NIH website for more information

THANK YOU!

Long overdue:

Identifying linkages between Family Planning & Menstrual Health

Marni Sommer
Associate Professor of Sociomedical Sciences
Technical Consultation

Contraceptive Induced Menstrual Changes
Nov 17th 2020

COLUMBIA UNIVERSITY | MAILMAN SCHOOL of PUBLIC HEALTH

Where did we start,

And where are we now?

Historical Time Periods of Menstruation on the Global Agenda

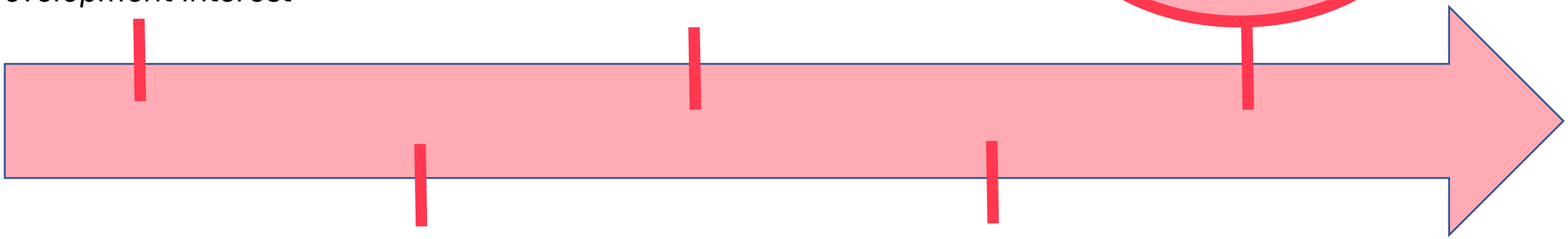
Until around 2004-2005:
Individual focused agenda on menstruation & beginnings of small-scale development interest

2005 – 2011:
Formative research on barriers to MHM for schoolgirls & emergence of social entrepreneurs

2012 – 2015:
Launch of global sharing of best practices & expansion of research agenda in LMIC

2016 – 2018:
Broader findings of impact of MHM on girls' and women's lives, building of evidence on MHM in emergencies, increased Government engagement, Period Equity agenda gains traction

2019 – Present
Expanding efforts to identify synergies between menstruation & relevant sectors



And what have we been talking about in relation to menstruation?

Key Components of Menstrual Health & Hygiene

01

Awareness & Information

Basic menstrual health and hygiene promotion and education to address harmful cultural norms and promote self-confidence around menstrual health

02

MHM Materials & Supplies

Access to safe, hygienic, absorbent menstrual materials or products, and additional supportive materials (e.g. soap, bucket) for storage, washing & drying

03

MHM Supportive Facilities

Access to safe and private sanitation and bathing facilities that are equipped with water for changing, washing and drying menstrual materials, and a disposal option

04

Supporting Environment

A supporting environment that allows women and girls to manage their periods without fear of stigma, embarrassment or harassment

Also growing attention to measurement

Analysis of Top SRH & MHH Aligned Indicators:

- *Adolescent Pregnancy*
- *Anemia*
- *Contraception*
- *Child Marriage*

Missing or Underdeveloped Measures:

- "What is normal" in terms of adolescent bleeding patterns
- What is 'menstrual health' for girls (frequency, duration, regularity & volume)
- Cost of heavy menstrual bleeding

Limitation: *Did not have time to explore indicators relevant to menstrual bleeding patterns, symptoms and disorders*

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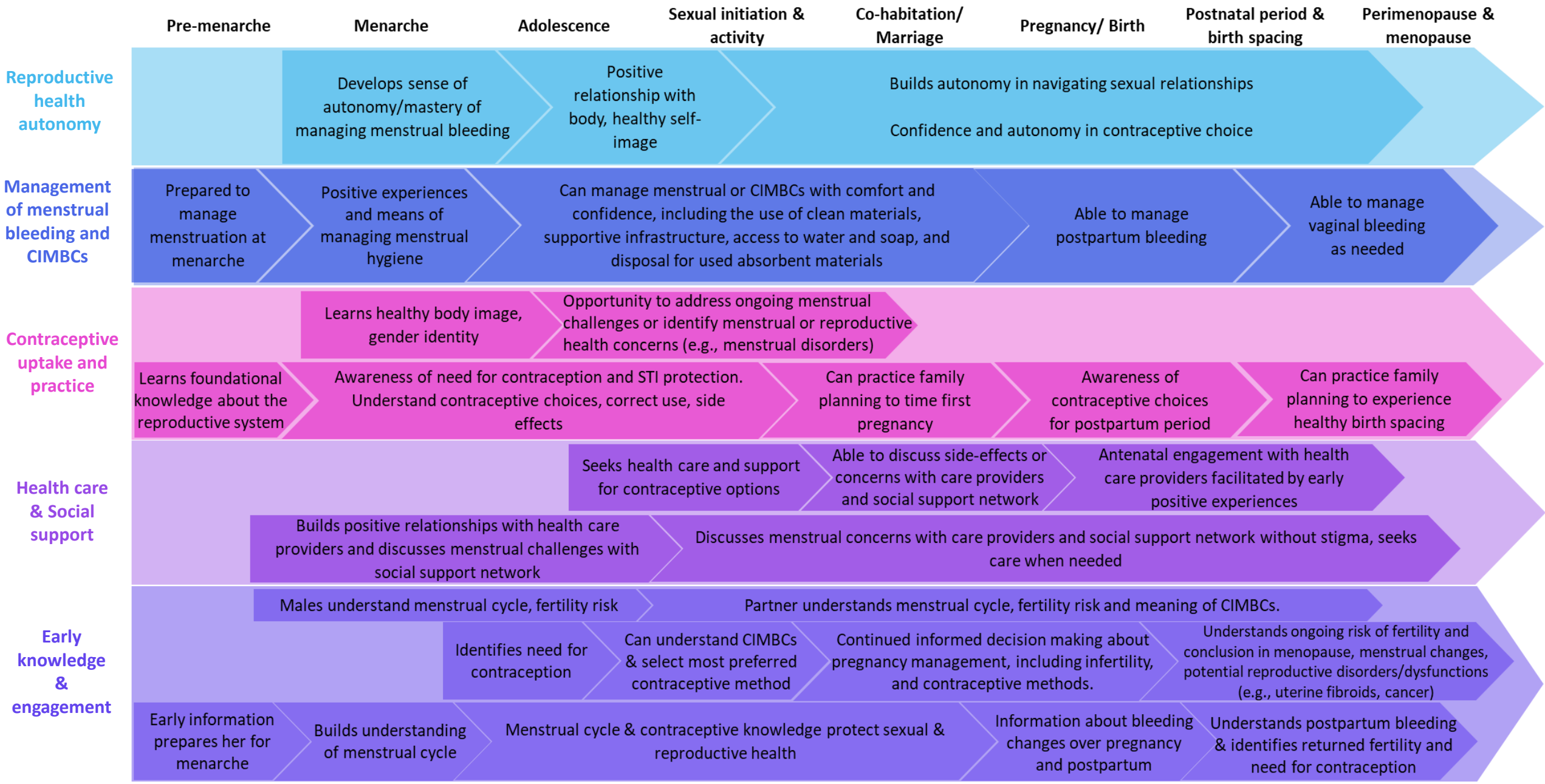
So what are the linkages?



Hennegan, Tsui and Sommer (2019)

“For too long, the global health community has overlooked the window of opportunity presented by menarche.

Family planning programs have generally focused their efforts on married couples and HIV programs have focused safer sex promotion on older adolescent girls and boys.

Starting the conversation at menarche with girls in early adolescence would fully use this window of opportunity.

It would engage young adolescent girls and be a natural first step for later, more comprehensive conversations about sexuality, reproduction and reproductive health.”

— Sommer, Sutherland, Chandra-Mouli, Reproductive Health, 2015

And what connections are we overlooking or inadequately addressing?

The Four Intersecting Opportunities

Early engagement in the adolescent period	**Improved knowledge of the menstrual cycle and contraception**
Improved management and experience of menstruation and CIBMCs/CIMCs	Expanded support for adolescent and adult women's sexual and reproductive health autonomy

Hennegan, Tsui & Sommer, International Perspectives on SRH, 2019

The menstrual cycle is a central feature of female's lives and is integral to their experiences of reproductive health and family planning….

Increased attention to MHH presents opportunity to the family planning field for early, comprehensive and lifelong provision of information and support to address a female's concerns about contraception and CIMBCs, and to optimize her ability to manage reproductive and sexual health decision-making over the life course.

— Hennegan, Tsui & Sommer, International Perspectives on SRH, 2019

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Thank you!

