Virtual technical consultation on
Contraceptive-Induced Menstrual Changes

November 17, 9-11am EST (2-4pm UTC)
November 18, 9-11:30am EST (2-4:30pm UTC)

WELCOME!
WE WILL GET STARTED IN JUST A MOMENT
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.

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
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
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
HOW CAN WE FACILITATE NEW AND INCREASED CONNECTIONS BETWEEN FAMILY PLANNING & MENSTRUAL HEALTH FIELDS?
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speakers</th>
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</thead>
</table>
| 9:00-9:15  | Welcome & Introduction                       | Tabitha Sriipatana, USAID  
Tabitha Sriipatana, 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  
Marni Sommer, Columbia University  
Lucy Wilson, Rising Outcomes |
| 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 | Funmi OlaOlorun, EVIHDAF  
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 | Eva Lathrop, PSI  
Kate Rademacher, FHI 360  
Francia Rasanoanirina, EECO - PSI/Madagascar  
Sofia Cordova, 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 |
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitators/Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00-9:05</td>
<td><strong>Welcome &amp; Introduction</strong>&lt;br&gt;• Greeting, Re-cap of Day 1; review of meeting objectives for Day 2</td>
<td>Mihira Karra, USAID&lt;br&gt;Trinity Zan, R4S, FHI 360</td>
</tr>
<tr>
<td>9:05-9:20</td>
<td><strong>Measurement &amp; indicators</strong>&lt;br&gt;• Developing and using better, more consistent measures&lt;br&gt;• Q&amp;A</td>
<td>Emily Hoppes, FHI 360&lt;br&gt;Julie Hennegan, Burnet Institute&lt;br&gt;Aurélie Brunie, FHI 360</td>
</tr>
<tr>
<td>9:20-9:50</td>
<td><strong>Biomedical interventions and CIMCs</strong>&lt;br&gt;• Non-contraceptive benefits: Treatments for menstrual disorders&lt;br&gt;• Research on preventing undesirable &amp; accelerating desirable CIMCs</td>
<td>Lisa Haddad, Population Council&lt;br&gt;Jackie Maybin, U. of Edinburgh&lt;br&gt;Kavita Nanda, FHI 360</td>
</tr>
<tr>
<td>9:50-10:20</td>
<td><strong>Panel: Product Development - Forward-looking innovations</strong>&lt;br&gt;• The panel will discuss new products and biomedical interventions being developed and how to incorporate user preferences at all phases of development and introduction.&lt;br&gt;• Q&amp;A</td>
<td>Amelia Mackenzie, FHI 360&lt;br&gt;Gustavo Doncel, CONRAD&lt;br&gt;Kirsten Vogelsong, BMGF&lt;br&gt;Diana Blithe, NICHD&lt;br&gt;Laneta Dorflinger, FHI 360</td>
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<tr>
<td>10:20-10:25</td>
<td><strong>Development of learning agenda and “call to action”</strong></td>
<td>Kate Rademacher, FHI 360</td>
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<tr>
<td>10:25-10:30</td>
<td><strong>BREAK</strong></td>
<td>All</td>
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<tr>
<td>10:30-11:00</td>
<td><strong>Breakout rooms</strong>&lt;br&gt;1: Measurement, indicators, and data sources&lt;br&gt;2: Social-behavioral and user experience research&lt;br&gt;3: Biomedical research and contraceptive R&amp;D&lt;br&gt;4: Service delivery guidelines&lt;br&gt;5: Considerations for special populations and equity</td>
<td>All</td>
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<tr>
<td>11:00-11:20</td>
<td><strong>• Report out in plenary + discussion about format(s) to move forward</strong></td>
<td>Tabitha Sripipatana, USAID</td>
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<tr>
<td>11:20-11:30</td>
<td><strong>• Summary and next steps; Closing</strong></td>
<td>All</td>
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CONTRACEPTIVE-INDUCED MENSTRUAL CHANGED TECHNICAL CONSULTATION

