The Role of Supportive Self-Care Environments in Advancing Menstrual Equity

Making the connection between menstrual health and self-care

Menstrual health (MH) is an ongoing self-care practice that menstruators enact throughout their reproductive lifetime. This concerns 300 million people on any given day. For individual menstruators, we can easily imagine the self-care practices carried out for 3-6 days, every month, during the menstrual phase (e.g. managing blood flow, pain, discomfort, etc). In addition, menstruators also practice self-care during other phases of the cycle, where changes in hormone levels can impact metabolism, appetite, mood, and even their ability to focus. This is particularly true for those with menstrual conditions such as polycystic ovarian syndrome (PCOS), endometriosis, dysmenorrhea, or others.

The secretive or taboo nature of menstruation, as well as cultural and environmental restrictions, all directly impact the ability of menstruators to manage their periods and means that self-care is often done in secret, private spaces. In addition, when there is limited access to accurate education there is a risk that women and girls may perform harmful menstrual practices and make uninformed decisions about their menstrual care.

“Self-care allows people to become agents of their own health, leading to improved outcomes, especially in the area of sexual and reproductive health where stigma may prevent them from seeking care.”

Supportive self-care & MH environments

Removing barriers and limitations that surround menstrual health helps create supportive self-care environments in homes, schools, workplaces, and communities.

The session looked at four interlinked perspectives of menstrual related self-care: education, physical well-being, mental well-being and products.

Above all, it is critical to eliminate stigmas and taboos altogether so that women and girls are empowered to practice menstruation related self-care openly, without fear of embarrassment, shame, or negative repercussions. This was seen during the course of the session, where many participants shared their own experiences in the break out and chat, which created an open and welcoming environment for them to feel comfortable to contribute personal perspectives.

Framing Definitions

Self-Care: Self-care is the ability of individuals, families and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a healthcare provider.

Menstrual Health: Menstrual health (MH) is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in relation to the menstrual cycle.

Menstruators: An inclusive term for all people who menstruate.

“Self-care and supportive self-care environments are essential to ensure menstrual health for all people who menstruate.”
# 4 perspectives of a supportive self-care environment in menstrual health

These four perspectives are all interlinked and supportive of each other.

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<th>Perspective</th>
<th>Challenges</th>
<th>Opportunities</th>
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| **Education** | • Many girls are still poorly informed, with parents being the main source for information  
• Lack of accurate knowledge and cultural taboos makes it challenging to progress (particularly in rural areas)  
• Gaps in implementing mandatory Comprehensive Sexuality Education (CSE) and MH education | • MH is an entry point into CSE and lifelong self-care  
• Educational tools available  
• Utilize other alleys for education: e.g. social media, media, public spaces to reach girls & women outside school  
• In school: strengthen peer education, target parents through the school committee meetings  
• Sensitize and engage men, boys and the wider community members |
| **Physical well-being** | • Underserved and under-diagnosed  
• Not enough evidence of symptoms and influences of menstrual cycle | • Consider the experience of menstruators throughout the entire menstrual cycle  
• Create safe spaces and supportive environments (infrastructure, materials, etc).  
• Use technology platforms to exchange and capture information and in return provide improved services (e.g. via data science) |
| **Mental well-being** | • Mental wellbeing is directly linked to the physical menstrual experience, such as premenstrual dysphoric disorder (PMDD) and pre-menstrual syndrome (PMS) linked to depression  
• Mental health in turn has a significant impact on menstruation, like stress and anxiety  
• Stigma and taboos negatively impact well-being and self-care | • Talk: Discuss menstrual experiences openly and the impact it has on the menstruators mental well-being  
• Support: Social well-being can be positively impacted by the support menstruators receive from their peers, the family and community, as well as access to digital and correct health information sources  
• Understand: Help others to learn that menstruation is a natural process and experience can differ widely  
• Adjust: Menstruators well-being and needs can fluctuate during the cycle (i.e. sleep/rest, nutrition, sport activity) |
| **Products** | • Lack of access to safe, hygienic menstrual products due to high costs, often leads to menstruators using unhygienic materials to manage their periods  
• Health issues can arise without quality products (itches, vaginal infections). They often cause discomfort when wearing  
• Inadequate and unsafe water, sanitation and hygiene facilities including the disposal of soiled products at home, school, work or institutions influences choice of products | • Increase choice of culturally acceptable safe, hygienic and cost effective menstrual products, including reusable options  
• Strengthen policy advocacy: free product schemes, product standards and tax removals  
• Attention to ensure safe disposal of soiled products |

These four perspectives are all interlinked and supportive of each other.
When menstruators have good information about what is happening with their bodies, they are better equipped to make decisions about how they want to care for themselves throughout the menstrual cycle. Access to accurate information is supported by education, access to providers, and supportive social spaces so menstruators can ask questions, share experiences, and seek answers. This includes both in-person and digital/virtual avenues which are increasingly innovative and accessible and offer more supportive ways for women and girls to practice self-care.

*“The actions that promote self-care can be as diverse as the menstrual experiences themselves.”*  

*“Promoting physical wellbeing [with regards to menstruation] via self-care boils down to two things: knowing what you need, and having options available to you.”*  

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**Intersectoral positioning**

Menstruation is interconnected and part of sexual & reproductive health, education, health, water, sanitation & hygiene (WASH) and links to workplace and environmental protection. Because of this, it is imperative that an intersectoral approach is taken.

Menstrual health experiences vary and are impacted by their environment, so there is not a one-size fits all solution, especially when it comes to self-care.