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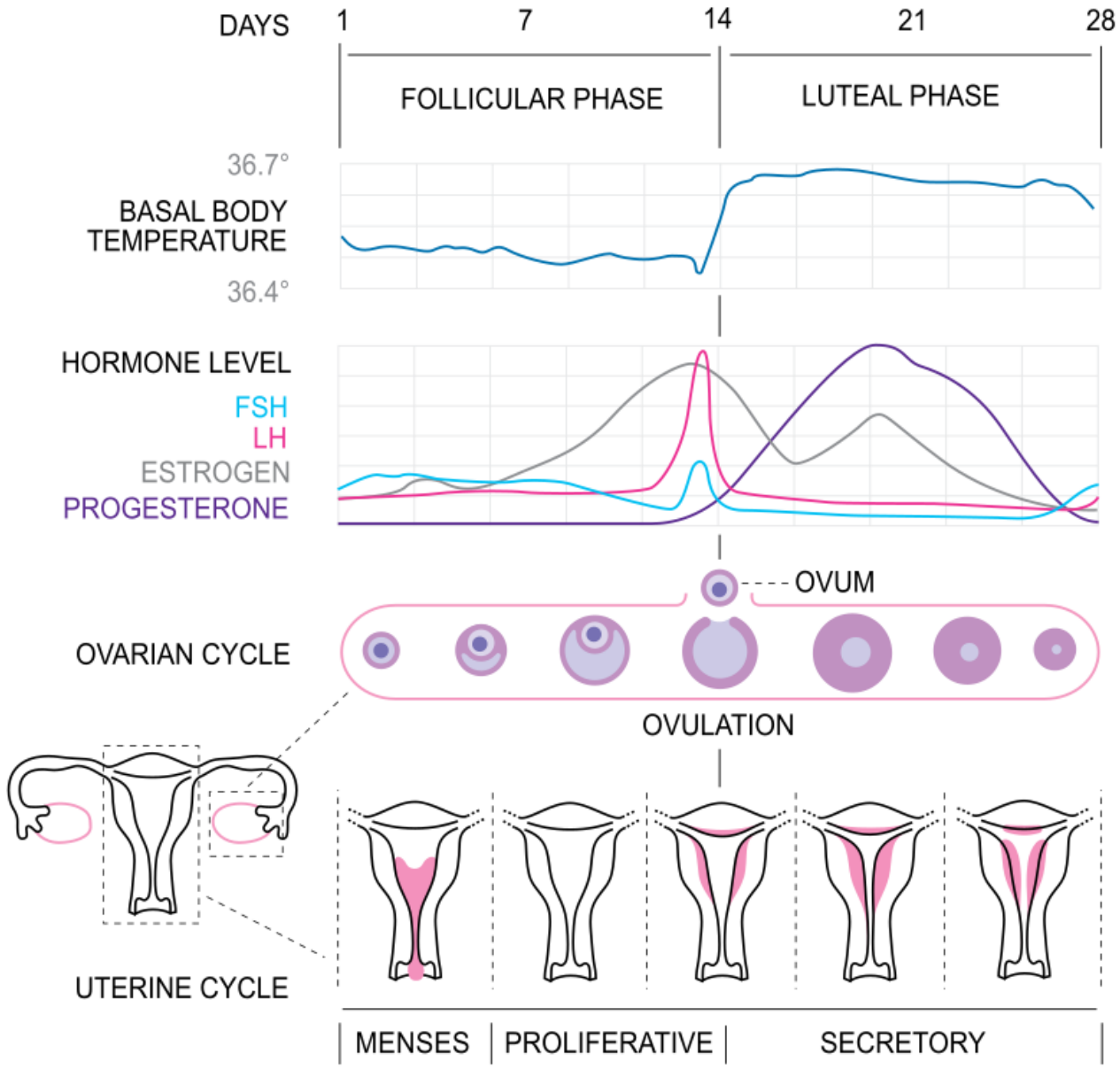
Seeking Synergies:
Linkages between menstrual health and family planning

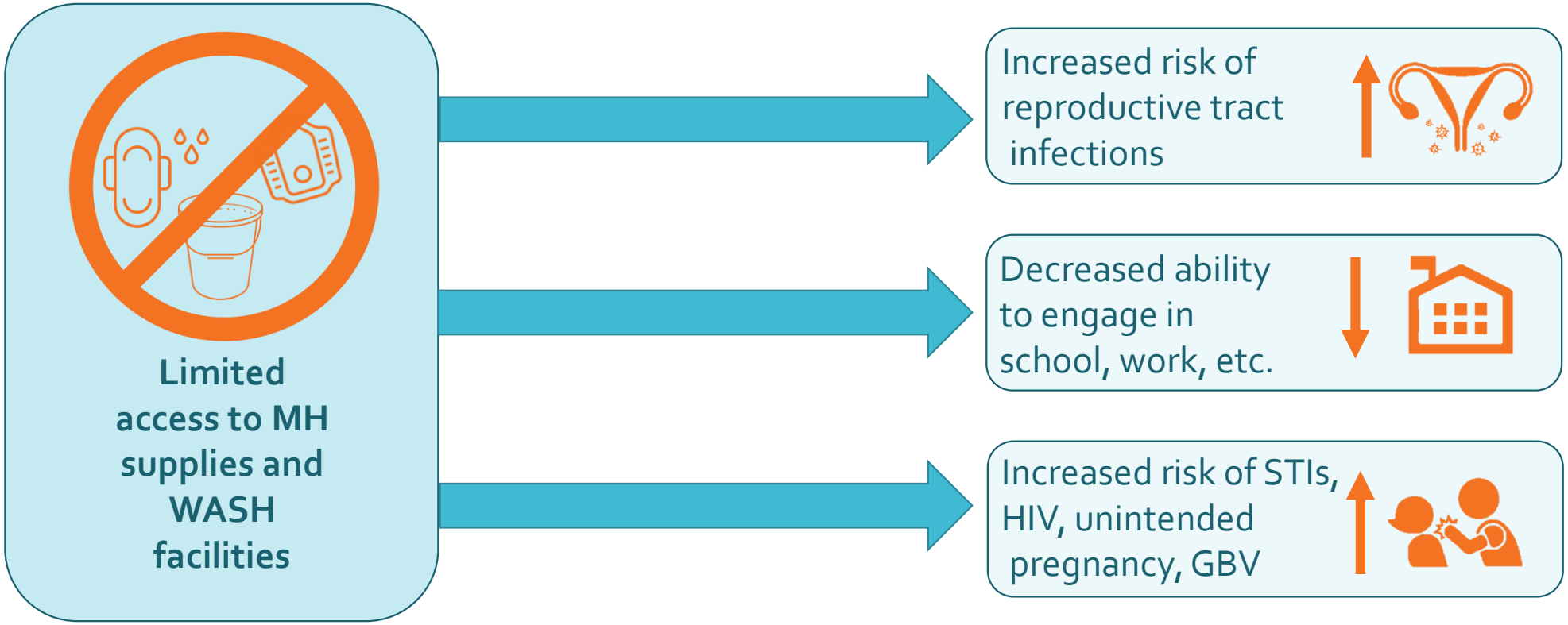
Lucy Wilson, MPH

Rising Outcomes

Menstrual cycle

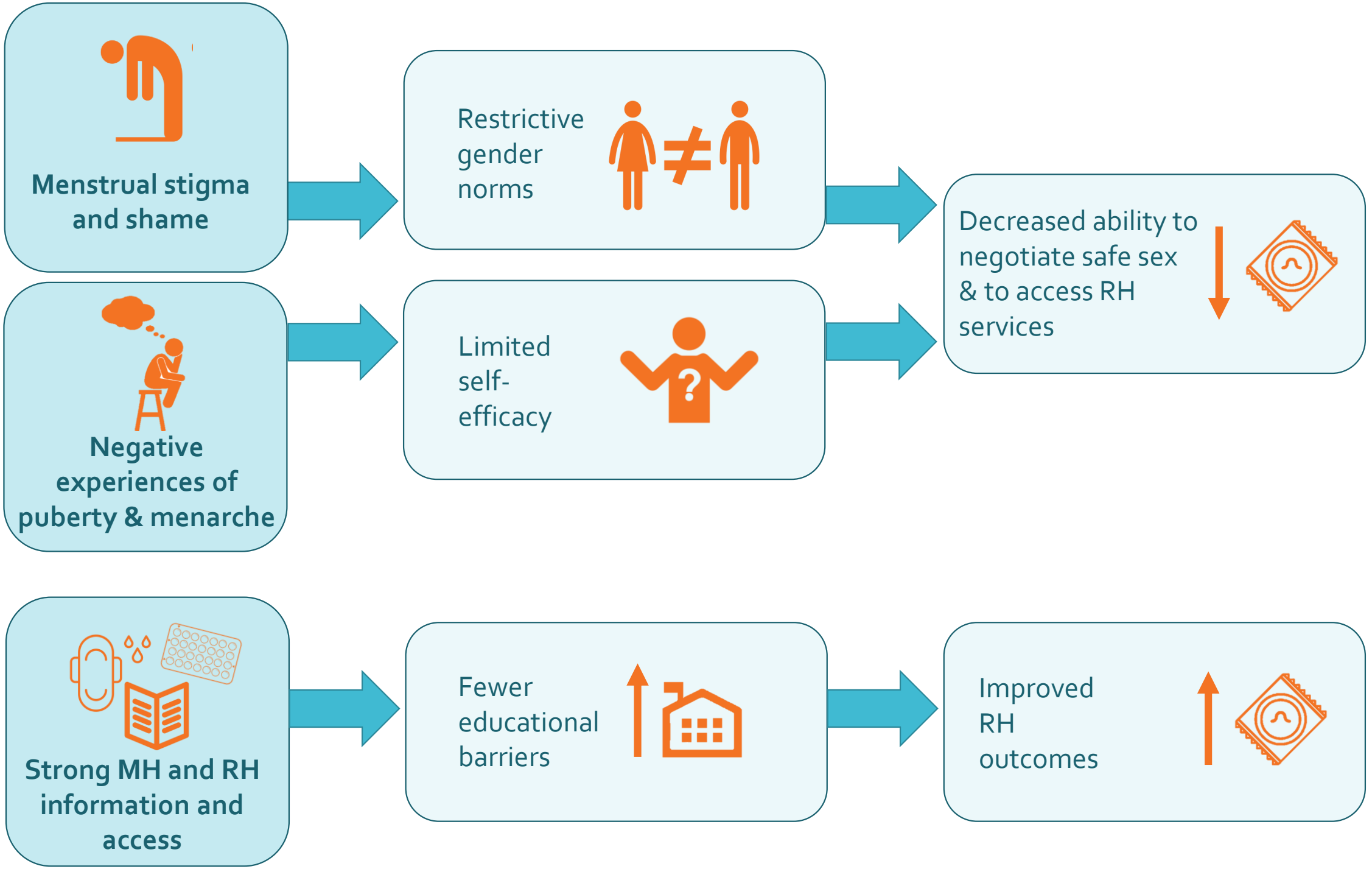


Linkages between Menstrual Health (MH) & Reproductive Health (RH)