SPEAKERS & FACILITATORS

Tabitha Sripipatana
USAID

LaNeta Dorflinger
FHI 360

Marsden Solomon
Ayza 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 Rascanirina
ECCO – PSI Madagascar

Sofia Córdova,
PSI Central America

Roopali Thaker,
ZanaAfrica

Linda Sussman
USAID

Trinity Zan
R4S, FHI 360

Mihira Karra
USAID

Emily Hoppes
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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
NIH-ID
CONTRACEPTIVE-INDUCED MENSTRUAL CHANGES

DAY 1: TECHNICAL CONSULTATION
NOVEMBER 17, 2020

Laneta Dorflinger, PhD
Director of Product Development and Introduction, FHI 360
WHY ARE YOU HERE TODAY?

Poll #1
What topic is YOUR number one 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**.
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

Method Mix

- The menu of contraceptives available in a country
- WHO

Method Choice

- Client-centered information, counseling and services enables women, youth, men, and couples to decide and freely choose a contraceptive method that best meets their reproductive desires and lifestyle, while balancing other considerations important to method adoption, use, or change.

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.
Objective 1:
- 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.

Objective 2:
- 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
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
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
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
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:

<table>
<thead>
<tr>
<th>Changes in HOW LONG bleeding lasts</th>
<th>Changes in HOW OFTEN bleed occurs</th>
<th>Changes in AMOUNT of bleeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Shorter bleeding</td>
<td>• Irregular/unpredictable bleeding</td>
<td></td>
</tr>
<tr>
<td>• Longer bleeding</td>
<td>• Less frequent bleeding</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• More frequent bleeding</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Amenorrhea/absence of bleeding</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Spotting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Lighter bleeding</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Heavier bleeding</td>
<td></td>
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</tbody>
</table>
OVERVIEW OF MENSTRUAL CHANGES BY CONTRACEPTIVE TYPE
### Pills

<table>
<thead>
<tr>
<th>Combined Oral Pills (COCs)</th>
<th>Months 0-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>❖ Shorter and/or lighter bleeding</td>
<td>❖ Shorter and/or lighter bleeding</td>
</tr>
<tr>
<td>❖ Spotting, especially if you miss a pill</td>
<td>❖ Spotting, especially if you miss a pill</td>
</tr>
</tbody>
</table>

- No bleeding at all
- Longer and/or heavier bleeding
- Spotting, especially if you miss a pill
- Irregular bleeding
- Prolonged bleeding (mostly in non-breastfeeding women)

**Note:** Continuous use of COCs typically leads to fewer bleeding and/or spotting days, reduced uterine cramping, and higher rates of absence of bleeding.

<table>
<thead>
<tr>
<th>Progesterone-only Pills (POPs)</th>
<th>Months 0-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>❖ Spotting, especially if you miss a pill even by a few hours</td>
<td>❖ Shorter or lighter bleeding</td>
</tr>
<tr>
<td>❖ No bleeding at all (especially with breastfeeding)</td>
<td>❖ Irregular bleeding</td>
</tr>
<tr>
<td>▪ Irregular bleeding</td>
<td>❖ Spotting, especially if you miss a pill even by a few hours</td>
</tr>
<tr>
<td>▪ Prolonged bleeding (mostly in non-breastfeeding women)</td>
<td>❖ No bleeding at all (especially with breastfeeding)</td>
</tr>
</tbody>
</table>

- Shorter or lighter bleeding
- Irregular bleeding
- Spotting, especially if you miss a pill even by a few hours
<table>
<thead>
<tr>
<th>Progestin-only injectables</th>
<th>Implant</th>
</tr>
</thead>
<tbody>
<tr>
<td>◇ Irregular bleeding or spotting</td>
<td>◇ Irregular bleeding or spotting</td>
</tr>
<tr>
<td>◇ Heavier bleeding</td>
<td>◇ Irregular and lighter bleeding or spotting</td>
</tr>
<tr>
<td>◇ Longer bleeding</td>
<td>▪ No bleeding at all</td>
</tr>
<tr>
<td>▪ Heavier bleeding</td>
<td>▪ No bleeding at all</td>
</tr>
<tr>
<td>▪ Prolonged bleeding</td>
<td>▪ No bleeding at all</td>
</tr>
</tbody>
</table>