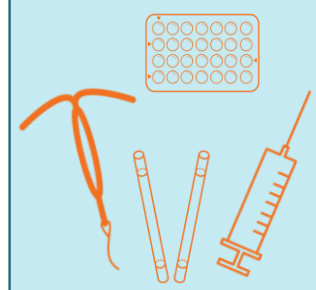


= *"May lead to" or "associated with"*

Linkages between Menstrual Health (MH) & Reproductive Health (RH)



Linkages between MH & RH: Family Planning (FP)



Contraceptive Methods

Can alleviate

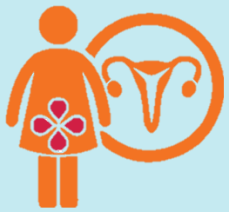
Menstrual Disorders

Increased infertility and anemia

Decreased ability to engage in school & work

Fertility-awareness methods

Perimenopause & menopause



CIMCs

Negative and positive impacts on daily life

Discontinuation & non-use of FP

Increased use of FP

Why do we use contraception?

A review of U.S. data showed:

- 14% of oral contraceptive pills users did so *only* for non-contraceptive reasons
- 58% of users did so *at least in part* for non-contraceptive reasons

Most commonly cited non-contraceptive purposes were:

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

Jones RK. *Beyond Birth Control* .2011.

What can we do to **better integrate** menstrual health into reproductive health?

Examples:

- Use explicit language
- Collect more menstrual health data and evaluate integrated programs
- Strengthen implementation of comprehensive sexuality education
- Support health care providers to discuss menstruation, menstrual disorders, CIMCs, and management options

Thank you!

Co-authors:

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www.risingoutcomes.com

QUESTIONS & ANSWERS

USER EXPERIENCES AND PERCEPTIONS

9:40-10:20 AM EST

FACILITATOR:
DR. FUNMI OLAOLORUN, EVIHDAF

SPEAKERS:
DR. CHELSEA POLIS, GUTTMACHER INSTITUTE
DR. AMELIA MACKENZIE, FHI 360
DR. SIMON KIBIRA, MAKERERE UNIVERSITY

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There might be blood: a scoping review on women's responses to contraceptive induced menstrual bleeding changes

Chelsea B. Polis, Rubina Hussain, Amanda Berry

Polis et al. Reproductive Health (2018) 15:114
https://doi.org/10.1186/s12978-018-0561-0

REVIEW

Reproductive Health

Open Access

There might be blood: a scoping review on women's responses to contraceptive-induced menstrual bleeding changes

Chelsea B. Polis*, Rubina Hussain and Amanda Berry

Abstract

Introduction: Concern about side effects and health issues are common reasons for contraceptive non-use or discontinuation. Contraceptive-induced menstrual bleeding changes (CIMBCs) are linked to these concerns. Research on women's responses to CIMBCs has not been mapped or summarized in a systematic scoping review.

Methods: We conducted a systematic scoping review of data on women's responses to CIMBCs in peer-reviewed, English-language publications in the last 15 years. Investigator dyads abstracted information from relevant studies on pre-specified and emergent themes using a standardized form. We held an expert consultation to obtain critical input. We provide recommendations for researchers, contraceptive counselors, and product developers.

Results: We identified 100 relevant studies. All world regions were represented (except Antarctica), including Africa (11%), the Americas (32%), Asia (7%), Europe (20%), and Oceania (6%). We summarize findings pertinent to five thematic areas: women's responses to contraceptive-induced non-standard bleeding patterns; CIMBCs influence on non-use, dissatisfaction or discontinuation; conceptual linkages between CIMBCs and health; women's responses to menstrual suppression; and other emergent themes. Women's preferences for non-monthly bleeding patterns ranged widely, though amenorrhea appears most acceptable in the Americas and Europe. Multiple studies reported CIMBCs as top reasons for contraceptive dissatisfaction and discontinuation; others suggested disruption of regular bleeding patterns was associated with non-use. CIMBCs in some contexts were perceived as linked with a wide range of health concerns; e.g., some women perceived amenorrhea to cause a buildup of "dirty" or "blocked" blood, in turn perceived as causing blood clots, fibroids, emotional disturbances, weight gain, infertility, or death. Multiple studies addressed how CIMBCs (or menstruation) impacted daily activities, including participation in domestic, work, school, sports, or religious life; sexual or emotional relationships; and other domains.

Conclusions: Substantial variability exists around how women respond to CIMBCs; these responses are shaped by individual and social influences. Despite variation in responses across contexts and sub-populations, CIMBCs can impact multiple aspects of women's lives. Women's responses to CIMBCs should be recognized as a key issue in contraceptive research, counseling, and product development, but may be underappreciated, despite likely – and potentially substantial – impacts on contraceptive discontinuation and unmet need for modern contraception.

Keywords: Contraception, Menstruation, Menstrual bleeding changes, Contraceptive non-use and discontinuation, Side effects, Health concerns, Amenorrhea

* Correspondence: cpolis@guttmacher.org
Guttmacher Institute, 125 Maiden Lane, 7th Floor, New York, NY 10038, USA

Background

- Concerns about side effects/health issues are common reasons for contraceptive non-use & discontinuation
- HC and IUDs can cause contraceptive-induced menstrual bleeding changes (CIMBCs) – changes in the duration, frequency, volume, or predictability of bleeding
- Some large surveys ask reasons for non-use & discontinuation. Broad response options:
  - hinder clarity on which specific side effects/health concerns are key
  - may overlap with other response options (self/partner opposition, inconvenience of use, etc.)
- CIMBCs may be a central to health concerns and fear of side effects, but research on women's responses to CIMBCs had not been summarized

Methods

- Conducted a scoping review to map key concepts, evidence, and research gaps
- Included articles on women's responses to CIMBCs in any country in last 15 years
- Studies had to reference women's responses to CIMBCs in title and/or abstract.
- Investigator dyads used standardized abstraction form to extract key data
- Held expert consultation to obtain critical feedback on approach, literature search methods, and results presentation

Results

- Screened 1,156 unique studies, assessed 120 full-texts, and included 100 studies
- Publication dates ranged from 2002-2016

Study design	% of included studies
X-sectional surveys	32%
Longitudinal studies (incl. RCTs)	30%
Qualitative studies	19%
Retrospective chart reviews	12%
Systematic reviews	6%
Mixed methods	1%

Region	% of included studies
Americas	32%
Multicountry studies, systematic reviews	24%
Europe	20%
Africa	11%
Asia	7%
Oceania	6%
Antarctica	0%

Key theme 1: Women's responses to contraceptive-induced amenorrhea & other non-standard bleeding frequencies

- Preferences ranged widely across countries, though amenorrhea was generally most acceptable in N. America, S. America, and Europe.
- Amenorrhea viewed negatively in some studies (unnatural, pregnancy concerns), positively in others (convenience, avoiding menstrual issues).
- Some studies assessed impact of various factors (i.e., age, marital status, race, etc.) on bleeding preferences.

Key theme 2: CIMBCs as a reason for non-use, dissatisfaction, or discontinuation

- Multiple studies reported CIMBCs (particularly irregular, heavy, or prolonged bleeding) as top reasons for contraceptive dissatisfaction and discontinuation; others suggested disruption of regular bleeding patterns was associated with non-use.
- Some women who were dissatisfied with their method may nonetheless opt to tolerate CIMBCs and continue use of the method.

Key theme 3: Conceptual linkages between CIMBCs and health risks or side effects

- In some places, CIMBCs perceived as linked with health concerns (e.g., perceptions that not cleansing the body of "dirty" blood leads to cancer, or delayed release of "blocked" blood leads to health issues or death).
- For some women, prolonged, heavy, or irregular bleeding associated with emotional or physical distress, infertility, cancer, death, etc.
- Some CIMBCs perceived as beneficial to health in certain contexts (i.e., reducing heavy menstrual bleeding and painful periods).

Key theme 4: Women's responses to deliberate menstrual suppression

- Most studies focused on use of OCPs to suppress menstruation.
- A wide range (6% to 65%) of participants across relevant studies ever tried menstrual suppression.

Other emergent themes

- Multiple studies addressed how CIMBCs (or menstruation) impacted daily activities, including participation in domestic, work, school, sports, social, or religious life; sexual or emotional relationships; and other domains.
- We identified few studies measuring the impact of counseling on CIMBCs on method satisfaction or continuation, and some such studies had counterintuitive findings.

Recommendations

- *Researchers*: In nationally representative surveys, inclusion of response options pertaining to CIMBCs (more specific than “side-effects” or “health concerns”) would enable more precise quantification of their impact on unmet need or contraceptive discontinuation.

- *Providers*: Contraceptive providers should take women’s concerns about CIMBCs seriously and address them non-judgmentally. Women may not view CIMBCs as a minor side effect and, in some cases, CIMBCs have profound impacts on multiple aspects of women’s lives.

- *Contraceptive developers*: Impact of developing new contraceptive or MPTs may be inhibited if acceptability (generally & specifically around CIMBCs) is inadequately addressed.

- *Overall*: Substantial variability exists regarding how women across contexts respond to CIMBCs – including what they prefer and what they are willing to tolerate. These responses are shaped by individual and social influences, and should be recognized as a key issue.

DeMaria et al. BMC Women's Health (2019) 19:125
https://doi.org/10.1186/s12905-019-0827-x
BMC Women's Health
Open Access

RESEARCH ARTICLE

The myth of menstruation: how menstrual regulation and suppression impact contraceptive choice

Andrea L. DeMaria[1*], Beth Sundstrom[2], Stephanie Meier[3] and Abigail Wiseley[4]

The European Journal of Contraception & Reproductive Health Care
ISSN: 1362-5187 (Print) 1473-0782 (Online) Journal homepage: https://www.tandfonline.com/loi/iejc20

Patterns of prescription and discontinuation of contraceptives for Swedish women with obesity and normal-weight women

Micaela Sundell, Charlotte Ginstman, Agnes Månsson, Ingrid Forslund & Jan Brynhildsen

To cite this article: Micaela Sundell, Charlotte Ginstman, Agnes Månsson, ... Brynhildsen (2019) Patterns of prescription and discontinuation of con... women with obesity and normal-weight women, The Europea... Reproductive Health Care, 24:3, 192-197, DOI: 10.108...
To link to this article: https://doi.org/10...

RESEARCH ARTICLE

Potential user interest in new long-acting contraceptives: Results from a mixed methods study in Burkina Faso and Uganda

Rebecca L. Callahan[1*], Aurélie Brunie[2], Amelia C. L. Mackenzie[1], Madeleine Wayack-Pambè[3], Georges Guiella[3], Simon P. S. Kibira[4], Fredrick Makumbi[4]
1 Contraceptive Technology Innovation, Durham, NC, United States of America, 2 Health Services Research, Washington DC, United States of America, 3 Institut Supérieur des Sciences de la Popula... Université de Ouagadougou, Ouagadougou, Burkina Faso, 4 School of Public Health, College of H... Sciences, Makerere University, Kampala, Uganda
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The European Journal of Contraception & Reproductive Health Care
ISSN: 1362-5187 (Print) 1473-0782 (Online) Journal homepage: https://www.tandfonline.com/loi/iejc20

Women's preferences for menstrual bleeding frequency in 12 European countries: the Inconvenience Due to Women's Monthly Bleeding (ISY) survey

Christian Fiala, Nathalie Chabbert-Buffet, Günther Häusler, Christian ... Iñaki Lete, Paloma Lobo, Rossella E. Nappi & Axel...

THE JOURNAL OF Obstetrics and Gynaecology Research
J. Obstet. Gynaecol. Res. Vol. 43, No. 11: 1732–1737, November 2017
doi:10.1111/jog.13441

Relationship between user satisfaction with the levonorgestrel-releasing intrauterine system and bleeding patterns

Nelsilene M. Carvalho, Victoria Chou, Waleska Modesto, Deborah Margatho, Elaine A.L. Garcia and Luis Bahamondes
Family Planning Clinic, Department of Obstetrics and Gynaecology, University of Campinas (UNICAMP) Medical School, Campin... São Paulo, Brazil

Research Square

Impact of Experiencing Specific Side-Effects on Contraceptive Switching and Discontinuation in Uganda: Results from a Longitudinal PMA Survey

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Gates Open Research 2019, 3:12...

RESEARCH ARTICLE

REVISED Developing acceptable contraceptive methods: Mixed-method findings on preferred method characteristic... from Burkina Faso and Uganda [version 2; peer review: 2 approved]

Aurélie Brunie[1], Rebecca L. Callahan[2], Amelia Mackenzie[2], Simon P.S. Kibira[3], Madeleine Wayack-Pambè[4]
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Contents lists available at ScienceDirect
Contraception: X
journal homepage: https://www.journals.elsevier.com/conx
ELSEVIER

Which contraceptive side effects matter most? Evidence from current and past users of injectables and implants in Western Kenya

George Odwe[a,*], Francis Obare[a], Kazuyo Machiyama[b], John Cleland[b]
[a] Population Council, Kenya, Third Floor, Avenue 5, Rose Avenue, P.O. Box 17643-00500, Nairobi, Kenya
[b] Faculty of Epidemiology and Population Health, London, School of Hygiene and Tropical Medi...

Thank you!

RECENT RESEARCH ON MENSTRUAL CHANGES AT FHI 360

AMELIA MACKENZIE, PhD, ScM

OVERVIEW OF RECENT RESEARCH STUDIES

Project	Country	Participants	Mixed methods study design	Contraceptive Methods	FHI 360 Partners	Funder
Access to Implant Removal	Ghana	n=1,159 (GHS) n=1,073 (MSIG)	Retrospective phone surveys IDIs (n=20)	Implants	Ghana Health Services (GHS), MSI Ghana (MSIG)	USAID, Bill & Melinda Gates Foundation
Longitudinal LARC users	Senegal	n=1,227	Longitudinal prospective survey IDIs (n=18)	ENG implants Copper IUD	Senegalese MoH, CEFOREP, MSI	USAID
LEAP LNG-IUS INITIATIVE	Nigeria	n=888	Longitudinal prospective surveys IDIs (n=62)	Hormonal IUS Copper IUD Implant (ENG or LNG) Injectables	PSI, Society for Family Health	Bill & Melinda Gates Foundation
	Zambia	n=710				
User preferences study	Burkina Faso	n=2,743	PMA2020 HH surveys FGDs (n=50)	New methods*	Makerere University, ISSP, PMA2020	Bill & Melinda Gates Foundation
	Uganda	n=2,403				
Microneedles acceptability	India	n=496	Discrete Choice Experiment HH surveys	Microneedles patch	CORT, Univ. of Ibadan, Georgia Tech	USAID, NICHD
	Nigeria	n=946				

IDI; in-depth interview; HH: household; FGD: focus group discussion; ENG: etonogestrel; LNG: levonorgestrel

*New methods: new copper IUD, hormonal IUD, new single-rod implant, biodegradable implant, longer-acting injectable, and non-surgical permanent contraceptive