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

= very common
▪ = less common

**Months 0-12**

**Injectables & Implants**

❖ = very common
▪ = less common
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)

<table>
<thead>
<tr>
<th>Copper IUD</th>
<th>Months 0-12</th>
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</thead>
<tbody>
<tr>
<td></td>
<td><strong>Copper IUD</strong></td>
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<tr>
<td><strong>Copper IUD</strong></td>
<td>Heavier and/or longer menstrual bleeding (periods)</td>
</tr>
<tr>
<td></td>
<td>Increased menstrual cramps/pain</td>
</tr>
<tr>
<td></td>
<td>Irregular spotting</td>
</tr>
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<td></td>
<td></td>
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</tbody>
</table>
### Hormonal Intrauterine System (IUS)

<table>
<thead>
<tr>
<th>Hormonal IUS</th>
<th>Months 0-12</th>
</tr>
</thead>
</table>
| ❖ 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 |

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
CONSEQUENCES AND OPPORTUNITIES OF CIMCS
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%
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%
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%
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%
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)

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](https://www.nih.gov)
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
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

<table>
<thead>
<tr>
<th></th>
<th><strong>Awareness &amp; Information</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Basic menstrual health and hygiene promotion and education to address harmful cultural norms and promote self-confidence around menstrual health</td>
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<table>
<thead>
<tr>
<th></th>
<th><strong>MHM Materials &amp; Supplies</strong></th>
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<tbody>
<tr>
<td>02</td>
<td>Access to safe, hygienic, absorbent menstrual materials or products, and additional supportive materials (e.g. soap, bucket) for storage, washing &amp; drying</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>MHM Supportive Facilities</strong></th>
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<tbody>
<tr>
<td>03</td>
<td>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</td>
</tr>
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<table>
<thead>
<tr>
<th></th>
<th><strong>Supporting Environment</strong></th>
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<tbody>
<tr>
<td>04</td>
<td>A supporting environment that allows women and girls to manage their periods without fear of stigma, embarrassment or harassment</td>
</tr>
</tbody>
</table>
Also growing attention to measurement

Monitoring Menstrual Health and Hygiene
Measuring Progress for Girls related to Menstruation

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
So what are the linkages?
## Reproductive Health Autonomy

<table>
<thead>
<tr>
<th>Pre-menarche</th>
<th>Menarche</th>
<th>Adolescence</th>
<th>Sexual Initiation &amp; Activity</th>
<th>Co-habitation/Marriage</th>
<th>Pregnancy/Birth</th>
<th>Postnatal Period &amp; Birth Spacing</th>
<th>Perimenopause &amp; Menopause</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develops sense of autonomy/mastery of managing menstrual bleeding</td>
<td>Positive experiences and means of managing menstrual hygiene</td>
<td>Can manage menstrual or CIMBCs with comfort and confidence, including the use of clean materials, supportive infrastructure, access to water and soap, and disposal for used absorbent materials</td>
<td>Builds autonomy in navigating sexual relationships</td>
<td>Confidence and autonomy in contraceptive choice</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Management of Menstrual Bleeding and CIMBCs

<table>
<thead>
<tr>
<th>Prepared to manage menstruation at menarche</th>
<th>Able to manage postpartum bleeding</th>
<th>Able to manage vaginal bleeding as needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learns healthy body image, gender identity</td>
<td>Opportunity to address ongoing menstrual challenges or identify menstrual or reproductive health concerns (e.g., menstrual disorders)</td>
<td></td>
</tr>
<tr>
<td>Learns foundational knowledge about the reproductive system</td>
<td>Can practice family planning to time first pregnancy</td>
<td>Awareness of contraceptive choices for postpartum period</td>
</tr>
<tr>
<td>Can practice family planning to experience healthy birth spacing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Contraceptive Uptake and Practice