1 USERS EXPERIENCE MANY DIFFERENT BLEEDING PROFILES

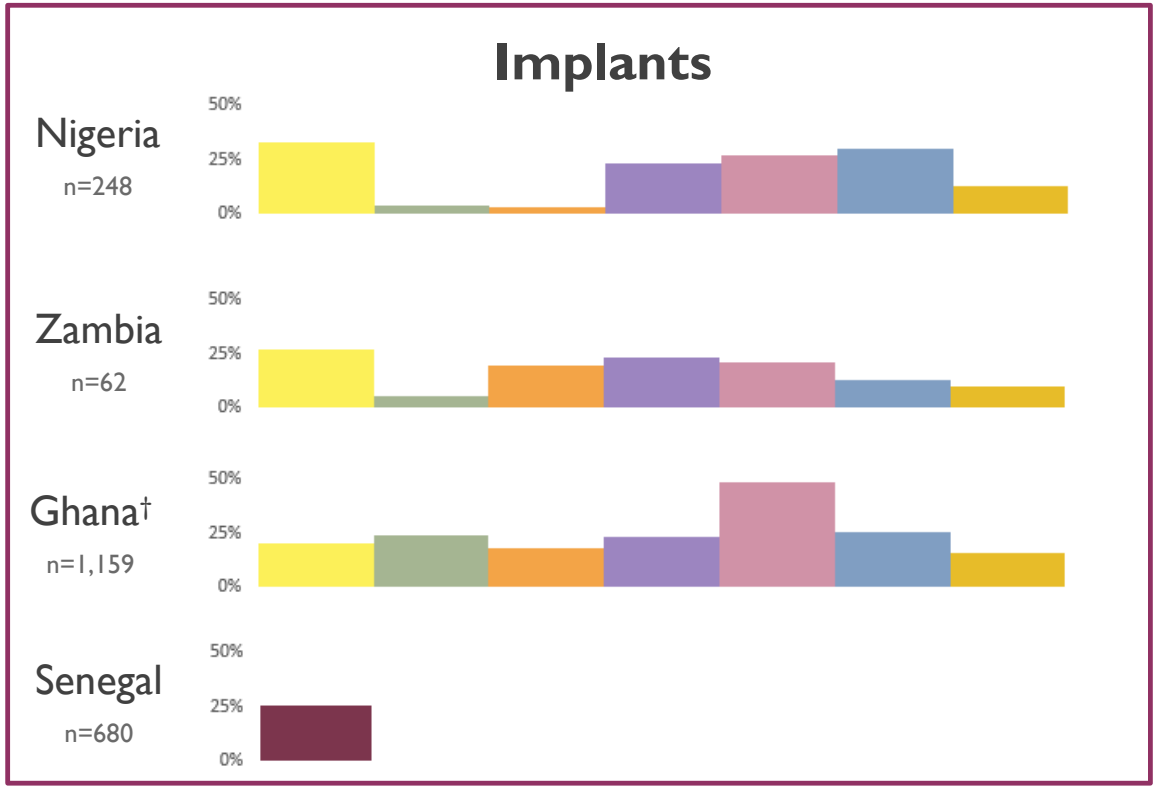
Access to Implant Removal

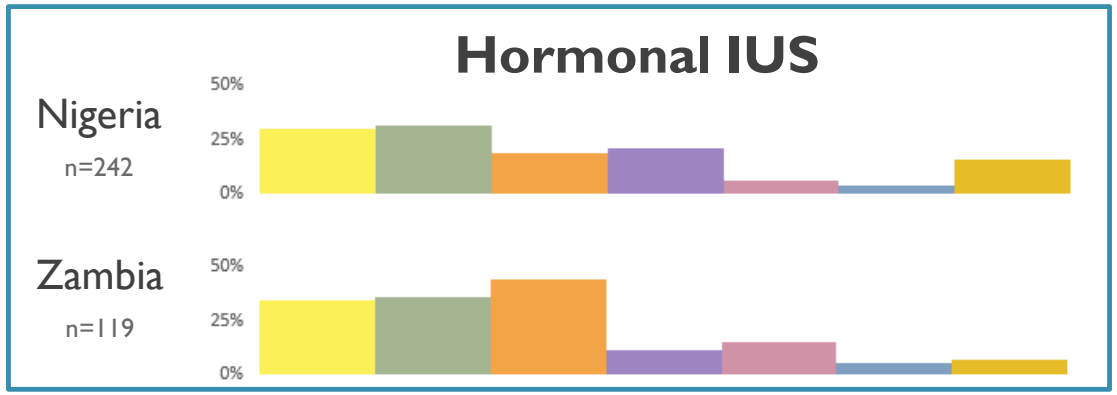
Longitudinal LARC users

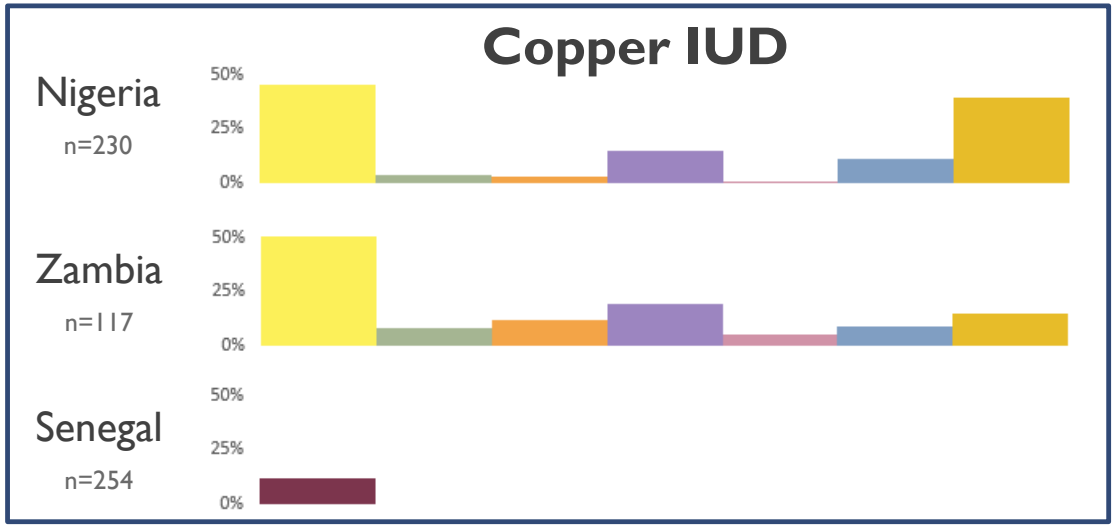
LEAP LNG-IUS INITIATIVE

No change | ↓volume | ↓duration | Unpredictable or spotting | Amenorrhea (paused) | ↑duration | ↑volume | Any change

% users experiencing changes at 12 months*

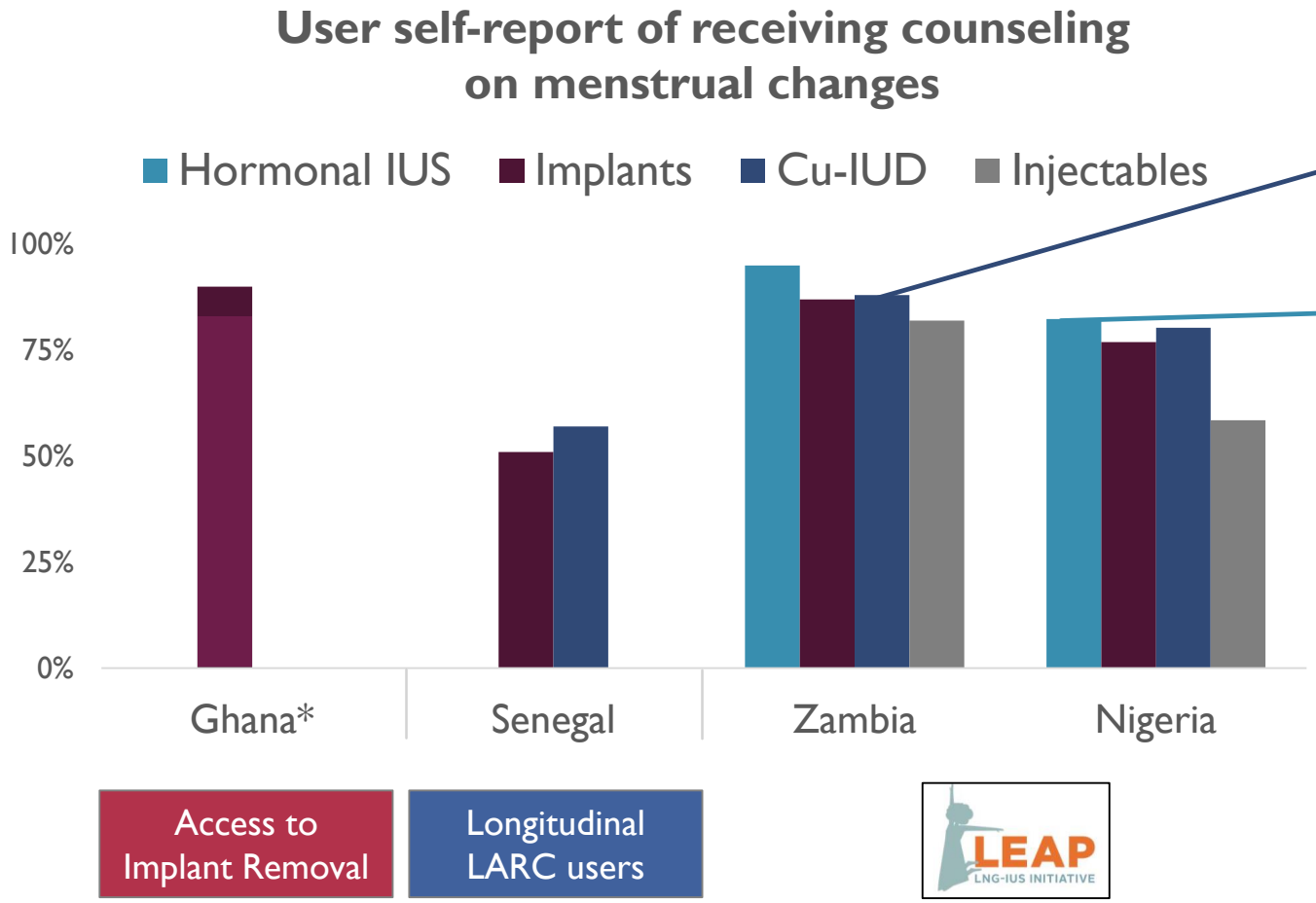






*Multiple response possible; †MSIG data presented mean duration 15 months, similar results for GHS

2 EXPERIENCES WITH COUNSELING ON MENSTRUAL CHANGES DIFFER



27% received counseling on ↑bleeding volume or duration

25% received counseling on amenorrhea/paused bleeding

- Users in many studies discussed the role of provider counseling in acceptability & reassurance.
- Consistent, complete, and clear counseling is one avenue to increase knowledge of menstrual changes.

*90% users from the Ghana Health Service (GHS) and 83% from Marie Stopes International in Ghana (MSIG) mobile outreach, although the study was not designed to compare the two contexts.

3 USERS PERCEIVE DIFFERENT TYPES OF MENSTRUAL CHANGES DIFFERENTLY

Menstrual change	Desirable or acceptable	Undesirable
Decreased volume and/or duration	LEAP LNG-IUS INITIATIVE; User preferences study	
Reduced pain	LEAP LNG-IUS INITIATIVE; User preferences study	
Increased volume and/or duration		User preferences study; LEAP LNG-IUS INITIATIVE
Unpredictable bleeding		User preferences study; Microneedles acceptability
Amenorrhea (paused bleeding)	User preferences study; LEAP LNG-IUS INITIATIVE	User preferences study; Microneedles acceptability; LEAP LNG-IUS INITIATIVE
No change/ standard menstrual cycle	Microneedles acceptability; User preferences study	User preferences study; LEAP LNG-IUS INITIATIVE

PERCEPTIONS OF AMENORRHEA

User preferences study

"With some contraceptive methods, women do not get their period, but their period and their fertility return when they stop using it.

Would you choose a method that stops your period?"

POLL

Poll # 5

What % of women would choose a method that caused amenorrhea?

a) **5% in Burkina Faso and 12% in Uganda**

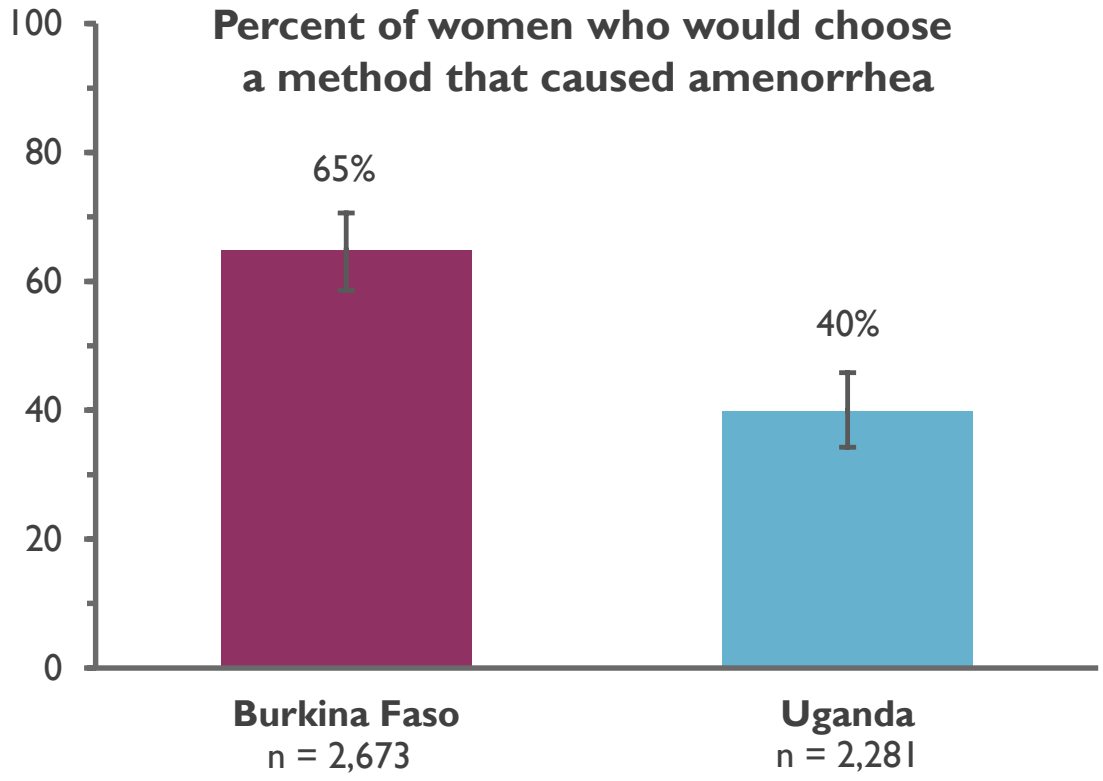
b) **18% in Burkina Faso and 10% in Uganda**

c) **25% in Burkina Faso and 34% in Uganda**

d) **65% in Burkina Faso and 40% in Uganda**

PERCEPTIONS OF AMENORRHEA

User preferences study

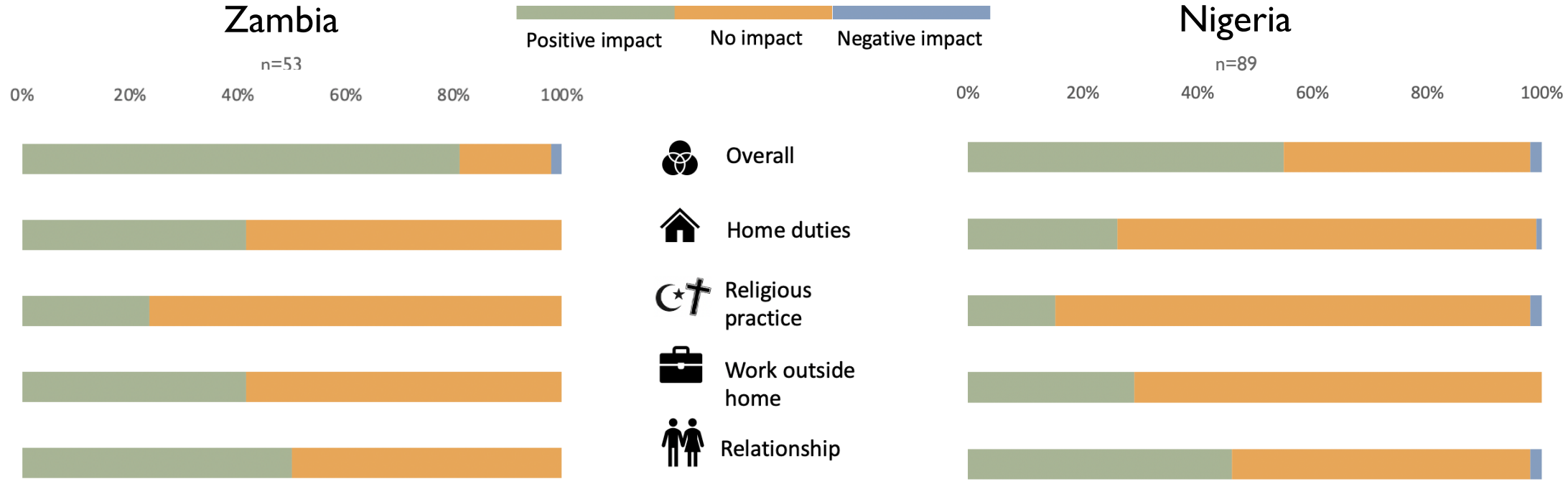


In Burkina Faso

- Acceptability associated with being younger, living in rural areas, being married and residing with their partner, current contraceptive use, and Mossi ethnicity
- Acceptability not associated with menstrual health practices
- Most common reason for desiring amenorrhea in FGDs was to help with standard bleeding issues
- Misperception that amenorrhea = effectiveness

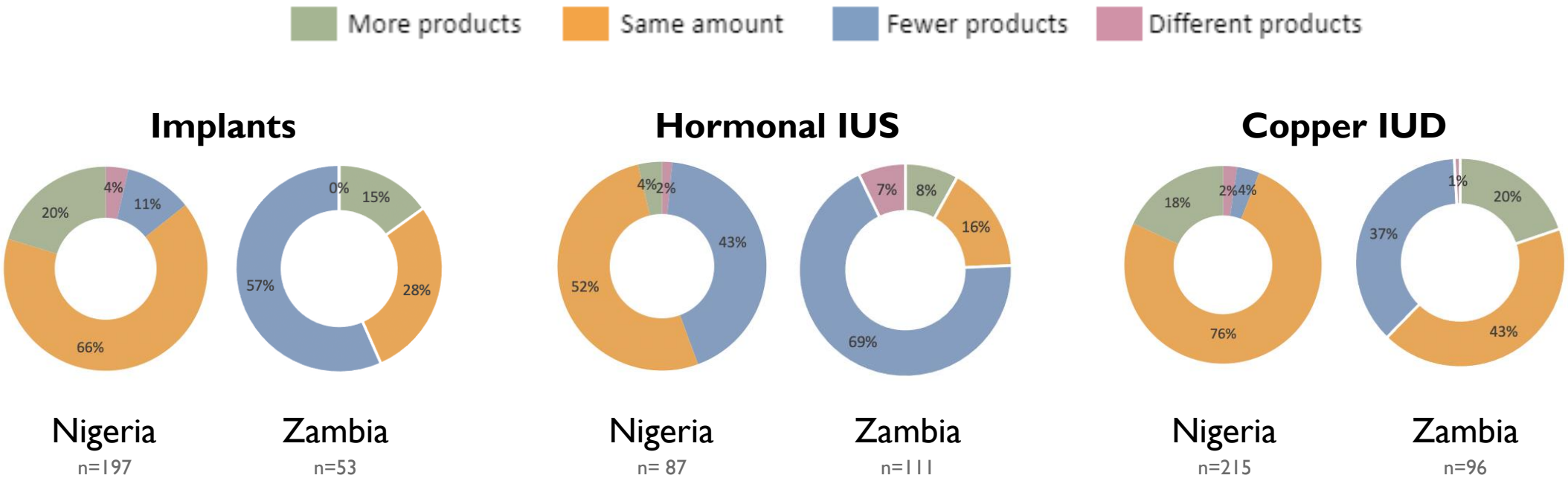
4 USERS REPORT A POSITIVE OVERALL IMPACT OF REDUCED BLEEDING

Impact of decreased volume, decreased duration, and/or paused beading on hormonal IUS users' lives at 12 months



5 MOST USERS REPORT THE SAME OR LESS MENSTRUAL PRODUCT USE

Menstrual products used after 12 months of use compared to before method initiation



Implants		Hormonal IUS		Copper IUD	
Nigeria	Zambia	Nigeria	Zambia	Nigeria	Zambia
n=197	n=53	n= 87	n=111	n=215	n=96

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THANK YOU

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THE SCIENCE OF IMPROVING LIVES

Experiences with Contraceptive Induced Menstrual Changes: the Uganda Context

Simon P.S. Kibira

Makerere University, School of Public Health

Experience of CIMC – An example from Central and Eastern Uganda

- Bleeding changes especially the increase in flow or duration are reported as undesirable effects of contraception
- CIMC have consequences
  - Psychological: Worry about partner infidelity in the event of over bleeding or prolonged duration
  - Financial implications: Need for more sanitary material than usual
- Living with an unsupportive partner, and experiencing CIMC is challenging
  - Unmasks the use of contraceptives among secret users
- Our setting has many covert users of methods, who have expressed concerns.
  - They need concealable methods, and these are mainly hormonal (especially Injectables)

An example from central and Eastern Uganda

- Interference with the natural body processes may clash with several beliefs in Uganda.
  - Perceptions of retained blood in case of amenorrhea, and where it goes, although amenorrhea induced by methods has been found welcome for those with troublesome menses.
- But Less bleeding has been viewed favorably in a potential user interest study.
  - CIMCs need to be clearly differentiated; stopping, less bleeding, more bleeding and irregular, because perception of such changes are unique.