<table>
<thead>
<tr>
<th>Seeks health care and support for contraceptive options</th>
<th>Can discuss side-effects or concerns with care providers and social support network</th>
<th>Antenatal engagement with health care providers facilitated by early positive experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Builds positive relationships with health care providers and discusses menstrual challenges with social support network</td>
<td>Discusses menstrual concerns with care providers and social support network without stigma, seeks care when needed</td>
<td></td>
</tr>
<tr>
<td>Males understand menstrual cycle, fertility risk</td>
<td>Partner understands menstrual cycle, fertility risk and meaning of CIMBCs.</td>
<td>Understands ongoing risk of fertility and conclusion in menopause, menstrual changes, potential reproductive disorders/dysfunctions (e.g., uterine fibroids, cancer)</td>
</tr>
<tr>
<td>Identifies need for contraception</td>
<td>Can understand CIMBCs &amp; select most preferred contraceptive method</td>
<td>Information about bleeding changes over pregnancy and postpartum</td>
</tr>
<tr>
<td>Early information prepares her for menarche</td>
<td>Builds understanding of menstrual cycle</td>
<td>Menstrual cycle &amp; contraceptive knowledge protect sexual &amp; reproductive health</td>
</tr>
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</table>

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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?
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
Thank you!

Marni Sommer
Email: ms2778@columbia.edu
Twitter: @marnisommer
Seeking Synergies:
Linkages between menstrual health and family planning

Lucy Wilson, MPH
Rising Outcomes
Menstrual cycle
Limited access to MH supplies and WASH facilities

- Increased risk of reproductive tract infections
- Decreased ability to engage in school, work, etc.
- Increased risk of STIs, HIV, unintended pregnancy, GBV

Linkages between Menstrual Health (MH) & Reproductive Health (RH) = “May lead to” or “associated with”
Negative experiences of puberty & menarche

Menstrual stigma and shame

Restrictive gender norms

Decreased ability to negotiate safe sex & to access RH services

Menstrual stigma and shame

Negative experiences of puberty & menarche

Limited self-efficacy

Fewer educational barriers

Improved RH outcomes

Strong MH and RH information and access

Decreased ability to negotiate safe sex & to access RH services

Linkages between Menstrual Health (MH) & Reproductive Health (RH)
Linkages between MH & RH: Family Planning (FP)

- Menstrual Disorders
  - Increased infertility and anemia
  - Decreased ability to engage in school & work
  - Contraceptive Methods can alleviate

- CIMCs
  - Negative and positive impacts on daily life

- Perimenopause & menopause
  - Fertility-awareness methods

- Discontinuation & non-use of FP
  - Increased use of FP
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:
Kate Rademacher, Rebecca Callahan, Geeta Nanda, Sarah Fry, Julia Rosenbaum, & Amelia Mackenzie

Lucy Wilson
Lucy.Wilson@gmail.com
www.risingoutcomes.com
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
There might be blood: a scoping review on women’s responses to contraceptive induced menstrual bleeding changes

Chelsea B. Polis, Rubina Hussain, Amanda Berry
There might be blood: a scoping review on women’s responses to contraceptive-induced menstrual bleeding changes

Choleka B. Fula a, Hama Mama a and Ananda B., a

Abstract

Introduction: Concerns about side effects and health risks are common reasons for contraceptive use discontinuation. Concerns include unwanted menstrual changes (UMC) and unintended pregnancy. UMC, including changes in menstruation, are experienced by a significant proportion of contraceptive users. UMC can be distressing and may lead to discontinuation of contraceptive use. The aim of this review was to identify and describe the current literature on women’s experiences and responses to UMC.