Perceptions of Amenorrhea in Uganda

- Question added to PMA women's questionnaire: "*With some contraceptive methods, women do not get their period, but their period and their fertility return when they stop using it. Would you choose a method that stops your period?*" (n=2,403)
  - 40% of women would choose a method that stopped their period temporarily
  - Higher acceptability among lower wealth quintiles (trends among younger women and with increasing parity)
- Qualitative study with 30 FGDs:
  - Overall, more FGDs discussed amenorrhea as unacceptable than desirable or acceptable
  - Acceptability related to alleviation of problematic standard bleeding
  - Noted role of counseling in acceptability
  - Reasons for finding amenorrhea unacceptable related to concerns about its impact on strength and energy, body pains, and the perception that monthly menstruation is normal and natural
  - Misperceptions about why and how amenorrhea occurs, relation to other side effects
  - Attitudes multifaceted and placed in context of other preferences and side effects
  - Despite lack of acceptability, continuation and willingness to use persisted for many

CIMC and discontinuation in Uganda, evidence from a longitudinal National survey

- About one-third of hormonal contraceptive users reported at least one side effect at baseline (Zimmerman et al – Under Review)
- Most reported effects were menstrual changes; bleeding more, less or irregular.
- CIMC were particularly influential on discontinuation
- Bleeding less was not associated with an increased risk of discontinuation or switching.
- Bleeding more and irregular bleeding were both associated with increased risk of discontinuation
  - Women who experience over bleeding likely to stop completely instead of switching. A cause for concern, and outlines importance of CIMCs.

Take away

- Menstruation comes with challenges for many women, thus CIMC research need to take care of this context.
  - Accessing quality material, Safe spaces to change material, balancing with work for women working out of home.
  - Building acceptability for amenorrhea induced by contraception or reduced flow may thus be easier but context specific.
- Important to consider specific side effects uniquely and in varied social, economic and cultural settings

QUESTIONS & ANSWERS

PROGRAMMATIC INTERVENTIONS

Eva Lathrop, MD, MPH
Global Medical Director, PSI

Pieces of the puzzle: Programmatic interventions

- Counseling
- Education
- Social and behavior change communication
- Integrated service delivery
- Referrals
- Self-care (e.g. self-reassurance)

NORMAL counseling tool:
FHI 360 and PSI – Malawi

Digital education for youth:
PSI Latin America

Avibela demand creation:
EECO project – PSI Madagascar

Integrated MH and RH products, services, and education:
ZanaAfrica Kenya

NORMAL COUNSELING TOOL

Kate Rademacher, MHA
Senior Technical Advisor, FHI 360
Presenting on behalf of team - FHI 360 & PSI collaboration

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psi Healthy lives. Measurable results.

REVIEW OF EXISTING COUNSELING TOOLS

Before method selection → Immediately after method selection → During method use

Review of how menstrual changes addressed in commonly used training and reference materials:

- Balanced Counseling Strategy Plus
- Training Resource Package for Family Planning
- Learning Resource Package for LARCs
- Family Planning: A Global Handbook for Providers

Key finding: Menstrual changes are often insufficiently addressed in existing counseling resources

Rademacher KH, Sergison J, Glish L, et al. Menstrual bleeding changes are NORMAL: proposed counseling tool to address common reasons for non-use and discontinuation of contraception. Glob Health Sci Pract. 2018;6(3)603-610. https://doi.org/10.9745/GHSP-D-18-00093

N - NORMAL – Changes to your menses are NORMAL when you use a contraceptive method.

O - OPPORTUNITIES – Lighter or no menses can provide OPPORTUNITIES that may benefit your health and personal life.

R- RETURN – Once you stop using a method, your menses will RETURN to your usual pattern, and your chances of getting pregnant will RETURN to normal.

M - METHODS – Different contraceptive METHODS can lead to different bleeding changes.

A - ABSENCE OF MENSES – If you are using a hormonal method, ABSENCE OF MENSES does not mean that you are pregnant.

L - **LIMIT** – If changes to your menses LIMIT your daily activities, there are simple treatments available.

NORMAL included in PSI's Counseling for Choice (C4C) tool; evaluation conducted in Malawi

18 in-depth interviews (IDIs) with FP providers:

- 9 in public facilities
- 9 in private facilities

Providers' comprehension of NORMAL tool	• About half providers had a correct understanding of NORMAL, while about half had a largely or partly incorrect understanding. • "L"-Limit and "R"– Return caused some confusion • Most providers said they found the acronym easy to remember; short, simple and representative of client concerns.
Provider perceptions of clients' comprehension of NORMAL tool	• Most providers said that clients understand NORMAL messages • Client testimonials about sharing information; reduced myths/misconceptions • When clients misunderstood, providers noted the literacy levels of clients had an impact on how messages were received and understood.

Research conducted trough SIFPO-2 project; IDI analysis co-supported through Envision FP project

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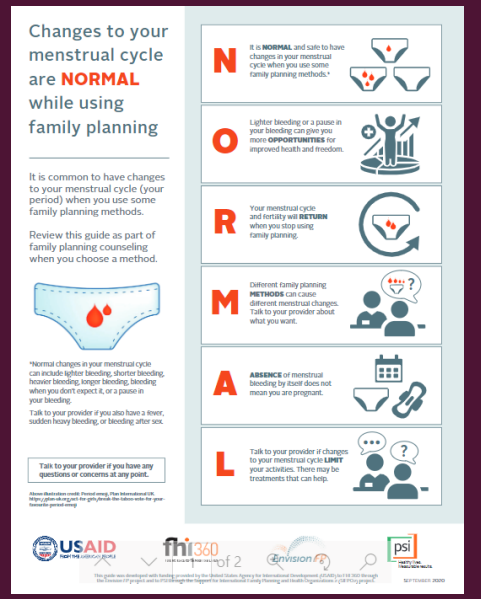
"Then I explain the NORMAL acronym to her which explains that, ***when a woman experience changes in bleeding because of family planning, it's normal****. And also when a woman is using a method and she does not experience her monthly periods or just lighter menstruation that's ok because it also help her not to lose more blood or save the cost of buying pads used for menstruation and use that money for other things. And also when a woman stops using the family planning method, her menses return to normal, even her fertility returns. I also explain to her that all family planning methods differ in menstrual changes, they are not the same…."*

-Private sector FP provider

"Because most of the women when they come, they like referring to their friends that, my friend was saying this and that. Now I have observed that the ***myths are being reducing."***

-*Private sector FP provider*

What's next? Evaluation of community-based version of NORMAL



Menstrual changes as a benefit of voluntary hormonal IUS use in Madagascar

Francia Rasoanirina, PSI Madagascar, Expanding Effective Contraceptive Options (EECO) project

November 2020

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Expanding Effective Contraceptive Options

WCG EMPOWER EDUCATE ENABLE

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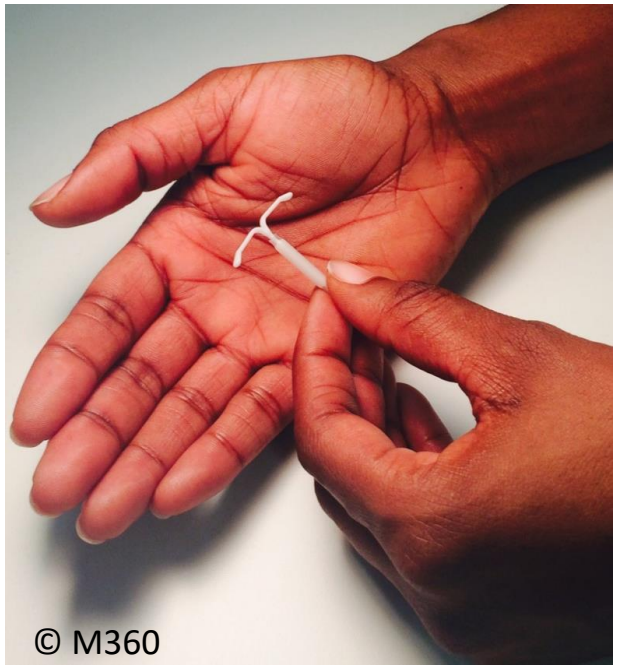
Hormonal IUS: Product Attributes



Hormonal Intrauterine System (IUS)

- Highly effective
- Long-acting
- Reversible with rapid return to fertility
- High rates of user satisfaction and continuation
- Side effects may be less pronounced than for other hormonal contraceptives
- Easy to maintain - “get it and forget it”
- Treatment of gynecological disorders, including heavy menstrual bleeding

Typically, users experience lighter and fewer days of menstrual bleeding, or infrequent or irregular bleeding.