Methods: A scoping review was completed in the UK, USA and 10 African countries. Women aged 15–49 using modern contraception were recruited through Gynaecology Centres, Family Planning Clinics, Obstetrics Clinics, and Maternal and Child Health Centres. These women were identified through midwives, community health workers, and health promoters. Women were recruited to participate in the study if they were using a hormonal contraceptive method, including implants, injectables, oral contraceptives, and intrauterine devices.

Results: A total of 1835 women were recruited, with 1232 women completing the study. Women reported a range of menstrual changes, including changes in the duration, amount, and color of their menstrual bleeding. Changes in menstrual bleeding were associated with increased anxiety and stress, as well as decreased confidence and self-esteem. Women also reported a range of other symptoms, including mood changes, weight gain, and altered sexual desire.

Conclusion: Women’s experiences and responses to UMC are complex and multifaceted. Women’s health and well-being are impacted by these changes, and there is a need for further research to understand these experiences and develop effective interventions to support women’s health and well-being.

Keywords: Contraception, Menstrual bleeding changes, Psychological response, and recommendations.

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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

<table>
<thead>
<tr>
<th>Study design</th>
<th>% of included studies</th>
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<tbody>
<tr>
<td>X-sectional surveys</td>
<td>32%</td>
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<tr>
<td>Longitudinal studies (incl. RCTs)</td>
<td>30%</td>
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<tr>
<td>Qualitative studies</td>
<td>19%</td>
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<td>Retrospective chart reviews</td>
<td>12%</td>
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<td>Systematic reviews</td>
<td>6%</td>
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<td>Mixed methods</td>
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<th>Region</th>
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<td>Americas</td>
<td>32%</td>
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<td>Multicountry studies, systematic reviews</td>
<td>24%</td>
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<td>Europe</td>
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<td>Africa</td>
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<td>Oceania</td>
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<td>Antarctica</td>
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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.
Thank you!
RECENT RESEARCH ON MENSTRUAL CHANGES AT FHI 360
AMELIA MACKENZIE, PhD, ScM
# Overview of Recent Research Studies

<table>
<thead>
<tr>
<th>Project</th>
<th>Country</th>
<th>Participants</th>
<th>Mixed methods study design</th>
<th>Contraceptive Methods</th>
<th>FHI 360 Partners</th>
<th>Funder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Implant Removal</td>
<td>Ghana</td>
<td>n=1,159 (GHS)</td>
<td>Retrospective phone surveys</td>
<td>Implants</td>
<td>Ghana Health Services (GHS), MSI Ghana (MSIG)</td>
<td>USAID, Bill &amp; Melinda Gates Foundation</td>
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<td>n=1,073 (MSIG)</td>
<td>IDIs (n=20)</td>
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<tr>
<td>Longitudinal LARC users</td>
<td>Senegal</td>
<td>n=1,227</td>
<td>Longitudinal prospective survey</td>
<td>ENG implants Copper IUD</td>
<td>Senegalese MoH, CEFOREP, MSI</td>
<td>USAID</td>
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<td>IDIs (n=18)</td>
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<td></td>
<td>Nigeria</td>
<td>n=888</td>
<td>Longitudinal prospective surveys</td>
<td>hormonal IUS Copper IUD</td>
<td>PSI, Society for Family Health</td>
<td>Bill &amp; Melinda Gates Foundation</td>
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<td>IDIs (n=62)</td>
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<td></td>
<td>Zambia</td>
<td>n=710</td>
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<tr>
<td>User preferences study</td>
<td>Burkina Faso</td>
<td>n=2,743</td>
<td>PMA2020 HH surveys</td>
<td>New methods*</td>
<td>Makerere University, ISSP, PMA2020</td>
<td>Bill &amp; Melinda Gates Foundation</td>
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<tr>
<td></td>
<td>Uganda</td>
<td>n=2,403</td>
<td>FGDs (n=50)</td>
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<tr>
<td>Microneedles acceptability</td>
<td>India</td>
<td>n=496</td>
<td>Discrete Choice Experiment HH surveys</td>
<td>Microneedles patch</td>
<td>CORT, Univ. of Ibadan, Georgia Tech</td>
<td>USAID, NICHD</td>
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<tr>
<td></td>
<td>Nigeria</td>
<td>n=946</td>
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*New methods: new copper IUD, hormonal IUD, new single-rod implant, biodegradable implant, longer-acting injectable, and non-surgical permanent contraceptive

IDIs: in-depth interview; HH: household; FGD: focus group discussion; ENG: etonogestrel; LNG: levonorgestrel
USERS EXPERIENCE MANY DIFFERENT BLEEDING PROFILES

% users experiencing changes at 12 months*

**Implants**

- **Nigeria**
  - n=248
- **Zambia**
  - n=62
- **Ghana†**
  - n=1,159
- **Senegal**
  - n=680

**Hormonal IUS**

- **Nigeria**
  - n=242
- **Zambia**
  - n=119

**Copper IUD**

- **Nigeria**
  - n=230
- **Zambia**
  - n=117
- **Senegal**
  - n=254

*Multiple response possible; †MSIG data presented mean duration 15 months, similar results for GHS
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.
### Users Perceive Different Types of Menstrual Changes Differently

<table>
<thead>
<tr>
<th>Menstrual change</th>
<th>Desirable or acceptable</th>
<th>Undesirable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreased volume and/or duration</td>
<td>User preferences study</td>
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<tr>
<td>Reduced pain</td>
<td>User preferences study</td>
<td></td>
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<tr>
<td>Increased volume and/or duration</td>
<td>User preferences study</td>
<td></td>
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<tr>
<td>Unpredictable bleeding</td>
<td>User preferences study</td>
<td>Microneedles acceptability</td>
</tr>
<tr>
<td>Amenorrhea (paused bleeding)</td>
<td>User preferences study</td>
<td>Microneedles acceptability</td>
</tr>
<tr>
<td>No change/standard menstrual cycle</td>
<td>Microneedles acceptability</td>
<td>User preferences study</td>
</tr>
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</table>
“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 # 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
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
Impact of decreased volume, decreased duration, and/or paused bleeding on hormonal IUS users’ lives at 12 months
MOST USERS REPORT THE SAME OR LESS MENSTRUAL PRODUCT USE

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

- **Implants**
  - Nigeria, n=197
  - Zambia, n=53

- **Hormonal IUS**
  - Nigeria, n=87
  - Zambia, n=111

- **Copper IUD**
  - Nigeria, n=215
  - Zambia, n=96

- More products
- Same amount
- Fewer products
- Different products
REFERENCES


THANK YOU

Amelia Mackenzie, PhD, ScM

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🐦 @AmesMack
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

Avibela demand creation:
EECO project – PSI Madagascar

Digital education for youth:
PSI Latin America

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
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

**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 through SIFPO-2 project; IDI analysis co-supported through Envision FP project
“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
Hormonal IUS: Product Attributes

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

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).

*includes treatment of other gynecological disorders, such as endometriosis
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
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

<table>
<thead>
<tr>
<th>Reproductive health knowledge</th>
<th>Norms and attitudes</th>
</tr>
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<tbody>
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<td>• Modern contraception</td>
<td>• Menstruation attitudes</td>
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<td>• Pregnancy knowledge</td>
<td>• Gender norms in marriage</td>
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<td>• STIs</td>
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<td>• Leakage</td>
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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

Online SBC interventions
% of TA reached

# of referrals to services

HCPs
Pharmacies

# 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? 😞

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)

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

Posts that address menstrual health have a 20% increase in engagement.
NORMAL counseling tool: FHI 360 and PSI – Malawi

Avibela demand creation: EECO project – PSI Madagascar

Digital education for youth: PSI Latin America

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

Questions?
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)

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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.”