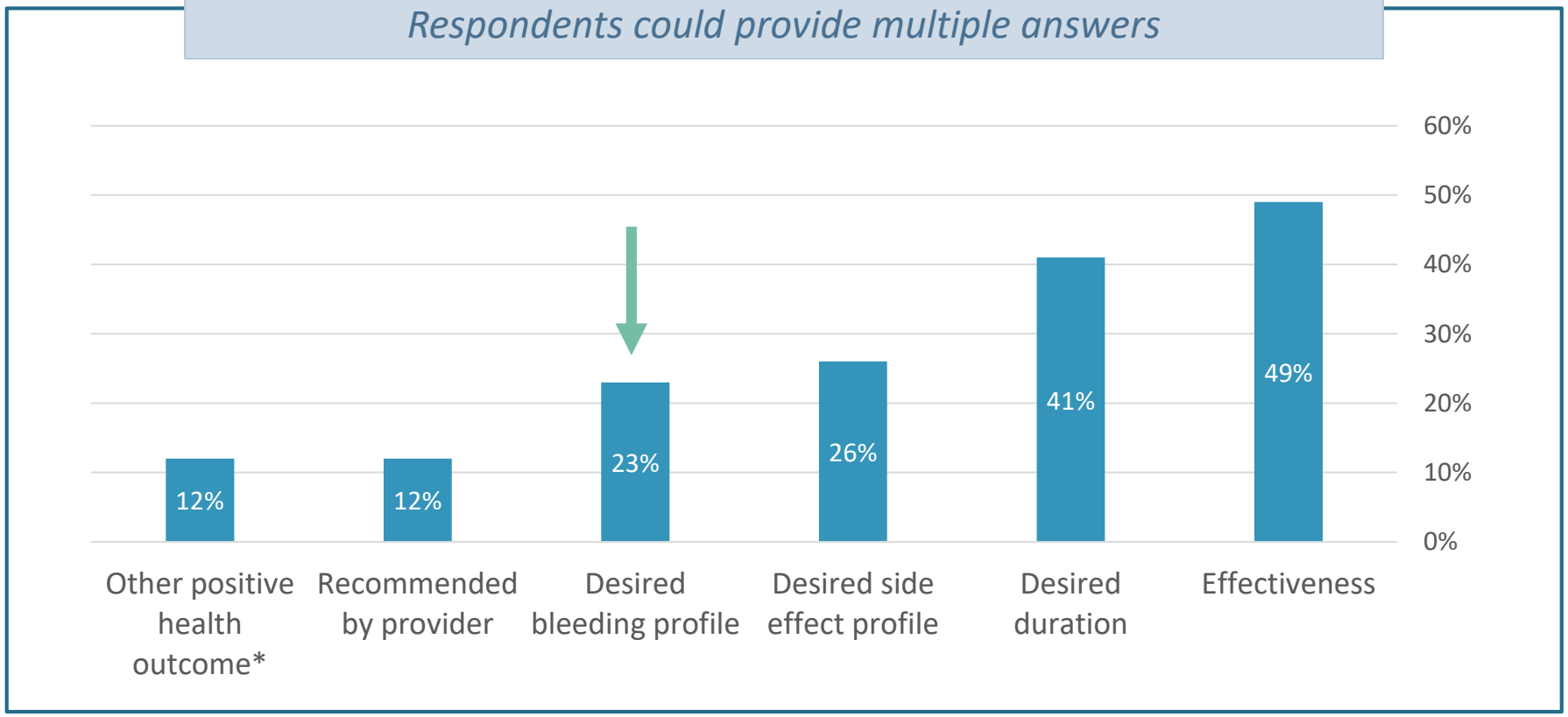
Promotion of the Avibela® IUS

- My Modern Contraceptive
- My Freedom
- My 3 years of Peace
- The Solution to my Period Problems

Avibela is a registered trademark of Medicines360

Reason for Choosing the IUS

Client responses to "Why did you choose the IUS?" (N=151)
Respondents could provide multiple answers



*includes treatment of other gynecological disorders, such as endometriosis

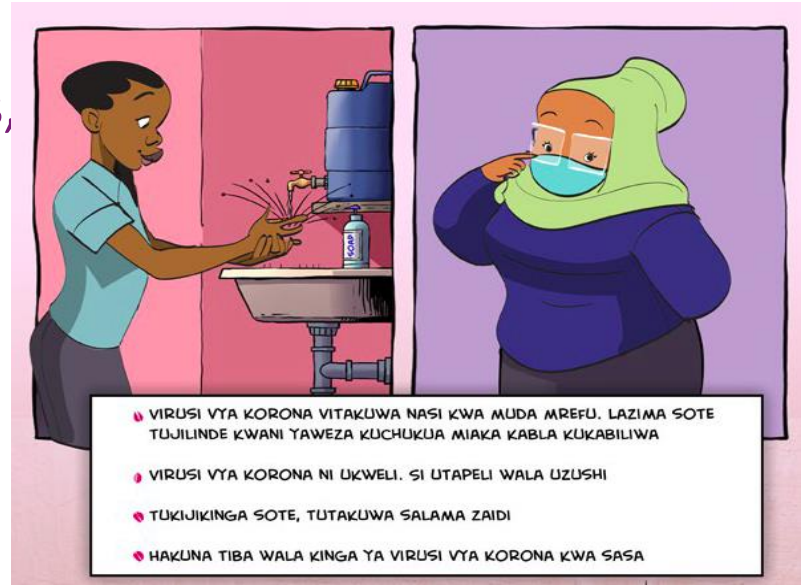
One of the most common reasons users cited for choosing the IUS was that the method offered their *desired bleeding profile* (the potential for lighter bleeding or amenorrhea).

Equipping adolescents to live their purpose

Roopal Thaker
roopal@zanaafrica.org

ZanaAfrica's integrated approach

- Products, programs and communications designed by and for women and girls
- Referrals to free hotlines and services run by trusted non-profit partners
  - Integration of fragmented health and education ecosystems
  - Low tech; smartphones not required
  - Secondary referrals to local clinics, schools, experts, legal services etc
- Education
  - Social and behaviour change communications
  - Underlying causal factors e.g. stigma, norms
- Policy solutions



zana AFRICA

The Nia Project

primarily funded by the Bill and Melinda Gates Foundation

- **Nia Yetu**: 25 session adolescent health and life skills curriculum delivered over 1.5 years in rural Kilifi County
- **Nia Teen**: Companion textbook in the format of 5 interactive, shareable magazines
- **Nia sanitary pads** helped to create a "gateway" to difficult conversations
- Story-based approach with content co-created with adolescents across Kenya
- Evaluated in 2016-2019 through a 4 armed randomized control trial; endline results pending publication

Selected statistically significant outcomes

https://www.popcouncil.org/research/evaluating-the-nia-project

Reproductive health knowledge

- Modern contraception
- Pregnancy knowledge
- STIs
- HIV/AIDs

MHM

- Has enough pads
- Leakage

Norms and attitudes

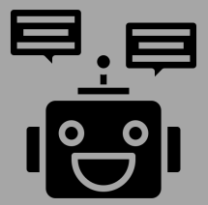
- Menstruation attitudes
- Gender norms in marriage
- Heteronormativity in adolescents (what boys and girls are “supposed” to do)
- Gendered sexual norms (sexual double standards)
- Self-efficacy

SBC PROGRAM FOR YOUTH SRH

SOFÍA CÓRDOVA

PSI LAC

PROGRAM OVERVIEW



INFORMATION PROVISION

LINKAGE TO CARE AND SIGNPOSTING TO SERVICES

YOUTH FRIENDLY SERVICE AND PRODUCT DELIVERY NETWORK

EXPANSION OF CHOICE AND CONTRACEPTIVE UPTAKE

Cyber Educators Chatbot	HCPs Pharmacies
Online SBC interventions % of TA reached	# of referrals to services
	# of HPCs and pharmacies sensitized
	# of effective referrals

WHAT DO YOUNG WOMEN SAY ABOUT MENSTRUAL HEALTH IN LAC?

When would I see my period if I use an IUD?

Can my period be late after taking the pill?

Is it normal not to see your period?

Do you use a Period Tracker APP?

Yes	No
73%	27%

Menstrual health is a topic women prefer to talk about in private messages.

Many youth are afraid of induced menstrual changes or absence of menstruation

Concerns around future fertility and ovulation are common.

OUTCOMES

LEADING WITH MENSTRUATION TO DELIVER THE WHOLE SEXUAL AND REPRODUCTIVE HEALTH PACKAGE FOR GIRLS IN LATIN AMERICA.

531.9 K

Private Messages received from young people

33.3K

One-on-One SBC Interventions

+2000

Effective Referrals

176

Healthcare providers Trained in SRH and youth friendly services

Menstrual Health

Key Theme with the chatbot UBI

+2,000

Youth who visited menstrual information - chatbot UBI

53

menstrual health content (Posts)

Posts that address menstrual health have a **20% increase** in engagement

November 1st, 2018 through August 30th, 2020.

NORMAL counseling tool:
FHI 360 and PSI – Malawi

Digital education for youth:
PSI Latin America

Avibela demand creation:
EECO project – PSI Madagascar

Integrated MH and RH products, services, and education:
ZanaAfrica Kenya

Contraceptive-induced Menstrual Changes (CIMCs): Closing – Day 1

Reminder – Join for Part 2 tomorrow:
Wednesday, November 18, 9AM-11:30 AM EST
(2PM-4:30PM UTC)

Linda Sussman, M.Ed., Ph.D.
Senior Program Research Advisor
Research, Technology, and Utilization (RTU) Division
Office of Population and Reproductive Health

OBJECTIVES - DAY 1 & DAY 2

Day 1 Objectives:

- Define common CIMCs and associated consequences and opportunities;
- Identify synergies between family planning and menstrual health;
- Review evidence regarding users' perspectives and experiences with CIMCs;
- Discuss types of programmatic interventions, including recent evidence.

Day 2 Objectives:

- Review measurement approaches and indicators for CIMCs;
- Review existing and potential biomedical interventions;
- Discuss new product development and implications for menstrual experiences;
- Contribute to the development of draft research agenda and wider "call to action."